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EXPRESSED EMOTION TOWARDS INDIVIDUALS WITH DIABETIS AS COMMUNICATION PATTERNS AND LANGUAGE FRAMEWORK

Емоційна експресивність до осіб із цукровим діабетом як комунікативні та лінгвістичні патерни

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Abstract

The aim of this research is to suggest psycholinguistic approach to assess family members' Expressed Emotion towards the individuals with diabetes; and explore psycholinguistic markers, presented by linguistic units and psychological meaningful categories, indicating family members' attitudes towards the individuals with diabetes. The participants (n=65) from the endocrinology department of Volyn regional clinic (Lutsk, Ukraine) were recruited. Health and Self-Management in Diabetes Questionnaire (Carlton, Rowen & Elliott 2018) and perceived Expressed Emotion of their family members (Hooley, 2006), which are not less than in 10-hours weekly contact with them; Linguistic Inventory Word Count (LIWC) (Pennebaker, Boyd, Jordan & Blackburn, 2015) and analysis of EE as communication patterns were applied (Wuerker, 1996). The current study found that there is a specific distribution of grammatical forms and response modes, linguistic units and psychological meaningful categories in family members with low and high levels of EE.

Key words: *Expressed Emotion, diabetes, family members, psycholinguistic approach.*

Introduction

Expressed Emotion is an “umbrella notion” linked to the family environment and family members' attitudes towards an individual with mental and physical conditions associated with frequent relapses and poor outcomes of the disease (Brown, Birley & Wing, 1972). EE as a general term of complex family attitude

towards an individual with chronic disease is represented by five types of attitudes, particularly critical remarks, hostility, positive remarks, warmth and emotional over-involvement (EOI) (Brown et al., 1972; e Sa, Wearden & Barrowclough, 2013). Notwithstanding the primary importance of psychosocial factors for well-being and recovery under the conditions of life-long disease, there remains a paucity of an effect of family members' EE on individuals with diabetes.

Diabetes type 2 is a chronic disease of metabolic nature, which is defined as an epidemic phenomenon, particularly among older people in developing countries (Olokoba, Obateru & Olokoba, 2012). Diabetes type 1 is a life-long autoimmune disease, which is caused by destruction of pancreatic cells (Atkinson, Eisenbarth & Michels, 2014). Despite the differences in diagnosing and treatment of diabetes type 1 and type 2 there is a common evidence for both of them, linked to their uncured nature and dependence on an efficient diabetes management. Moreover, patients with Type 1 and Type 2 diabetes have frequent relapses of blood sugar which can be managed only by a strict dietary adherence (Savilahti, Simell, Koskimies, Rilva & Åkerblom, 1986). Evidence consistently suggest that in the case of a life-long disease, which requires a strict dietary adherence, the effect of EE is crucial to health-related quality of life (Wearden et al., 2000). Furthermore, the quality of life depends on “psychosocial adjustment, coping, and the burden of the family” (Wearden et al., 2000: 656). The findings of recent research consistently suggest that there is a strong negative correlation between partner's EE and efficient dietary management of an individual with diabetes Type 2 (Lister, 2016). This study (Lister et al., 2016) has also shown that EE has an impact on management control in patients with Type 2 diabetes. Management control is considered in terms of a strict adherence to a diet, intensive physical activity and positive attitudes to the disease. However, the correlation between EE of other relatives and different types of EE and their impact on dietary adherence and quality of life of individuals with diabetes type 1 and type 2 is still unclear. Moreover, the measures of assessing EE (Camberwell Family Interview and Five-Minute Speech Sample) is not easy administrated (Hooley & Parker, 2006).

The aim of this research is to suggest psycholinguistic approach to assess family members' EE towards the individuals with diabetes; and explore psycholinguistic markers, presented by linguistic units and psychological meaningful categories, indicating family members' attitudes towards the individuals with diabetes.

Research Methods and Techniques

Following the primary idea of social constructionism that language construct individual thoughts and feelings and make them possible in the concrete social setting (Harre & Gillett, 1994), psycholinguistic approach to assess EE was designed.

Previous research has established that EE could be considered as communication patterns of communication of control, inclusion or acceptance by the other, and affection or caring (Wuerker, 1996). Moreover, the author suggests the list of grammatical forms (assertion, question, talk-over, incomplete structures) and response modes (support, extension, answer, instruction, order, disconfirmation, topic change), which are specific for different levels of EE. The Linguistic inventory word counting (LIWC) as a software tool analyzes the words according with the pre-defined categories, in particular linguistic categories (number of words, speech units) and psychological meaningful categories, in particular positive and negative emotions, motivation, thinking styles and social relationships (Pennebaker, Boyd, Jordan & Blackburn, 2015).

Participants

The approval letter to recruit the participants (n=65) from the endocrinology department was obtained from administration of Volyn regional clinic (Lutsk, Ukraine). The participants filled questionnaires assessing their quality of life, adherence to a diet, diabetes management (Health and Self-Management in Diabetes Questionnaire, Carlton, Rowen & Elliott 2018) and perceived EE of their family members (Hooley, 2006), which are not less than in 10-hours weekly contact with them. LIWC and analysis of EE as communication patterns were applied.

Results

The current study found that there is a specific distribution of grammatical forms and response modes, linguistic units and psychological meaningful categories in family members with low and high levels of EE. Moreover, the positive correlation of affect category and negative emotions of family members' EE and high EE was defined.

Limitation of the study. The major limitation of this study is the assessment of the perceived EE, which does not involve the family members into the research.

However, the findings of recent research demonstrate that family members' criticism could be perceived as the markers of the support and assistance. Therefore, the perceived EE is of crucial importance (Klausner et al., 1995). The limited size of the sample in the current research did not allow us to include all types of EE, notably EOI and hostility. However, perceived criticism and different levels of EE have been deeply analyzed.

Conclusion

These findings have significant implications for the understanding of how EE is constructed through language and speech patterns and suggesting a new psycholinguistic approach to EE assessment. Although this study focuses on perceived EE in general and perceived criticism, the findings may well have a bearing on different types of EE and alternative tool for EE assessment.

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