

The Effectiveness of Emotional Awareness Education Inpatients with Chronic Mental Disease: Literature Review

Gülten Uzun¹ and Neslihan Lök^{2*}

¹Selcuk University Medicine Faculty Hospital, Psychiatry Clinic, Turkey

²Selcuk University, Faculty of Health Sciences, Department of Psychiatric Nursing, Turkey

*Corresponding author

Dr. Neslihan LOK, Selcuk University Faculty of Health Sciences, Turkey
E-mail: neslihanlok@selcuk.edu.tr

Submitted: 03 Apr 2019; Accepted: 11 Apr 2019; Published: 22 Apr 2019

Abstract

Chronic mental illnesses are disruptions in individuals' feelings, thoughts and cognitive abilities, changes in their personality and individual habits, and social and economic losses. Schizophrenia is one of the most long-term hospitalizations, chronic changes in family life, major changes and difficulties in family life, increased costs at both individual and national levels, and more feared among other diseases. Schizophrenia is a chronic mental illness that affects approximately 23 million people in the world, alienating from the usual ways of perception and interpretation, living in an intrinsic inclusion world, negatively affecting the areas of affect, thought, perception and behavior, often requiring hospitalization. Facial recognition, emotion recognition and feeling of expressing feelings in schizophrenia patients are among the negative symptoms of the disease and have a significant effect on the social functioning of the patients. Psychiatric nurses are among the duties and responsibilities of the psychiatry nurses in supporting the patient and family, stigmatization, interpersonal relations, awareness and initiative development, problem solving skills, and social skills training. For this purpose, one of the psychoeducation issues that psychiatric nurses can apply in the care they give to schizophrenia patients is emotional awareness education. It is seen that the trainings on emotional awareness increase the levels of emotional awareness, quality of life, life skills, enjoyment of life and social functionality of the patients, and facilitate the fulfillment of the roles of parenting. The aim of this review is to evaluate the efficacy of emotional awareness training for schizophrenic patients.

Keywords: Chronic mental illness, schizophrenia, Emotional Awareness Education

Introduction

Chronic mental illnesses are disruptions in individuals' emotions, thoughts and cognitive abilities, changes in personality and individual habits, and social and economic losses [1,2]. Mental health problems in people's self-awaited work, school, home, social roles and look at yourself able to function the increasingly loses productive qualities and the loss of sociability and leads to the loss from the ability to sense the interruption of their duties [3]. It is thought that 10% of people with chronic mental illness need long-term care. In European countries, approximately 50% of patients with schizophrenia live with their families, and this rate is estimated to be more than 95% in Turkey. When the national level in accordance with the basic groups of diseases caused burden of disease distribution is made, after cardiovascular disease, psychiatric disease, the group ranks second with 19%, "the disability Lost Life Years to (Years Lost with Disability - YLD)" When we look at YLD to why it is seen to take first place in the group with basic disease. Among the top 20 causes of YLD according to gender, five psychiatric disorders in men (6,4% in unipolar depressive disorders, schizophrenia 2.5%, bipolar affective disorders 1,3%), and four psychiatric disorders in women (10% in 1) 7 including unipolar depression, schizophrenia, 2.1%, 1.3% bipolar affective disorders, panic disorders, 1.2%) is located [4]. According to the World Health Organization indicate

depression, bipolar mood disorders, schizophrenia and other psychoses, dementia, autism, intellectual disabilities and is located within chronic mental diseases [5].

Schizophrenia is one of the most long-term hospitalizations, chronic changes in family life, major changes and difficulties in family life, increased costs at both individual and national levels, and more feared among other diseases. Schizophrenia affects many areas of life, and that is causing problems in life can not be resolved; It is further studied and discussed on other psychiatric disorders [6]. Therefore, this article is discussed from chronic mental illness, schizophrenia.

Schizophrenia affects about 23 million people in the world, alienated the people of the conventional perception and interpretation of forms, self lived in specific inward closed world, emotions, thoughts, perceptions and behavioral areas is often chronic mental illness that requires hospitalization affecting negatively. Schizophrenia patients, their families and are forced to fulfill their role in society and is constantly forced to take family care and support [5,7,8]. In schizophrenia patients, face recognition, emotion recognition and feeling of expressing emotions are among the negative symptoms of the disease and significantly affect the social functioning of the patients [10-13]. Schizophrenic patients have been shown to be particularly difficult to distinguish between facial expressions and fear [10,14]. In this case, "people know the feeling that he and

others had” defined as emotional awareness [15], in patients with schizophrenia suggest that low levels [16].

