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Family Emotions Expressed towards Clients Re-admitted for Alcohol Use Disorder in Rehabilitation Centres in Eldoret, Kenya

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Abstract **Original Research Article**

Alcohol use disorder remains one of the socioeconomic challenges in Kenya. The study investigated the effect of expressed family emotions on relapsed clients with alcohol use disorder in rehabilitation centres located in Eldoret town, Uasin Gishu County, Kenya. This was in the light of concern that recovered clients with alcohol use disorder relapse soon after re-joining their families. The study was anchored on structural family therapy and used concurrent explanatory mixed methods approach. The quantitative strand of the study used ex post facto, causal comparative design while the qualitative strand used phenomenological research design. Stratified and systematic random and purposive sampling techniques were used to obtain a sample size of 92 respondents, comprising 38 clients with alcohol use disorder, 38 family members, 12 relapsed clients and 4 counsellors in the selected registered and licensed rehabilitations centres. Data was collected using a questionnaire and focus group discussion guides. Quantitative data was cleaned, organized, coded and analysed with the aid of Statistical Package for the Social Sciences (SPSS), version 23. The generated descriptive statistics were summarized and presented in distribution frequency tables. Qualitative data was coded and analysed thematically. The main findings showed that family members expressed high hostility, criticism and over-involvement but low empathy and positive comments towards clients with alcohol use disorder. The study concluded that expressed family emotions affected clients with alcohol use disorder and was a risk factor to relapse. The study recommends that rehabilitation programmes need to involve family members in the treatment of clients with alcohol use disorder.

Keywords: Family emotions, Relapse, Alcohol use disorder.

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INTRODUCTION

Expressed emotion is a construct that describes a global index of familial emotional climate on how the family environment of a person with alcohol use disorder spontaneously talks about them [1]. It is a term used in the medical field to represent the intensity and display of a range of emotions exhibited within the family context. It specifically measures five types of expressed family emotions, namely hostility, criticism, over-involvement, empathy and positive comments [2]. Another study describes expressed emotion as the quality of social interaction among family members [3]. Hostility is a form of emotionally charged aggressive behaviour expressed by family members towards a client with alcohol use disorder [4]. The expression of hostility may come as a result of uncontrolled anger associated with being upset, dislike, shouting and annoyance towards the family member with alcohol use disorder. Problems within the family may be blamed on the member of the family with alcohol use disorder, especially if he or she experiences difficulties solving problems.

As a type of expressed family emotion, criticism is accompanied by negative comments that lead to rejection of the member of the family with alcohol use disorder. Such comments include accusations, reprimands, sarcasms and negative remarks. They are directed at the member with alcohol use disorder who may be described as a troublemaker, a burden to family, disobedient, lazy or selfish. Family members express criticism when they make condemnatory, infirmity statements or express active disagreement that implies disapproval of the behaviour of the member of the family with alcohol use disorder [5].

Over-involvement is the tendency of a family member to display intrusiveness, excessive self-sacrifice, or an exaggerated emotional response to the family member with alcohol use disorder. Such interactions may be described as being too sympathetic, extremely caring and deeply concerned, and may hinder the individual from differentiating themselves and making their own decisions [4]. Over-involved family members exhibit self-sacrifice, overprotection, restriction, control and engage in constant checks on the member of the family with alcohol use disorder. Empathy refers to expression of kindness, concern and warmth by family towards the family member with alcohol use disorder. It is demonstrated by the tone of voice, smiling and accompaniments, encouragement, understanding and coping, which often convey an empathic attitude. Empathy is a significant characteristic of the low expressed emotions by family members [6].

Family members can also express positive comments a member with alcohol use disorder. Comments like "he makes a lot of sense", "he is easy to get along with", and "it is good to have him around", are examples of positive comments [7]. Family members may express positive comments when they state that they are friendly and feel very close to the family member with alcohol use disorder and appreciate his or her efforts in his day-to-day functioning [8]. Family members may also report that they can cope with the family member with alcohol use disorder and enjoy being with him or her.

Expressed Family Emotions on Relapse of Clients with Alcohol Use Disorder

In a study in Barcelona (Spain), it was observed that relatives' anxiety and negative emotional representation of the disorder were significant predictors of expressed criticism at follow-up [9]. Another study also found that anxiety, ascription of control by the relative and an negative emotional representation about the disorder predicted over-involvement at both baseline and follow-up assessments [10]. This highlights the importance of considering how relatives' emotional states and the early formation of cognitive representations of psychosis can affect the attitudes they take towards the disorder at the at-risk and recent onset stages of psychosis.

