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ЕЖЕМЕСЯЧНЫЙ НАУЧНЫЙ ЖУРНАЛ

Медицинские новости Грузии  
საქართველოს სამედიცინო სიახლენი

## GEORGIAN MEDICAL NEWS

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**GMN: Georgian Medical News** is peer-reviewed, published monthly journal committed to promoting the science and art of medicine and the betterment of public health, published by the GMN Editorial Board since 1994. GMN carries original scientific articles on medicine, biology and pharmacy, which are of experimental, theoretical and practical character; publishes original research, reviews, commentaries, editorials, essays, medical news, and correspondence in English and Russian.

GMN is indexed in MEDLINE, SCOPUS, PubMed and VINITI Russian Academy of Sciences. The full text content is available through EBSCO databases.

**GMN: Медицинские новости Грузии** - ежемесячный рецензируемый научный журнал, издаётся Редакционной коллегией с 1994 года на русском и английском языках в целях поддержки медицинской науки и улучшения здравоохранения. В журнале публикуются оригинальные научные статьи в области медицины, биологии и фармации, статьи обзорного характера, научные сообщения, новости медицины и здравоохранения. Журнал индексируется в MEDLINE, отражён в базе данных SCOPUS, PubMed и ВИНТИ РАН. Полнотекстовые статьи журнала доступны через БД EBSCO.

**GMN: Georgian Medical News** – საქართველოს სამედიცინო სიახლენი – არის ყოველთვიური სამეცნიერო სამედიცინო რეცენზირებადი ჟურნალი, გამოიცემა 1994 წლიდან, წარმოადგენს სარედაქციო კოლეგიისა და აშშ-ის მეცნიერების, განათლების, ინდუსტრიის, ხელოვნებისა და ბუნებისმეტყველების საერთაშორისო აკადემიის ერთობლივ გამოცემას. GMN-ში რუსულ და ინგლისურ ენებზე ქვეყნდება ექსპერიმენტული, თეორიული და პრაქტიკული ხასიათის ორიგინალური სამეცნიერო სტატიები მედიცინის, ბიოლოგიისა და ფარმაციის სფეროში, მიმოხილვითი ხასიათის სტატიები.

ჟურნალი ინდექსირებულია MEDLINE-ის საერთაშორისო სისტემაში, ასახულია SCOPUS-ის, PubMed-ის და ВИНТИ РАН-ის მონაცემთა ბაზებში. სტატიების სრული ტექსტი ხელმისაწვდომია EBSCO-ს მონაცემთა ბაზებიდან.

### WEBSITE

[www.geomednews.com](http://www.geomednews.com)

## К СВЕДЕНИЮ АВТОРОВ!

При направлении статьи в редакцию необходимо соблюдать следующие правила:

1. Статья должна быть представлена в двух экземплярах, на русском или английском языках, напечатанная через **полтора интервала на одной стороне стандартного листа с шириной левого поля в три сантиметра**. Используемый компьютерный шрифт для текста на русском и английском языках - **Times New Roman (Кириллица)**, для текста на грузинском языке следует использовать **AcadNusx**. Размер шрифта - **12**. К рукописи, напечатанной на компьютере, должен быть приложен CD со статьей.

2. Размер статьи должен быть не менее десяти и не более двадцати страниц машинописи, включая указатель литературы и резюме на английском, русском и грузинском языках.

3. В статье должны быть освещены актуальность данного материала, методы и результаты исследования и их обсуждение.

При представлении в печать научных экспериментальных работ авторы должны указывать вид и количество экспериментальных животных, применявшиеся методы обезболивания и усыпления (в ходе острых опытов).

4. К статье должны быть приложены краткое (на полстраницы) резюме на английском, русском и грузинском языках (включающее следующие разделы: цель исследования, материал и методы, результаты и заключение) и список ключевых слов (key words).

5. Таблицы необходимо представлять в печатной форме. Фотокопии не принимаются. **Все цифровые, итоговые и процентные данные в таблицах должны соответствовать таковым в тексте статьи**. Таблицы и графики должны быть озаглавлены.

6. Фотографии должны быть контрастными, фотокопии с рентгенограмм - в позитивном изображении. Рисунки, чертежи и диаграммы следует озаглавить, пронумеровать и вставить в соответствующее место текста **в tiff формате**.

В подписях к микрофотографиям следует указывать степень увеличения через окуляр или объектив и метод окраски или импрегнации срезов.

7. Фамилии отечественных авторов приводятся в оригинальной транскрипции.