The physical and mental health of individuals interact with each other. It may be thought that there is a disorder in the mental state of people who have no emotional response or develop stereotypical reactions in the face of events [17]. In this context, psychiatric nurses, the maintenance of patients’ care and treatment of patients in determining the requirements for which they are in contact with the patient, in preparing programs for these requirements and has a key role in practice. In this respect, it is believed that nurses, patients and their families determine their needs as part of the rehabilitation study and develop and implement psychosocial skills programs with this orientation will bring positive results [18]. Psychiatric nurses are among the duties and responsibilities of the psychiatry nurses in supporting the patient and family, stigmatization, interpersonal relations, raising awareness and initiative, problem solving skills, social skills training, etc. [19]. For this purpose, one of the psychoeducation issues that psychiatric nurses can apply in the care they give to schizophrenia patients is emotional awareness education. Individuals who are aware of their emotions will be able to establish a more healthy relationship in daily life and become a happy and productive individual, thus making their lives more meaningful [20], they will realize their psychological needs and establish successful relationships in their communication with their environment [21]. These people are at work because they reflect your feelings in a relaxed environment will be available in sufficient satisfaction [22]. When the emotional level of awareness rises and feelings of individuals when the individuals ability to gain accurate identification and expression; individuals in the direction where there are increases in life skills and satisfaction research [6,7,18,20,23-27, The aim of this review is to evaluate the effectiveness of emotional awareness training for individuals with chronic mental illness.

Emotional Awareness Education and Schizophrenia

Difficulties in recognizing facial emotions are experienced in schizophrenia, and in this case, the severity of the negative symptoms of schizophrenia and is a predominant feature associated with impaired functioning [8]. In schizophrenia patients, defects in neuro-cognitive processes involved in the processing of facial stimuli result in visual screening defects. These patients have a tendency to avoid looking at the prominent areas on the face, such as eyes and mouth. This limitation in visual screening is consistent with the difficulty of recognizing facial emotions. It may be expected that the lack of orientation to the eye and mouth regions may impair the recognition of certain emotions more than the recognition of other emotions. The eye area of the face is used to separate fear from other expressions. Decreased amygdala activation in schizophrenia has been consistently reported, especially when the patient looks at fearful faces [10,13,14]. In addition, it uses less positive emotion words than the control group of patients with schizophrenia who anhedonia, both anhedonia perceptual deviation / the schizophrenic patients with magical thinking in the direction that uses more negative emotion words than the control group findings are available [28]. The literature appears to be condensed on the feelings many therapies and treatments module is analyzed. Third-generation Cognitive Behavioral located in psychotherapy approaches “Integrative Emotion Regulation Therapy [29] and “Emotion Regulation Therapy” [30], “Emotion-Focused Therapy” [31], “Emotional Awareness Skills Module” [32], “Emotion and Expression Differences Not psychoeducation Program” [33] and

“Emotional Awareness Training Program” [34] are examples of this treatment approach. The ability to express emotions and understand the emotions of those around him significantly affects the physical and psychological health of the individual. If you are having trouble understanding the feelings of others or to express their individual sense is accepted as a sign of some deficiency in this case, life skills [35. Considering national and international literature on the subject; Baslet et al (2009) ‘s 21 schizophrenia in their study evaluates own and emotional awareness for others with 20 healthy subjects, patients with schizophrenia in the lower level of the individuals that have emotional awareness, emotional awareness of the higher levels are associated with better quality of life for patients and patients also more it has been reported to have a high social anhedonia. Kimhy et al. (2012) reported that 44 schizophrenia and 20 healthy controls, and Kimhy et al. (2016) reported significant deficiencies in the study of 54 patients with psychosis, 87 schizophrenia and 50 healthy controls, in terms of recognizing and expressing the feelings of schizophrenia and psychosis patients. , the social functioning of patients with schizophrenia and affective psychosis awareness and emotion regulation is emphasized that significantly affected.

