Effect of Emotional Awareness Training Program on Communication Skills among Schizophrenic Patients

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Abstract

Background: Schizophrenia is a chronic mental illness that negatively affects emotion, thought, and communication. Schizophrenic patients have dysfunction in the domains of emotion expression, and emotional awareness**. Aim of the study**: This study aims to explore the effect of emotional awareness training program on communication skills among schizophrenic patients. **Research design:** A quasi-experimental research design (One group pre, posttest and follow up). **Setting**: This study was conducted at inpatients' departments of each Psychiatric Health and Addiction Treatment Hospital in egypt. **Subjects:** a purposive sample of 66 schizophrenic patients. **Tools of data collection:**, The Communication Skills Questionnaire, The Emotional Awareness Questionnaire, Positive and Negative Syndrome Scale, and A socio-demographic interviewing sheet **Results** of the study showed an improvement in the total emotional awareness scores and total general communication skills among the schizophrenic patients throughout program phases. **Conclusion:** According to this study, there is an effect of emotional awareness training program on communication skills among schizophrenic patients. **Recommendation:** Schizophrenic patients' families should be involved in treatment plan to support patients and explain to them the importance of application of the program to improve the total quality of the life of their patients.

Key words: Communication skills, Emotional awareness, Emotional awareness training program, Schizophrenic Patients.

Introduction

Schizophrenia is a chronic mental illness that negatively affects emotion, thought, perception, and behavior and often requires hospitalization (Abaoglu, Mutlu, Sertac, Esra, & Yagcioglu, 2020). People with the disorder may hear voices or see things that aren't there and sometimes talk about strange or unusual ideas, which can make it difficult to carry on a

conversation. Schizophrenia is the most well-known psychiatric disorder and speaks to the significant majority of inpatients in Egyptian mental hospitals (Ahmed, Elmaleky & Zaki, 2022).

People with chronic schizophrenia show various forms of communication deficits, firstly, it is a communication disturbance in relation to cognitive aspects (Uzun & Lok, 2019). Several studies have suggested that cognitive disturbances in language recall, attentiveness, and concept exploration are linked to communication disturbances in people with schizophrenia. In this context, people with chronic schizophrenia use disorganized language and fail to express in a logical and reasonable manner. Therefore, they have considerable difficulties in effectively and accurately communicating with others (El Malky, Attia & Alam, 2016).

Many studies have described a variety of deficits in communication skills as well as in emotional awareness in schizophrenic patients (Prochwicz et al., 2015). The decrease in the communication opportunities of patients and weakening of vocabulary due to the lack of reading also disrupt the content and structure of their speech (Yuksel & Bahadır, 2021), it is a communication disturbance in relation to emotional aspects. The emotional aspects of communication are affected in people diagnosed with chronic schizophrenia.

Successful communication requires understanding one's own and others' emotional states; however, people with chronic schizophrenia have difficulty with both of these (Abd-Elhamid, Gafaar & Abdelaal, 2022). People with chronic schizophrenia experience a difficult time building up emotional relatedness and communicating with the others due to these emotional deficiencies. Many patients with schizophrenia experience difficulty expressing their thoughts and feelings because of the impoverishment of thought, disorganization of thought, and attention problems (Uzun & Lok, 2022).

The planning and implementation of emotional awareness training program in supporting the patient and family are among the duties and responsibilities of psychiatric nurses (Uzun & Lok, 2019). Individuals who are aware of their emotions become happy and productive by establishing good relationships and can make their life more meaningful. When the level of emotional awareness of patients is increased and individual is given the ability to define and express emotions appropriately, recognizing and expressing emotions is a skill that can be developed later, and

trainings on emotional awareness increase patients' emotional awareness levels, communication skills, quality of life (Park, Park, Jo, Seo & Song, 2021)

Significance of the study:

Schizophrenia is a major psychiatric disorder which involves disorganization of speech or behavior, problem in emotion and impaired in decision making. Emotional deficits refer to restricted emotional expression, limited experience of pleasure, difficulty in maintaining social contacts. Ambivalent attitudes toward emotional expression lead to internal conflicts about whether to engage in or suppress emotional expressions to others and to consequent loss of well-being. Patients with chronic schizophrenia experience decline in social skills induced by emotional and cognitive impairments and in interpersonal skills (Saris et al., 2022)