8. При оформлении и направлении статей в журнал МНГ просим авторов соблюдать правила, изложенные в «Единых требованиях к рукописям, представляемым в биомедицинские журналы», принятых Международным комитетом редакторов медицинских журналов - <http://www.spinesurgery.ru/files/publish.pdf> и [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html) В конце каждой оригинальной статьи приводится библиографический список. В список литературы включаются все материалы, на которые имеются ссылки в тексте. Список составляется в алфавитном порядке и нумеруется. Литературный источник приводится на языке оригинала. В списке литературы сначала приводятся работы, написанные знаками грузинского алфавита, затем кириллицей и латиницей. Ссылки на цитируемые работы в тексте статьи даются в квадратных скобках в виде номера, соответствующего номеру данной работы в списке литературы. Большинство цитированных источников должны быть за последние 5-7 лет.

9. Для получения права на публикацию статья должна иметь от руководителя работы или учреждения визу и сопроводительное отношение, написанные или напечатанные на бланке и заверенные подписью и печатью.

10. В конце статьи должны быть подписи всех авторов, полностью приведены их фамилии, имена и отчества, указаны служебный и домашний номера телефонов и адреса или иные координаты. Количество авторов (соавторов) не должно превышать пяти человек.

11. Редакция оставляет за собой право сокращать и исправлять статьи. Корректур авторам не высылаются, вся работа и сверка проводится по авторскому оригиналу.

12. Недопустимо направление в редакцию работ, представленных к печати в иных издательствах или опубликованных в других изданиях.

**При нарушении указанных правил статьи не рассматриваются.**

## REQUIREMENTS

Please note, materials submitted to the Editorial Office Staff are supposed to meet the following requirements:

1. Articles must be provided with a double copy, in English or Russian languages and typed or computer-printed on a single side of standard typing paper, with the left margin of 3 centimeters width, and 1.5 spacing between the lines, typeface - **Times New Roman (Cyrillic)**, print size - 12 (referring to Georgian and Russian materials). With computer-printed texts please enclose a CD carrying the same file titled with Latin symbols.

2. Size of the article, including index and resume in English, Russian and Georgian languages must be at least 10 pages and not exceed the limit of 20 pages of typed or computer-printed text.

3. Submitted material must include a coverage of a topical subject, research methods, results, and review.

Authors of the scientific-research works must indicate the number of experimental biological species drawn in, list the employed methods of anesthetization and soporific means used during acute tests.

4. Articles must have a short (half page) abstract in English, Russian and Georgian (including the following sections: aim of study, material and methods, results and conclusions) and a list of key words.

5. Tables must be presented in an original typed or computer-printed form, instead of a photocopied version. **Numbers, totals, percentile data on the tables must coincide with those in the texts of the articles.** Tables and graphs must be headed.

6. Photographs are required to be contrasted and must be submitted with doubles. Please number each photograph with a pencil on its back, indicate author's name, title of the article (short version), and mark out its top and bottom parts. Drawings must be accurate, drafts and diagrams drawn in Indian ink (or black ink). Photocopies of the X-ray photographs must be presented in a positive image in **tiff format**.

Accurately numbered subtitles for each illustration must be listed on a separate sheet of paper. In the subtitles for the microphotographs please indicate the ocular and objective lens magnification power, method of coloring or impregnation of the microscopic sections (preparations).

7. Please indicate last names, first and middle initials of the native authors, present names and initials of the foreign authors in the transcription of the original language, enclose in parenthesis corresponding number under which the author is listed in the reference materials.

8. Please follow guidance offered to authors by The International Committee of Medical Journal Editors guidance in its Uniform Requirements for Manuscripts Submitted to Biomedical Journals publication available online at: [http://www.nlm.nih.gov/bsd/uniform\\_requirements.html](http://www.nlm.nih.gov/bsd/uniform_requirements.html)  
[http://www.icmje.org/urm\\_full.pdf](http://www.icmje.org/urm_full.pdf)

In GMN style for each work cited in the text, a bibliographic reference is given, and this is located at the end of the article under the title "References". All references cited in the text must be listed. The list of references should be arranged alphabetically and then numbered. References are numbered in the text [numbers in square brackets] and in the reference list and numbers are repeated throughout the text as needed. The bibliographic description is given in the language of publication (citations in Georgian script are followed by Cyrillic and Latin).

9. To obtain the rights of publication articles must be accompanied by a visa from the project instructor or the establishment, where the work has been performed, and a reference letter, both written or typed on a special signed form, certified by a stamp or a seal.

10. Articles must be signed by all of the authors at the end, and they must be provided with a list of full names, office and home phone numbers and addresses or other non-office locations where the authors could be reached. The number of the authors (co-authors) must not exceed the limit of 5 people.

11. Editorial Staff reserves the rights to cut down in size and correct the articles. Proof-sheets are not sent out to the authors. The entire editorial and collation work is performed according to the author's original text.

