Impact of Parents' Expressed Emotions on Clinical Manifestations and Quality of Life among Patients with Bipolar Disorder

Rehab Elsayed Mohamed[1], Doha Abdel-baseer Mahmoud [2], Hend Ahmed Mostafa[3]

(1, 2, 3) Assistant professor of Psychiatric and Mental Health Nursing, Faculty of Nursing, Benha University, Egypt.

Abstract

Background: Bpolar disorder is a hallmark of manic or depressed episodes. Emotional expressions are used to assess the level of harmony of parents and their patients. It has proven to be highly effective at predicting clinical outcomes and quality of life. **Aim of the study:** This study aimed to evaluate the impact of parents' expressed emotions on clinical manifestations and quality of life among patients with bipolar disorder. **Research question:** what is the impact of parents' expressed emotions on clinical manifestations and quality of life among patients with bipolar disorder? **Design:** A descriptive correlational research design was utilized in this study. **Setting:** This study was conducted at outpatient clinics of Psychiatric and Mental Health and addiction treatment Hospital at Benha city, Qalubia governorate. **Sample:** A purposive sample of 80 parents and their patients with bipolar disorder was taken from the above mentioned setting. **Tools:** Tool (1): A structured Interviewing Questionnaire Sheet, Tool (11): Camber well family scale, Tool (111): Mood disorder manifestations scale and Tool (V): Quality of life scale. **Results:** There was more than half of parents had expressed emotions. Also, near than half of patients had high clinical manifestations. In addition, more than three quarters of the studied patients have severe impact on their quality of life. **Conclusion:** There was a highly statistically significant positive correlation between mean scores of total levels of parents' expressed emotions on clinical manifestations and quality of life among patients with bipolar disorder **Recommendation:** Psycho-educational programs needs to reduce negative expressed emotion and improve quality of life and clinical outcomes of patients with bipolar disorder

Keywords: Bipolar disorder, Clinical manifestations, Expressed emotions, Quality of life

Introduction:

Bipolar disorder had another name Manic-depressive disease, is a behavior condition marked by abrupt changes in a person's energy and mood. The degree of competence or incapacity fluctuates over time and throughout different aspects of life, and bipolar illness is a prevalent serious mental disorder that is chronic in nature. The development and outcome are influenced by a variety of factors related to the condition, the individual. Bipolar disorder is the sixth most prevalent cause of disability worldwide, with a frequency of 1 to 3% in the general population **(Muneer, 2022).**

Bipolar disorder can have a significant impact on both patients and their parents. Typically beginning in childhood or early adulthood, bipolar disorder can negatively affect a case's mental and physical health, academic achievement, professional functioning, and interpersonal relationships for the rest of their lives **(Baart & Widdershoven, 2023).** Bipolar disorder is typified by depressive episodes and unusually high moods. It is referred to as mania if the high mood is severe or linked to psychosis

and hypomania if it is less severe. Recurrences occur in about 90% of bipolar disorder lifetimes **(Anderson et al., 2022).**

The daily requirements of patients with bipolar disorder are met by their parents, who also keep an eye on their mental health, spot early warning signs of illness, relapse, and decline, and assist the patient in getting the help they need. The parents stress that the main objective of caring is to increase the care recipient's independence by restoring their most functional state, both psychologically and physically. They also supervise therapy and provide emotional support **(Shawky & Moustafa, 2021).** Parents blame themselves for everything. Because they feel responsible for everything, they develop a strong bond with the individual who has the disorder **(Lopez et al., 2021).**

Expressed emotion describes how parents' remarks, attitudes, and communication style concerning a child reflect the state of the family environment. It could also be used to analyze the emotional environment that parents are likely to encounter. Emotional expression is one metric that has been used to assess how well parents and their patients interact. It has proven to be a highly predictive clinical prognostic factor for a number of medical and mental diseases **(Abdel Aal & Sayed., 2022).**

Parents are categorized as having high or low expressed emotion. On the other hand, a high level of expressed emotion causes the sufferer to feel helpless, confined, and reliant on others. The overindulgence in attention may make the sufferer feel alienated. Expressions of emotion affect everyone in the home, adding to parental stress and often leading to feelings of worry and hopelessness among family members. It has been discovered that cases with high-expressed emotion parents had worse physical health symptoms, fewer adaptive coping mechanisms, poorer psychological adjustment, more frequent health attacks, and lower treatment compliance than cases with low-expressed emotion parents **(Safavi et al., 2023).**

Quality of life has drawn more attention as a crucial factor in functional outcome, Patients with bipolar disorder experience symptoms for the majority of their lives since the disorder begins early in life, such as in adolescence or early adulthood. Fatigue, sleep problems, poor physical health, anxiety, depression, cognitive impairment, side effects from medications, emotional problems, sexual dysfunction, loneliness, financial difficulties, a diminished role in the family and community, and impairment in all areas of psychosocial functioning are some of the symptoms that impact quality of life **(Cipriani et al., 2023).**

Parents are crucial in helping people with chronic mental illnesses like severe and incapacitating bipolar disorder. The nature of parent-patient connections and the quality of interaction patterns between parents and patient with bipolar illness and other mental diseases are thought to have an impact on the expressed emotion, which is perceived as an unfavorable home environment. The impact of expressing emotions has been found to be one of the most accurate predictors of bipolar illness recurrence **(Tough et al., 2023).**

