بسم الله الرحمن الرحيم

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تم رفع هذه الرسالة بواسطة /صفاء محمود عبد الشافى

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لايوجد

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 (a = 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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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
MATRICS	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 (a = 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