



بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

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بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون

أدنى مسئولية عن محتوى هذه الرسالة.

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Abstract

Schizophrenia is a disabling group of brain disorders characterized by symptoms such as hallucinations, delusions, disorganized communication, poor planning, reduced motivation, and blunted affect. While the incidence of the disorder is relatively low (median value 15.2 per 100,000 persons per year) (McGrath, 2004). In systematic analysis, The median values per 1,000 persons (10%–90% quantiles) for the distributions for point, period, lifetime, and lifetime morbid risk were 4.6 (1.9–10.0), 3.3 (1.3– 8.2), 4.0 (1.6–12.1), and 7.2 (3.1–27.1), respectively (Saha, 2005). The condition is one of the major contributors to the global burden of disease (Murray, 1996).

The TEIQue-CF is the youth version of the TEIQue used in this study (Mavroveli & Petrides, 2006), which is a self-report instrument. It encompasses 75 items tapping nine facets of trait EI: adaptability, emotion expression, emotion perception, self-motivation, self-esteem, low impulsivity, peer relations, emotion regulation and affective disposition.

A global trait EI score is also obtained. Levels of internal consistency have been reported as satisfactory ($\alpha = 0.76$) (Mavroveli & Petrides, 2006).

This study focuses on specific vulnerable Egyptian group exposed to strong familial risk for major mental illness. This study tries to answer some of those questions. The aim was to identify is there a relation between trait EI in offspring and the severity of schizophrenia in parents, also between the relation of psychiatric disorders in offspring and their EI level.

Keywords: Emotional Intelligence, Egyptian Sample, Offspring, Schizophrenia



The Study of Emotional Intelligence in an Egyptian Sample of Offspring of Patients with Schizophrenia

Thesis

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By

Sohayla Samy Hamed Abdel Nabi

Assistant Lecturer of Neuropsychiatry

Under Supervision of

Prof. Dr. Eman Ibrahim Abo Ela

Professor of Neuropsychiatry

Faculty of Medicine, Ain Shams University

Prof. Dr. Ghada Abdel Razzek Mohamed Hassan

Professor of Neuropsychiatry

Faculty of Medicine, Ain Shams University

Prof. Dr. Marwa Adel Gamal Elmissiry

Professor of Neuropsychiatry

Faculty of Medicine, Ain Shams University

Dr. Tarek Mohamed Kamel El Sehrawy

Lecturer of Neuropsychiatry

Faculty of Medicine, Ain Shams University

Dr. Mahmoud Farag Mohamed Soliman

Lecturer of Neuropsychiatry

Faculty of Medicine, Ain Shams University

Faculty of Medicine, Ain Shams University

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سُبْحَانَكَ لَا عِلْمَ لَنَا
إِلَّا مَا عَلَّمْتَنَا إِنَّكَ أَنْتَ
الْعَلِيمُ الْعَظِيمُ

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List of Contents

Title	Page No.
List of Tables.....	i
List of Figures.....	v
List of Abbreviations	vi
Introduction	1
Aim of the Work.....	5
Review of Literature	
– Neurobiology of Emotions in Schizophrenia	6
– Emotional Intelligence in Schizophrenia	21
– Psychiatric Comorbidities in Offspring of People with Schizophrenia.....	37
– Early Interventions for Offspring of Schizophrenia	47
Subjects and Methods.....	74
Results.....	86
Discussion	140
Conclusion.....	166
Limitations.....	167
Recommendations.....	169
Summary.....	171
References	175
Appendix	238
Arabic Summary	

List of Tables

Table No.	Title	Page No.
Table 1:	Age in years among studied groups	89
Table 2:	Developmental history of offspring with parents with schizophrenia.....	91
Table 3:	Family history of other neuropsychiatric illness of offspring with parents with schizophrenia.....	91
Table 4:	Premorbid adjustment scale scores of the offspring.	92
Table 5:	Trait emotional intelligence scale –child form for the offspring.	93
Table 6:	Shows the percentage of psychiatric diagnoses among children for parents with schizophrenia.....	95
Table 7:	Clinical characteristics of the parent with schizophrenia shows age, age of offspring at the illness onset, .duration of illness,.....	97
Table 8:	Number of hospitalizations of the parents with schizophrenia	98
Table 9:	Schizophrenia severity measured by Total PANSS score of parent with schizophrenia	98
Table 10:	Scores of positive symptoms scale in parents with schizophrenia	100
Table 11:	Negative symptom scale scores for the parent with schizophrenia	102
Table 12:	Scores of general psychopathology scale of parents with schizophrenia.....	104
Table 13:	Type of schizophrenia in the parents measured by SCID 2.....	105