In order to help families and caregivers of cases with bipolar disorder deal with the case more effectively and lessen the negative emotions that are expressed, psychiatric mental health nurses are crucial in evaluating the areas in which these families express their emotions. Furthermore, psychiatric nurses play a critical role in providing family caregivers with the essential information they require to better manage the case and reduce

the negative emotions expressed **(Ayush et al., 2023).**

Significance of the study:

By 2022, bipolar disorder will be the sixth leading cause of disability worldwide. The sickness is highly recurrent, with up to 78% of cases reporting recurrences within 5 years. In addition to experiencing severe symptoms for nearly half of their lives, cases have several limits in their relationships, careers, and educational opportunities. Up to 20% of people die by suicide, while up to 50% of people attempt suicide at least once **(Chen et al., 2022).** Research conducted by the General Secretariat of Mental Health and Addiction Treatment in Egypt's "National Survey for Mental Health in Egypt One Year Prevalence of Common Mental Disorders: Community Survey" found that 31.639 people, or 25% of the population, had mental disorders. According to the report, mood disorders—"specifically depression" at 43.7%, are the most prevalent disorders. 2.70 percent of people had bipolar disorder (**Sabry, 2020).**

Research has consistently shown a connection between bipolar disorder patients' quality of life, clinical manifestation, and expressive emotion. The parents' emotional expressions affect the quality of life in bipolar disorders and the shift from manic to depressed states. The case's and parents' facial expressions and criticisms influence how the mental disorder develops **(Fallon et al., 2021)**. Therefore, it is imperative that researchers carry out this research to evaluate impact of parents' expressed emotions on clinical Manifestations and quality of life among patients with bipolar disorder

Aim of the research:

The aim of this research is to evaluate impact of parents' expressed emotions on clinical manifestations and quality of life among patients with bipolar disorder

Research question:

What is the impact of parents' expressed emotions on clinical manifestations and quality of life among patients with bipolar disorder?

This can be achieved through the following questions:

- What are the levels of expressed emotions of the parents?
- What are the levels of clinical manifestations and quality of life of patients with bipolar disorder?
- What is the impact of parents' expressed emotions on clinical manifestations and quality of life among patients with bipolar disorder?

Subject and Methods:

Research design: To accomplish the goal of this research, a descriptive correlational approach was used.

Research setting:

This study was conducted at outpatient clinics of Psychiatric and Mental Health and Addiction tratement Hospital at Benha city, Qalubia governorate, which is connected to Egypt's General Secretariat of Mental Health. With a capacity of 277 beds, the hospital includes six departments—five for men and one for women. There are six out-patients clinics: three for adult and geriatric psychiatry, two for pediatrics, and one for community medicine. This study was carried out in psychiatric out-patients clinics on the hospital's ground floor. They provide therapy and follow-up for cases with mental and psychiatric conditions like schizophrenia and bipolar disorder. Psychiatric out-patients clinics are open six days a week from 9 a.m. to 1 p.m.

Sample Size:

Based on the past review of literature that examined the same outcome and found significant differences, a sample size has been calculated using the following equation:- $n = (z^2 \times p \times q)D^2$ At power 80% and CI 95%.. The calculated sample size was 80 parents and their bipolar disorder patients

Sample Technique:

a purposive sample of 80 parents and their bipolar disorder patients will be selected, and they will meet the inclusion and exclusion requirements listed below:

Inclusion criteria:

- Parents who provide care for individuals with bipolar disorder.
- Both men and women.
- Willingness to engage in the research.

Exclusion criteria:

- Parents who have a history of neurological conditions;
- Parents who have a history of mental illnesses.
- Parents with hearing or vision impairments.

Tools for data collection:

The following four tools were used to gather data in order to meet the research aim:

Tool one: A structured Interviewing Questionnaire Sheet:

Based on a scientific assessment of the literature, the researchers created the questionnaire, Written in simple and well-organized Arabic language to be easily understood by study participants.

Part 1 Socio–demographic characteristics of the parents It included six items: the age, sex, marital status, education, occupation, and residence.

Part 2 Socio–demographic characteristics of the patients with bipolar disorder It included six items: age, sex, marital status, educational, occupation, and residence.

Part 3 Clinical data of the patients with bipolar disorder It included three items: duration of illness, age at onset of the illness and number of hospital admission.

Tool two: Camber Well Family Interview

This tool was created by **Leff and Vaughan 1985** was used to assess patients families ' expressed emotion. It consisted of 35 items. These response alternative were always, sometimes, and never, these response score 3, 2 and 1.

Scoring system:

- 1-45: low expressed emotion
- 46-75: moderate expressed emotion.
- 76-105: high expressed emotion

Tool three: The Mood Disorder manifestations scale:

This tool was developed by **Hirschfeld, et al., (2000).** It used to assess clinical manifestation of mood disorders. This tool includes 13 items. These response alternative was yes, no these response score were 1, 0

Scoring system

- 0 -4: low manifestations of bipolar disorder.
- 5-9: moderate manifestations of bipolar disorder.
- 10-13: high manifestations of bipolar disorder.

Tool four: Quality of life Index:

This scale was originally developed by **Finlay & Khan, (1994)** to assess the impact quality of life of adult bipolar patients. The scale consists of 10 questions that subdivided into 6 domains that relate to different aspects of a person's HRQoL as follows: symptoms

and feelings (questions 1, 2), daily activities (questions 3, 4), leisure (questions 5, 6), work/school (questions 7), personal relationships (questions 8, 9) and treatment (questions 10). Each item is scored on a 4-Point Likert scale: (0) not at all/not relevant, (1) a little, (2) a lot, and (3) for very much. The total score ranges between 0-30, with higher score reflecting higher impact of HRQoL.

