



The role of emotional intelligence in symptom reduction after psychotherapy in a heterogeneous psychiatric sample

Ivan Nyklíček^{a,*}, Pierre Schalken^b, Stephanie Meertens^b

^aCenter for Research in Psychology in Somatic Disease (CoRPS), Department of Medical and Clinical Psychology, Tilburg University, Tilburg, the Netherlands

^bCenter for Psychological Recovery, Berlicumseweg 8, 5248 NT Rosmalen, Netherlands

Abstract

Background: Emotional intelligence of the patient has been claimed to potentially be an important factor in psychotherapy. Empirical studies are largely lacking. The purpose of this study was to examine if (i) pre-intervention emotional intelligence predicts outcome of psychotherapy and (ii) change in emotional intelligence during psychotherapy is associated with change in symptoms in a patient sample with heterogeneous psychiatric symptoms.

Methods: Participants were 166 patients with different diagnoses who were hospitalized at the Center for Psychological Recovery. Before, after hospitalization and 6 months after hospitalization they were asked to complete the BarOn-EQ*i* for emotional intelligence and the Symptom Checklist-90.

Results: Level of emotional intelligence at the start of hospitalization largely did not predict psychological symptoms at post-intervention or at 6 month follow-up. However, an increase in the level of emotional intelligence over the course of the intervention was associated with lower levels of psychological symptoms, both immediately post-intervention and at 6-month follow-up.

Conclusions: The results suggest that while the pre-intervention level of emotional intelligence has no substantial effect on treatment outcome, an increase in emotional intelligence may have a positive effect on symptom decrease and on the preservation of treatment results.

© 2014 Elsevier Inc. All rights reserved.

1. Introduction

The prediction of symptom reduction associated with psychotherapy is both highly desirable and, as it seems, rather difficult [1]. Although studies have identified various client related factors that predict psychotherapy outcome in various settings, results are often difficult to interpret as a result of lack of statistical control for pre-treatment symptom levels [2,3], which may bias the results.

In a previous report, psychological mindedness (PM), a concept closely related to concepts such as reflective functioning and mentalizing [4], has been studied as a possibly relevant factor predicting the extent of symptom reduction associated with psychotherapy. Originally, psychological mindedness, defined as “a person’s insight to see relationships among thoughts, feelings and actions, with the goal to learn the

meaning and causes of his experiences and behavior” [5], has been theorized to be associated with better outcome of psychodynamic psychotherapy as a result of, among others, a larger interest, motivation, and capability for introspective processes and insight [6]. Because of these processes, which are basic for many forms of psychotherapy, in later works PM has been suggested to be possibly beneficial for various forms of psychotherapy, not only psychodynamic [6,7]. However, empirical studies have reported mixed results, in several studies stronger symptom reduction was found in different forms of psychotherapy in clients high in baseline PM [8–10], while in other studies no effects of PM were obtained on symptom reduction [6,7,11]. Besides differences in populations studied, differences in instruments used to assess PM may be responsible for the discrepancies in findings. Specifically, in many of these studies instruments have been used, which assessed PM as a unidimensional construct — while it is usually conceptualized as a multidimensional construct — and which have questionable validity [7].

PM may be regarded as part of the broader construct of emotional intelligence (EI) [12,13], which makes EI a

* Corresponding author at: P.O.Box: 90153, NL-5000 LE Tilburg. Tel.: +31 13 4662391; fax: +31 13 4662067.

E-mail address: i.nyklicek@tilburguniversity.edu (I. Nyklíček).

potentially interesting construct to examine in relation to efficacy of psychotherapy in general. In addition, valid instruments assessing multiple dimensions of EI are available, providing a solution for the conceptual and assessment problems of many of the previous studies discussed above. Emotional intelligence (EI) has been defined in several ways, one being “the capacity to reason about emotions, and of emotions to enhance thinking. It includes abilities to accurately perceive emotions, to access and generate emotions as to assist thought, to understand emotions and emotional knowledge, and to reflectively regulate emotions so as to promote emotional and intellectual growth” [14] (p. 197). A broader definition views EI as “a multifactorial array of interrelated emotional, personal, and social competencies that influence our ability to actively and effectively cope with daily demands” [15]. These competencies include (i) the ability to be aware of and express emotions, (ii) the ability to be aware of others’ feelings and to establish interpersonal relationships, (iii) the ability to manage and regulate emotions, (iv) the ability to realistically and flexibly cope with the immediate situation and solve problems of a personal and interpersonal nature as they arise, and (v) the ability to generate positive affect in order to be sufficiently motivated to achieve personal goals [16]. While the first two competencies overlap with the definition of PM provided above, especially the latter are clearly broader, while relevant for adaptive daily functioning, which many clients entering psychotherapy lack. The question is to what extent these competencies (i) at intake predict benefit from psychotherapy and (ii) change during psychotherapy and to what extent this change is associated with symptom reduction, indicating a potential mechanism.