12. Sending in the works that have already been assigned to the press by other Editorial Staffs or have been printed by other publishers is not permissible.

**Articles that Fail to Meet the Aforementioned  
Requirements are not Assigned to be Reviewed.**

## ავტორთა საქურაღებოლ!

რედაქციაში სტატიის წარმოდგენისას საჭიროა დაიცვათ შემდეგი წესები:

1. სტატია უნდა წარმოადგინოთ 2 ცალად, რუსულ ან ინგლისურ ენებზე დაბეჭდილი სტანდარტული ფურცლის 1 გვერდზე, 3 სმ სიგანის მარცხენა ველისა და სტრიქონებს შორის 1,5 ინტერვალის დაცვით. გამოყენებული კომპიუტერული შრიფტი რუსულ და ინგლისურენოვან ტექსტებში - **Times New Roman (Кириллица)**, ხოლო ქართულენოვან ტექსტში საჭიროა გამოვიყენოთ **AcadNusx**. შრიფტის ზომა – 12. სტატიას თან უნდა ახლდეს CD სტატიით.

2. სტატიის მოცულობა არ უნდა შეადგენდეს 10 გვერდზე ნაკლებს და 20 გვერდზე მეტს ლიტერატურის სიის და რეზიუმეების (ინგლისურ, რუსულ და ქართულ ენებზე) ჩათვლით.

3. სტატიაში საჭიროა გაშუქდეს: საკითხის აქტუალობა; კვლევის მიზანი; საკვლევი მასალა და გამოყენებული მეთოდები; მიღებული შედეგები და მათი განსჯა. ექსპერიმენტული ხასიათის სტატიების წარმოდგენისას ავტორებმა უნდა მიუთითონ საექსპერიმენტო ცხოველების სახეობა და რაოდენობა; გაუტკივარებისა და დაძინების მეთოდები (მწვავე ცდების პირობებში).

4. სტატიას თან უნდა ახლდეს რეზიუმე ინგლისურ, რუსულ და ქართულ ენებზე არანაკლებ ნახევარი გვერდის მოცულობისა (სათაურის, ავტორების, დაწესებულების მითითებით და უნდა შეიცავდეს შემდეგ განყოფილებებს: მიზანი, მასალა და მეთოდები, შედეგები და დასკვნები; ტექსტუალური ნაწილი არ უნდა იყოს 15 სტრიქონზე ნაკლები) და საკვანძო სიტყვების ჩამონათვალი (key words).

5. ცხრილები საჭიროა წარმოადგინოთ ნაბეჭდი სახით. ყველა ციფრული, შემაჯამებელი და პროცენტული მონაცემები უნდა შეესაბამებოდეს ტექსტში მოყვანილს.

6. ფოტოსურათები უნდა იყოს კონტრასტული; სურათები, ნახაზები, დიაგრამები - დასათაურებული, დანომრილი და სათანადო ადგილას ჩასმული. რენტგენოგრამების ფოტოასლები წარმოადგინეთ პოზიტიური გამოსახულებით **tiff** ფორმატში. მიკროფოტოსურათების წარწერებში საჭიროა მიუთითოთ ოკულარის ან ობიექტივის საშუალებით გადიდების ხარისხი, ანათალების შედეგების ან იმპრეგნაციის მეთოდი და აღნიშნოთ სურათის ზედა და ქვედა ნაწილები.

7. სამამულო ავტორების გვარები სტატიაში აღინიშნება ინიციალების თანდართვით, უცხოურისა – უცხოური ტრანსკრიპციით.

8. სტატიას თან უნდა ახლდეს ავტორის მიერ გამოყენებული სამამულო და უცხოური შრომების ბიბლიოგრაფიული სია (ბოლო 5-8 წლის სიღრმით). ანბანური წყობით წარმოდგენილ ბიბლიოგრაფიულ სიაში მიუთითეთ ჯერ სამამულო, შემდეგ უცხოელი ავტორები (გვარი, ინიციალები, სტატიის სათაური, ჟურნალის დასახელება, გამოცემის ადგილი, წელი, ჟურნალის №, პირველი და ბოლო გვერდები). მონოგრაფიის შემთხვევაში მიუთითეთ გამოცემის წელი, ადგილი და გვერდების საერთო რაოდენობა. ტექსტში კვადრატულ ფხიხლებში უნდა მიუთითოთ ავტორის შესაბამისი N ლიტერატურის სიის მიხედვით. მიზანშეწონილია, რომ ციტირებული წყაროების უმეტესი ნაწილი იყოს 5-6 წლის სიღრმის.