High levels of negative emotion are common and associated with worse outcomes, including more severe and distressing psychotic symptoms, poorer functioning, and reduced quality of life. So, many studies recommended applying of emotional awareness and communication skills programs in the psychiatric institutions (Ebrahim, ElBilsha & Elhadidy, 2021). Given the importance of this issue, and the belief that, improvement in this area could be achieved, the study could be helpful in going information that will assist schizophrenic patients in enhancing their emotional awareness and thus improving their communication skills

Aim of the study:

This study aims to explore the effect of emotional awareness training program on communication skills among schizophrenic patients.

specific objectives:

1. Assess characteristics of communication skills among schizophrenic patients before and after implementation of the program.
2. Identify levels of emotional awareness among the schizophrenic patients before and after implementation of the program.

3. Assess severity of positive and negative symptoms among the schizophrenic patients before and after implementation of the program.
4. Design emotional awareness training program for schizophrenic patients.
5. Implement emotional awareness training program for schizophrenic patients.
6. Evaluate the effect of emotional awareness training program on communication skills among schizophrenic patients.

Subjects and Methods

Research design:

A quasi-experimental research design (One group: pre, posttest and follow up) on the study subjects utilized in this study.

Research setting

This study was conducted at inpatients' departments at any of Psychiatric Health and Addiction Treatment Hospital, Egypt. It is supervised by the General Secretariat of Mental Health and Addiction Treatment, Ministry of Health. The hospital capacity is 140 beds; delivers care to psychiatric patients and substance abusers.

The study subjects encompassed a purposive sample of 66 schizophrenic patients from psychiatric inpatient departments. They were be recruited based on the following criteria: Both sexes, willing to participate in the study, their age over 18 years old, with no comorbid psychiatric disorders, no history of neurological problems or loss of consciousness, with no diagnosis of mental retardation and no recent history of serious suicidal or aggressive behavior.

Sample size:

The sample size was determined by using ***(Dawson & Trapp, 2004)*** formula as the following:

$$n = 2[\frac{\left(Z_{\frac{\alpha}{2}} + Z_{\beta}\right) * \sigma}{\mu_1 - \mu_2}]^2$$

Where:

n: Sample size

$\mathbf{Z_{\frac{\alpha}{2}}}$ = 1.96 (The critical value that divides the central 95% of the Z distribution from the5% in the tail)

$\mathbf{Z_{\beta}}$ = 0.80 (The critical value that separates the lower 20% of the Z distribution from the upper 80%)

σ = 4.65 the estimate of the standard deviation

$\mathbf{\mu_1}$= 18.85 (mean pre-intervention based on the study result of Uzun, 2022

$\mathbf{\mu_2}$= 20.57 (meaning post intervention based on the study result of Uzun, 2022)

n=60

Dropout rate is 10% of the total sample =6

The total sample was 66 after adding dropout rate

Based on the study result of ***(Usen & Lok, 2022),*** the power analysis was obtained from the means differences between pre-program and post-program measures. The equation calculated sample size included sixty (60) patients

Tools of data collection:

Tool I: The Communication Skills Questionnaire (CSQ)

The Communication Skills Questionnaire was developed by Takahashi, Tanaka, and Miyaoka (2006)in an English language and was translated into Arabic language by the researcher. The questionnaire used to assess the subjective communication skills of the patient. It included items to evaluate interpersonal communication skills and selected basic social skills items.

Subscales	Number of items	Range of scores	Categories of total scores
General communication skills	6	1-30	≤10.2 indicated lower level > 10.2 indicated higher level
Interpersonal communication skills scale	23	1 - 46	≤41.4 indicated lower level > 41.4 indicated higher level.