Silver et al. [23] performed a computerized Emotion Training program for 20 chronically schizophrenic patients, developed for children with autism and adapted to the clinical setting, and significant changes were observed in the recognition of facial and emotional expressions in chronic schizophrenia patients after the Short Emotion Training. Isobel et al [27] ‘s in patients with schizophrenia benefit of also found that they give to parents with mental illness, emotional mindfulness-based group intervention and adults in a public mental health services in their study to investigate the feasibility of training problems faced by parents (sibling rivalry, housework / chores, preparation for school, doing homework, the parents’ moods, behavior management, meal times and topics such as brushing your teeth), education, including issues of child behavior management and emotional awareness is given by nurses. After training in the frequency of difficult behavior and both a parent and have been significant reductions in stress for the child, parents, their emotional awareness, tolerance and reported an improvement in the management of children’s emotional state. Caponigro et al [25], the six-week schizophrenia Emotional Awareness and Coping Study in Schizophrenia (ACES) is seen at the end of education has been applied and the increase in the quality of life of patients. When we look at the emotional awareness studies in our country, it is seen that the studies are done in university students and young adults, and studies are almost not seen in schizophrenia patients [34-37]. Short information about current studies in our country will be presented. In our country, schizophrenia patients followed up by Aşık [26] in Mental Health Centers (TRSM) and semi-experimental (pretest-posttest, control group) pattern with schizophrenia patients (intervention: 21 and control: 21 group) thesis study can be shown as an example. This study of the Schizophrenia Patients developed by researchers Emotion Recognition and Expression psychoeducation program, applied 10 weeks the intervention group during the first measurements from the psychoeducation program between intervention and control groups, the percentage expressing the feelings of Recognition Test (FEI) and the Personal and Social Performance Scale (PSP) There was a statistically significant difference ($p < 0.001$) in terms of mean scores, but this difference disappeared in three months after psychoeducation program. In the first measurement from the psychoeducation program, Percent expressing the feelings of Discrimination Test (FED) increased the

mean scores in the intervention group, but did not cause a statistically significant difference between the two groups. It was suggested that the psychoeducation program applied at the end of the study is an effective program for the recognition of the emotions of the facial expressions and to increase the social functioning of the patients.

Gençoğlu and Yılmaz [34] applied the experimental group Emotional Awareness Training program for 10 weeks in the experimental design of young adults with pre-test post-test control group (12 experiments, 12 controls). Emotional Awareness Training, anxiety control, unhappiness control and total emotion control (tendency to express emotions) and anger control.

Kurt et al. [35] in the study of psychological awareness of perceived social support (family and friend support), gender, class level variables in the study of women in terms of perceived emotional awareness of men in terms of women have a high level of emotional awareness, as the class level increases the feelings of one's own and others be aware that higher rate, while perceived social support was found to affect emotional awareness.

Emotional awareness has a relationship between expressing emotions, self-construal (independent self, relational self) and subjective well-being (positive-negative mood) [36]. In this study, the level of psychological well-being, emotional awareness and emotion expression of Turkish and English university students of Kuyumcu [37] was examined according to country and gender, and the level of psychological well-being, emotional awareness and emotion expression of Turkish university students was found to be lower than that of British students.

Conclusion

As a result of face recognition in schizophrenia patients, as supported by the current study, there has been a lack of recognition issues and to express feelings. The ability to express emotions and understand the emotions of those around them significantly affects both the physical and psychological health of the individual. Chronic mental illness with nurses taking care of individuals, it is necessary to concentrate on psychoeducation study. When the researches are examined, it can be seen that emotion awareness and expression is an improvement that can be developed later, and the training on emotional awareness increases the patients' emotional awareness levels, quality of life, life skills, enjoyment of life and social functionality, and ease the fulfillment of parenting roles. The lack of descriptive and empirical studies in our country, especially related to the subject, necessitates new studies in this field. At the same time, to be applied towards individuals with chronic mental illness "Emotional Awareness Training" countries will also be a new model of psychoeducation for all trsm in general. The level of emotional awareness of the patients will be increased by psychoeducation, thus, the independence of the patients will be supported and the costs of care and treatment will be reduced and indirectly contributed to the national economy.

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