9. სტატიას თან უნდა ახლდეს: ა) დაწესებულების ან სამეცნიერო ხელმძღვანელის წარდგინება, დამოწმებული ხელმოწერითა და ბეჭდით; ბ) დარგის სპეციალისტის დამოწმებული რეცენზია, რომელშიც მითითებული იქნება საკითხის აქტუალობა, მასალის საკმაობა, მეთოდის სანდოობა, შედეგების სამეცნიერო-პრაქტიკული მნიშვნელობა.

10. სტატიის ბოლოს საჭიროა ყველა ავტორის ხელმოწერა, რომელთა რაოდენობა არ უნდა აღემატებოდეს 5-ს.

11. რედაქცია იტოვებს უფლებას შეასწოროს სტატია. ტექსტზე მუშაობა და შეჯერება ხდება საავტორო ორიგინალის მიხედვით.

12. დაუშვებელია რედაქციაში ისეთი სტატიის წარდგენა, რომელიც დასაბეჭდად წარდგენილი იყო სხვა რედაქციაში ან გამოქვეყნებული იყო სხვა გამოცემებში.

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## THE ROLE OF EMOTIONAL INTELLIGENCE IN THE DIAGNOSIS AND PSYCHOTHERAPY OF MENTAL DISORDERS: AN ANALYSIS OF PRACTICAL APPROACHES

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### Abstract.

Emotional intelligence (EI) is an important psychological aspect that has a significant impact on the diagnosis and psychotherapy of mental disorders. It includes the ability to effectively recognise, understand, and regulate one's own emotions, as well as the ability to perceive and interact with the emotions of others. The purpose of the study was to assess and compare the role of emotional intelligence (EI) in different methods of diagnosing and treating mental disorders, as well as its impact on therapy outcomes. The study found that the development of EI improves therapy outcomes by increasing patients' emotional awareness and self-regulation. In addition, it is worth noting that minimising the likelihood of relapse in mental illness is associated with the ability of patients to cope with stress and overcome difficult circumstances. To sum up: In addition, developing emotional intelligence can improve patients' well-being by enhancing their interpersonal relationships, expanding their social network, and mitigating feelings of social isolation. The results of the study indicate that EI should be taken into account in clinical practice and that new psychotherapeutic techniques can be developed to improve the outcomes of the treatment of mental disorders.

**Key words.** Clinical practice, depression, anxiety, ASD, REPT, therapy.

### Introduction.

Today, emotional intelligence (hereinafter referred to as EI) plays a crucial role in helping people cope with difficulties and maintain their mental health in the face of dynamic changes, increasing stress, and the prevalence of mental disorders. That is why the use of EI in the diagnosis and treatment of mental disorders has recently attracted the attention of researchers.

The relevance of the chosen topic is due to the complexity and interdisciplinary nature of modern psychiatric and psychological practice. The growing number of cases of mental disorders in society indicates the need to find more effective approaches to their diagnosis and treatment [1].

EI is an important aspect of the psyche and is currently the subject of active research in the scientific and clinical environment. Therefore, it is important to analyse practical approaches to the use of EI in the diagnosis and psychotherapy of mental disorders. They can have great potential to improve

practice and improve the quality of life of people facing these problems [2].

First of all, for a deeper understanding of the problem, we should consider the essence of the concept of EI and its coverage in the scientific literature. For the first time, the concept of "Emotional Intelligence" was mentioned in the article by Salovey P. Mayer J. in 1990 [3]. It was then that the theory of emotional intelligence attracted great attention of the scientific community and the public. Scientists defined EI as a group of mental abilities that stimulate awareness and understanding of one's own emotions and those of others [3]. After the publication of this article, the theory of emotional intelligence attracted a lot of attention, and a large number of publications on this topic began to appear.

However, the understanding of the importance of emotions was formed long before the works of Salovey P. Mayer J. In 1920, scientific publications began to consider social interactions of people as a type of intelligence. At that time, Professor E. Thorndike introduced the concept of "Social Intelligence" (hereinafter referred to as SI), and a few years later a test to measure SI was developed, but the measurement attempts were unsuccessful [4]. SI according to E. Thorndike - the ability to understand people, women, and men, the ability to communicate with people and act reasonably in relationships with each other [5].

Psychological science at the time was very cynical about social intelligence. They viewed it as the ability to manipulate other people, forcing them to do what you want, regardless of whether they want to or not. However, none of the formulations of social intelligence had any significant impact on the theorists of IQ [4].

Theories of emotional literacy were developed and repeatedly adjusted until 1990. It was only after the article published by D. Mayer that the world started talking about EI. D. Goleman managed to successfully integrate the idea of emotional intelligence into the masses [6]. It was he who popularised this topic, launched a huge number of ideas about emotional intelligence, its models, and methods of measurement.