Tool II: The Emotional Awareness Questionnaire (EAQ- Revised):

The Emotional Awareness Questionnaire revised was developed by Rieffe, Oosterveld, Miers, Meerum, & Ly (2008)in an English language and was translated into Arabic language by the researcher. The questionnaire used to assess the degree of emotional awareness of the patient.

scale	Number of items	Range of scores	Categories of total scores
Emotional Awareness Questionnaire	30	1-90	1-54 indicated lower level 54 to 90 indicated higher level

Tool III: Positive and Negative Syndrome Scale (PANSS)

This scale was developed by Kay, Fiszbein, & Opler (1987) in an English language, it is a semi-structured seven- point Likert-type scale and was translated into Arabic language by Yehya et al, (2016), and it used to assess the type and severity of symptoms in patients with schizophrenia.

Subscales	Number of items	Range of scores	Categories of total scores
Positive symptoms	**7**	**7-49**	**<20 indicated mild level** **20-25 indicated moderate level** **>25 indicated sever level**
Negative symptoms	**7**	**7-49**	**<24 indicated mild level** **24-31 indicated moderate level** **>31 indicated sever level**
Psychopathological syndrome	**16**	**16-112**	**<40 indicated mild level** **40-50 indicated moderate level** **>50 indicated sever level**

In addition structured questionnaire was developed in Arabic language by the researcher. It included the following:

A- Socio demographic Characteristics: It included gender, age, residence, marital status, living status, housing condition, working status, occupation and educational level.

B- Clinical data: It included diagnosis, illness duration, previous hospitalization and duration of the currant hospitalization**.**

C- Tool validity:

The validity was tested by a jury of five specialists in Psychiatric Nursing at faculty of Nursing at Port Said and Suez Canal University who decided that the tools were valid.

Pilot study

A pilot study was conducted on 10% (six schizophrenic patients) of the total sample of schizophrenic patients before the data collection phase. The purpose of the pilot study were to test the applicability and clarity of the feasibility of the study tools, and it served to estimate the proper time required for answering the questionnaire. It also, helped to find out any obstacles and problems that might interfere with data collection. Schizophrenic patients who shared in the pilot study were excluded from the entire sample of research work. Based on the finding of the pilot study. The tools were applicable and clear. Thus, no modifications were done. It was conducted from the 17th to the 30th of July 2023.

Reliability:

Items	Reliability
Tool I: The Communication Skills Questionnaire (CSQ)	Showed excellent internal reliability because Cronbach's alphas ranged from 0.91 to 0.97.
Tool II: The Emotional Awareness Questionnaire (EAQ- Revised):	The Cronbach's alpha coefficient of the scale was calculated as 0.80. The reliability coefficients as well as the total score significantly exceeded the 0.80 benchmark.
Tool III: Positive and Negative Syndrome Scale (PANSS)	The internal consistency of the scale was good as Cronbach's α for the total score was 0.92. For the positive symptoms, negative symptoms and

	general psychopathology, Cronbach's α was 0.80, 0.90 and 0.86, respectively.

Field work

Preparation, data collection, planning, implementation, and evaluation of the program persisted for 11 months. The study moved through four phases including assessment, planning, implementation, and evaluation as following:

Preparation and Assessment phase (Pre-test phase): The researcher met the studied patients and clarified to them the purpose of the study and how the program will be implemented and oral consent of each patient was taken with assistance from administrative officials. The researcher began to fill in the written pre mentioned tools individually (pretest).

Planning Phase: The program objectives were developed during this phase. Aim to apply emotional awareness training to improve communication skills among schizophrenic patients.

The content of the emotional awareness training program sessions:

1. First session: included introduction about the program, identification for group members, general definition about emotion and its role in person's life.
2. Second session: Explaining the words expressing emotions: This session included trying to recognize the words of emotions as happiness, anger, sadness, surprise, embarrassment, and fear.
3. Third session: Identifying emotions: This session included consolidating words expressing emotions with using facial expression and body language within using role play and identifying messages communicated by feelings.
4. Fourth session: Developing emotions: This session included developing of emotional expression and acceptance skills by increasing the groups' emotional and physical awareness of positive and negative emotions by using role play.
5. Fifth session: Understanding and explaining emotions: This session included consolidating the emotions expressed in emotional situations and consolidating the appearance of emotions in the face, understanding and explaining other people's emotions and thoughts within role play.
6. Sixth session: Expressing emotions correctly based on (emotion- thought- behavior relation): This session included increasing the group members' awareness of the relationship between emotions,

thoughts and behavior (teaching group members the importance of the thoughts that affect emotions and apply exercises to make them think about this and express their thoughts).