Scoring system:

- 0-1 indicates no impact at all.
- 2-5 indicates mild impact.
- 6-10 indicates moderate impact.
- 11-30 indicates sever impact.

Methods:

The research was executed according to the following steps:

Administrative approval:

The Director of Benha Psychiatric and Mental Health Hospital received formal authorization from the Dean of Faculty of Nursing Benha University's to collect data for the current research. Researchers spoke with parents and their cases before to the research's start to explain its nature and goal and to let them know that participation is entirely voluntary and that they can withdraw at any time without facing any consequences. Additionally, the questionnaires were coded to guarantee the total privacy of the data collected.

Validity:

The face and content validity of the data collection instruments used in this research were assessed in order to meet the requirements for reliability and deservingness. Five professionals in the field of psychiatry and mental health nursing evaluated the face and content validity. To make it easier for research participants to understand and collect data, some changes will be made, such as rephrasing some sentences in the quality of life scale, changing the Arabic and English translation of the mood disorder manifestation scale, and rearranging some sentences at the Camber Well Family Scale.

Reliability:

By giving the identical instruments to the same subjects in comparable circumstances on one or more occasions, the researchers used reliability to verify the internal consistency of the instruments. Alpha Cronbach reliability was used to compare the results of multiple tests (Test-re-Test reliability). At (0.91) for the Camber Well Family Scale, (0.95) for the Mood Disorder Manifestations Scale, and (0.93) for the Quality of Life Scale, the instruments demonstrated strong reliability.

Ethical considerations:

- Benha University's faculty of nursing's ethics committee gave its approval before to data collection (REC.PSYN.P.90).
- Prior to data collection and following an explanation of the research's purpose, consent was acquired from the parents of the participants and their bipolar disorder cases.
-Because the completed questionnaire forms were assigned a code number rather than names, the anonymity of the parents and patients under research was guaranteed.
-The parents and bipolar disorder cases who were the subjects of the research were given the assurance that the questionnaire would be utilized exclusively for the research and would be thrown away at its conclusion.
-There are no negative consequences on participation from the research's methods.
-The parents and bipolar disorder cases who took part in the research were advised that they could leave at any moment and without explanation.

A Pilot study:

To evaluate the tools' applicability, clarity, and dependability, a pilot research was carried out. In order to do so, the research was tested on eight parents and their bipolar disorder cases, or 10% of the entire group. Later on, this sample was removed from the research's true sample

The results of the pilot study:

Following the pilot research, the following conclusions were reached: (1) The tools were applicable and clear, although some lines were reworded and retranslated to make them easier for the parents and patients under research to grasp.

(2) The tools were legitimate and pertinent.

(3) No issues were found to be interfering with the data collection procedure.

(4) The tools were prepared for usage after this pilot research.

Field work:

The current research's real fieldwork was completed in three months, from the beginning of January 2025 to the end of March 2025. In order to gather data, the researchers visited the research location on Saturday and Tuesday of each week during the morning shift (9 a.m.–1 p.m.). All parents and their cases were interviewed individually. Because the researchers saw four to five parents and their cases each day, it took an average of 20 to 30 minutes to complete the Camber Well Family and Mood Disorder Manifestation Scale and 10 to 15 minutes to complete the Quality of Life Scale. The researchers greeted the parents and cases of the research at the start of the interview, introduced self to each case, explained the goal of the research, obtained oral consent to participate, and filled out the interview form and data collection tools.

Statistical analysis:

The data was statistically analyzed using Microsoft Excel Program and Statistical Package for Social Science (SPSS) version 20. To show the data, descriptive statistics such as the arithmetic mean (X), standard deviation (SD), and frequencies and percentages of categorical data were employed. The research variables were correlated using the R-test, the qualitative variables were compared using the chi square test (X), and the association between two variables was ascertained using the P-value.

Degrees of the significance of results were considered as follows:

- P- value > 0.05 Not significance (NS) .
- P- value < 0.05 Significant (S) .
- P- value < 0.000 Highly significance .

Results:

Table (1) explains percentage distribution of the studied parents according to their Socio-demographic characteristics. It shows that (33.8%) of parents were in the age group of (46-55 year) with a mean age of 35.72±9.31 years .As regards sex (63.8%) of them were female.. Also, marital status (42.5%) of them was married. In relation to education (33.7%) of them were read and write. In addition, occupation (52.5%) of them was unemployed. Regarding to their residence (76.3%) of them lived in rural areas.

Table (2) reflects percentage distribution of the studied patients with bipolar disorder according to their Socio-demographic characteristics. It reveals that, (46.3%) of the studied patients was in the age group of 18-25 years with a mean age of 27.38±8.56 years. Concerning sex, (58.8%) of them was male. Additionally (51.3%) of them were single. Also, regarding education (41.2%) of them had secondary education. In addition; regarding occupation (63.8%) of them were unemployed. regarding to their residence (76.2%) of them lived in rural areas.

Table (3) shows percentage distribution of the studied patients with bipolar disorder according to their clinical data. It shows that, duration of patient's illness, were (43.8%) less than 5 years. Regarding age at onset of the disease (75.0%) of them were less than 20 years. Concerning number of hospital admissions (52.5%) of them were once time.

