

FEATURES OF EMOTIONAL INTELLIGENCE DISORDERS IN PATIENTS WITH PARANOID SCHIZOPHRENIA

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✓ Resume

The article presents the results of a study of the peculiarities of emotional intelligence in patients with paranoid schizophrenia and the ability of this contingent of patients to adapt to the environment and establish interpersonal contacts. The data obtained in this work on the impaired and intact links of emotional intelligence can be used for the optimal choice of psychocorrectional and rehabilitation technologies.

Key words emotional intelligence, paranoid schizophrenia.

ПАРАНОИД ШИЗОФРЕНИЯ БИЛАН КАСАЛЛАНГАН БЕМОРЛАРДА ҲИССИЙ ИНТЕЛЛЕКТ ХУСУСИЯТЛАРИ

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✓ Резюме

Мақолада параноид шизофрения билан касалланган беморларда ҳиссий интеллект хусусиятлари, ушбу беморларнинг атроф-муҳитга мослашиш қobiliятини ва шахслар аро муносабатларини ўрнатишни ўрганиш натижалари кўрсатилган. Ҳиссий интеллектнинг тузилмалари тўғрисида олинган маълумотлар психокоррекцион ва реабилитация тадбирларини такомиллаштиришга имкон беради.

Калит сўзлари: ҳиссий интеллект, параноид шизофрения.

ОСОБЕННОСТИ НАРУШЕНИЙ ЭМОЦИОНАЛЬНОГО ИНТЕЛЛЕКТА У БОЛЬНЫХ ПАРАНОИДНОЙ ШИЗОФРЕНИЕЙ

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✓ Резюме

В статье представлены результаты исследования особенностей эмоционального интеллекта у больных параноидной шизофренией и способности этого контингента пациентов адаптироваться к окружающей среде и устанавливать межличностные контакты. Полученные в данной работе данные о нарушенных и сохранных звеньях эмоционального интеллекта могут быть для оптимизации выбора психокоррекционных и реабилитационных технологий

Ключевые слова эмоциональный интеллект, параноидная шизофрения.

Relevance

According to modern psychological research, intelligence is not a single cognitive ability: musical, linguistic, logical, mathematical, musical, social and emotional intelligences are distinguished as independent types [3, 10]. In the successful adaptation of a person to the conditions of a rapidly changing society, emotional intelligence, the ability to read mimic and paramimic facial expressions from the surrounding people of reality, plays a significant role [6]. Recent studies have shown that human emotional abilities are not limited to the process of perception. Emotional intelligence, a concept introduced by J. Mayer and P. Salovey in 1990, is considered as one of the components of social cognition and includes the ability not only to perceive the emotions of others, but also to identify, use, understand and control both our own and emotions of others [14]. Emotional intelligence in schizophrenia is of particular interest. Study of the characteristics of emotional intelligence in patients with paranoid schizophrenia is relevant in view of the fact that the ability to understand and be aware of one's own and

other people's emotions, necessary for successful adaptation in society, is impaired in this nosological group and causes pronounced social isolation, manifested in isolation and formal contacts with others. A deficit in the need for communication leads to an inability to recognize the emotional manifestations of other people, which leads to failure in interacting with them and aggravates the features of autism [2]. Currently, there is not enough research addressing the problem of emotional intelligence in patients with paranoid schizophrenia. Some works highlight the disturbances in the emotional sphere of such patients, as well as the relationship of these disorders with manifestations of social anhedonia, with some clinical manifestations of the disease and with neurocognitive deficits [1, 3]. Others are aimed at impaired social cognition in patients with paranoid schizophrenia: impaired perception of social stimuli, social competence, communication skills, everything that hinders adaptation [8, 12]. Emotional intelligence is considered by them as one of the components of this knowledge [6]. Of particular importance are studies of violations of the perception of facial expression, emotions, both one's own and others,

autobiographical memory as closely related to emotional experience and its processing, violations of the "pragmatics of speech", which make it difficult to build social interaction by patients with schizophrenia [5]. Thus, emotional intelligence is the ability necessary for successful social interaction to recognize, understand emotions and manage them, both the subject's own emotions and the emotions of other people, recognition and understanding them [11, 13]. This study examines, firstly, the ability to adequately express their feelings (the expressive component of emotional intelligence), which makes it possible for a person to convey information about his state, attitude, needs to others, as well as to learn himself to be more fully aware of his emotional states and to manage them. ; secondly, the ability to determine the emotions of other people (an impressive component of emotional intelligence) by various manifestations of non-verbal behavior - facial expression, gaze, posture and gesture - on which the ability to respond correctly to the emotional states of other people and learn to change them by changing their behavior is based [9, 15].

