



Investigating the Effectiveness of the Group Instruction of the Healthy Lifestyle on Stress Management and Emotion Regulation by Using Psychodrama in Students

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ABSTRACT: This study aimed at investigating the effectiveness of the group instruction of the healthy lifestyle on stress management and emotion regulation by using psychodrama in female dormitory students of the University of Isfahan in the first semester in 2013. The statistical population includes all newly-arrived female undergraduate dormitory students. 32 subjects were selected among the students with high score in Difficulties in Emotion Regulation Scale and low score in Stress Management Questionnaire; they were randomly categorized into the experimental group and control group (16 subjects per group). The study was quasi-experimental with pre-test- post-test and control group. The experimental group was instructed for eight 90-minute sessions. Stress management questionnaire of Melekpour and Difficulties in Emotion Regulation Scale (DERS) were used to collect data. The results of post-test by the analysis of covariance suggested that the instructional intervention of the healthy lifestyle using psychodrama significantly increased ability of stress management and emotion regulation in female dormitory students participating in the study compared with control group ($p < 0.01$). Therefore the results of the study recommend instructing the healthy lifestyle in order to manage stress and Difficulties in Emotion Regulation.

Key Words: Instructing the Healthy Lifestyle, Psychodrama, Stress Management, Emotion Regulation

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INTRODUCTION

The early studies demonstrated that a high percentage of individuals in different societies are involved in emotional difficulties. Among emotional difficulties, depression, anxiety, hostility and interpersonal sensibility can be referred to. Due to the high prevalence of depression, anxiety and other emotional difficulties and their effect on general performance (individual, family, occupation and society), some researchers consider the factors related to the difficulties. One of the factors is a kind of disorder in emotion regulation [1]. In this regard, psychopathological researchers believe that difficulties in emotional regulation suggest psychological traumas in the future; they can predispose children and adolescents to subsequent mental disorders such as depression [2].

Stress is not absolutely a negative phenomenon, because tenseness on average is part of individual health, it is an incentive to accommodate to new conditions and positions [3]. Selye (cited by Hey et al.) describes stress as a state manifested by a syndrome, which occurs as a result of series of successive events [4]. When a person is much stressed, he/she cannot have the best cognitive function in face of an emotional position and he/she gets into trouble in regulating his/her emotions. Therefore, the role of cognitive emotion regulation cannot be neglected in the accommodation of people to stressful events in the life [5]. The studies show that increase or decrease in the use of cognitive emotion regulation accompanies simultaneous changes in mental health. It follows from the studies that the lifestyle is correlated to mental health, stress management as well as right strategies in cognitive emotion regulation.

The lifestyle includes daily activities which people have accepted them in their life so much that they affect the health of people [6]. Choosing the lifestyle to maintain and promote his health and prevent diseases, the person is active and do things such as undertaking a proper diet, sleeping, being active, exercising, controlling body weight, not smoking and not drinking alcohol, immunizing against stress, these are a lifestyle [7].

Health promotion lifestyle has six aspects: physical activity, feeding, responsibility for health, spiritual development, interpersonal relationships and stress management. In addition to maintaining and promoting health and welfare, the lifestyle results in satisfaction, conviction and self-actualization. Individual and social psychological studies also show that the lifestyle is most important in mind health and mental disorders. That is why the lifestyle is specific response of the person to difficulties and obstacles in the life; it determines how much the person endures difficulties and to what extent he/she can keep his/her mental health. The person's lifestyle and his/her disability to face difficulties in the life allow aberrations and mental disorders to appear [8].

On the one hand, mental health promotion programs are considered as a priority in the life of youth to improve the life (especially the young girls') [9]. Therefore, the health promotion lifestyle is among important

issues in different countries around the world, especially for young women. On the other hand, when female students leave the family to dwell in a dormitory, their lifestyles change dramatically. Therefore, planning to have the healthy lifestyle in the dormitories is one of the fundamental issues for students.

In a study, Nourbakhsh et al. [10] found that there was a negative significant relationship between the lifestyle and mental health in employed women and housewives. The housekeepers' happiness was more than teachers and their happiness and mental health increased as their lifestyles improved. In addition, Sarichlu et al. [11] did a research titled "The effect of behavior-cognitive interventions on promoting mental health of vulnerable students at Qazvin University of Medical Sciences". The results showed that individual interventions (behavioral-cognitive) increase mental health of students.

Ghasemi et al. [12] also showed that group therapy based on life quality decreased depression, somatization symptoms and social dysfunction in the posttest and follow-up, but it did not affect subjects' anxiety. This remedy affected mental well-being emotionally (increasing positive affection and decreasing negative affection) in posttest, but it did not change subjects' cognition.

Literature review shows that the lifestyle and interventions to improve it are emphasized, but researches seem not to consider many associated variables to mental health as well as many valid approaches in counseling and psychotherapy including psychodrama that is a form of play-acting. In the method, clients act as if they are in a real situation. This play-acting in part causes abreaction and spontaneity and it raises insight and self-knowledge in individuals. Indeed, psychodrama is a method in which it is possible for the client to have a strong instant exciting experience of real-life situations with therapist and others in the session.