Figure (1) explains percentage distribution of the studied parents according to their total parents' expressed emotions, It reports that (52.5%) of them have high expressed emotions and (37.5%) of them have moderate expressed emotions, while (10%) of them have low expressed emotions.

Figure (2) clarifies percentage distribution of the studied patients with bipolar disorder manifestations according to their total bipolar disorder manifestations. It reports that (46%) of patients have high manifestations (31%) of them have moderate symptoms while (23%) of them have low manifestations.

Figure (3) shows Percentage distribution of the studied patients with bipolar disorder according to their quality of life .It illustrates that (79%) of the studied patients have severe impact on their quality of life due to parents' expressed emotions. Also (16%) of them has moderate impact. Moreover (3%) of them has mild impact and only (2%) of the studied patients has no effect at all.

Table (4) reports relationship between Socio-demographic characteristics of the parents and total parents' expressed emotions. It clears that, there is a highly statistically significant relation between total parents' expressed emotion and socio-demographic characteristics of parents in all items ($p \leq 0.001$).

Table (5) clarifies relationship between clinical data of the patients and total patients' clinical manifestations. It clears that, there is a highly statistically significant relation between clinical data of the patient and total patients' clinical manifestation such as number of hospital admissions at (P –value < 0.01**). While, there is a statistically significant relation between clinical data of the patient and total patients' clinical manifestations such as age at onset of the disease at (P –value < 0.05*). Also there is no statistically significance relation between clinical data of the patients and total patients' clinical manifestations such as duration of illness at P –value >0.05*).

Table (6) explains relationship between Socio-demographic characteristics of the patients and total quality of life. It reports that, there is statistically significant relation between total quality of life of the studied patients and their educational level at (P= < 0.05). While, there is no statistically significant relation with their age, sex, marital status , occupation and residence at (P= >0.05).

Table (7) reports correlation between total parents' expressed emotion and total patients' clinical manifestations and quality of life among the studied patients with bipolar disorder. It shows that there is a highly statistically significant positive correlation between mean score of total parents' expressed emotion and total patients' clinical manifestations and quality of life among patients with bipolar disorder.at (P value < 0.01**).

Table (1): Percentage distribution of the studied parents according to their Socio-demographic characteristics (n=80).

Socio-demographic characteristics of the parents	No	%
Age		
25-35	13	16.2
36-45	19	23.7
46-55	27	33.8
≥55	21	26.3
Mean± SD = 35.72±9.31		
Sex		
Male	29	36.2
Female	51	63.8
Marital status		
Married	34	42.5
Widowed	26	32.5
Divorced	20	25.0
Education		
Illiterate	16	20.0
Read and write	27	33.7
Secondary education	21	26.3
High education	16	20.0
Occupation		
Unemployed	42	52.5
Free business	13	16.2
Private sector	21	26.3
Governmental sector	4	5.0
Residence		
Rural	61	76.2
Urban	19	23.8

Table (2): Percentage distribution of the studied patients with bipolar disorder according to their Socio-demographic characteristics (n=80).

Socio- demographic characteristics of patients	No	%
Age		
18-25	37	46.3
26-35	25	31.2
36- 44	12	15.0
≤45	6	7.5
Mean± SD = 27.38±8.56		
Sex		
Male	47	58.8
Female	33	41.2
Marital status:		
Single	41	51.3
Married	9	11.2
Widowed	10	12.5
Divorced	20	25.0
Education		
illiterate	21	26.3
Read and write	20	25.0
Secondary education	33	41.2
High education	6	7.5
Occupation		
Unemployed	51	63.8
Private business	16	20.0
Private sector	7	8.7
Governmental sector	6	7.5
Residence		
Rural	61	76.3
Urban	19	23.7

Table (3): Percentage distribution the studied patients with bipolar disorder according to their clinical data (n=80).

Clinical data of the studied case	No	%
Duration of illness		
Less than 5 years	35	43.8
5-10 years	20	25.0
More than 10 years	25	32.2
Age at onset of the disease		
<20 years	60	75.0
20<30	20	25.0
30<40	0	0.0
>40	0	0.0
Number of hospital admissions		
Once	42	52.5
Twice	21	26.3
Three times	10	12.5
≥four times	7	8.7