7. Seventh session: Expressing emotions: This session included expressing emotions by language (speech) using role play under instructions to allow each participant to express emotions by language.
8. Eighth session: Expressing emotions: This session included expressing emotion by using body language within role play to allow group to express emotions by using body language.
9. Ninth session: Termination: This session included ensuring that group can reflect on their achievement during the training by identifying a new emotional focus and leave the group with positive feeling.

Implementation phase:

An emotional awareness training program was carried out over 6 months, three sessions per week, each session lasted from 45 minutes to one hour.

Evaluation phase:

The effectiveness of the emotional awareness training program on schizophrenic patients' communication skills was evaluated immediately after implementation of the program (post- test) through the pre-mentioned tools

Ethical Considerations

The researcher obtained a written approved from Scientific Research Ethics Committee of the Faculty of Nursing Port-Said University. Also, the researcher obtained a written agreement from the ethical Committee of Genera Secretariat of Mental Health and Addiction Treatment (GSMHAT), Ministry of Health to conduct research in Port Said Psychiatric Health Hospital. Oral consent was taken from the studied patients, after explaining the purpose and the importance of the study with helping from administrative officials. Patients were assured about the confidentiality of the information gathered and that it was used only for the purpose of the study

Statistical design

Data analysis

The collected data were coded, processed and analyzed using the SPSS (Statistical Package for Social Sciences) version 22 (SPSS Inc., Chicago, IL, USA). Qualitative data were presented as numbers and percentages. Comparison between groups was done by Willcoxon signed ranks test

was used for comparison within group. Quantitative data were tested for normality by Kolmogrov-Smirnov test. Normally distributed data presented as mean ±SD. Student t-test was used to compare between two groups. Pearson's correlation coefficient was used to test correlation between variables. P value ≤0.05 was considered to be statisticaly significant, and highly statistically significant at P value ≤0.01

Result:

Table 1: **Distribution of the schizophrenic patients' according to personal characteristics.**

Personal characteristics	Schizophrenic patients' n=60	
	No.	%
Age/ years:		
<30	11	18.3
30 -<40	19	31.7
40 -<50	20	33.3
50 -<60	7	11.7
>60	3	5.0
Range	**23-62**	
Mean ± SD	**38.5±9.76**	
Gender:		
Male	36	60.0
Female	24	40.0
Marital status:		
Single	42	70.0
Married	7	11.7
Widow	11	18.3
Educational levels:		
Not read and write	17	28.3
read and write	16	26.7
Basic education	23	38.3
Secondary	3	5.0
University	1	1.7
Residence:		
In port said	49	81.7
Outside port said	11	18.3

Working status:		
Working	49	81.7
Not working	11	18.3
Family income (as reported by patient):		
Enough	31	51.7
Not enough	29	48.3
Housing condition (as reported by patient):		
Bad	31	51.7
Middle	28	46.7
Good	1	1.7

The table represents that the patients' age ranges between 23 and 62 years old, with a mean of 38.5. One-third of them (33.3%) were aged from 40 to less than 50 years old. Regarding patient gender, almost than two-thirds (60.0%) were male.

Table 2: Distribution of the schizophrenic patients according to clinical characteristics.

Clinical characteristics	Schizophrenic patients n=60	
	No.	%
Illness duration:		
<1year	3	5.0
1 - <3years	6	10.0
≥ 3 years	51	85.0
Number of previous hospitalizations:		
One time	1	1.7
2-4	41	68.3
4-6	18	30.0
Duration of current hospitalization:		
<1 month	10	16.7
1<3 months	29	48.3
≥3 months	21	35.0

Table 2 illustrates that the highest percentage of studied patients (85.0%) have a duration of illness ≥ 3 years, and two-thirds of the subjects (68.3%) have a history of admission to a psychiatric hospital from two to four times.

