



Schizophrenic and Other Psychotic Patients' Physiologic Response to Standard Emotional Stress

Ayşe Nur Yılmaz*

Department of Education, University of Oxford, Turkey

INTRODUCTION

Everyday stressors are a normal part of adolescence, but how young people respond to them varies widely. Emotional intelligence, defined as a set of adaptive traits and skills related to emotions, is considered an important individual difference that serves as a “stress buffer” to protect adolescent well-being. Although EI correlates with lower levels of perceived life stress, no attempt has been made to understand how EI may support young people's responses to acute, situational stress. Using a novel, potent social stressor, this article examines how EI, measured as both ability and a trait, regulates induced acute stress. In two studies, we tested the extent to which EI moderated the allocation of attention to emotion, psychological reactivity, and physiological reactivity in older adolescents. The results suggest that a higher TEI may “buffer” the physiological stress response, allowing better protection against allostatic overload. Being better at perceiving emotions, on the other hand, predicted attention to happy stimuli when under stress.

DESCRIPTION

According to preliminary findings, while TEI and AEI contribute differentially to stress regulation mechanisms, higher AEI may not always be adaptive for youth facing social stressors. Clinical simulation, a teaching methodology used in the nursing degree, helps students acquire specific skills. Home visiting is a complex scenario in community care that requires the acquisition of certain critical skills. Emotional eating has emerged as a factor in overeating that can lead to obesity or disordered eating behaviour. However, the basic biological mechanisms underlying emotional eating are unknown. The current study looked at the emotional, hormonal and neural changes caused by an acute laboratory stressor in people who ate emotionally or not. Firefighters protect the public despite serious risks to their health and well-being caused by frequent trauma and other job stressors. A small percentage of firefighters suffer

from Post-Traumatic Stress Disorder (PTSD), Alcohol Use Disorder (AUD), or other mental health problems such as depression or anxiety. These problems often co-occur and are associated with high neuroticism and difficulties with emotional regulation. Consequently, effective treatment for this population should be trans-diagnostic and focus on neuroticism. Additionally, logistical issues and stigma are barriers to care among firefighters. We addressed these issues by culturally adapting the Unified Protocol for the trans-diagnostic Treatment of Emotional Disorders and delivering it *via* videoconference to 61 firefighters, of whom 49 completed treatment. Two case vignettes are presented as well as a description of the adaptation process.

CONCLUSION

The reduction in suicide risk was small in the entire sample and moderate in those who tested positive for suicide risk before treatment. Subsamples of participants who screened positive for PTSD, AUD, and co-occurring PTSD-AUD before treatment showed similar promising results, with large improvements in AUD symptoms observed among those who screened positive for AUD before treatment. This is the first study to look at a uniform protocol as delivered *via* telehealth. The treatment completion rate was high (80.3%). The current study contributes to the growing body of knowledge about a unified protocol for PTSD and AUD. Current findings support the utility of treatment for PTSD and AUD, consistent with a core neuroticism approach across diagnostic categories.

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CONFLICT OF INTEREST

The author's declared that they have no conflict of interest.

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Corresponding author Ayşe Nur Yılmaz, Department of Education, University of Oxford, Turkey, Email: anucarr@firat.edu.tr

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