The aim of the study was to study the characteristics of the components of emotional intelligence in patients with paranoid schizophrenia for further improvement of medical and psychological care aimed at correcting the identified individual characteristics of emotional intelligence in patients with paranoid schizophrenia, optimizing the timing of its implementation, taking into account the personal characteristics of patients.

Material and methods

The object for the study was 128 patients with paranoid schizophrenia at the age of 20-50 years who are inpatient treatment in a clinical psychiatric hospital in Tashkent. Inclusion criteria: diagnosis of paranoid schizophrenia, corresponding to the ICD-10 diagnostic criteria, absence of severe psychotic and negative symptoms, informed consent to participate in the study. Exclusion criteria: comorbid mental and behavioral disorders, impaired cognitive processes, concomitant chronic somatic diseases in the acute phase. The leading research methods were clinical-psychopathological, experimental-psychological, follow-up and statistical. Of the psychometric methods, the methods "Hall's Emotional Intelligence", "Guildford's Social Intelligence", "Projective Hostility Test" (NG Garanyan, AB Kholmogorova, 2006) were used.

Results and discussion

At the initial stage, the primary task was to determine the level of development of emotional intelligence in patients with paranoid schizophrenia and their ability to adapt to the microsocial environment with the ability to recognize the feelings and emotions of the people around them. According to our study, it was revealed that the emotional state of patients with paranoid schizophrenia is characterized by a sharp increase in the measured parameters, behind which is the predominance of negative experiences in the form of a feeling of loss of energy potential, pessimism, loss of previous interests, fatigue, irritability, hopelessness, with fixation on negative events from the past. ... In the clinical picture of paranoid schizophrenia, patients experienced anxiety, anxiety, an inability to relax, a feeling of fear of the world around them. The predominance of negative symptoms in the

clinical and dynamic course of paranoid schizophrenia entails the extinction of emotional reactions, the formation of apathy, emotional emptiness and indifference. The inability to differentiate one's own emotions and affective manifestations ultimately leads to the loss of the ability to intuitively perceive the psychoemotional state and those around it [7]. In the course of our work, an analysis of the impressive component of emotional intelligence was carried out - an assessment of the ability to recognize the emotions of another person by gestures, posture and facial expression. The results obtained indicate a sharp decrease in the ability of patients to determine the emotional state of a communication partner. This is manifested both in the ability to recognize the feelings of others by facial expressions, and by non-verbal and paramimic manifestations. Difficulty, refusal to answer, use of descriptive language and unemotional judgment were common. The expressive component of emotional intelligence was assessed on the basis of a methodology that measures the prohibition on the expression of feelings, since it is obvious that the more clearly the prohibition is expressed, the less likely both spontaneous, immediate and voluntary expression of emotions will be. Our data demonstrate a pronounced, in some cases, an almost extreme prohibition on the expression of basic emotions, especially anger (2.47 ± 0.59), fear (2.27 ± 0.58) and sadness (2.16 ± 0.65), and also a general prohibition on the expression of feelings (1.81 ± 0.68). The prohibition on the expression of feelings leads to alienation by patients of genuine, internal experiences, their denial gives rise to discomfort, confusion due to the impossibility of accurate awareness of their own state, and in severe cases - symptoms of depersonalization. Also, the ban on the expression of feelings does not make it possible to cope with them, to process and respond to emotions, which leads to the effect of cumulation and significantly worsens the emotional state of patients. Patients also change externally, this is especially manifested in a change in facial expression with a predominance of amimia, a mask of indifference and coldness, gaze tension, closed torso posture, hunched posture, lack of gestures and subtle locomotor movements. There is an increase in the progression of disorders in the emotional sphere and socio-psychological maladjustment of the personality, as a result of which the possibility of functioning in interpersonal relationships, intrapersonal problems and changes in the adaptive potential of patients with paranoid schizophrenia in a rapidly changing society is reduced. The integrative level of emotional intelligence was characterized by the following indicators - 25.6 ± 24.87 , which indicates that patients with significantly reduced emotional intelligence prevail in the samples. When considering the individual components of emotional intelligence, the following data were revealed: the emotional awareness scale is characterized by - 8.45 ± 7.4 , the scale of managing one's emotions - 1.77 ± 8.5 , self-motivation - 5.02 ± 9.01 , the empathy scale - 5.64 ± 7.71 , recognition of other people's emotions - 3.89 ± 8.14 . Based on the results of the integrative level and for each individual scale, it can be concluded that persons with a significant decrease in the parameter under consideration prevail. At the same time, the data of standard deviations indicate that there are people with indicators that correspond to the norm.