According to D. Goleman, "Emotional Intelligence" is the ability to manage one's feelings in such a way as to express them at the right time and with benefit, enabling people to work together calmly to achieve common goals [6].

Emotional intelligence is the ability of a person to interpret their own emotions and the emotions of others in order to use



the information received to achieve their own goals [7]. In his article, Salovey P. defined emotional intelligence as a factor that affects the success of a manager. The definition was as follows. Emotional intelligence – is the ability to perceive and understand personality manifestations expressed in emotions, to manage emotions based on intellectual processes.

Modern research shows that people with high EI are socially balanced, friendly, and mainly in a good mood, not prone to fear and not prone to anxious thoughts [8]. They are committed to people and things they start, willing to take responsibility, and adhere to ethical principles. In their dealings with others, they are friendly and caring. Their emotional life is eventful but within appropriate limits. They are in harmony with themselves, with others, and with the society in which they live [9].

For example, some studies focus on how emotional intelligence affects a person's ability to understand and manage their emotions in the context of depression or anxiety disorders [2]. Other studies investigate the effectiveness of interventions aimed at increasing emotional intelligence in the psychotherapeutic treatment of mental disorders [10].

Some studies have also explored the possibility of using artificial intelligence and machine learning technologies to analyse emotional expressions and the psychological state of patients, which can help in more accurate diagnosis and individualisation of psychotherapeutic approaches [11].

Recent research on the role of emotional intelligence in the diagnosis and psychotherapy of mental disorders indicates its importance as a key factor in the identification and treatment of various forms of mental disorders [12]. Today, the relationship between the level of emotional intelligence and the onset, course, and results of treatment of various mental disorders is being actively studied.

**The purpose of the study** is to examine the impact of emotional intelligence on the manifestations of mental disorders, to determine the role of various components of emotional intelligence in the formation and course of mental disorders, and to develop effective diagnostic and psychotherapy strategies aimed at increasing the emotional competence of patients and improving their quality of life.

### **Materials and Methods.**

The research was conducted in several stages. At the first stage, the purpose and objectives of the study were defined, and data were collected. The study uses both general scientific and special methods. To ensure the unity of the study of the presented client requests, the dialectical method was used. In addition, the study takes into account the constant updates of the experience of therapeutic practice.

At the second stage, a comprehensive analysis of the scientific literature was carried out using the following methods. The research discusses the methods of analysis and synthesis used to determine the acceptability of using AI in the treatment of a particular mental disorder.

- The study presents a systematic. The study uses both general scientific and special methods. To ensure the unity of the study of the presented client requests, the dialectical method was used. In addition, the study takes into account the constant updates of the experience of therapeutic practice approach to the study of

the validity and acceptability of the use of EI in the treatment of mental disorders. The process involves the mandatory participation of practicing psychologists and psychotherapists and consists of various interrelated elements.

- The present study uses a comparative method to identify common and distinctive features of the use of EI in the treatment of various mental disorders. The existing clinical and extra clinical experience is analysed.

At the third and final stage, the research was summarised, and conclusions were presented. The focus of research in the area of emotional intelligence in the diagnosis and psychotherapy of mental disorders is to understand and determine the impact of emotional skills on the manifestations of mental disorders. Researchers focus on studying how different aspects of emotional intelligence, such as the ability to recognise, regulate and express emotions, can influence the development and course of various mental disorders.

The problem with this research is that although there is considerable evidence of a link between emotional intelligence and mental disorders, some aspects of this link remain unclear. For example, it is not entirely clear which components of emotional intelligence have the greatest influence on the development of various disorders, and how this influence can be used to improve diagnosis and psychotherapy.

Questions also arise about the effectiveness of various methods of increasing emotional intelligence in the treatment of mental disorders and how these methods can be integrated into clinical practice to achieve better results. Therefore, one of the key research objectives is to develop a deeper understanding of the mechanisms of interaction between emotional intelligence and mental disorders in order to optimise approaches to their diagnosis and treatment.

### **Results.**

Today, there is a growing interest in the scientific and practical application of emotional intelligence (EI) as a valuable resource for improving performance and psychological well-being. This interest is closely linked to the destabilising impact of the external environment in the context of global change. In today's society, people are expected to constantly improve their knowledge and professional skills, as well as expand their communication and self-realisation opportunities. Due to recent trends and the emergence of crisis phenomena, people are facing increasing demands in both their professional and personal lives. Therefore, the ability to regulate one's own behaviour, interact effectively with others, and cope with life challenges is becoming increasingly important. These internal resources are crucial for ensuring psychological safety and personal growth [13].

### **Depression.**

EI plays a significant role in the treatment of depression, as depression is often accompanied by difficulties in perceiving and managing one's own emotions. The main goal of depression therapy is to alleviate the symptoms of depression and improve the patient's quality of life. The development of emotional intelligence allows patients to acquire the skills to manage their own emotions and respond effectively to stressful situations.

