

## The Effect of Emotional Intelligence Training via Psychodrama Method on Emotional Reactions of MS Patients

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### ABSTRACT

MS is a chronic progressive disease of central nerve system that accompanies with debilitating symptoms and side effects. Training and appropriate intervention such as emotional intelligence training improves the quality of life in these patients. The purpose of the this study is to determine the effect of emotional intelligence training via psychodrama method on the emotional reactions (stress, anxiety and depression) and different dimensions of emotional intelligence on patients diagnosed with MS disease. The present research is a pre - post design with only one group. In this research the total number of 22 people was studied. Patients were selected by purposive sampling method from among the patients who referred to Kordestan MS association. The data gathering instrument was a 3-section questionnaire. The first section included demographic variables, the second section was DASS-21 and the third section included Bar-on emotional intelligence. The intervention contained of 20 training sessions each lasting 2 hours. The questionnaire was filled out by the patients before and after the intervention. To analyze the data, descriptive and inferential statistical methodologies were used. Statistical paired t-test indicated a significant difference in the 3 aspects of emotional reactions and dimensions of emotional intelligence before and after training in the studied cases. Application of emotional intelligence training via psychodrama method on the emotional reactions and different dimensions of emotional intelligence in MS patients was effective.

**KEYWORDS:** Multiple Sclerosis, Emotional Intelligence Training, Psychodrama, Emotional Reactions

### 1. INTRODUCTION

MS is the most prevalent debilitating young adult disease that happens due to the inflammatory process of demineralization in the central nerve system. MS is the third most prevalent debility in people of ages between 20-40 and there are 2.5 million people in the world who suffer from this illness. In Iran, there are approximately 40 thousand people who have this illness and now there are 12 thousand people who have their documents registered in MS association and its outbreak level in Iran is approximately 20 people in each hundred one as data have been reported. This illness affects the whole life of each individual and results in emotional reactions like anxiety, stress and depression and learning about different problems for the family. While all these problems can be moderated in case of having proper education.

Studies indicate that the abilities and emotional intelligence are among the determinants and influential factors which have influence on emotional reactions like anxiety, stress and depression [1,2,3]. Sotrland [4] in his research entitled the methods of relation and quality of life related to the health with MS showed that 49% of people are depressed and that the relaxation method caused them to gain more energy and decrease their anxiety and depression [5]. Emotional intelligence has been defined as the ability to understand and manage excitement both in self and others [6]. Researchers like Clarke [7], Fitnss [8], Brissette et al. [9] believe that those people who have higher emotional intelligence compared to those having lower emotional intelligence can manage their emotional reactions in a better way. Thus the use of different emotional methods in their daily life can be influential and effective in Improving their life quality and interpersonal relations [10]. The results of numerous researches show that emotional intelligence in contrast to cognitive intelligence is not a fixed and unchanging ability but has a potential for development and change and one can increase its level via specific training and improve their quantitative and qualitative level [11-13].

Emotional intelligence includes individual differences in the field of emotional capability in the form of intra individual (stress management) and inter individual (understanding the emotions of others) [14], and it is a better predicator of social success and social conformity in comparison to the traditional intelligence index. That is people with higher emotional intelligence have better ability to fight and confront with stress and optimize their inter-individual relation. Emotional intelligence contains a wide array of educations and trainings and one of the

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different emotional intelligence is psychodrama in which the practitioner tries to help patients to adjust their behaviors and get to know their own individual aspects and evaluate them and correct their speech and manner. In this aspect, the practitioners utilize different ways of show plays and non-speech shows and create the patients spontaneous plays, opportunities where they didn't have such experience before [15]. On one hand, considering the above mentioned points and because of the importance attributed to the emotional reactions and also due to the effective role of emotional intelligence training on inter-personal relations. The purpose of this study was to train emotional intelligence to this group of patients using one of the emotional intelligence methods like psychodrama and assess its effect on the emotional reactions and also on the dimensions of emotional intelligence in these patients.

## 2. MATERIAL AND METHODS

This study is of the type of pre-experimental design including pre and post intervention with only one group. In this study, one group was exposed to the independent variable, namely emotional intelligence training via psychodrama method and then scores related to emotional reactions and different dimensions of emotional intelligence before and after training were compared. The research population included patients with multiple sclerosis who were members in Kordestan MS association in 2011 being qualified for the research purposes based on inclusion and exclusion criteria.