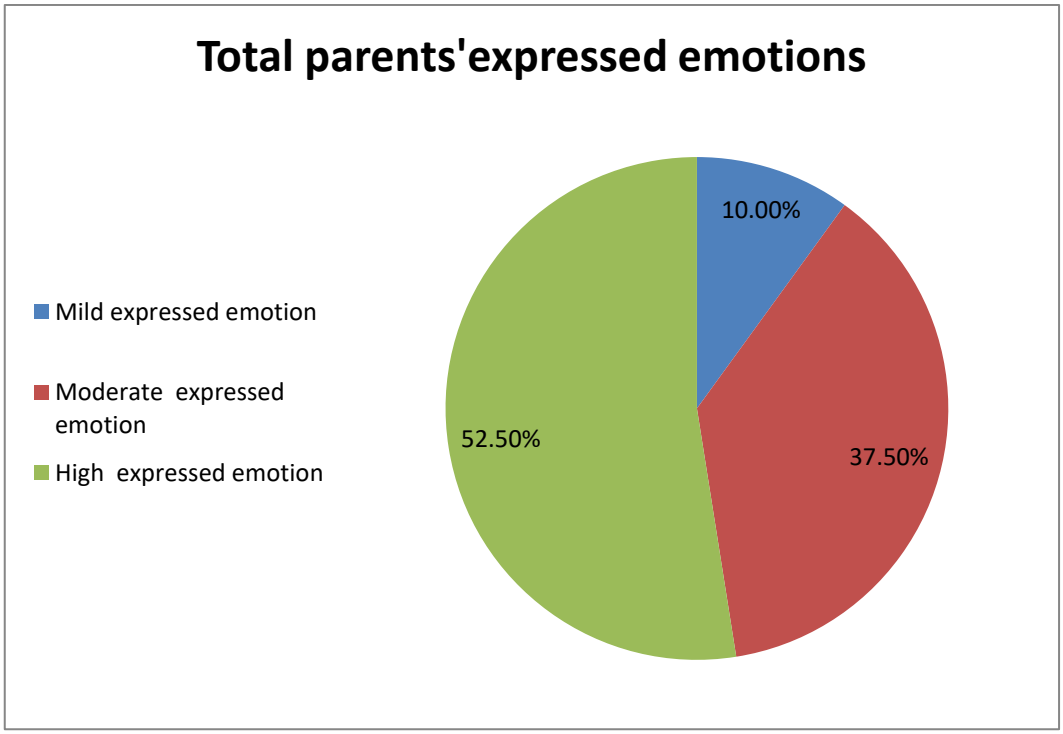

Figure (1): Percentage distribution of the studied parents according total parents' expressed emotions (n=80)

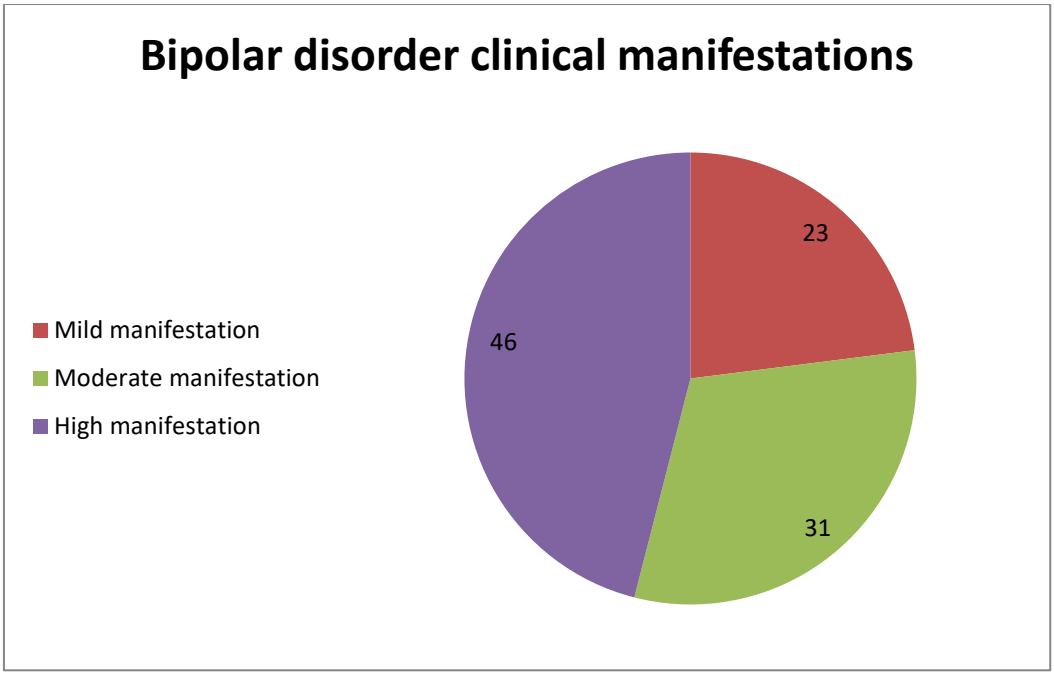

Figure (2): Percentage distribution of the studied patients according to their total bipolar disorder clinical manifestations (n=80).