EI has been claimed to be protective against symptoms of psychological distress, as it is hypothesized to be associated with better coping skills regarding stressors and everyday demands in general [15,17]. Many studies have found positive associations between EI and various measures of psychological well-being [18–21], a recent meta-analysis estimating the overall proportion of explained variance in mental health symptoms by EI to be 13% [22]. For instance, EI has been found to correlate negatively with depressive mood and positively with adaptive coping styles [23] and to modulate the relationship between life stress and depressive symptoms including suicidal ideation [24]. These studies suggest that EI indeed is adaptive, although associations with indices of psychological well-being were not always robust when statistically controlled for basic personality traits and cognitive abilities [25].

Conversely, low levels of EI may be a risk factor for sustained psychopathology. Correlational evidence shows that people with various psychiatric disorders, such as a depressive disorder or borderline personality disorder, often have impaired emotion regulatory skills and even impaired processing of emotional information [26]. For instance, Leible and Snell [27] demonstrated that people with various personality disorders had poor skills regarding emotion

regulation, emotional adaptability, discrimination between emotions and emotional self-awareness. In another study, female patients with anorexia nervosa showed lower levels of emotional intelligence compared to a matched control group [28].

However, most of the empirical research is correlational, making conclusions along causal lines impossible. Some exceptions do exist. Salovey and coworkers found that (i) high scores on the trait EI component of clarity were associated with greater rebound from induced negative mood and lower rumination after an experimental stressor [29], and (ii) components of emotional intelligence predicted lower cortisol reactivity to a stressful laboratory task [30]. Also Mikolajczak and coworkers found that emotional intelligence was associated with lower cortisol and psychological responses to a stressful laboratory task [31] and with lower future exam-related stress in students [32].

Both theory and evidence presented suggest that EI skills are relevant for psychological adaptability and well-being in general and therefore possibly also for outcome of psychotherapy. Enhancement of emotion awareness and emotion regulation skills are important facets of many forms of psychotherapy. In some therapies, these skills are explicitly focused on, such as in Emotion-Focused Therapy [33,34] or Mentalization-Based Treatment [35,36]. There is some evidence that EI skills are indeed learnable. In two studies an emotional competencies training was effective in enhancing emotional intelligence skills as well as psychological well-being, subjective health and social relationships in a student population [37,38]. A similar finding was obtained in a group of managers regarding increase in EI scores and a decrease in psychological distress [39]. In addition, an intervention aimed at increasing EI skills in patients with a borderline personality disorder with concomitant depression showed increases in EI as well as decreases in depressive symptoms after the intervention, compared to the control group [40].

Therefore, in the present study, the overall aim was to examine the role of emotional intelligence in psychotherapy in a heterogeneous patient population regarding both (i) pre-intervention EI as a potentially predictive factor for benefit of psychotherapy, and (ii) a potential mechanism of effect, starting with a first step examining the extent to which change in emotional intelligence over the course of psychotherapy is associated with change in psychological symptoms. In addition, these associations were examined not only regarding changes from pre- to post-intervention, but also extended to a 6-month follow-up time. This is especially relevant as it is known that a substantial part of clients relapses after some time after psychotherapy [41]. If it is true that EI may indeed be protective against deterioration of psychological well-being due to exposure to (new) stressors and challenges, it may be hypothesized that some effects may be visible only some time after the intervention has ended.

Download English Version:

<https://daneshyari.com/en/article/318160>

Download Persian Version:

<https://daneshyari.com/article/318160>

[Daneshyari.com](https://daneshyari.com)