Due to nonrandom sampling method namely the purposive sampling, 26 patients were selected taking into consideration the formula  $\alpha = 0.05$ , power 0.8 and proposed effect size 0.7 and 4 cases were omitted due to their lack of quality in relation to the research criteria and their lack of interest and finally the study was done with the total number of 22 patients. The features of research units included: all patients with MS in the age range of 20-45 in Kordestan province who were members in 2014. Those patients who were interested in attending in the research process, other than MS, the selected sample shouldn't have any other illness or mental and psychological problems. The instruments for gathering data were questionnaires for the purpose of demographic information, depression, anxiety, and stress DASS-21 and Bar-on emotional intelligence.

The first session contained demographic variables of patients such as their age, gender, time duration of their disease and the multiple times they were hospitalized, etc. The second part was a scale for depression, anxiety and stress. This scale had 21 sub-scales and was introduced by Laviband and Laviband [16] and was scored based on a 4-point Likert spectrum. This scale was made according to a three dimensional theoretical model for depression, anxiety and stress.

This model suggests that depression and anxiety have a lot of coverage and have a similar prognosis in those people affected by the illness, and on the other hand both conditions are formed by long-term and chronic stress exposure. Kraford and Henry reported the reliability of this instrument for depression, anxiety and stress as 0.95, 0.90, 0.93, respectively via using Cronbach'  $\alpha$ .

In the study done by Moradi panah the Cronbach'  $\alpha$  in the realm of depression, anxiety and stress were reported as 0.94%, 0.92, 0.82, respectively. The third section of the questionnaire being Bar-on emotional intelligence was selected for being simple, general and for the purpose of benefiting from diversity of questions and independence to the non-Iranian culture. This questionnaire reports about the amount of non-cognitive intelligence (emotional, individual and social). This test had 117 questions and 15 sub-scales that were performed in the case of 3831 people coming from 6 different countries (Argentina, Germany, India, Nigeria, and South America). About 48.8 percent of these people were men and 51.2 percent were women and it was normalized in North America systematically.

The results indicated that this scale is valid and reliable and the answers to the questions were also based on a 5 -point spectrum (fully agree, agree, middle, disagree, and fully disagree). In Iran, Dehshiri [17] have studied the reliability and validity of this instrument. In his research being done in case of Tehran university students, he use Cronbach'  $\alpha$  and test re-test method to calculate its reliability. The average reliability coefficients for 15 sub scales in Bar-on questionnaire was 0.735 after 4weeks and the average  $\alpha$  coefficients were 0.733 and both of these results are acceptable [17].

The present study was performed after the written permission issued by nurse training college and delivering it to the MS association of Kordestan province. Sampling was done according to the research units' features. These research units filled the DASS-21 and Bar-on questionnaire and then 22 people with MS were taught during 20 sessions of 2 hours duration within 40 days and each day, these sessions were performed in the morning and in the afternoon. 11 people were men and the other 11 people were women who were trained using psychodrama method to improve their emotional reactions. After grouping the patients in the first phase, each one of the emotional intelligence dimensional were taught to the patients. Then, the patients were asked to write their problems coming from depression, anxiety and stress. After that, these cases were turned into a scenario and were acted by the patients themselves.

After acting and playing with each person, the solution was asked from all the patients. Then the best solution was selected and it was recommended to the person who presented the problem at first hand. Next to training, the patients were again tested in two variables, namely, emotional intelligence and emotional reactions.

Finally to compare the obtained results both before and after training paired-t test was utilized taking into account the fact that the data were normal. The moral considerations in this study was: attaining the written letter

of introduction from nurse college in Tehran Azad university and delivering these documents to the MS association officials and attaining the permission from patients with MS to attend the research and the possibility for them to deliberately disregard their participation in the research and the emphasis on the arcane nature of the information about the research subjects and avoiding from dispersing their personal information or their nomination, and avoidance from subjective view point of the researcher in gathering the information and findings of the research.

### 3. RESULTS

In this research the effect of emotional intelligence training via psychodrama method was investigated in relation to emotional reactions and components of emotional intelligence in 22 patients with MS disease who referred to Kordestan MS association in 2011. The findings indicated that the most patients were in the ages between 46-37 and had primary and secondary education. Most patients being researched (95.5%) were living in the city and were house holders (50%) most patients being researched had the hospitalization history more than three times with 63.3%.

The findings indicate that the time duration of 5-7 years with 45.4% was the most prevalent time period for the disease. Table1 indicated that the statistical paired t-test in stress, depression, anxiety both before and after training have had significant difference ( $p < 0.05$ ). Table 2 indicates that statistical paired t-test in some of the dimensions related to the emotional intelligence include:

Problem solving, prosperity, tolerance of psychological pressure, emotional self-awareness, interpersonal relations, optimism, self esteem, impulsive control , flexibility and self assertion both before and after training show a significant difference ( $p < 0.05$ ) but in other dimensions, this relationship was not significant ( $p < 0.05$ ).