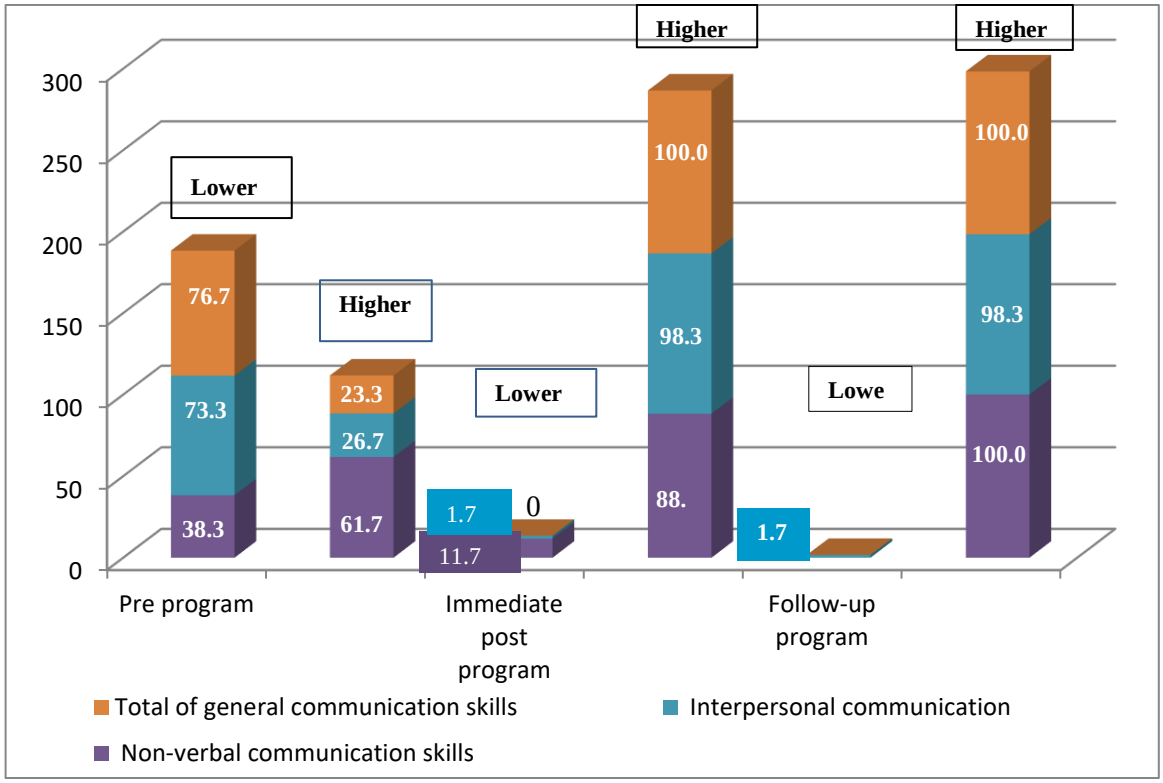

Figure 1: Distribution of the schizophrenic patients according to the communication skills categories levels; pre, post, and follow-up of the program.

Figure 1 shows improvements in total general communication skills among the schizophrenic patients throughout program phases. The figure implies that less than one quarter of the schizophrenic patients (23.3%) had a higher degree of general communication skills at the pre-program phase, and the percentage improved to 100% at the post-program and the follow-up phase.

Table3: Distribution of the schizophrenic patients according to the emotional awareness levels; pre, immediate post, and follow-up of the program

	Pre program n=60		Immediate post program n=60		Follow-up program n=60	
	Lower	Higher	Lower	Higher	Lower	Higher

	No	%	No	%	No	%	No	%	No	%	No	%
Total emotional awareness levels	37	61.7	23	38.3	11	18.3	49	81.7	21	35.0	39	65

Table presents those improvements in the total emotional awareness scores among the schizophrenic patients throughout program phases. The table reveals that, more than one third (38.3%) had higher level of emotional awareness in pre-program phase and the percentage increased to 81.7 % at immediate post program phase and declined to 65.0% at follow up phase.

Table 4: Distribution of the schizophrenic patients according to PANSS subscale levels; pre, post, and follow-up of the program.

