

## Cognitive Behavior Therapy for Management of Emotional Intelligence among Patient with Dissociative Disorder

Rabya Khatoon<sup>1\*</sup>, G S Kaloiya<sup>2</sup>

### ABSTRACT

**Background:** Dissociative disorder (DD) is characterized by an involuntary escape from reality characterized by a disconnection between thoughts, consciousness and memory. People from all age groups can be experienced dissociative disorder. It's estimated that 2% of people experience DD, with women being more likely than men to be diagnosed. Studies of cognitive behavior therapy (CBT) have shown it to be effective for treatment of DD. **Aim:** The aim of the study was to see the effectiveness of CBT on improvement of emotional intelligence and anxiety level of the patient. **Methodology:** Study involves A 18 years old, unmarried, Hindu, female, educated up to 12th, from middle socio economic status and hailing from urban area who was brought by her parents with chief complaints of restlessness, breathing problem, fearfulness, nervousness, concentration difficulty, sudden sub consciousness. She was referred for psychological intervention. The 12 weekly and individual session of CBT of 45-60 minutes duration was implemented with the patient. A pre and post assessment was done using Hamilton anxiety rating scale, emotional intelligence scale. **Result:** The finding demonstrates a reduction in anxiety score from 29 to 17 on post assessment and improvement in patient's emotional intelligence level from 46 to 69 on post assessment. **Conclusion:** CBT has effectively showed improvement in the patient's emotional intelligence in terms of self-regulation, self-awareness as well as reduce anxiety i.e., reduced nervousness, fearfulness, stop panic attacks.

**Keywords:** *Dissociative Disorder, Emotional Intelligence, Cognitive Behavior Therapy*

Dissociative disorder (DD) is an important type of anxiety disorder. Individual with DD they suffer with memory, identity, perception, emotion, behavior and sense of self. Dissociative symptoms can potentially disrupt every area of mental functioning because of this cause the individual problems with functioning in everyday life. People with DD escape from reality, a

<sup>1</sup> (Clinical psychologist, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India)

<sup>2</sup> (Associate professor, National Drug Dependence Treatment Centre, All India Institute of Medical Sciences, New Delhi, India)

[\\*Responding Author](#)

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disconnection between thoughts, consciousness and memory. People from all age groups can be experienced dissociative disorder. It's estimated that 2% of people experience DD, with women being more likely than men to be diagnosed. Emotional intelligence can be defined as the ability to understand feelings in self and others, and to use these feelings as informational guides for thinking and action (Salovey & Mayer, 1990). Bar-On (1997, 2000). Dissociation is effected emotional intelligence in terms of poor emotional expression, lack of emotional awareness Self-regulation, clarity and acceptance.

Cognitive behavior therapy (CBT) derives from cognitive theory. It is emphasized on cognition and leads to individual emotions and behavior. It is an important techniques individual with DD. However, we will see to the effectiveness of CBT in the treatment of DD.

### ***Aim Of The Study:***

- The primary aim of the study to see the dissociative disorder associated emotional intelligence functions.
- The secondary aim of the study to see the effectiveness of CBT on improvement of Emotional intelligence functions and reduced anxiety level of the patient.

## **METHODOLOGY**

### ***Socio demographic details:***

Study involves Ms. A 18 years old, unmarried, Hindu, female, educated up to 12<sup>th</sup>, from middle socio economic status and hailing from urban area who was brought by her parents.

### ***Brief Clinical History :***

According to the patient, she was having symptomatic behavior 7 years back. Her symptomatic behavior started when the patient aware of father drinking habit. She used to complaint back pain. The patient symptomatic behaviour increased when her mother went outside from home for 10 days and given all responsibilities to her. The patient was worry to take all responsibilities to how will handle all the households' works. She used to think about her father drinking habit that if "he will drink how will handle the situation". Then she started scare from her father, restlessness difficulty to taking breath. At that time the patient's father used to take care of her. When the patient's mother came back home she saw her behavior was changed. She was more fearful and nervous. The patient began to feel scared when she saw her mother and father fighting, she became very restless and after a while she became unconscious for 5 to 10 minutes. The patient got unconscious 5 or 6 times a day when she had breakup with her boyfriend. The patient's behavior change began to be overwhelmed when the breakup was done by her boyfriend, after that she did not take interest in study, ignore classes, when she went to college she felt tremors, nervousness. Not talk with friends, crying in classroom. There is no history suggestive of epilepsy, head injury, M.R and substance abuse.