A study examined the effect of expressed family emotion on schizophrenia relapse rate [11]. The results showed a significant relationship between relapse and expressed family emotions. Emotional criticism and involvement were especially significant predictors of relapse in patients. The researchers found that the more the emotions expressed in family members, the more frequent relapses were seen among the patients. In Nigeria, a study investigated expressed emotion among patients with schizophrenia and their relatives with the aim of determining how expressed emotions related to sociodemographic attributes of the subjects and the clinical course of the illness [12]. The prevalence of 'high' expressed emotion was 46.0% and 50.0% for the patient and relative versions of the Level of Expressed Emotion Scale, respectively. Criticism and over-involvement appeared to be stronger determinants and predictors of high expressed emotion. Relapse rates were higher among the high expressed emotion groups. In a study in Kenya, it was found that the most common emotions expressed by family members of clients with an alcohol use disorder were criticism, hostility and over involvement [13].

Globally, alcohol use disorder is a major public health problem, the second leading cause of disability among the mental disorders [14]. It increases the risk of domestic violence, murders, suicides, and accidental injuries at work and on the road, job loss and social isolation [15]. Worldwide, 3 million people die annually as a result of alcohol consumption [16] compared to approximately 2.5 million reported by the World Health Organization [17]. The burden of alcohol and other substance use disorders in the sub-Saharan Africa has been projected to increase by an estimated 130% by 2050 [18]. In Africa, the impact of alcohol use disorder is particularly high. The region had the highest alcohol-attributable deaths (70.6 deaths per 100,000 people) in 2016 [19]. In Africa, Kenya is one of the countries with the highest Disability Adjusted Life Years (DALYs) (54,000) from alcohol use disorders with most of them (60%) having the severe form [20]. In a study in Nairobi, Githae (2016) reported that high expressed emotion had a significant relationship with relapse in alcohol use disorder. In Eldoret, a study found that the prevalence rate of alcohol use was 51.9% with associated problems that included quarrelling and fights, loss and damage to property, problems with parents, medical problems and unplanned unprotected sex [21].

MATERIALS AND METHODS

The study used concurrent explanatory mixed methods approach. In this form of research, both qualitative and quantitative approaches, used together, provide a better understanding of the research problem [22]. the quantitative strand used ex post facto, causal comparative design while qualitative strand used phenomenological research design. The target population for the study was all rehabilitation centres, all clients with alcohol use disorder, all the next of kin or family members and all counsellors in all the rehabilitation centres registered and licensed by NACADA in Eldoret, Kenya, in the year 2022. A target population of 360 was selected, which comprised of 174 clients with alcohol use disorder, 174 family members and 12 counsellors in the 6 alcohol and drug rehabilitation centres registered and licensed by NACADA in Eldoret town [23]. Stratified and systematic random sampling and purposive sampling techniques were used to obtain a total sample size of 92

respondents, consisting of 38 clients with alcohol use disorder, 38 family members, 12 relapsed clients and 4 counsellors in the selected registered and licensed rehabilitations centres.

Data for the study was collected using questionnaires and focus group discussion guides. The instruments were subjected to both face and content validity. Cronbach Alpha techniques determined the reliability of quantitative data, while qualitative items were established in terms of their trustworthiness. One rehabilitation centre was used for the pilot study. Quantitative data was cleaned, organized, keyed into a computer and analysed with the aid of Statistical Package for the Social Sciences (SPSS), version 23. The generated descriptive statistics were summarized and presented in distribution frequency tables. Qualitative data was coded and analysed thematically and presented in form of narratives and verbatim.

RESULTS AND DISCUSSION

The study sought the views of clients and family members to establish if selected statements on the five types of family emotions, namely hostility, criticism, over-involvement, empathy and positive comments, were expressed in their families. The findings for each of the five types of emotions were presented, interpreted and discussed separately.

Expressed Family Hostility

Table 1: Distribution of Expressed Family Hostility Indicators by Clients

Hostility indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
My family member shouts at me	17(44.7)	6(15.8)	9(23.7)	4(10.5)	2(5.3)
My family member shows annoyance when assisting me	15(39.5)	7(18.4)	7(18.4)	3(7.9)	6(15.8)
My family member gets upset due to problems of alcohol drinking	9(23.7)	10(26.3)	7(18.4)	8(21.1)	4(10.5)
My family member dislike the way I behave	11(28.9)	6(15.8)	8(21.1)	8(21.1)	5(13.2)
My family member gets angry with me	20(52.6)	2(5.3)	2(5.3)	9(23.7)	5(13.2)
N=38					

Source: Survey Data (2022)