Although psychodrama uses verbal communications, but it does not depend on verbal remedy rather it mainly emphasizes on enactment. Thereby past experiences are brought in present place and time, they are processed and latent conflicts in them are resolved. In addition, psychodrama allows inhibited or repressed conflicts and emotions to be discharged in a safe space [1]. A lot of researches have been so far done on the effectiveness of psychodrama on the different aspects of mental health. For example, Dogan [13] proved that psychodrama sessions significantly improve the anxious attachment pattern of youth adults in their close relationships. Psychodrama reduced social anxiety and performance anxiety in 7-16-year old children and adolescents.

Considering research background as well as not using psychodrama in instructing the healthy lifestyle especially the lifestyle of female dormitory students in Iran, the study aims at investigating the effectiveness of group instruction of the healthy lifestyle by using psychodrama on stress management and emotion regulation in female dormitory students of the University of Isfahan.

MATERIALS AND METHODS

The statistical population in the study is all female undergraduate dormitory students ranging from 18 to 20 years old in the first semester at the University of Isfahan. Sampling was done by a two-step random method. At first, a dormitory was selected among the dormitories of the university (Shohada complex), and then two 140-female groups were selected randomly to perform pretest. The study is of applied kind; its technique is quasi-experimental of pretest-posttest control group design. Finally, the selected students were categorized into two 16-female groups (control and experimental groups). In experimental studies, the minimal number of samples is considered to be 15 people [14].

- The instructional course of the lifestyle by using psychodrama (4 sessions)

Psychodrama: it was developed by Moreno in 1921. According to different references which addressed the primary development of psychodrama, each session of psychodrama with lifestyle components includes three main parts: warm-up (preparation), enactment and sharing (ending). In warm-up, the subjects were prepared by using verbal and nonverbal techniques typical of the part [15].

Then in enactment, a number of subjects act positions in proportion to the topic of the session and the appropriate techniques were used [15]. In sharing, the concepts related to the topic of the session considering enacted positions were discussed. Finally, achievements and presented concepts were summarized in each session. The intervention sessions are briefly described in the table 1.

Table1. Direct instruction of healthy lifestyle (4 sessions)

Session	Content
First session	The aspects of the healthy lifestyle The goal: to explain the aspects of the healthy lifestyle
Second session	To feed and sleep healthily and the healthy lifestyle The goal: to explain the relationship between healthy feeding, healthy sleeping and healthy lifestyle
Third session	Physical activities, exercise, responsibility for health and the healthy lifestyle The goal: to explain the relationship between responsibility for health, exercise and healthy lifestyle
Fourth session	Performing posttest and summative evaluation to finish sessions

As mentioned before, stress management questionnaire of Malekpour [16] was used to collect data. It has 17 items. Each item has 4 options in Likert scale from "never" to "Often". To validate the questionnaire simultaneously, Malekpour performed it on 87 students and the parents of exceptional and normal children and

to retest the questionnaire, he performed it on 40 people independently in two stages. The concurrent validity coefficient was reported to be 0.63 and reliability coefficient was 0.67 [16]. In the study, validity and reliability were 0.87.

Furthermore, Difficulties in Emotion Regulation Scale (DERS) was used to collect data on emotion regulation in students. It is a self-reporting measure, which was developed to assess difficulties in emotion regulation and it is more comprehensive than the existing tools in this field. It has 36 items and 6 subtests. They are: 1. Rejecting emotional responses, 2. Difficulties in behaving purposively, 3. Difficulties in impulse control, 4. Lack of emotional awareness, 5. Limited access to strategies for emotion regulation, 6. Lack of emotional transparency. Each subject's response ranges from 1 to 5: 1. Almost never, 2. Sometimes, 3. Almost often, 4. Often, 5. Almost always. High scores indicate more difficulties in emotion regulation. The results related to reliability review indicate the scale has high internal consistency (total scale $\alpha=0.93$), rejection subtest $\alpha=0.85$, goals subtest $\alpha=0.98$, impulse subscale $\alpha=0.86$, awareness subtest $\alpha=0.80$, strategies subtest $\alpha=0.88$ and transparency subtest $\alpha=0.84$. Reliability of test-retest was 0.88, $p < 0/01$ for total scores and 0.69 for rejection, 0.69 for goals, 0.57 for impulse, 0.68 for awareness, 0.89 for strategies and 0.80 for transparency, $p < 0/01$. With regards to validity, studies indicate enough predictor and structure validity for the scale [11]. In the study, the reliability is 0.93.