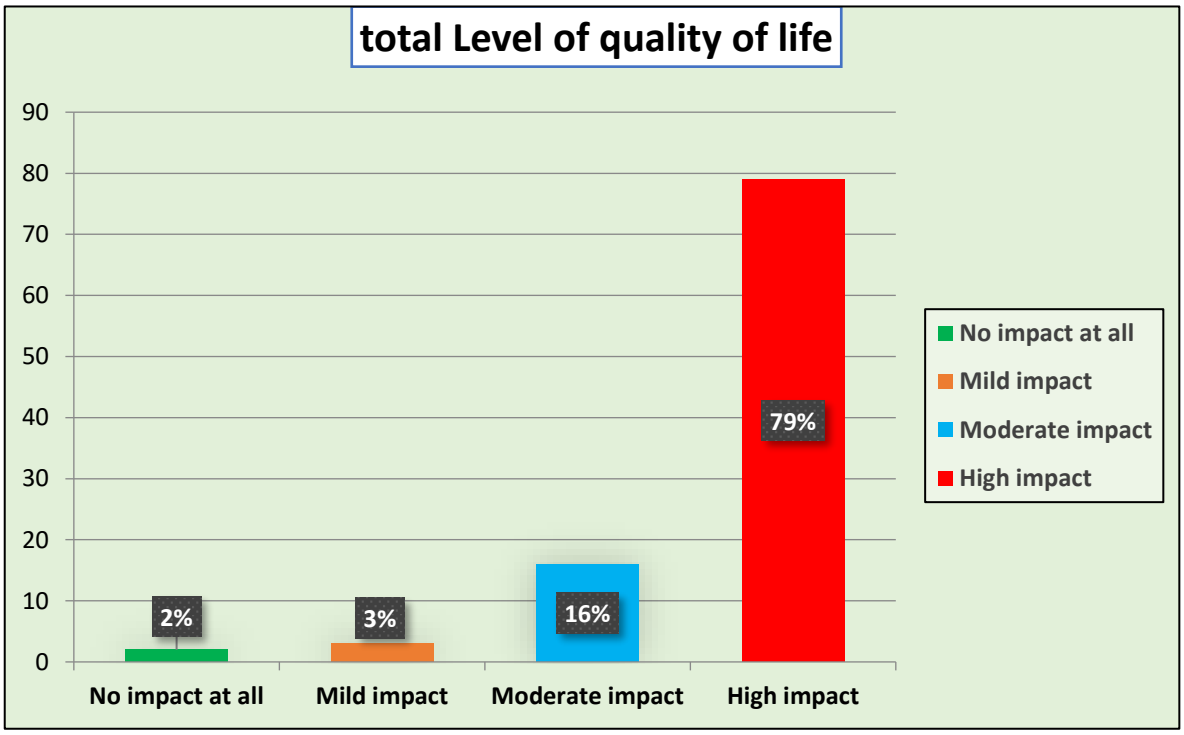

Figure (3): Percentage distribution of the studied patients according to their total level of quality of life (n=80).

Table (4): Relation between Socio-demographic characteristics of the parents and total parents' expressed emotion

Socio-demographic characteristics of the parents	Total parents' expressed emotion.							
	Mild expressed emotion (n=8)		Moderate expressed emotion (n=30)		High expressed emotion (n=42)		Chi - square test	P-value
	No	%	No	%	No	%		
Age								
25-35	0	0	10	33.3	0	0	49.53	<0.01**
36-45	0	0	5	16.7	15	35.7		
46-54	0	0	5	16.7	22	52.4		
≥55	8	100	10	33.3	5	11.9		
Sex								
Male	0	0	5	16.7	24	57.1	17.46	. <0.01**
Female	8	100	25	83.3	18	42.9		
Marital status								
Married	0	0	15	50	9	21.4	38.82	<0.01**
Widowed	8	100	10	33.3	9	21.4		
Divorced	0	0	0	0	15	35.8		
Level of education								
Illiterate	8	100	10	33.3	5	11.9	29.86	<0.01**
Read and write	0	0	5	16.7	18	42.9		
Secondary education	0	0	10	33.3	9	21.4		
High education	0	0	5	16.7	10	23.8		
Occupation								
Unemployed	8	100	20	66.6	18	42.9	40.66	<0.01**
free business	0	0	0	0	10	23.8		
Private sector	0	0	5	16.7	14	33.3		
Governmental sector	0	0	5	16.7	0	0		

Highly significant at p‹ 0.01 **

Table (5): Relation between clinical data of the patient and total patient ' clinical manifestations (N = 80)

Clinical data of the case	Total cases' clinical manifestations							
	Low manifestations (n=16)		Moderate manifestation (n=29)		High manifestations (n=35)		Chi - square test	P-value
	No	%	No	%	No	%		
Duration of illness								
Less than 5 years	5	31.5	15	51.5	20	57.0	7.00	. >0.05
5-10 years	6	37.0	12	42.0	10	28.5		
More than 10 years	5	31.5	2	6.5	5	14.5		
<20 years	8	50.0	15	51.5	20	57.0	7.46	‹ 0.05
20<30	8	50.0	14	48.5	15	43.0		
30<40	0	0.0	0	0.0	0	0.0		
>40	0	0.0	0	0.0	0	0.0		
Once	9	56.0	18	62.0	15	43.0	30.03	. ‹ 0.01
Twice	7	44.0	11	38.0	15	43.0		
Three times	0	0.0	0	0.0	5	14.0		
≥four times	0	0.0	0	0.0	0	0.0		

n.s not statistical significant at >0.05 * statistical significant at ‹ 0.05 **highly significant at p‹ 0.01 **

Table (6): Relation between socio-demographic data and total level of quality of life among the studied patients (n=80).

Socio-demographic data		Total levels of quality of life								X^2	P-Value
		No effect at all (n=1)		Mild effect (n=2)		Moderate effect (n=14)		Highly effect (n=63)			
		No.	%	No.	%	No.	%	No.	%		
Age	18-25	0	0.0	0	0.0	2	0.14	12	0.19	9.570	**>0.05.**
	26-35	0	0.0	1	50.0	3	0.22	14	0.22		
	36- 44	1	100.0	0	0.0	6	0.42	26	0.41		
	≤45	0	0.0	1	50.0	3	0.22	11	0.17		
Sex	Male	1	100.0	1	50.0	9	0.64	34	0.53	4.621	**>0.05.**
	Female	0	0.0	1	50.0	5	0.36	29	0.47		
Marital status	Single	0	0.0	0	0.0	2	0.14	25	0.39	3.975	**>0.05.**
	Married	1	100.0	2	100.0	6	0.42	12	0.19		
	Widowed	0	0.0	0	0.0	3	0.22	14	0.22		
	Divorced	0	0.0	0	0.0	3	0.22	12	0.19		
Education level	illiteracy	0	0.0	0	0.0	2	0.14	13	0.21	20.74	**‹ 0.01.**
	Read and write	0	0.0	0	0.0	3	0.22	12	0.19		
	Secondary education	1	100.0	1	50.0	5	0.36	26	0.41		
	High education	0	0.0	1	50.0	2	0.28	12	0.19		
Occupation	Employed	0	0.0	0	0.0	4	0.28	21	0.34	3.284	**>0.05.**
	Unemployed	1	100.0	2	100.0	10	0.72	42	0.66		
Residence	Urban	0	0.0	2	100.0	4	0.28	34	0.53	8.293	**>0.05.**
	Rural	1	100.0	0	0.0	10	0.72	29	0.47		

n.s not statistical significant at >0.05 * highly significant at p‹ 0.01 **

Table (7): Correlation between total parents' expressed emotion and total patients' clinical manifestations and quality of life among patients with bipolar disorder (N = 80).