As shown in Table 1, 21(59.3%) of the respondents reported that they experienced shouting from their family members whereas 17 (44.7%) respondents did not experience shouting. Out of the 38 respondents, 23(60.5%) experienced annoyance from their family whenever they received assistance from them whereas 15(39.5%) never experienced annoyance. "Upset due to drinking problems" was the most frequent reported form of expressed hostility by family members. Twenty-nine (76.3%) of the respondents reported that they had experienced their family members being "upset" at them at the various levels ranging from "rarely" at 26.3% to "always" at 10.5%. Similarly, 27(71.1%) of the respondents indicated they had experienced "dislike" from their family members because of their alcohol consumption. More than half of the respondents, 20(52.6%), said their family member did not "get angry with them" because of alcohol consumption. The findings showed that expression of hostility was common in families of relapsed clients with alcohol use disorder.

The above findings were consistent with those of a study in Nairobi, Kenya in which the researchers established that majority of clients with alcohol use disorder experienced high hostility from their family members [24]. Possibly, clients who relapsed many times made family members experience some form of stigma from the community. The stigma could be perceived as family failure to provide good parenting to the relapsed client with alcohol use disorder causing feelings of shame which creates feelings of anger which is a component of hostility. Additionally, recurrent relapses represented an increase in family burdens in terms of finances, time and occupation activities.

To corroborate the findings from the clients, family members were also asked to state how often they expressed hostility towards members who relapsed to alcohol use disorder. Their views were as shown in Table 2.

Table 2: Distribution of Expressed Family Hostility Indicators by Family Members

Hostility indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
I shout at my family member who has relapsed	5(13.2)	13(34.2)	11(28.9)	4(10.5)	5(13.2)
I show annoyance when assisting my family member who has relapsed	5(13.2)	10(26.3)	9(23.7)	5(13.2)	9(23.7)
I get upset with my family member who has relapsed because of the problems of alcohol drinking	6(15.8)	8(21.1)	7(18.4)	8(21.1)	9(23.7)
I dislike the way my family member who has relapsed behaves	6(15.8)	8(21.1)	7(18.4)	8(21.1)	9(23.7)
I get angry with my family member who has relapsed	13(34.2)	4(10.5)	3(7.9)	9(23.7)	9(23.7)
N=38					

Source: Survey Data (2022)

The findings in Table 2 show that majority, 33(86.8%), of the respondents had shouted at their family member who had relapsed at different levels whereas 5(13.2%) did not shout. Out of the 38 respondents, 33(86.8%) of the respondents reported that they had showed annoyance at their family member who had relapsed at different levels while 5(13.2%) did not show annoyance. Thirty-two (84.2%) of the respondents reported that they had been upset by their family member who had relapsed while 6(15.8%) of the respondents were not upset by them. Similarly, 32(84.2%) of the respondents disliked the way their family member who had relapsed behaved while 6(15.8%) of the respondents did not. More than half of the respondents, 25(65.8%), said they got angry with their family member who had relapsed to alcoholism while 13(34.2%) of the respondents did not. Accordingly, a high percentage of family members expressed some forms of hostility towards family members who relapsed to alcohol use disorder.

The above findings reiterated those of a research that established that expressed hostility was positively associated with shame among relatives of persons with long lasting mental illnesses [25]. Family members were likely to express high hostility due to relapse of their family member who would go back to alcohol within a very short time after discharge from rehabilitation treatment. Some recovering clients with alcohol use disorder relapsed within a month of discharge. This could have led to the family members using harsh words and quarrel with the client because of relapse. Drinking excessively perhaps caused health related problems that required urgent hospitalization.

The findings from the clients and family members affirmed information obtained from relapsed clients with alcohol use disorder who participated in focus group discussion. For instance, one relapsed client stated as follows:

> I get angry sometimes with both my wife and mother for colluding to hurt me. They laugh at me when I come home drunk. I am only shown hatred. She quarrels me, using horrible words that I cannot dare repeat here. It is really annoying when your wife calls you the useless drunkard. My wife is very harsh, hates and blames me for wasting money because of drunkenness. She knows the many times I have tried to quit drinking. I regret the problems they have been through because of my behaviour. She shows annoyance when assisting me like when she has to pick me from the road when I'm too drank to walk back home. Sometimes she leaves me outside the house to sleep in the cold without food. When my family members got disgusted with my behaviour, I lost hope and went back to drinking even more and did not come home for several days. I felt useless and worthless (Relapsed Client 8, FGD).