One of the key aspects of using EI is learning and understanding your own emotions. Patients learn to recognise their emotions, identify their sources, and respond appropriately to them. This helps them to reduce stress and anxiety, which can exacerbate symptoms of depression [1].

This can help develop awareness of their own emotional responses to different situations and events in their lives. For example, they can learn to recognise their own bodily symptoms of stress or anxiety, such as a rapid heart rate or shallow breathing, and pay attention to them as cues to actively use relaxation or thought-reframing strategies [14].

Being able to respond to their emotions appropriately also helps patients maintain balance and avoid extreme reactions that can deepen their depression. Instead of staying trapped in a cycle of negative thoughts and emotions, they can learn to accept their feelings and act on them constructively [15].

In addition, the development of emotional intelligence contributes to the formation of emotional regulation skills. Patients learn self-control strategies that help reduce the intensity of emotions that cause increased stress levels and feelings of alienation. This can help reduce symptoms of depression and improve overall well-being. Table 1 shows practical approaches to using EI in dealing with depression.

An important component of depression therapy is the development of social skills. Patients learn how to interact effectively with others, including how to show support for

important relationships and how to balance social life with their own needs.

**Anxiety disorders.**

The use of EI in the treatment of anxiety is based on understanding and managing one's own emotions and empathy. Psychotherapists use tools and techniques to develop patients' EI, including teaching strategies for self-regulation, perception, and expression of emotions, and support for interpersonal relationships [16]. The main goal is to create a favourable emotional environment that allows patients to manage their emotions in situations that are meaningful to them. This approach helps people with anxiety disorders to reduce stress, uncertainty, and tension, which can alleviate symptoms and improve their mental well-being [17].

The use of EI in the treatment of anxiety is based on the development of consciousness and the regulation of the patient's emotional reactions. The therapist works with the client to help them recognise and understand their emotions and their impact on anxiety. This may include exploring physical symptoms of anxiety, internal beliefs and thoughts that trigger anxiety, and negative thought cycles that maintain it. Table 2 presents practical approaches to using AI in working with anxiety.

In psychotherapy, emotion regulation strategies such as deep breathing, relaxation, and mindfulness techniques are widely used to help clients reduce anxiety and improve emotional well-

**Table 1.** Some practical approaches to the use of EI in dealing with depression.

<b>A practical approach</b>	<b>Description</b>
Learning to consciously perceive emotions	Patients learn to consciously perceive their emotions, recognise them, and identify their source. This helps them to better understand their own feelings and respond to them appropriately.
Development of emotional regulation skills	Patients learn self-control strategies aimed at reducing the intensity of emotions that cause increased stress levels and improving their emotional state. This may include relaxation techniques, breathing exercises, meditation, and other techniques.
Maintaining important relationships	Patients learn to identify support from loved ones and interact with them effectively. Maintaining social connections can help reduce the feelings of alienation and loneliness that often accompany depression.
Cognitive behavioural therapy	This approach involves identifying and changing negative thoughts and beliefs that contribute to the development of depression. Patients learn the skills to distinguish reality from false beliefs and find more positive ways of thinking.
Support for self-knowledge and self-acceptance	Patients work to improve their self-knowledge and acceptance of who they are. This may include working on self-esteem, developing self-perception and self-respect.

Source: created by the authors based on [15].

**Table 2.** Some practical approaches to using AI in dealing with anxiety.

<b>Practical approach</b>	<b>Description</b>
Learning to consciously perceive emotions	Patients learn to consciously perceive their emotions, recognise them and identify their source. This helps them to better understand their own feelings and respond to them appropriately.
Development of emotional regulation skills	Patients are taught self-control strategies aimed at reducing the intensity of emotions that cause increased stress levels and improving their emotional state. This may include relaxation techniques, breathing exercises, meditation, and other techniques.
Maintaining important relationships	Patients learn to identify support from loved ones and interact with them effectively. Maintaining social connections can help reduce the feelings of alienation and loneliness that often accompany depression.
Rational-emotive psychotherapy using AI	This approach involves identifying and changing negative thoughts and beliefs that contribute to depression. Patients learn ways to distinguish reality from false beliefs and find more positive ways of thinking.
Support for self-knowledge and self-acceptance	Patients work to improve their self-knowledge and acceptance of who they are. This may include working on self-esteem, developing self-perception and self-respect.

Source: created by the authors based on [18].

being. In addition, EI therapy builds empathy and emotional perception skills to better understand the client's needs and create a trusting and supportive relationship.