Variables	R.	P value
Total parents' expressed emotion & Total patients ' clinical manifestations.	0.381	**<0.01****
Total parents' expressed emotion & Total patients ' quality of life**.**	0.360	**<0.01****

****highly significant at p ‹ 0.01.**

Discussion:

Researchers have been more interested in parents' expressed emotions might affect the quality of life and clinical manifestations of bipolar disorder since the late 1960s. It has also been demonstrated that expressed emotion is a more widespread risk factor for relapse in a variety of mental health conditions, including bipolar disorder. Parents who display a lot of emotion seem to communicate with their patient relatives less effectively **(Martinez et al, 2022).** Thus, the purpose of this research was to evaluate Impact of Parents' Expressed Emotions on Clinical Manifestations and Quality of Life among Patients with Bipolar Disorder

Regarding the sociodemographic characteristics of the parents, the results of this research showed that, with a mean age of 35.72±9.31 years, about one-third of the parents were in the 46–55 age range. According to the researchers, this could be because the younger parents were able to take on the responsibility of patient care. The results of the current study revealed that less than two-thirds of the parents under research were female. The personality and traits of the female taking on the primary task of caring for their ailing relative may be the cause. As a result, people may have greater faith in their capacity to treat bipolar patients who require specialized treatment. In terms of parents' marital status, less than half were married. According to the researchers, this might be because the parents' ages ranged from 46 to 55, and rural cultures prioritize agriculture over education. According to the parents' occupations, the current research found that over half of them were unemployed; this may be because fewer than two-thirds of the parents were female and also worked around the house. According to the results of the current research, over three-quarters of the parents resided in rural areas.

Regarding the sociodemographic characteristics of the bipolar disorder patients. With a mean age of 27.38±8.56 years, the results of the current research revealed that less than half of the participants were between the ages of 18 and 25. From the perspective of the researchers, the current investigation demonstrated that over half of the patients were male. This could be because male patients typically shouldered the family's financial responsibilities; their disease prevented them from doing so and caused uncomfortable symptoms. Less than half of the patients were between the ages of 18 and 25, and the early onset of the illness may have contributed to the fact that more than half of the patients had no marital status. According to the research's findings, almost two-fifths of

the cases had completed secondary school. Bipolar disorder patients may have poorer intellectual and academic performance as a result of the condition's early start (18–25 years old). Less than two-thirds of them were unemployed in terms of occupation. This outcome may be the consequence of patients ' chronic deficiencies in even the most fundamental social skills needed for employment.

Regarding patients clinical data, the current research's findings indicated that patients ' illnesses lasted more than two-fifths of a century but less than five years, which was consistent with **(Stephen, 2020),** they discovered that the majority of bipolar disorder patients start in people between the ages of 15 and 19. According to the current research's findings, three-quarters of the sample were under 20 years old when the condition first manifested. This outcome was in line with the research of **(Lindsay & Smith, 2022)** found that more than one-fifth of the sample had bipolar illness in adolescence, and less than three-quarters of the cases had it in infancy. The results of the current study showed that over half of the patients were admitted to the hospital at least once. These findings concurred with those of **(Muneer, 2022),** showed that most cases were admitted for the first time. According to the researchers, these findings may be the result of the patients ' age distribution (18–25 years old), early attempts to obtain employment, continued drug use, and parental support for caregiving.

More than half of parents had high expressed emotions, according to the current research's analysis of all parents' feelings. This finding was in line with that of **(Hamad, 2021),** claimed that parents of bipolar patients displayed more emotion. This finding runs counter to a research by **Kaur (2020),** which indicated that the majority of caretakers for bipolar patients react mildly to their conduct. According to the experts, these findings can be the outcome of our society. It is well known that our family is more likely to cry constantly, become very upset when considering the disease, make drastic measures to control the patients, engage in self-sacrifice and excessively indulgent conduct, and become overly preoccupied with the case's condition.

Nearly half of individuals had strong symptoms of bipolar disorders, according to the current research. These findings were in line with research by **Zachary et al. (2021),** which revealed that most cases had high symptoms. According to the researchers, these findings may be because cases with parents who exhibit high levels of emotion have been shown to manage their health conditions worse, engage in less adaptive coping strategies, adjust psychologically less well, experience more frequent health attacks, adhere to treatment less well, or have worse physical health outcomes than cases with parents who exhibit low levels of emotion.