Another relapsed client also said: "The wife also expressed anger, but this feeling did not deter me from drinking more alcohol. Every time my wife quarrelled with me, I drank excessive amount of alcohol. After trying to quit three times without success, I accepted to be readmitted to the rehabilitation. I'm optimistic that this time I will stop drinking for good" (Relapsed Client 5, FGD). Yet another relapsed client stated thus: "My family member shouts and quarrels me when I make a small mistake. Even my wife left me after beating me, now I'm separated from her" (Relapsed Client 7, FGD). The statements from focus group discussions of readmitted clients with alcohol use disorder made comments revealing expression of hostility from family members. Words such as harsh, quarrels, hatred, annoyance and disgusted are all indicators of hostility. Similarly, the counsellors who participated in the focus group discussion described the expressed family emotions towards the clients with alcohol use disorder to be characterized by hatred, rejection and anger. These emotions expressed hostility, which confirms that counsellors also felt that family members were hostile to those who relapsed to alcohol use disorder.

Expressed Family Criticism

Table 3: Distribution of Expressed Family Criticism Indicators by Clients

Criticism Indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
My family member accuses me of being a troublemaker	6(15.8)	6(15.8)	14(36.8)	6(1.8)	6(15.8)
My family member reprimands me when I start talking about my health concerns	6(15.8)	9(23.7)	9(2.7)	6(15.8)	8(21.1)
My family member accuses me of being a burden on the family	7(18.4)	7(18.4)	12(31.6)	4(10.5)	8(21.1)
My family member is so sarcastic to me	17(44.7)	9(23.7)	5(13.2)	2(5.3)	5(1.2)
My family member makes negative comments about my previous alcohol drinking behaviour	11(28.9)	6(15.8)	3(7.9)	9(23.7)	9(23.7)

Source: Survey Data (2022)

Table 3 shows that 6(15.8%) of the respondents were not accused of being troublemakers by their family member whereas 32(84.2%) respondents experienced accusations at different levels. Only 6(1.8%) of the respondents were not reprimanded by their family members whenever they started talking about their health concerns whereas majority 32(84.2%) were reprimanded. Out of the 38 respondents, 7(18.4%) of the respondents were not accused by their family member of being a burden on the family whereas 31(81.6%) were accused at different levels. More than half of the respondents, 21(55.3%), experienced some form of sarcastic behaviour at different levels, whereas 17(44.7%) did not experience any form of sarcastic behaviour. Similarly, 27(71.1%) of the respondents had experienced negative comments from their family members at various levels while 9(23.7%) of them reported their family members had not expressed negative comments towards them. Based on the findings, a high percentage of family members expressed some forms of criticism towards those who relapsed to alcohol use disorder.

The above findings imply that clients with alcohol use disorder experienced criticism from their family members. These clients felt condemned, blamed, complained and ignored by their family members. These findings were similar to previous study's, which noted that relatives expressed criticism towards family member with psychosis [9]. The researchers observed that, at follow-up, relatives of individuals with psychosis were negative and anxious. Therefore, the high family criticism could be associated with high relapse after discharge of the client with alcohol use disorder from rehabilitation treatment. Alcohol use disorder is a lifetime problem that is challenging to quit. It is commonly associated with lack of self-control in alcohol use, even if the person faces various problems related to occupation, health and social functioning [26]. The study results imply that treatment of the family members is needed to create awareness on the effects of expression of criticism in the lifetime recovery and relapse prevention of the client with alcohol use disorder.

Table 4: Distribution of Family Criticism Indicators by Family Members

Criticism indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
I accuse my family member who has relapsed of being a troublemaker	6(15.8)	10(26.3)	10(26.3)	6(15.8)	6(15.8)
I reprimand my family member who has relapsed when he/she starts talking about his/her health concerns	6(15.8)	10(2.3)	7(18.4)	5(13.2)	10(26.3)
I accuse my family member who has relapsed of being a burden on the family	10(26.3)	4(10.5)	10(26.3)	5(13.2)	9(23.7)
I am so sarcastic to my family member who has relapsed	6(15.8)	9(23.7)	11(28.9)	5(13.2)	7(18.4)
I make negative comments about my family member who has relapsed previous alcohol drinking behaviour	9(23.7)	2(5.3)	10(26.3)	4(10.5)	13(34.2)
N=38					

Source: Survey Data (2022)

As shown in Table 4, 32(84.2%) of the respondents admitted to accusing their family member who relapsed to alcoholism of being a troublemaker whereas 6(15.8%) said they did not accuse them. Similarly, 32(84.2%) respondents reprimanded their family member who had relapsed, they started talking about their health concerns whereas only 6(15.8%) of the respondents did not reprimand. Out of the 38 respondents, only 10(26.3%) did not accuse their family member who has relapsed of being a burden to the family whereas 28(73.6%) admitted that they accused them at different levels. Thirty-two (84.2%) of the respondents were so sarcastic towards their family member who had relapsed whereas 6(15.8%) did show any form of sarcastic behaviour. Similarly, 29(76.3%) of the respondents affirmed that they had made negative

comments at various level towards their relapsed family members while only 9(23.7%) had never made such negative comments. therefore, these findings show that a majority of family members had expressed some forms of criticisms towards family members who relapsed to alcoholism. The findings agreed with those of a previous study that found that high level of criticism was associated with high relapse rate of the patients with schizophrenia [11]. Another study has also reported that 51% of family members of patients with schizophrenia had expressed high levels of critical comments [3].