### Autism spectrum disorders.

Therapy for autism spectrum disorders (ASD) focuses on developing social skills and emotional perception in people with autism. EI is a key component of this therapy, as it helps patients to better understand and express their emotions, as well as interact more effectively with others [19].

Therapists use practical approaches to help develop social skills and emotional perception of the world. One approach is to teach patients to recognise emotional expressions, which is particularly useful for people with ASD who have difficulty with non-verbal cues. This approach helps people with autism to recognise the emotional states of others, which leads to a better understanding of social situations and better communication. In addition, this approach teaches people to understand their own emotions and the emotions of others, which leads to better emotional regulation and social adaptation. Another important aspect is learning to express their emotions through words or other means of communication. This helps them interact more effectively with other people and express their needs and feelings. An individual approach allows psychotherapists to tailor therapy to the needs of a particular client with ASD, facilitating their social adaptation and improving their quality of life [20].

AI therapy for ASD focuses on developing social skills, including understanding social situations, rules of behaviour, and effective communication. It helps patients with ASD to understand social situations that may be difficult or confusing for them. Patients undergoing therapy learn to analyse the behaviour and reactions of other people, which helps them to interact more easily in different social contexts. Therapy also gives patients the opportunity to learn the rules of etiquette and social interaction, which helps them to adapt to society. In addition, patients develop effective communication skills, which allows them to express their thoughts, feelings, and needs more clearly and appropriately to other people. This intervention can help people with ASD to develop more meaningful and fulfilling social relationships and facilitate their integration into society.

Play-based techniques allow patients to interact with others and

solve social problems through play, which promotes empathy and compassion. Drama therapy and role-playing can help patients to recreate real-life situations, which can contribute to their social adaptation and creativity [21]. Music therapy can use music as a means of communication and self-expression, which can help develop expressiveness and emotional expression. Art therapy can also allow patients to express their emotions and experiences through art, which can contribute to their emotional and creative expression. Table 3 presents practical approaches to the use of EI in work with ASD.

All of these techniques can help patients with autism to develop empathy, creativity, expressiveness, and social adaptation, which are important components of their social and emotional development. The use of these techniques in ASD therapy not only improves the quality of life of patients but also develops their potential and capabilities to successfully interact with the world.

### Using EI in the work with patients with adjustment disorders.

Adaptation disorders are a range of conditions that can include reactive depression, anxiety, post-traumatic stress disorder (PTSD), and adaptation disorders related to life changes such as divorce, job loss, or relocation. They manifest in different forms and with varying degrees of severity, but they all occur as a reaction to stressful events and can interfere with a person's ability to adapt effectively to the environment. Effective treatment and management of adjustment disorders often relies on a combination of a thorough understanding and appropriate support [22].

When working with patients with adjustment disorders, it is important to remain objective and avoid biased or emotional language when describing this approach. It focuses on developing emotional competence and effective coping strategies.

The first component of therapy involves understanding and expressing one's own emotions. Patients gain the ability to recognise, accept and express their feelings, which contributes to their psychological comfort and self-awareness. The second component involves learning effective self-regulation strategies, such as relaxation techniques, meditation, and breathing exercises, which help to relieve tension and stress [23].

Another important aspect of therapy is the development of empathy and social skills. Patients learn to understand the feelings and needs of others, which helps to improve their

**Table 3.** Some practical approaches to the use of EI in the work with ASD.

Approach	Description	Example
Emotion recognition	Teach children with ASD to recognise the emotions of others through facial expressions, body language, and tone of voice.	Use emotion cards to help children identify different emotions.
Understanding emotions	Teach children with ASD to understand the causes and consequences of emotions.	Discuss with your children why people feel certain emotions and how these emotions can affect their behaviour.
Expression of emotions	Teach children with ASD to express their emotions in a healthy way.	Encourage children to use words to describe their feelings and to practice appropriate emotional responses.
Regulation of emotions	Teach children with ASD to cope with difficult emotions such as anger, anxiety, and sadness.	Teach children relaxation strategies such as deep breathing or counting to help them calm down.
Empathy	Teach children with ASD to understand and empathise with the feelings of others.	Act out social scenarios to help children learn to see things from other people's perspectives.

Source: created by the authors based on [19].

**Table 4.** Some practical approaches to the use of EI in work with patients with adjustment disorders.

Approach	Description	Examples of exercises
Recognising emotions	Helping clients learn to identify and understand their emotions.	- keeping a diary of emotions. - naming the emotions that the client experiences during the session. - use of cards with emotions.
Understanding emotions	Help the client understand the causes and consequences of their emotions.	- study of emotional triggers. - analysis of emotional reactions. - studying the impact of emotions on behaviour.
Regulation of emotions	Helping clients learn to manage their emotions in a healthy way.	- relaxation techniques. - cognitive restructuring. - training of emotional regulation skills.
Using emotions	Helping clients use their emotions to achieve their goals.	- using emotions as motivation. - use of emotions to improve communication. - use of emotions for creativity.