Regarding relation between Socio-demographic characteristics of the parents and total parents' expressed emotions, the current study illustrated that, there was a highly statistically significant relation between them in all items. This results come with the harmony with a study done by **(Mihir, et al, 2019)** stated that the role of demographic variables in burden of care was examined in this study a positive correlation among the age of the parents, education, and expressed emotions was observed suggesting that with the advancing age of caregivers, there is an increment in the magnitude of the perceived burden. When caregivers were older, they were more worried about the future of their ill family member that who will take care of them in future. On the other

hand, the result of current study disagreed from study conducted by **(Bressert, 2019)** The study emphasized that, age, gender, occupation, and care intensity didn't impact on caregivers' emotional reactivity to daily life.

According to the researchers, the findings of this research might be explained by the fact that in certain developing nations, like Egypt, personal traits may affect the direction of emotions and either exacerbate or mitigate emotional reactivity to stress in daily life. For instance, when caregivers are unemployed, it negatively affects the family's financial status, which is linked to increased anxiety, stress, and negative emotions.

Regarding to relation between socio-demographic data and total level of quality of life among the studied patients, the current study results demonstrated that there was statistically significant relation between total quality of life of the studied patients and their educational level. From the researchers' point of view this might be due to that most studied patients had write and read only don't complete their education may not have sufficient awareness about bipolar disorder and the effect of the disease on their quality of life, This finding agreed with a study done by **Souzan et al., (2022)** found that, there was a significant association between quality of life of the studied patients and their educational level.

Concerning correlation between total parents' expressed emotion and total patients' clinical manifestations and quality of life the current study cleared that, there was a highly statistically significant positive correlation between mean score of total parents' expressed emotion and total patients' clinical manifestations and quality of life. These findings consistent by (**Souzan et al., 2022**) found that a significant positive correlation between expressed emotion and quality of life. Similarly, **Sharma (2021)** reported a beneficial relationship between cases' clinical symptoms and their expressed emotions. According to the researchers, this could be because parents who express their emotions a lot have a greater internal locus of control over their lives, are more likely to actively manage challenges and issues, and are less tolerant. They have an impact on their cases' clinical outcomes and quality of life because they rarely agree with their cases, exhibit less welcoming behaviors, and seem to be worse communicators with their ill relatives—talking more and listening less well, for example.

Conclusion:

In the light of the current study, it could be concluded that there was a more than half of parents had high expressed emotions. Also near than half of patients had high clinical manifestations. In addition, more than three quarters of the studied patients had severe impact on their quality of life. Moreover, there was a highly statistically significant positive correlation between mean scores of total levels of total parents' expressed emotion and total patients' clinical manifestations and quality of life

Recommendations:

In the light of the current research findings, the following recommendations are suggested:

- Creating psycho educational initiatives to increase patients' quality of life and clinical results while lowering negative emotions
- Raise public awareness of bipolar disorder, its symptoms, available treatments, and the impact that high or low emotional

expression has on the quality of life and clinical result of bipolar disorder cases.

- Programs that improve social support and psychological well-being should be created for caregivers.
- Parents of cases with chronic mental illness should receive social support and emotional support from nurses.

Further researches: To generalize the findings, the research should be repeated with a larger sample in various correctional settings.

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تأثير التعبيرات الانفعالية للوالدين على الاعراض الاكلينيكية وجودة الحياة لدى مرضى اضطراب ثنائى القطب

رحاب السيد محمد، ضحى عبد البصير محمود، هند أحمد مصطفى

يُعد الاضطراب ثنائي القطب عبارة عن نوبات الهوس أو الاكتئاب. تُستخدم التعبيرات العاطفية لتقييم مستوى التناغم بين الوالدين ومرضاهم. وقد ثبتت فعاليتها العالية في التنبؤ بالنتائج الاكلينيكية وجودة الحياة. هدفت هذه الدراسة إلى تقييم تأثير التعبيرات الانفعالية للوالدين على الاعراض الاكلينيكية وجودة الحياة لدى مرضى اضطراب ثنائى القطب. سؤال البحث: ما هو تأثير تأثير التعبيرات الانفعالية للوالدين على الاعراض الاكلينيكية وجودة الحياة لدى مرضى اضطراب ثنائى القطب؟ وقد استُخدم تصميم بحثي وصفي ارتباطي في هذه الدراسة. حيث أُجريت هذه الدراسة في العيادات الخارجية لمستشفى الصحة النفسية و العقلية وعلاج الإدمان في مدينة بنها، على عينة مكونة من ٨٠ من أولياء الأمور ومرضاهم المصابين باضطراب ثنائي القطب من مكان الدراسة المذكور أعلاه. الأدوات: الأداة (١): استبيان مقابلة الأداة (٢): مقياس كامبر ويل للعائلة، الأداة (٣): مقياس مظاهر اضطراب المزاج، والأداة (٤): مقياس جودة الحياة. واظهرت النتائج ان أكثر من نصف أولياء الأمور يعبرون عن مشاعرهم. كما أن ما يقرب من نصف المرضى لديهم أعراض اكلينيكية شديدة. بالإضافة إلى ذلك، يعاني أكثر من ثلاثة أرباع المرضى الذين شملتهم الدراسة من تأثير بالغ على جودة حياتهم. كما وُجد ارتباط إيجابي ذو دلالة إحصائية عالية بين متوسط درجات مستويات المشاعر المُعبر عنها من قِبل الوالدين وتأثيرها على الأعراض السريرية وجودة الحياة لدى مرضى الاضطراب ثنائي القطب. واوصت الدراسة بأن ينبغي أن تُسهم البرامج النفسية والتربوية في الحد من المشاعر السلبية المُعبر عنها وتحسين جودة الحياة والنتائج السريرية لمرضى الاضطراب ثنائي القطب.