The findings from the questionnaire were corroborated by those from the focus group discussion held with relapsed clients. For instance, one of the FGD participants said this about how his wife treats him:

> She mistreats me, does not open the door when I come back from drinking, and when she opens does not give me food. She accuses me of being a troublemaker. She complains saying she doesn't like the way I discharge my duties. These complains, I believe led to my excessive drinking (Relapsed Client 9, FGD).

Another relapsed client also made the following remarks:

> I realized that they had plans to get me admitted in rehabilitation without including me in their plans. I was very angry with them. I felt I did not have a right to make decisions about my life. This made me sneak out of the house and got into a drinking spree for three days, where I was picked in a stupor state. My father hates me; he complains I have wasted his money because I had dropped out of my university studies several times. He wants me to continue with my studies. I do not want to go back because I was unable to concentrate in class. I felt frustrated because my father could not talk to me anymore (Relapsed Client 6, FGD).

As indicated in the above remarks, statements like "sarcastic", "accused", "ignored" "complained" are all suggestive of non-acceptance, a distinctive of expression of criticism. Counsellors also reported that family members showed disparagement and sarcasm, and often rebuked clients with alcohol use disorder. Often, family members blamed the clients with alcohol use disorder for being a burden to the family.

Family Over-involvement

Table 5: Distribution of Family Over-Involvement Indicators by Clients

EOI indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
My family member overprotects me from performing daily duties	11(28.9)	8(21.1)	13(34.2)	4(10.5)	2(5.3)
My family member keeps checking on my daily activities	7(18.4)	9(23.7)	7(18.4)	7(18.4)	8(21.1)
My family member restricts my daily activities	6(15.8)	14(36.8)	8(21.1)	4(10.5)	6(15.8)
My family member controls my behaviour	8(21.1)	7(18.4)	8(21.1)	9(23.7)	6(15.8)
My family member does not allow me to perform my daily duties	5(13.2)	8(21.1)	6(15.8)	8(21.1)	11(28.9)
N=38					

Source: Survey Data (2022)

Table 5 shows that only 11(28.9%) of the respondents were not overprotected from performing daily duties by their family member whereas 27(71.1%) experienced overprotection at different levels. Only 7(18.4%) of the respondents reported that their family members did not keep checking on their daily activities whereas 31(81.6%) were often checked on. Out of the 38 respondents, only 6(15.8%) were not restricted to perform their daily activities by their family members whereas 32(84.2%) were restricted at different levels. Majority, 30(78.9%), of the respondents reported that they were controlled by their family members at different levels, whereas minority, 8(21.1%), of them said they were not controlled. Similarly, 33(86.9%) of the respondents were not allowed to perform their daily duties by their family members at various level while 5(13.2%) of them were allowed.

From the findings, over-involvement exists in the majority of the families of clients with alcohol use disorder. Over-involvement manifests in form of possessiveness, confinement, controlling, commanding and self-deprivation actions towards the member of the family with alcohol use disorder. The findings were in line with the views of other scholars who, in a study in Turkey, found that patients with schizophrenia felt that their family members expressed high over-involvement [7]. Previous research in Nigeria has similarly reported that high expressed emotion of over-involvement was a strong determinant and predictor of relapse for patients with schizophrenia illness [12]. Therefore, high over-involvement was found to be associated with high relapse rates.

Table 6: Distribution Over-Involvement Indicators by Family Members

EOI indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
I do everything for my family member who has relapsed	3(7.9)	8(21.1)	15(39.5)	8(21.1)	4(10.5)
I keep checking on the daily activities of my family member who has relapsed	3(7.9)	11(28.9)	12(31.6)	6(15.8)	6(15.8)
I restrict the daily activities of my family member who has relapsed	8(21.1)	5(13.2)	10(26.3)	4(10.5)	11(28.9)
I control the behaviour of my family member who has relapsed	7(18.4)	6(15.8)	6(15.8)	5(13.2)	14(36.8)
I do not allow my family member who has relapsed to perform his/her daily duties	8(21.1)	5(13.2)	3(7.9)	9(23.7)	13(34.2)
N=38					

Source: Survey Data (2022)