List of Tables *cont...*

Table No.	Title	Page No.
Table 14:	Relation between offspring of parents with schizophrenia and the normal healthy controls in their trait emotional intelligence, both regarding global score and TEIQue sunscales.....	106
Table 15:	Correlation between parental schizophrenia illness characteristics (duration of illness, number of hospitalizations), severity (total PANS score) and emotional intelligence of their offspring (total TEIQue score).	107
Table 16:	Correlation between parent schizophrenia severity and TEIQue subscale scores of their offspring.	108
Table 17:	Shows that correlation between total TEIQue score and separately negative, positive and general psychopathology.....	109
Table 18:	Correlation between positive syndrome score of PANSS of parental schizophrenia and TEIQue total score and subscales of their offspring.	110
Table 19:	Correlation between negative syndrome score of PANSS of parental schizophrenia and TEIQue total score and subscales of their offspring.	111
Table 20:	Correlation between general psychopathology score of PANSS of parent with emotional intelligence of the offspring.....	112
Table 21:	Shows the relation between parental schizophrenia type in the parent with emotional intelligence in their offspring.....	114
Table 22:	Correlation between psychiatric diagnoses in the offspring (KSAD) and their emotional intelligence (total TEIQue score).	115

List of Tables *cont...*

Table No.	Title	Page No.
Table 23:	Relation between Axis 1 diagnosis of offspring and emotion perception, adaptability subscale.	116
Table 24:	Relation between psychiatric diagnosis and emotion expression, self-motivation, self-esteem and low impulsivity.	117
Table 25:	Relation between psychiatric diagnosis and peer relationa , emotion regulation facets of TEIQue.	118
Table 26:	Relation between psychiatric diagnoses of the children and affective disposition subscale of TEIQue.....	119
Table 27:	Correlation between parental schizophrenia severity (total PANS) and psychiatric morbidity in their offspring (KSAD).....	120
Table 28:	Relation between conduct disorder of offspring and clinical characteristics of schizophrenia in the parent.	121
Table 29:	Relation between ODD and clinical characteristics of parental schizophrenia.	122
Table 30:	Relation between ADHD and clinical characteristics of parental schizophrenia.....	123
Table 31:	Relation between generalized anxiety disorder and clinical characteristics of parental schizophrenia	124
Table 32:	Relation between separation anxiety disorders in the children and their parent clinical characteristics of schizophrenia.....	125
Table 33:	Relation between social anxiety disorder of the offspring and their paternal schizophrenia.	126
Table 33.b:	Relation between specific learning disability of the offspring and their parental schizophrenia	126

List of Tables *cont...*

Table No.	Title	Page No.
Table 34:	Correlation between premorbid adjustment in the offspring and their emotional intelligence global score of TEIQue.....	128
Table 35:	Relation between premorbid adjustment of the offspring and their TEIQue subscales.	129
Table 36:	Correlation between offspring premorbid level of adjustment and parental schizophrenia severity(PANSS total score) and clinical symptoms (PANSS subscales).....	129
Table 37:	Shows the relation between type of schizophrenia in the parent and the level of adjustment of their offspring.	132
Table 38:	Relation between premorbid adjustment scales of the offspring and clinical characteristics of schizophrenia.	133
Table 39:	Shows relation between PAD of offspring and number of hospitalizations of the parent.....	133
Table 40:	Relation between the psychiatric diagnoses in the offspring and their premorbid levels of adjustment...	134
Table 41:	Relation between total TEIQue and paternal age, total PANSS, duration of illness, hospitalizations, premorbid adjustment.	135
Table 42:	Relation between offspring and control group as regard age, gender, and global score of TEIQue.	136
Table 43:	Summary table of relation between psychiatric diagnoses in children and its relation to their trait emotional intelligence and the schizophrenia severity in their parents.....	137

List of Figures

Fig. No.	Title	Page No.
Figure 1:	Shows age distribution among offspring of schizophrenia.....	90
Figure 2:	Shows gender distribution in offspring group with female to male ratio 1 to 1.5.	90
Figure 3:	Psychiatric morbidity by Kiddie-seasonal Affective Disorders scale K-SAD scores of offspring.	94
Figure 4:	Shows age distribution of parents with schizophrenia.....	96
Figure 5:	Scores of positive syndrome scale for the parents with schizophrenia	99
Figure 6:	Negative symptom scale scores for the parent with schizophrenia.	101
Figure 7:	Scores of general psychopathology scale of parents with schizophrenia.....	103
Figure 8:	Relation between general psychopathology score of the parent and trait low impulsivity on the offspring.	113
Figure 9:	Shows the relation between total negative syndrome of parental schizophrenia and level of adjustment of their offspring.	131