	Pre program n=60						Immediate post program n=60						Follow-up program n=60					
	Mild		Moderate		Sever		Mild		Moderate		Sever		Mild		Moderate		Sever	
	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%	No	%
Levels of total positive syndrome	28	46.7	31	51.7	1	1.7	48	80.0	12	20.0	0	0	59	98.3	1	1.7	0	0
Levels of total negative syndrome	3	5.0	47	78.3	10	16.7	9	15.0	49	81.7	2	3.3	55	91.7	5	8.3	0	0
Levels of total psychopathology syndrome	11	18.3	49	81.7	0	0	27	45.0	33	55.0	0	0	56	93.3	4	6.7	0	0
Levels of total PANSS of schizophrenia	**8**	**13.3**	**52**	**88.7**	**0**	**0**	**26**	**43.3**	**34**	**56.7**	**0**	**0**	**55**	**91.7**	**5**	**8.3**	**0**	**0**

The table clarifies that 51.7% of the schizophrenic patients had a moderate level of positive syndrome in the pre-program and decreased to 20.0% in the immediate post-program compared to the follow-up phase of 1.7%.

Table 5: Correlation between total score of general communication skills, total of emotional awareness score and total score of PANSS of schizophrenia among the schizophrenic patients.

	Total of emotional awareness score	Total PANSS of schizophrenia score

Total communication skills score	Pre program	Immediate Post program	Follow- up program	Pre program	Immediate Post program	Follow- up program
Pre program	r = 0.284 p= 0. 028*	r = -0.131 p = 0.319	r = 0.095 p = 0.472	r =-0.487 p= 0.000**	r =-.360 p= 0.005**	r =-0.172 p= 0.188
Immediate Post program	r = 0.171 p = 0. 191	r = -0.039 p= 0.770	r = 0.047 p= 0.722	r =-0.595 p= 0.000**	r =-.652 p=0.000**	r= -0.226 p= 0.083
Follow- up	r = -0.123 p = 0.349	r =-0.260 p= 0.045*	r = -0.065 p= 0.620	r =-0.004 p= 0.978	r =-0.133 p= 0.310	r = -0.292 p= 0.024*
Total of emotional awareness score						
Pre program				r = -.353 p = 0.006*	r=-0.373 p=0.003	r = -0.209 p = 0.109
Immediate Post program				r = 0.085 p= 0.518	r = 0.043 p = 0.742	r = -0.301 p = 0.019*
Follow- up				r = -.114 p = 0.387	r = -0.069 p = 0.599	r = -0.453 p=0.000**
r= Pearson correlation		***significant at P<0.05**		****significant at P<0.01**		

Table demonstrates that there was a statistically significant positive correlation between the total general communication skills score in the pre-program phase and the total emotional awareness score (P = 0.028*). As well, there was a statistically significant negative correlation between the total general communication skills score in the follow-up program and the total emotional awareness score in the immediate post-program phase (P = -0.045*).

Discussion:

All schizophrenic patients implicated different social function and, consequently, social communication dysfunction. Despite the constraints inherent to the disease, both patients and families report significant unmet information needs, desire greater involvement in decision-making, wish to receive better information about diagnosis and prognosis as well as response to their distress. Persistent poor emotional awareness can affect communication skills and can impair engaging in activities or jobs that require social communication skills (Pestana, 2019). So, the present study was conducted to explore the effect of emotional awareness training program on communication skills among schizophrenic patients.

Regarding distribution of communication skills, the finding of the present study demonstrated improvements in total general communication skills among the schizophrenic patients throughout the program phases; less than one quarter of the schizophrenic patients had a higher degree of general communication skills at the pre-program phase, and the percentage improved to all patients at the post-program phase and the follow-up phase. This might be due to researcher taught the patients in the program how to perceive self-emotions and others' emotions then how to express this emotion in correct way by using words and body language adding to that giving gift to the actively participated patients.

Agreed with that, Park (2018) who reported in his study that people with chronic schizophrenia that were provided with communication enhancement program showed a decreased communication disturbance index -score and an increased communication competence score. The experimental group had significantly greater improvements in communication competence in eye contact, posture, physical proximity, gestures, and facial expressions compared to the control group. In this respect, Uzun (2022) study about effect of emotional awareness skills training on emotional awareness and communication skills in patients with schizophrenia in Turkey showed that, the basic skills and personal (self) expression," "caring communication," "willingness to communicate," and "active listening and non-verbal communication" sub-dimensions of the communication skills scale-adult form and total scale scores of the intervention group were higher than those of the control group.