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### ***Mental state examination:***

The patient general appearance was sickly. Touch with surrounding. Eye contact was partial maintained. Attitude was cooperative. Rapport difficult to established. Speech was soft and slow. Attention was aroused and difficult to sustain. Memory was intact. Orientated towards date, time, place, and person. Abstract thinking was functional. Intelligence was average on clinical scale. Mood was sad and affect was dysphoric (objective), *kuch bhi achchha nahi lagta hai, mai bilkul bhi theek nahi hun* (subjective). Thought content was worry. Judgment was poor. Insight was grade VI.

### **TESTS USED:**

Hamilton Rating Scale for Anxiety: 29

Emotional Intelligence Scale: 46

Psychological management

### ***Target of Therapy***

Short term goal	Long term goal
To provide information about the illness	To prevent relapse
Reduce anxiety symptoms ( restlessness, irritability, , nervousness)	To increase the sense of responsibilities
To improve cognitive function ( attention and concentration, stop automatic negative thought)	To help her to appropriate emotional expression.
To reduce behaviour problem ( disturbed daily activities, disturbed sleep, social withdraw, interest in study)	
To improve emotional reaction (fearfulness, crying, self-awareness)	

### ***Cognitive Behavior Therapy Techniques Used for Dissociative Disorder***

No of session	CBT techniques	Rational
12 session	Relaxation Therapy	It helps a person to relax; to attain a state of increased calmness; or otherwise reduce levels of pain, anxiety, stress or anger.
	Dysfunctional Thought Record	It helps patient respond to their inaccurate or unhelpful ideas: their automatic thoughts, images (mental pictures), and/or underlying beliefs
	Exposure Technique	It helps to identify an activity that is associated with low to moderate discomfort and decrease anxiety.
	Cognitive Restructuring	The rationale used in cognitive restructuring attempts to strengthen the client's belief that (1) "self-talk" can influence performance, and (2) in particular self-defeating thoughts or negative self-statements can cause emotional distress and interfere with

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No of session	CBT techniques	Rational
		performance, a process that then repeats again in a cycle. Mood repair strategies are implemented in cognitive restructuring in hopes of contributing to a cessation of the negative cycle.
	Problem Solving	It helps to specify a problem and identify and respond to appropriate reaction and improving communication.
	Graded Technique	It helps to the clients to increase frequency of task and hope about the task of daily activities.
	Daily Activities Schedule	It helps to less automatic negative thoughts, sense of pleasure and achievement.
	Pie Techniques	It helps to specify of individual problems and the changes in specific area.
	Verbal Challenging	It helps to reduce dysfunctional assumptions.

Session no.	Goal of the session	description of session
1.	Psychoeducation	In this session, the patient and her parents was given to psycho education about the nature, causes management of patient problem and how it modified through the therapeutic module.
2.	Treatment plan and structure of the therapy session	In first phase, therapist collected information from the patient and taken consent form for therapy. After that the therapist make a list of problems and plan strategies. In the second phase therapist set agenda of the session. End of the session therapist took feedback of the session from patient.
3.	Relaxation technique	In this session, patient came with her mother during the session therapist discussed with the patient' problem which was faced day to day life. She had many times panic attack a day. The patient was worried about panic attacks and think it is not treatable. She thought her friends know about illness that's why they treat as well. Most of the time the patient has negative thinking towards her career. She was not motivated and feel very restlessness when some work with her. Second phase of session the therapist taught relaxation technique and told to her how to apply it. And the end of the session therapist assign homework to the patient.
4	Dysfunctional thought records- to identifying the situation and causes of panic attack	First phase of the session, Therapist started session with feedback of previous session and homework review. In this session the patient shown homework which was assigned to her. Therapist observed that the patient could not able to do homework. The patient panic attack was same like previous session. The patient having problem such as nervousness, disturbed sleep, restlessness, faint. In the second phase of session, therapist talked with patient's personal life in terms of her boyfriend and sexual history. Initially the patient was hesitating but after sometimes she started to open up about her boyfriends and tell about him. After breakup her