**Table 1.** Comparison of Anxiety, Stress and (DASS) Depression Questionnaire Dimensions Scores Before and after training

Score Dimensions	Before training		After Training		P	t	df
	Average	Standard deviation	Average	Standard deviation			
Depression	29.95	8.05	25.27	11.41	0.03	2.22	21
Anxiety	31.27	7.27	25.55	66.9	0.03	2.27	21
Stress	41.59	8.42	36.04	11.20	0.02	2.48	21
The total score	100.02	21.21	85.81	15.97	0.001	4.12	21

**Table 2.** Comparison of emotional intelligence Dimensions Scores Before and after training of emotional intelligence

Score Dimensions of emotional intelligence	Before training		After Training		P	t	df
	Average	Standard deviation	Average	Standard deviation			
Problem solving	21.59	4.37	25.68	4.12	0.002	2.3	21
Happiness	20.68	4.20	28.27	4.76	0.001	2.1	21
Independence	20.13	3.07	20.27	3.66	0.8	0.6	21
Stress Tolerance	16.40	3.83	27.77	4.79	0.001	3.9	21
Self- actualization	20.31	3.88	21.68	3.51	0.1	1.1	21
Emotional self- consciousness	19.63	3.6	25.50	4.06	0.001	3.3	21
Realism	19.22	3.66	19.90	4.46	0.4	1.1	21
Interpersonal communications	23.00	3.95	28.18	3.83	0.01	2.33	21
Optimism	21.27	3.93	33.40	3.36	0.02	2.02	21
Self-esteem	26.86	3.25	32.36	3.87	0.001	3.8	21
Impulse control	16.63	4.34	27.13	5.04	0.001	3.34	21
Flexibility	16.95	3.41	28.27	4.55	0.001	3.89	21
Responsibility	25.31	3.51	25.68	2.53	0.6	0.70	21
Empathy	23.50	3.03	23.86	2.62	0.6	0.70	21
Self-Presentation	18.77	3.17	29.63	3.64	0.001	3.48	21

### 4. DISCUSSION AND CONCLUSION

Considering the results obtained from this study, emotional intelligence training via psychodrama method had a positive influence on improving emotional reactions and the dimensions of emotional intelligence in patients with MS. In approval of the above case, Jushi et al. [18] showed in their studies that people with higher emotional intelligence, have a better interpersonal relationship ( $p < 0.01$ ) [18]. The findings of the studies carried out by Ramadan et al. [19], Razel and Quebman [20], Sokhodolsky et al. [21], Inola [22] confirm the positive effect of emotional intelligence. Also, Gorge and Rastogi [23] and Noorbakhsh et al. [24] concluded in their research that there is a relationship between emotional intelligence and stress management is a fundamental component of emotional intelligence. In other words, some of the components of emotional intelligence protect people from stress and make them more compatible and totally it seems that emotional intelligence has an influential effect on the human mental health.

The high emotional intelligence gives the person the ability to control risky opportunities and prevent the intervention of inappropriate internal and external factors like hopeless, being tired and negative emotional factors and the psychological stressors imposed by others and environmental issues [25]. The case is that if a person has a higher emotional intelligence capacity, that person can have a better and more compatible way of controlling anxiety, depression and stress in everyday life. Training of skills like communication, sympathy, self-reliance, self-assertion, decision making and problem solving ability and knowing about the emotions of others can make people to be more flexible and will lead to an improved emotional state from the other point, stress and anxiety can gradually lead to depression and that control and management of stress and anxiety can lead to the decreased chance of depression during time. All things considered, emotional intelligence training via psychodrama method can have a beneficial influence in improving emotional reactions in healthy and ill people. This is advantageous for those people who have numerous problems, problems of psychological and mental nature. Considering the results of the present research, it is recommended that health providing centers take the advantage of developing emotional intelligence and different ways of expressing beside providing patients with medication to help them have a better life. Psychologists and psychological care takers can use their training skills with this method to improve the emotional reactions of their patients and help them have a better life quality.

In the case of training nursing skills and other relevant fields, officials active in the domain of providing health issues can take measures such as establishing seminars and workshops to inform the society about these concepts. Also, considering the point that training is an indispensable part of career of care takers then it should be among their programs to learn about the newest topics and methods. The results of this study can be as a basis for next research projects.