Source: created by the authors based on [22].

interpersonal relationships. In addition, revising negative beliefs and developing a positive perception of the situation can help patients to rethink their experiences and see opportunities for personal growth. Table 4 presents practical approaches to using EI in working with patients with adjustment disorders.

When working with a patient, the therapist focuses on problem-solving, helps them identify and understand their emotions, and makes connections between their thoughts, emotions, and actions. Effective communication skills and positive interpersonal relationships are important aspects of therapy that are developed throughout the process. Therapy for EI-related adjustment disorders may include a variety of techniques such as relaxation, meditation, art therapy, and play-based therapies. These techniques can help relieve stress and increase psychological comfort [24].

### Discussion.

According to the study, the role of EI in the diagnosis and psychotherapy of mental disorders is determined by its impact on the understanding, expression, and regulation of the emotional state of patients [25]. An analysis of practical approaches in this context reveals the importance of EI as a key factor in successful therapy. Based on the reviewed practices, several conclusions can be drawn about the role and importance of emotional intelligence in the psychotherapy of mental disorders [26].

EI is an important aspect in the diagnosis of mental disorders. The ability to recognise, understand, and express one's own emotions, as well as empathy and the ability to read other people's emotional expressions, can help psychologists and psychiatrists to accurately diagnose disorders [13]. For example, in the case of depression, a patient may demonstrate certain emotional patterns that help professionals make a diagnosis. Therefore, developing and maintaining emotional intelligence is important for accurate and effective diagnosis [27].

EI also plays a critical role in the psychotherapy process. The ability of clients to recognise, respond to, and express their emotions is essential for the successful organisation of their thoughts and feelings [28]. Supporting professionals in developing these skills allows patients to better understand themselves, their internal conflicts, and how to resolve them. Additionally, the ability to recognise and respond to emotional

states can help reduce the level of stress and anxiety that often accompanies mental disorders [26].

In turn, the analysis of practical approaches shows that the development of emotional intelligence in the therapeutic process can be crucial for achieving successful results [6]. Methods such as rational-emotive psychotherapy, dialectical-behavioural therapy, and others actively use the principles of emotional intelligence development to achieve positive changes in the mental state of patients. Therefore, taking into account and supporting emotional intelligence in the therapeutic process should be considered as an important aspect in achieving success [29].

The study [4] aims to examine the effects of positive interventions and the development of EI. The study notes that university students face high levels of anxiety, depression, and suicide. To date, the scientific literature has not provided systematically evaluated and recommended preventive programmes to support mental health and well-being for university students suffering from mental illness. Compared to the control group and when controlling for variability in baseline measures and multiple comparisons, SKY Campus Happiness showed the greatest effectiveness of EI in six areas: depression, stress, mental health, attention, positive emotions, and socialisation. As the study points out, EI development can be an effective and cost-efficient way to proactively and preventively address mental health issues.

The practical significance of the study lies primarily in improving the effectiveness of the psychotherapeutic process. Understanding the impact of emotional intelligence on mental disorders allows psychotherapists to take into account the individual characteristics of patients in the treatment process, which contributes to better results and reduces the risk of relapse. The study also highlights the development of new methods and techniques of psychotherapy based on the principles of emotional intelligence. The integration of such techniques into clinical practice can help improve and expand the arsenal of tools for therapeutic interventions for mental disorders.

The theoretical significance of the study is to deepen our understanding of the mental mechanisms underlying the development and manifestation of mental disorders. Studying the role of emotional intelligence helps to reveal the importance

of emotional factors in the formation and maintenance of mental health, which helps to formulate new theoretical models of mental disorders.

### Conclusion.

The study of the role of EI in the diagnosis and psychotherapy of mental disorders has led to several important conclusions. It has been established that EI plays a crucial role in understanding, expressing, and managing the emotional state of patients. The development of emotional competence and the implementation of effective self-regulation strategies are important components of therapy that contribute to the improvement of clients' mental state. In addition, the practical significance of this study lies in its potential to improve psychotherapy outcomes, reduce the likelihood of relapse, and develop innovative therapeutic interventions. The theoretical significance lies in the fact that it can deepen our understanding of the mechanisms underlying mental disorders and the vital role of emotional factors in establishing and maintaining mental well-being. Therefore, it can be argued that EI is an important and effective tool in both clinical practice and theoretical research, especially in the context of mental disorders.

### Conflict of interest.

The authors of this study declare that they have no conflicts of interest and have not received funding from any interested parties that could have influenced the results of the study.

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