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Session no.	Goal of the session	description of session
		anxiety was becoming increase. The patient was very close and spend her life with him. End of the session the therapist taught to the patient identify the negative thoughts associated to panic behavior.
5.	Dysfunctional thought records- to identifying the situation and causes of panic attack	The session started with review of previous session homework assignment. The patient was done her homework but she faced difficulty in writing her thoughts. Then therapist asked about weekend. She told that was not good. During second phase of the session, The patient told her problems to the therapist she concerned towards her mother and she takes anxiety about family matter without any reason. Such as think about her brother, mother, boyfriend and some past painful incidents which was happened with her. During the session, the patient told that she wanted to share her feeling but no one is there. My mom could not understand about my situation. I tried to study but couldn't do what to do. After listening all the problem patient was taught identify negative automatic thoughts. And end of the session, homework was assigned ( make a list of negative automatic thought).
6.	Exposure technique	In this session, the patient could able to write her dysfunctional automatic negative thoughts. Therapist found that most of the automatic negative thoughts were maximizing, overgeneralization, selective abstraction. But still maintain factors was not clear. Second phase of the session, the imagery technique was used. Patient was taught to how will imagine the anxiety provoking situation. The patient closed her eyes and imagine anxiety provoking situation. During imagination the therapist observed that the patient heart beat was growing fast, sweating on her face, lips moving and whole body Sebring. After completed her imagination the patient started crying. After sometimes she told anxiety provoking situation. The patient told that she imagines two painful situations and both incidents were related to her father behavior. End of the session patient taught to cognitive restructuring and she was assigned homework( cognitive restructuring)
7.	Verbal challenge	First phase of the session, therapist took review and homework of previous session. The patient could be able to do homework which was assigned. She could able to replace her negative thought with positive. The patient told about her previous week. The previous week panic attack was reduced she could able to understand reality and control her panic behavior to help cognitive restructuring technique. After that therapist talked with patient's mother. Then patient's mother gave positive feedback. Then in middle phase of the session, therapist used verbalize challenging technique on patient's fearful situation related her father behavior, second situation was boyfriend related memory and third situation was her family members. End home session homework was assigned homework to the patient (Grade task).
8.	Graded task	Session started with feedback of previous session and homework review. The patient gave feedback to her panic attack was reduced.