Also, in the course of the study, we revealed violations of family dynamics among the subjects. So, if we talk about the factor of family cohesion, which is understood as

the degree of emotional connection between family members, the data obtained in our sample indicate their significant separation and emotional independence from each other, in most cases reaching critical values (disconnected type). The dysfunctions in family relationships of patients with paranoid schizophrenia found in this study were mainly characterized by high disunity of family members. It can be assumed that the underdeveloped interpersonal abilities observed in relatives of schizophrenic patients have a negative impact on family cohesion and disturbances in intrafamily communication, which, in turn, is associated with a decrease in the patient's adaptive capabilities.

The authors of the hierarchical model of emotional intelligence P. Salovey, J. D. Meyer and D. R. Caruso developed training aimed at increasing the level of emotional intelligence, which can be considered as a typical example of psychotherapeutic work [4]. The training on the development of emotional intelligence within the framework of the ability model includes four thematic blocks: identification of emotions, emotional assistance to thinking, understanding emotions, and managing emotions. The training exercises are aimed at understanding the four steps of emotional and intellectual behavior and developing the abilities necessary to complete each stage. The aim of the training program was to develop the ability to recognize emotions by micro-expression. The training begins with demonstrating, explaining and comparing the facial micromovements characteristic of the seven universal emotions (anger, contempt, disgust, fear, surprise, joy, sadness). Then the ability to recognize non-verbal clues was worked out through a series of exercises to determine the emotional state of different people by microexpression. In this case, the feedback mode is used: after each task, the subject is informed whether he answered correctly or not.

A total of 50 people were included in the psychotherapeutic program. 35 men underwent a fully psychotherapeutic program for the correction of emotional intelligence disorders. The program was carried out in groups of 5-7 people with a frequency of classes 2 times a week, the duration of each lesson is 40-50 minutes. The age of the participants is 18-59 years old. By the duration of the diagnosis: up to a year - 10 people, from 1 to 5 years - 11 people, from 5 to 10 years - 4 people, the duration of the diagnosis more than 10 years had 10 people. The exit of patients from the program was 30% (15 people) and was mainly due to discharge from the hospital - 8 people; 1 person could not attend classes due to negative dynamics in mental state; 1 - was not kept in the format of group lessons; 5 - categorically refused to participate in the group. To assess the effectiveness of the psychotherapeutic program, all patients participating in the psychotherapeutic program were measured by the level of emotional intelligence before starting work in the group and immediately after the end of the training cycle. When comparing the group before and after completing the program (n = 35), an increase in emotional intelligence in terms of the overall score was revealed, mainly due to the branches of emotional intelligence "identification of emotions" and "understanding of the emotions of other people". At the same time, there were no changes in the "conscious emotion management" scale. This fact can be explained on the basis of the hierarchical structure of emotional intelligence, the components of which are

consistently developed in ontogenesis. The development of the ability to consciously manage emotions occurs in the last place on the basis of and after the formation of all other components. When studying the dynamics of point values for the branches of emotional intelligence, it was found that an increase in point values for one of the branches of emotional intelligence was observed in 8 people (22.8%), in two - in 13 (37.1%), in three - in 11 (31.4%), for all four components - in 2 (5.7%). Only one person (3%) showed no changes in any of the branches after completing the program. As a result of the program of psychotherapeutic correction in 63% of patients with schizophrenia, the overall score of emotional intelligence increased, mainly due to the scales "identification of emotions" and "understanding of emotions".

Conclusions

Thus, the features of emotional intelligence have been established depending on the clinical picture of the disease. In patients with paranoid schizophrenia, significant violations of the impressive component of emotional intelligence were established, represented by difficulties in recognizing the emotions of other people by mimic and pantomimic manifestations. The revealed changes in emotional intelligence and the lack of adaptive abilities indicate the importance of psychological support for drug management of patients, the use of methods of psychological and psychotherapeutic direction. The data obtained make it possible to identify targets for psychocorrective effects in the framework of an integrated approach to the treatment and rehabilitation of patients with paranoid schizophrenia.

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