More over Bedel (2018), agreed also this result and noticed that communication skills deficits of persons with schizophrenia found to be relevant to interpersonal effectiveness in persons with less severe problems. Also, Prochwicz (2015) demonstrated in his study that the patients with schizophrenia have deficits in their ability to discriminate facial expression and selective communication skills impairments like humor or metaphor comprehension.

The finding of the study presented that, improvements in the total emotional awareness among the schizophrenic patients throughout program phases; more than one third had higher level of emotional awareness in pre-program phase and increased to most of the patients at post program phase. This might be due to, the percentage improved after implementation of the program because of the program sessions contained importance of emotions in person's life, importance of

expressing emotions and how to express emotions by words and by body language, but the percentage returned to decreased after that in follow up phase by the time because of memory of schizophrenic patients, so the researcher encourage nurses in the hospital to use the training booklet to enhance patient's emotional awareness, on this context, Sevos (2018) demonstrated that the emotional awareness levels scores returned to their previous levels before program implementation when performed a multiple comparisons that 3months after the psych education (follow-up).

Moreover, Asik (2020) reported in his study that the intervention group exhibited improvements in both their recognition of facial emotions and in their social functioning following the psych education program. The emotional awareness levels of the intervention group that received psych education program were higher than those of the control group. Also, Gaudelus (2016) agreed with this result and reported that training on recognizing and expressing emotions improved the emotion recognition performance of patients with schizophrenia. Recognition of facial emotional expressions increased after brief emotion training intervention.

The present study demonstrated that, in the pre-program phase, most of the schizophrenic patients noticed intense or very intense poor communication, while improved at the post-program to quarter. This might be due to presence of delusion, hallucination and isolation from other people and the negative symptoms of schizophrenia were at moderate level in pre-program phase, after emotional awareness training program by using different teaching methods, encourage the patients to participate in the sessions, learn the patients how to understand person's emotions, other's emotions and importance of emotional awareness as well as how to express this emotion by words and body language. Agreed with this, Zhao (2024) in this study who demonstrated that the presence of depressive and anxiety symptoms throughout the course of schizophrenia can significantly impair social and vocational functioning.

Moreover was a statistically significant negative correlation between total general communication skills score and PANSS of schizophrenia score. This may be due to the communication skills score improved and symptoms of schizophrenia especially positive symptoms decreased by hospital treatment but negative symptoms and psychopathological symptoms decreased with implementation of the program. Yolland (2020) demonstrated that the measure of social distance towards schizophrenia generally, positive symptoms increased desire for social

distance when negative symptoms were absent. However, on the measure of social distance towards the individual in the vignette specifically, positive symptoms increased desire for social distance irrespective of a diagnosis or negative symptoms. Agreed with this, Park (2021) reported that at the end of the short emotion management program, the emotion recognition, emotion expression, and negative symptoms of the patients improved negative symptoms gradually improved at two and at four weeks into the program compared with baseline, and the changes were statistically significant.

Finally, this study demonstrated that there was a statistically significant positive correlation between the total general communication skills score and the total emotional awareness score. The emotional awareness score improved in the post program phase by the sessions of program as mentioned at this study but the improvement of the communication skills after implementation of the program. This study were supported by Uzun (2022) who reported in his study that the emotional awareness training program was prepared to develop basic communication skills and especially the “Knowing Emotions” and “Expressing Emotions Correctly” sessions may have contributed to this finding. It is known that when the ability of an individual to express emotions increases, communication skills also increase.

This is supported with, Kolavarambath (2020) demonstrated in his study that a statistically significant increase following the psych education. This increase meant that the patients in the intervention group became better able to recognize emotions. The findings of the present study were consistent with the findings in the literature. These findings indicated that emotional awareness training program improved the emotional awareness of patients, their ability to express emotions, interpersonal relationships and communication skills. As a result of these findings, it was considered that the emotional awareness skills training given in the present study is effective in increasing the emotional awareness and communication skills of patients with schizophrenia.

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