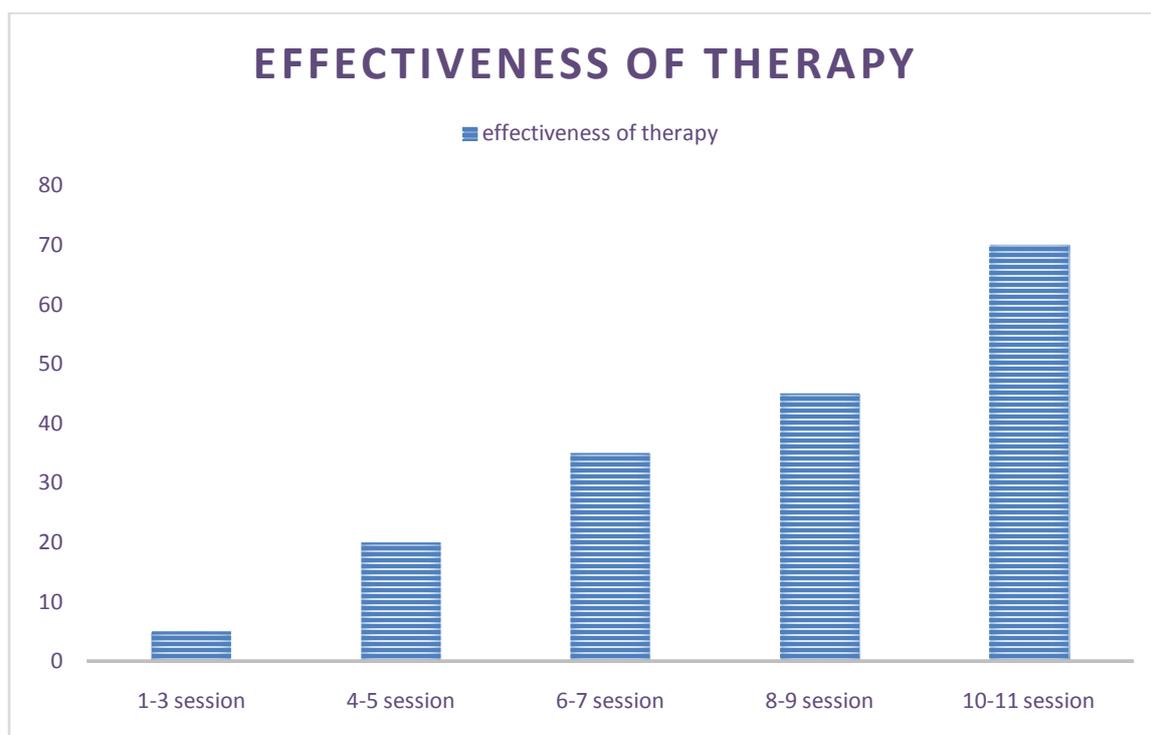
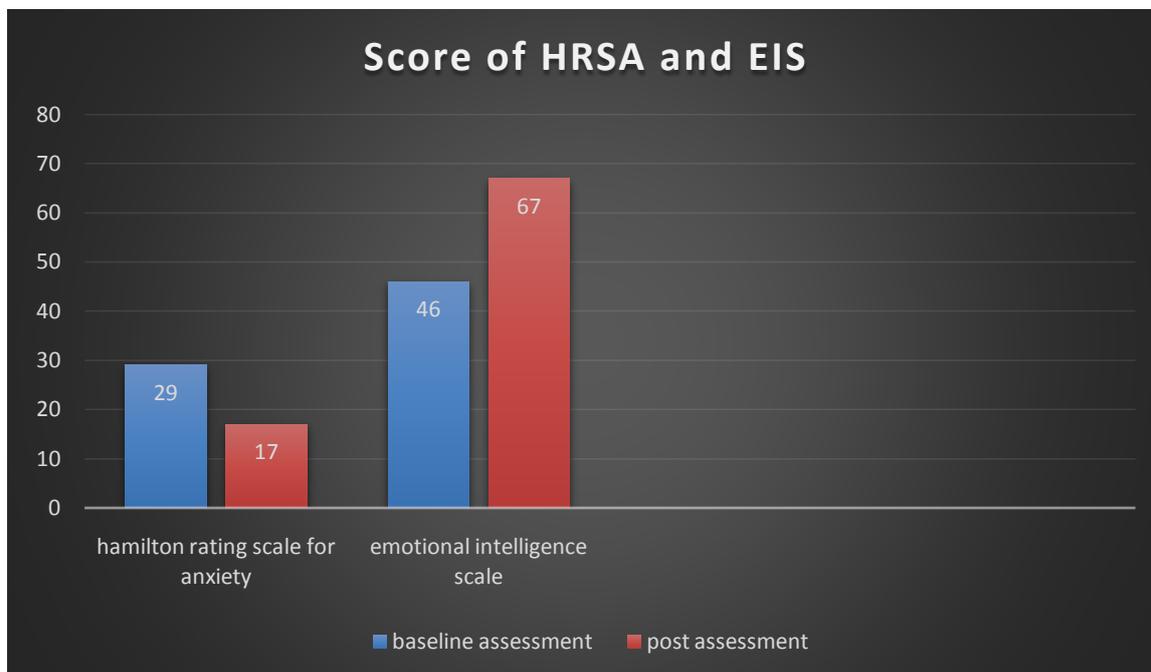
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Session no.	Goal of the session	description of session
		Previous week she had not occurred panic attack. During the session therapist discussed with the patient' problem which was faced doing homework. Most of the time the patient has thinking of her career. Second phase of the session patient taught problem solving techniques. End of the session homework assigned to the patient. (Problem solving)
9.	Problem solving	First phase of the session, started with review of previous session homework. During the session the therapist noticed the patient has problem solving ability was poor. Second phase of the session, problem solving skills was developed to the patient. It was also taught alternative ways of coping with the problem, effectiveness and practically of each potential solution, entire problem-solving process evaluation of the events. End of the session homework was assigned to the patient. ( identify the problems and make a solution list)
10	Pie technique	First phase of the session, started review of previous session. During the session patient told that she could able to identify her problems and tried to solve it. Most of the times she was able to control her problematic situation and she has an ability to solve to problems. Second phase of the session, the therapist used pie technique the main purpose of this technique to develop insight which area should more focus on her life to improvement.
11.	Post assessment	The session started review of previous session. As per patient report she started going to college, she attempted competition exam. She initiate household work. Second phase of the session post assessment were done with Hamilton anxiety rating scale, and emotional intelligence scale were used. On Hamilton anxiety rating scale score was 17 and emotional intelligence scale was 69. That revealed that the patient anxiety was mild level and emotional intelligence scale score was 69 that revealed that average emotional intelligence.
12.	Relapse prevention	In this session the therapist talked about long term prevention and told to important techniques i.e. Monitoring and scheduling activities <ul style="list-style-type: none"> <li>• Doing Relaxation Exercise</li> <li>• Using Thought Record</li> <li>• Distraction Technique</li> <li>• Graded Task</li> </ul>