As indicated in Table 6, 35(92.1%) respondents reported that they did everything for their family member who had relapsed whereas 3(7.9%) reported that they did not. Moreover, 35(92.1%) of the respondents reported they kept checking on the daily activities of their relapsed family member while 3(7.9%) did not check on them daily. Out of the 38 respondents, 30(78.9%) restricted the daily activities of their relapsed family member whereas 8(21.1%) of the respondents did not. Thirty-one (81.6%) respondents controlled the behaviour of their family member who has relapsed whereas 7(18.4%) of the respondents did not control their behaviour. Similarly, 30(78.9%) of the respondents said they did not allow their relapsed family member to perform daily duties while only 8(21.1%) allowed them.

These findings showed that there was over-involvement by family members towards their relative with alcohol use disorder. The findings reiterated those of past research, which revealed that relatives of persons with persistent mental illnesses expressed high over-involvement on their patients [25]. This over-involvement manifested in form of excessive caring, over concern and strict management of the activities of the recovering family member. As such, family members spend many hours of supervision and taking over the roles of the recovering family member with the assumption that the recoveree was not well enough to be engaged in family activities. In such situations, the recovering family member may experience feelings of idleness, boredom and confinement that could have lead them to relapse to addictive habits.

The focus group discussion with readmitted clients affirmed the above findings on over-involvement. For instance, a relapsed client said:

> My mother controls me and my family. She does not allow me to do anything without her approval even those concerning my wife and children. My father is a man of peace and has suffered mental illness and learned to comply with my mother's controlling behaviour. I think he lives that way to avoid rejection. I feel my mother desires to manage me in comparable way, which cannot happen because, I will not allow her to treat me like my father. In fact, when drinking with my fellow drunkards I'm always very happy. I feel respected and perceived as a hero. They always demand my opinion before they make their decisions in all aspects of their life. This made me to want to go back to drinking so as to be with them most of the time (Relapsed Client 10, FGD).

Another relapsed client also remarked thus: "My mother is too concerned and over protective wanting to know where I am every time and does things which I can do for myself" (Relapsed Client 6, FGD). The responses from the FGDs underscored the presence of over-involvement in the families of clients with alcohol use disorder. Similarly, counsellors reported that family members expressed over-involvement towards the family member with alcohol use disorder. They reported that family members were over caring, overprotective, were too involved in client's activities and hardly had time for their own activities.

Expressed Family Empathy

Table 7: Distribution of Expression of Empathy Indicators by Clients

Empathy indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
My family member encourages me to talk about my difficulties	14(36.8)	13(34.2)	5(13.2)	4(10.5)	2(5.3)
When we have concerns or difficulties in our relationship with my family member who has relapsed, we try to get a solution	13(34.2)	16(42.1)	3(7.9)	2(5.3)	4(10.5)
I find my family member is getting easier to deal with	15(39.5)	11(28.9)	6(15.8)	4(10.5)	2(5.3)
My family member can cope with my health problems	14(36.8)	14(36.8)	4(10.5)	3(7.9)	3(7.9)
My family member understands my alcohol drinking problems	15(39.5)	11(28.9)	6(15.8)	2(5.3)	4(10.5)
N=38					

Source: Survey Data (2022)

According to the findings in Table 7, only 14(36.8%) of the respondents were not encouraged to talk about their difficulties by their family members whereas 24(63.2%) respondents were encouraged at different levels. Only 13(34.2%) of the respondents reported that when they had concerns or difficulties in their relationships with family members, they tried to get a solution whereas 25(65.8%) did not. Out of the 38 respondents, only 15(39.5%) found their family members were getting easier to deal with whereas majority, 23(60.5%), were still struggling to deal with their family members. Majority of the respondents, 30(78.9%), reported that their family members could cope with their health problems, whereas minority 8(21.1%) reported they could not. Similarly, 23(60.5%) of the respondents reported that their family members understood their alcohol drinking problems while only 15(39.5%) of them reported they did not understand.

From the above findings, it was deduced that, for most clients, family members expressed moderate levels of empathy with their alcohol use disorder. These findings concurred with those of a study in Hong Kong, which found that clients felt their family members had dissociation (disengaging actions) and apathy (indifferent attitudes) [27]. Another study has also found a correlation between tolerance and emotional response of clients with alcohol use disorder and the prevalence of relapse [28]. Similarly, patients from families with sturdy, connectedness, cosines and acceptance have been reported to experience reduced symptom severity [8]. This implied that high levels of expressed empathy could prevent relapse.