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#### **REFERENCES**

1. Lopes, PN Salovey, P & Straus, R. 2003. Emotional intelligence, personality and the perceived quality of social relationship. *Personality and individual differences*, 35: 641 - 658
2. Haijbregts SC, Kalkers NF, and Desonneville L Metal. 2006. Cognitive impairment and decline in different MS subtypes, *Neural Sci*, 245: 187-194.
3. Salovey, P, Mayer, J. D & Caruso, D. 2002. The positive psychology of emotional intelligence. In CR Snyder & Lopes (ed). *Handbook of positive psychology* (pp 159 - 171). Oxford: Oxford University Press
4. Sutherland C. 2005. Relaxation and health-related quality of life in multiple sclerosis: the example of autogenic training. *J Behave Med*. 28(2): 249-256
5. Bice Stephenes W. 2005. Designing learning-needs survey-10 steps to success. *The Journal of Continuing Nursing*. 32 (4): 150-151.
6. Extremera N, Fernandez P. 2006. Emotional intelligence as predictor of mental, social and physical health in university student. *The Spanish Journal of Psychology* 9(1): 45-51
7. Clarke, N. 2010. Emotional intelligence abilities and their relationships with team processes", *Team Performance Management*, Vol. 16 Iss: 1/2, pp.6 - 32
8. Fitness, J. 2000. Anger in the workplace: An emotion script approach to anger episodes between workers and their superiors, co-workers and subordinates. *Journal of Organizational Behavior*, 21, 147-162.
9. Brissette, I., Scheier, M.F., & Carver, C.S. 2002. The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology*, 82, 102-111.
10. Tirgari, Norouzi. Farid Asghari Nejad, AA. Expression Zadeh, Seyed Akbar. Abedin, A. 2006. Comparison of emotional intelligence and marital satisfaction and their structural relationship between the compatible and incompatible couples in the city of Sari in 2004. *Mazandaran University of Medical Sciences*, Volume XVI, No. 88.
11. Slaski, M., Cartwright, S. 2003. Emotional intelligence training & its implications for stress, health & performance. *Stress & Health*, 19 (4): 233-239.
12. Ulutas, I., Ömeroglu, E. 2007. The Effects of an Emotional Intelligence Education Program on the Emotional Intelligence of Children. *Social Behavior & Personality: An International Journal*, 35 (10): 1365-1372.
13. Bar-on, R. 2006. The Bar-on model of emotional-social intelligence (ESI). *Psychotherapy*, 18, Supple, 13 - 25.
14. Saklofske, Donald et al. 2007. Individual between emotional intelligence and loping personality and individual differences. *N*: 35, pp: 691 -658
15. Crawford JR, Henry JD. 2003. The Depression Anxiety Stress Scales (DASS) normative data and latent structure in nonclinical sample. *Br J Clin Psychology*; 42 (12): 111-21.
16. Lovibond, S.H. & Lovibond, P.F. 1995. *Manual for the Depression anxiety Stress Scales*. (2nd Ed) Sydney: Psychology Foundation.

17. Dehshir, G. 2003. Standardization of Emotional Intelligence Test - on students at Tehran University, MA thesis, University of Allameh Tabatabai.
18. Joshi S, Thingujam S. 2009. Perceived Emotional Intelligence and Marital Adjustment: Examining the Mediating Role of Personality and Social Desirability. *Journal of the Indian Academy of Applied Psychology*, January, 35(1): 79-86.
19. Ramadan; But N., Abdullahi, M. Hussein, 1961. Relationship Intelligence Emotion With Update And Inhibition Anger At Students , *Magazine Psychology*, Year I No. 1 , Pages, 66-81
20. Rozel, EJ, Quebman, AJ. 2002. Emotional intelligence and dispositional affectivity moderates of work place aggression: The impact on behavior chice. *Human Resource Management Review*, (12): 125-143.
21. Sukhodosky, DG, Kassinove, H., Groman, BS. 2004. Cognitive behavioral therapy for anger in children and adolescents: A Meta analysis. *Aggression and Violent Behavior*, (9): 247 - 269.
22. Eniola, MS. 2007. The influence of emotional intelligence and self-regulation strategies on remediation of aggressive behaviors in adolescent with visual impairment. *E. Theo-Med*, 1 (1): 71 - 77.
23. Garg, P., Rastogi, R. 2009. Emotional intelligence and stress resiliency: A relationship study. *International Journal of Educational Administration*, 1 (1): 1-16.
24. Noorbakhsh, SN, Besharata, MA, Zarei, J. 2010. Emotional intelligence and coping styles with stress. *Procedia Social and Behavioral Sciences*. (5): 818-822.
25. Sahebalzamani M, Farahani H, Mahmoodi R and Rashvand F. 2012. The Effect of Emotional Intelligence Training via Method Psychodrama on Marital Satisfaction of Patients with MS. *European Journal of Scientific Research* Vol. 98 No 3 March, 2013, pp. 367-372.