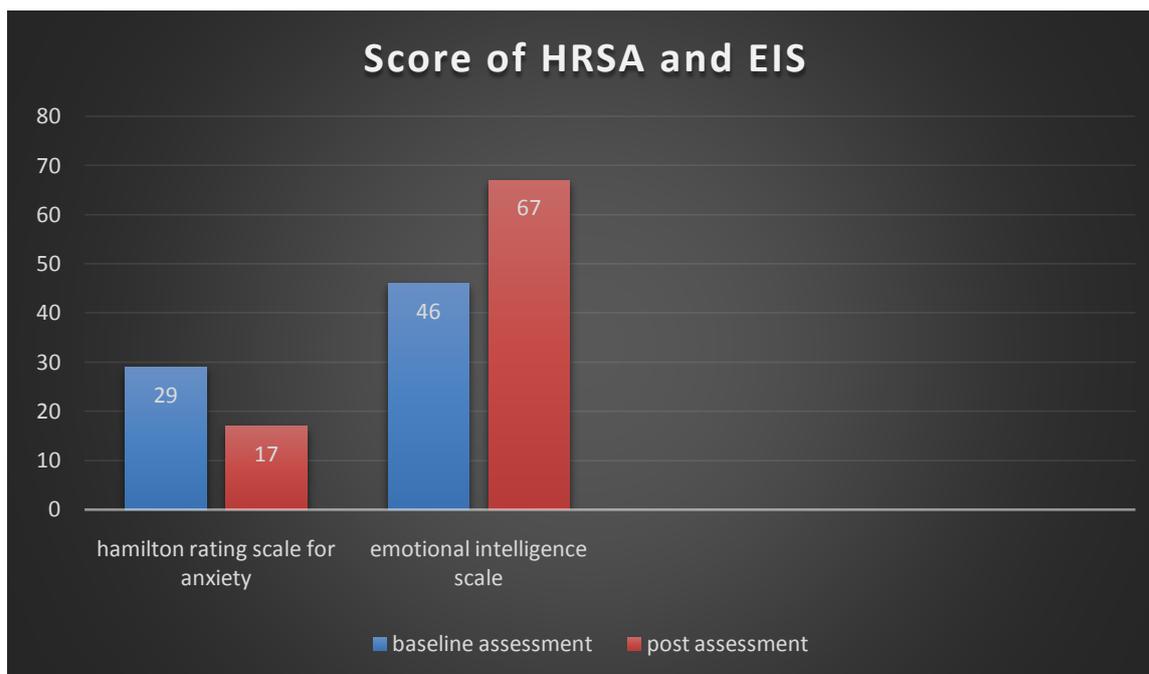
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### RESULTS

The finding demonstrates a reduction in anxiety score from 29 to 17 on post assessment and improvement in patient's emotional intelligence level from 46 to 67 on post assessment.



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### CONCLUSION

This study was attempted to see the dissociative disorder associated emotional intelligence function and the effectiveness of CBT on improvement of emotional intelligence and reduce anxiety level of the patient. In this study it has found that dissociated disorder associated emotional intelligence functions i.e. self-regulation, self-awareness, self-concept. The previous literature, in the present case study also, Cognitive Behavior Therapy proved to be an effective treatment of dissociative disorder. Patient's as reduce anxiety i.e., reduced nervousness, fearfulness, stop panic attacks. However, it can be concluded that CBT technique have been effectiveness to improve emotional intelligence functions patient with dissociative disorder.

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### ***Conflict of Interest***

The authors colorfully declare this paper to bear not conflict of interests

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