Table 8: Distribution of Empathy Indicators by Family Members

Empathy indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
I encourage my family member who has relapsed to talk about his difficulties	7(18.4)	19(50.0)	6(15.8)	3(7.9)	3(7.9)
When we have concerns or difficulties in our relationship with my family member who has relapsed, we try to get a solution	11(28.9)	15(39.5)	5(13.2)	4(10.5)	3(7.9)
I find my family member who has relapsed getting easy to deal with	16(42.1)	12(31.6)	5(13.2)	3(7.9)	2(5.3)
I can cope with my family member who has relapsed health problems	19(50.0)	10(26.3)	1(2.6)	3(7.9)	5(13.2)
I understand the alcohol drinking problems my family member who has relapsed	19(50.0)	5(13.2)	5(13.2)	4(10.5)	5(13.2)
N=38					

Source: Survey Data (2022)

Table 8 shows that 31(81.6%) of the respondents encouraged their relapsed family member to talk about their difficulties whereas 7(18.4%) did not. Additionally, 27(71.1%) of the respondents said when they had concerns or difficulties in their relationship with their relapsed family member, they tried to get a solution whereas only 11(28.9%) did not. Out of the 38 respondents, only 16(42.1%) found their relapsed family member not easy to deal with whereas; 22(57.9%) held a contrary view. Half of the respondents, 19(50.0%), could cope with their relapsed family member's health problems while the other half, 19(50.0%), could not. Similarly, 19(50.0%) of the respondents reported they did not understand the alcohol drinking problems of their relapsed family member while 19(50.0%) understood. The above findings showed that empathy was moderately expressed in many families towards their family member with alcohol use disorder. Perhaps the moderate levels of expressed empathy were not sufficient to provide a family environment conducive for a recovering member with alcohol use disorder. The current study findings were consistent with those that attested that lower relapse rates, lower symptom severity and better social functioning correlated with elements such as family warmness and reassuring statements [29].

The focus group discussions with readmitted clients also revealed that empathy was expressed by family members towards those with alcohol use disorder. For instance, a relapsed client had this to say: “Some family members are kind and caring. They pick me from the road when I’m too drunk to walk back home and even paid money for my admission to rehabilitation centre” (Relapsed Client 01, FGD). Another FGD participant added thus: “Family members do not respect me when I want to share my ideas and opinions instead they put me off immediately I start talking” (Relapsed Client 04, FGD). Yet another relapsed client stated as follows:

> My mother discouraged me to talk about my difficulties in my marriage, yet it stressed me so much that I started drinking alcohol again because it gave me relieve. My mother’s uncaring attitude made me separated from my husband. I decided to live with my friend who drank alcohol and smoked marijuana. I have been readmitted three times in rehabilitation centres to quit both alcohol and marijuana. If only my mother had understood my marital problems and helped me resolve them, I could have not suffered severe alcoholism (Relapsed Client 03, FGD).

The counsellors described the common emotions expressed by family members towards a client with alcohol use disorder as having mistrust, uncaring, unloving and lack understanding of the disorder.

Expressed Family Positive Comments

Table 9: Distribution of Positive Comments Indicators by Clients

Positive comments indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
My family member is very friendly to me	6(15.8)	16(42.1)	5(13.2)	8(21.1)	3(7.9)
My family member makes a lot of sense	10(26.3)	10(26.3)	5(13.2)	6(15.8)	7(18.4)
My family member appreciates my active involvement in the family activities	9(23.7)	12(31.6)	5(13.2)	7(18.4)	5(13.2)
My family member like the way I use money	12(31.6)	7(18.4)	8(21.1)	6(15.8)	5(13.2)
My family member makes positive comments about my efforts towards abstinence	9(23.7)	9(23.7)	7(18.4)	6(15.8)	7(18.4)
N=38					

Source: Survey Data (2022)

The study findings in Table 9 show that only 6(15.8%) of the respondents reported that their family members were not friendly to them whereas majority 32(84.2%) were friendly. Only 10(26.3%) of the respondents reported their family member did not make sense to them whereas majority 28(73.7%) reported they made a lot of sense. Out of the 38 respondents, 9(23.7%) reported that they felt their family members did not appreciate their engagement in family undertakings whereas majority, 29(76.3%), appreciated. More than half of the clients, 26(68.4%), divulged that their family members liked the way they used money, whereas a minority, 12(31.6%), reported they did not like. Similarly, 29(76.3%) of the respondents reported that their family members made positive comments about their efforts towards abstinence while 9(23.7%) of them said family members did not make such positive comments.

The above findings from the clients indicate that family members expressed moderate to high expression of positive comments. In most cases, positive comments were expressed towards relapsed clients in families. However, some clients’ efforts and achievements towards abstinence were neither recognized nor appreciated by members of the family, leading to discouragement and relapse. These findings were in agreement with those of a research undertaken in Iran, which found a positive correlation between prevalence of relapse and negative attitudes [28]. Therefore, low expression of positive comments was likely to increase the prevalence of relapse.