The method of implementation:

At first, Malekpour's stress management questionnaire [16] and DERS were performed on 140 participants, then 32 participants with low score in stress management questionnaire and high score in DERS were selected and categorized into 16-female groups (control and experimental groups) randomly. Independent variable was "instructing healthy lifestyle by using psychodrama". It was performed in experimental group for eight 90-minute instructional sessions (4 sessions by using psychodrama and 4 sessions by using direct instruction), the sessions were hold weekly. The sessions of instructing lifestyle components by psychodrama [4] and the sessions of direct instruction were designed by the researchers in the study on the basis of health promotion lifestyle. Posttest was taken from two groups after instructional sessions finished.

RESULTS

SPSS 16 and multivariable analysis of covariance (MANCOVA) were used to analyze data. The mean and standard deviation of scores in variables "stress management" and "difficulties in emotion regulation" for pretest and posttest are presented in table 2.

Table 2. The mean and standard deviation of scores in stress management and difficulties in emotion regulation for pretest and posttest

Measures		Mean		SD	
Groups		Stress management	Difficulties in emotion regulation	Stress management	Difficulties in emotion regulation
Experimental	Pretest	41.60	106.53	6.99	21.44
	Posttest	51.06	71.60	7.78	14.66
Control	Pretest	38.60	105.40	7.81	16.48
	posttest	41.00	105.94	9.66	20.57

The results of Box test ($M=2.04$; $P=0.59$) indicate that premise is fulfilled, that is covariance's are equal; the results of Levin test for stress management ($F=0.82$; $P=0.37$) and for difficulties in emotion regulation ($F=0.08$; $P=0.77$) indicate that premise is fulfilled, that is variances are equal. The results of multivariable analysis of covariance to investigate the interventional effectiveness of the study on the scores of posttest in stress management and difficulties in emotion regulation in which the scores of posttest in stress management and difficulties in emotion regulation are controlled are presented in tables 3 and 4.

Table 3. The results of Wilks' lambda test to investigate the interventional effectiveness of the study on the total scores of stress management and difficulties in emotion regulation with pretest scores controlled

Measures The source of effects	Eigenvalue	F	Hypothesis DF	Error DF	Sig.	Size Effect	Statistical power
Pretest of Stress management	0.72	5.00	2	27	0.01	0.27	0.76
Pretest of difficulties in emotion regulation	0.84	2.47	2	27	0.10	0.15	0.45
Membership in a group	0.49	13.93	2	27	0.00	0.50	0.99

Table4. The results of multivariable analysis of covariance per dependent variable

Measures The source of effects		SS	DF	MS	F	Sig.	Size Effect	Statistical power
Membership in a group	Stress management	511.34	1	511.34	8.43	0.01	0.23	0.80
	Difficulties in emotion regulation	7955.44	1	7955.44	28.71	0.01	0.50	0.99

The results of the table 3 show the intervention in the study significantly affected variables, stress management and difficulties in emotion regulation. High statistical power also indicates enough sample volume and test precision. In the table 4, the interventional effectiveness of the study on each of the dependent variables was investigated separately. The results show that intervention used in the study significantly affected variables, stress management and difficulties in emotion regulation. Furthermore both hypotheses are confirmed according to obtained results.

DISCUSSION

The results show that intervention used in the study significantly affected variables, stress management and difficulties in emotion regulation. The results of this study correspond to the results of the studies on lifestyle including Nourbakhsh et al. [10], Puladfar and Ahmadi [17], Hosseini et al. [18], Ghafarinezhad and Puya [19] and Ghasemi et al. [12]. In addition, they are in line with the studies on psychodrama including the effectiveness of psychodrama on improving and promoting different aspects of mental health Dogan [13] and Foroushani Ahmadi et al. [20].

To explain the findings, it can be said that a lifestyle is a procedure typical of a person to be, confront and work in the world, it supports the person's logic to receive his desired goals best [13].

In therapeutic approach of psychodrama, people act the scenes of their life, dreams or fantasies. Such play-acting helps them to express their unstated feelings to reach new insights to exercise and try more proper behaviors accompanying more satisfaction [11].

In psychodrama, the person over and over faces critical positions of his/her life and seeks to change them efficiently. In this course, he/she reaches a kind of integration and personal unity through catharsis and resolving emotional and cognitive conflicts [9].

The main limitation of the study was its short time (2 months). Another limitation was personal differences in participant's motives. The limitation was also tried to be removed as much as possible by providing participants with brochures and holding question and answer sessions in relation to instructional classes. The family conditions (social and economic problems) especially problems of living in dormitory and students' IQ were also other factors affecting the study. However, it seems that the results of background studies are to state the necessity of designing long term studies and taking serious measures to reform the lifestyle of students.

Regarding the findings in the study, it is recommended that more attention paid to instructing lifestyle by educational centers in charge of health to increase physical health of students and even that of other age groups and also instruction of healthy lifestyle is included beside other strategies of promoting health by people responsible for dormitories. In addition to its many effects on physical health of students, thereby it would improve and promote their mental health because the universities are the origin of evolution and academics can build mental social scientific future of a society.

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