

Stress Management Summit

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Emotions and how we cope with them in psychopathology

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Emotions are action disposition (Lang, 1979) while emotional episodes (behaviors, physiology, experience) are stored in memory associative networks. Disturbances in emotion and emotion regulation are characteristic of most psychopathologies. Understanding these disturbances in valence systems and self-regulation can increase our comprehension of psychopathology and provide insight into appropriate treatments. This presentation discusses findings from our lab regarding the role of emotion in conditions like anxiety disorders, aggressive and antisocial behavior and alexithymia and the deficits in emotion regulation processes that characterize these conditions and may perpetuate symptomatology. Dysfunctional coping typically involves avoidance, achieved through behavioral, cognitive and emotional processes, e.g. experiential avoidance, behavioral disengagement, denial, worry, self-focused attention/rumination and even use of substances. Our findings verify that such avoidant strategies predict symptomatology of certain disorders, such as depression and mediate the association between temperamental personality traits (e.g. behavioral inhibition) and psychopathology symptoms, for example of social anxiety. In our investigation of avoidant coping, we have also examined emotion responses in alexithymia; a trait associated with many psychological and physical disorders. Results converge on the idea that alexithymia may represent an extreme form of experiential avoidance, where emotional blunting occurs in response to intense, negative or prolonged affect, which is expressed both subjectively and in some arousal physiological systems. In sum, this presentation highlights the role of emotion and how poor coping symptoms of a diverse range of mental disorders.

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Does mindfulness reduces stress in cardiac patients?

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We develop a new approach to measure stress thus able to focus on methods reducing stress Materials and methods: 95 cardiac patients after cardiac surgery or PTCA procedure were hospitalized in our cardiologic unit for rehabilitation

We Measured: the perceived stress by psychometric questionnaire (PSS) of Cohen and Sheldon; stress ability: by electro dermal response (EDR) at cold pressure test, startle test, mental calcul, All stress workload by autonomous equilibrium measured by HRV (heart rate variability): SD1 of Poincare plot and SDNN. All measurements were made before and after one mindfulness session and at the end of the 8 weeks program.

Results: At the beginning 75% of patients were considered as "stressed" by a combination of positive PSS and increase of EDR (15) % for each test, and a marked decrease in HRV. After the first mindfulness session PSS doesn't decreases but EDR reduces about 10% and HRV more significantly. (15%) Overall, at the end of the program all data measured improves statistically significantly A new approach of stress measurement allowed to show the significant effect of mindfulness in reducing stress in cardiac patients.

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