Table 10: Distribution of Positive Comments Indicators by Family Members

Positive comments indicators	Never F(%)	Rarely F(%)	Sometimes F(%)	Often F(%)	Always F(%)
My family member who has relapsed is friendly with me	21(55.3)	7(18.4)	3(7.9)	7(18.4)	0(0.0)
My family member who has relapsed makes a lot of sense	10(26.3)	20(52.6)	8(21.1)	0(0.0)	0(0.0)
I think my family member who has relapsed is actively involved in family activities	20(52.6)	6(15.8)	12(31.6)	0(0.0)	0(0.0)
I like how my family member who has relapsed handles money	12(31.6)	12(31.6)	9(23.7)	5(13.2)	0(0.0)
I like the efforts my family member who has relapsed makes towards abstinence	21(55.3)	12(31.6)	0(0.0)	5(13.2)	0(0.0)
N=38					

Source: Survey Data (2022)

According to the study findings in Table 10, 21(55.3%) respondents were friendly to their family member who had relapsed whereas 17(44.7%) were not friendly. Twenty-eight (73.7%) respondents thought that the family member who had relapsed made a lot of sense whereas only 10(26.3%) did not think the relapsed family member made any sense. Out of the 38 respondents, only 18(47.4%) said their relapsed family member was not actively involved in family activities whereas 20(52.6%) said they were actively involved. More than half of the respondents, 26(68.4%), liked how their relapsed family member handled money whereas 12(31.6%) did not like how their relapsed family member handled money. Similarly, 21(55.3%) of the respondents did not like the efforts their relapsed family member had made towards abstinence while 17(44.7%) liked the efforts made towards abstinence.

The majority of family members showed moderate expression of positive comments towards members who relapsed to alcohol use disorder. Nearly half of family members revealed that positive comments were rarely or never expressed in their families. These findings implied that in the families, expression of positive comments was common. Family expression of positive comments provide an understanding and social support necessary for a client struggling with drinking problems. It is important to recognize and appreciate the achievements the client makes towards recovery. Likewise, low expression of positive comments could indicate limited support and encouragement and could potentially lead to relapse. The findings of this study supported those of previous research, which found a positive correlation between expressed emotion and relapse of patients diagnosed with long-term schizophrenia [30].

The focus group discussion with readmitted clients with alcohol use disorder revealed a low level of positive comments expressed by family members. For instance, one relapsed client said: “My family members make negative comments about my drinking problem” (Relapsed Client 01, FGD). Another relapsed client intimated thus: “My family members do not understand that addiction is a disease” (Relapsed Client 04, FGD). Meanwhile another respondent stated as follows:

> Family members ignore me when planning family activities. I don’t like the way my family member makes negative comments about my previous alcohol drinking behaviour. My father accused me of being a burden to the family and he did not want to hear my health concerns. When I complained of vomiting blood, he walked away” (Relapsed Client 02, FGD).

Another FGD participant averred thus:

> My brother is not friendly to me, does not trust me anymore nor appreciates my active involvement in the family activities. When I volunteer to carry a specific activity, he ignores me and gives my sister instead, claiming I cannot be trusted. Such negative comments made me disappointed with my family members for not appreciating the efforts I made after quitting drinking alcohol. After being put off three times I got angry and went back to drinking again (Relapsed Client 01, FGD).

The counsellors described the family members as often exhibiting negative attitudes towards the client with alcohol use disorder. Family members expressed negative attitudes by distrusting relapsed members’ capacity to use money as planned.

CONCLUSION AND RECOMMENDATIONS

Based on the findings of the study, it can be concluded that majority of the family members expressed high emotions of criticism and over-involvement and moderate levels of hostility, empathy and positive comments. Highly expressed family emotions translated to negative environment for a recovering client with alcohol disorder. Low expressed family emotions of empathy and positive comments further indicated that the family environment is not supportive to the recovering client with alcohol use disorder hence, leading to relapse. Therefore, maintaining sobriety and relapse prevention of clients with alcohol use disorder can hardly be achieved if alleviation of the problem of high expressed emotions of hostility, criticism and over-involvement and low empathy and positive comments is not given attention.

The study recommends the involvement of the family members in rehabilitation treatment because the whole family is affected and needs to spend time being rehabilitated just like the client with alcohol use disorder. The study could benefit the general mental health disciplines engaged in the treatment of clients with alcohol use disorder to be equipped with information to enhance treatment approaches and facilitate sobriety.

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