List of Abbreviations

Abb.	Full term
ACC	Anterior cingulate gyrus
APS.....	Attenuated psychosis syndrome
ARMS	At risk mental states
BLIPS	Brief limited intermittent psychotic syndrome
BP	Bipolar disorder
CAARMS, SIPS.....	Comprehensive assessment of at risk mental states, Structured Interview for Psychosis-Risk Syndrome
CET	Cognitive enhancement therapy
CHR-P	Clinical high risk for psychosis
EI	Emotional intelligence
FDR	First degree relatives
FG.....	Fusiform gyrus
FHR	Familial high risk
GRDS.....	Genetic/familial risk to psychosis plus deterioration in functioning
GSH	Glutathione
IQ	Intelligent Quotient
LTP.....	Long term potentiation
MATRICES.....	Measurement and Treatment Research to Improve Cognition in Schizophrenia
MSCEIT	Mayer Salovey emotional intelligence test
OCD.....	Obsessive compulsive disorder
OFC	Orbitofrontal cortex
PFC.....	Prefrontal cortex
RCT	Randomized control trial
STS	Superior temporal gyrus
SZ.....	Schizophrenia
TEI.....	Trait emotional intelligence
ToM	Theory of mind
WCST	Wisconsin card sorting test

INTRODUCTION

Schizophrenia is a disabling group of brain disorders characterized by symptoms such as hallucinations, delusions, disorganized communication, poor planning, reduced motivation, and blunted affect. While the incidence of the disorder is relatively low (median value 15.2 per 100,000 persons per year) (*McGrath, 2004*). In systematic analysis, The median values per 1,000 persons (10%–90% quantiles) for the distributions for point, period, lifetime, and lifetime morbid risk were 4.6 (1.9–10.0), 3.3 (1.3– 8.2), 4.0 (1.6–12.1), and 7.2 (3.1–27.1), respectively (*Saha, 2005*). The condition is one of the major contributors to the global burden of disease (*Murray, 1996*).

The substantial burden of disease is a reflection of two features of schizophrenia: (a) the disorder usually has its onset in early adulthood, and (b) despite optimal treatment, approximately two-thirds of affected individuals have persisting or fluctuating symptoms (*APA, 1994*).

Mayer and Salovey's (1997) model of emotional intelligence (EI) outlines the construct as a cognitive ability involving four skills: the ability to perceive, use, understand and regulate emotion.

These abilities form a hierarchy, increasing in complexity from emotion perception to emotion management (*Mayer et al., 1999*). A person's overall ability EI is a measure of their overall emotional capabilities, and concerns emotion-related abilities.

In contrast, EI has been conceptualized by some as a constellation of emotion-related perceptions located at the lower-levels of personality hierarchies (*Petrides & Furnham, 2001*). These two perspectives have been termed ability EI and trait EI, respectively. Many researchers now work within the framework of these two coexisting types of EI.

Trait EI also correlates with social functioning. It is positively associated with peer-rated pro-social behavior amongst children (*Mavroveli et al., 2007*), and measures of social adjustment in older adolescents and adults (*Petrides et al., 2006*), with those lower on EI scoring higher on loneliness, depression, and aggression than their peers.

The TEIQue-CF is the youth version of the TEIQue used in this study (*Mavroveli & Petrides, 2006*), which is a self-report instrument. It encompasses 75 items tapping nine facets of trait EI: adaptability, emotion expression, emotion perception, self-motivation, self-esteem, low impulsivity, peer relations, emotion regulation and affective disposition.

A global trait EI score is also obtained. Levels of internal consistency have been reported as satisfactory ($\alpha = 0.76$) (*Mavroveli & Petrides, 2006*).

The focus on high risk children for developing mental illness has been growing over the past years. Children of parents with mood and psychotic disorders are at elevated risk for a range of behavioral and emotional problems. However, as the usual reporter

of psychopathology in children is the parent, reports of early problems in children of parents with mood and psychotic disorders may be biased by the parents' own experience of mental illness and their mental state. The focus on early recognition and intervention during the prodromal phase of the disorder have been subjected to extensive research in the field of SZ (*Fusar-Poli, 2013*).

Outcome in schizophrenia is determined by both social and non social cognition. Also by both occupational and social functioning. Shifting perspective toward improving social cognition will also improve prognosis is important turning point in schizophrenia (*Tolman and Kurtz, 2012*).

The focus on whether ability or trait emotional intelligence affected in offspring of schizophrenia is important how to conceptualize the pathology of emotional development. Ability measure EI as cognitive ability with maximum performance test (*Mayer and Salovey, 1997*) while trait EI measures EI as self-perception, self-efficacy, personality trait (*Petrides, 2006*) with heritable component for studying its genomics and pharmacogenomics. Also, considering the subjectivity of emotional experience, trait EI is more favourable (*Petrides, 2006*).

Research since a long time trying to answer the question of Nature vs nurture, the same question arises here, is there pathology in emotional development in offspring of schizophrenia?, what is exactly the pathology domain? Is the pathology genetic or environmental or both? What are the