

## Determination of Happiness Training on An Adjustment of Aggression and Social Compatibility on Personnel with PMS in Hasheminezhad Hospital in Tehran

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### ABSTRACT

The aim of this study was determining effectiveness of happiness training on decreasing aggression and increasing social adjustment in women with PMS. The research method was experimental and its design was pre-test post-test with control group. The study population included all staff women with PMS who works in Shahid Hashemi Nezhad Hospital in Tehran. 30 of them were randomly selected which received high scores on tests of premenstrual syndrome and aggression tests and received low scores on adjustment scale. For data gathering, Bass Aggression Test and Adjustment Questionnaire of Bell were applied. Experimental group exposed to 8 sessions of Guttman Happiness Package. After the intervention, both groups responded to the mentioned questionnaires. For data analysis ANCOVA and MANCOVA analysis were used by SPSS software. Results showed that happiness training reduced aggression and increased social adjustment significantly in women with PMS. Also, results of this study showed that happiness training as a non-drug and low cost treatment can reduce symptoms of premenstrual syndrome in women.

**KEYWORDS:** PMS, happiness training, aggression, social adjustment.

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### INTRODUCTION

Pre-menstrual syndrome is among the most common women problems that can reduce academic and career performance, and disrupt their interpersonal relationships (Momeni and Zalipoor, 2014). This disorder involves a constellation of symptoms such as physical, cognitive, mood and behavior changes that periodically occur in the luteal phase of the menstrual cycle (Wallenstein, 2008). The period of discomfort for most women is 7 to 10 days and in most cases, during this period people more than other times refrain from attending their place of work, and must be hospitalized, sometimes they get injured and experience mental disorders (Auburn, 2007) and in more severe cases, there is also the risk of suicide in this population (Eriksson, 2006). The prevalence of this condition is to the extent that we can say, most women experience at least one of the symptoms of premenstrual syndrome in their menstrual cycle and the severity of symptoms in some people is enough to cause problems in family relationships and their social and academic activities (Indusekhar, Usman and O'Breien, 2007). According to researches performance of people with menstrual syndrome is 10 percent less than the usual performance during this period (Dvivedi, 2011) and one of the consequences of this disorder is the development of a variety of psychological problems. Some studies have shown that women with PMS suffer more stress in their lives, and, in contrast, long-term stress affects menstrual disorders (Gordley, Lemasters, Simpson, Yiin, 2000). Research findings (Delvecchio and Oliverly 2005) also suggest that the important symptoms of premenstrual syndrome include aggressive and impaired social adaptation. This is despite the fact that by controlling the symptoms of the syndrome can prevent many complications (Dvivedi, 2011).

One of the treatment approaches that have been considered in recent years has been positive psychology that is one of the main axes of joy and happiness. The importance of happiness in mental health, physical health, efficiency, productivity and social participation increased the attention of scholars in the field of psychology, biological sciences and social sciences to the factors of happiness (Neshatdost, 2007). An important mental feature that a healthy person must have is a sense of well-being or happiness. Happiness is: being in a state of pleasure and happiness or other positive emotions, or is: being satisfied with their lives. In addition to these two components, mean positive emotions and satisfaction, there is a third that is: The absence of depression, anxiety or other negative emotions (Argyle, 2003). Flora (2009) states, happy people adapt themselves more quickly to unfamiliar situations and therefore benefit from more effective ways to deal with problems. Limbomirsky et al (2005) study showed that happy people respond to circumstances and events more adaptive and in a positive way and have less stress and a

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stronger immune system and are more creative in dealing with stress than unhappy people and they use positive and adaptive mechanisms in challenging situations. Kashani and Allah Verdiani (2013) in a study titled “the effectiveness of the Fordyce happiness training on reducing depression in elderly women” concluded that the level of depression on elderly people who were trained in the happiness program significantly reduced the compared to elderly people who were not following this instruction. Samadzadeh, Shahabzadegan and Abbasi (2013) in a study, examined the effect of happiness on the quality of life of 60 dialysis and cancer patients. The results showed that happiness training improves the quality of life in dialysis and cancer patients.

Taking into account the effect of happiness on psychological variables on the one hand and, given that in the current empirical studies is not approved any cure for PMS on the other hand (Lete, Duenas, Serrano, Doval, Martinez-Salmean, Ezequiel & Arbat, 2011). However, in some studies, pharmacological interventions have been effective in improving symptoms of moderate to severe premenstrual syndrome, but some other studies showed the positive effects of nonpharmacologic interventions on improving symptoms and increasing adaptive power of women to premenstrual syndrome (Taghi Zadeh et al., 2010). In the present study, the effect of happiness training on aggression and social adaptation of women with premenstrual syndrome are discussed.

## RESEARCH METHODOLOGY

**Population and sample:** The study is a tests and pretest-posttest with control group. The survey includes all the female staffs of Hashemi Nejad Hospital in Tehran which consists of 250 people. Considering that the criteria for inclusion to study was the age under 50 years and having scores higher than cut-off point in premenstrual syndrome and aggression questionnaires and lower scores in social adaptation questionnaires finally, 160 patients were eligible. Of these, 30 participants were selected and then randomly divided into two experimental and control groups.

### **Tool:**

Questionnaire for diagnosis of premenstrual (PMS) disorder: Khodadadi, Mohammed Badie and Khoshdel in collaboration with health promotion counseling center for women and Sina Cognitive-Behavioral Sciences Research Institute in 2012 designed this questionnaire to assess syndromes before each menstruating. The questionnaire is applicable for people who can read and understood the terms. The questionnaire includes 39 phrases and replies will be graded and scored from none to very severe. Its reliability and validity is approved.

**Bell Adaptation Questionnaire:** This questionnaire has 160 questions and the five subscales, home adaptation, adaptation focused on the health, emotional adaptation, job adaptation and social adaptation and two options scale to answer (yes-not). Farghadani (2002) reported the convergent validity of this questionnaire with social problem solving ability questionnaire in a range of 0/36 to 0/65. Social Adaptation Scale reliability in Beikmohammadi et al research (2012) based on Cronbach's alpha and split-half was 0/93 and 0/87 respectively.

**Aggression assessment Questionnaire:** in order to measure aggression in research standard questionnaire of Boss and Perry was used. Boss and Perry questionnaire consisted of 29 questions and assess aggression in four areas of physical, verbal, anger and hostility. Each question has a range of 5 point Likert. The questionnaire has a general score and eventually divides the people in two categories of with aggression disorder (scores equal to or greater than 78) and without-aggression disorder (score less than 78). Zinat Motlagh and colleagues (2012) reported the Cronbach's alpha coefficient of this tool in Iran 0/89 that expresses the index is valid.

After the implementation of the pre-test questionnaire, the participants in the experimental group received eight sessions of happiness training approach based on (2010). Guttman happiness package shows 10 keys to a happier life. Way to achieve happiness is different for each person, but recent researches seriously suggest that these 10 ways have a positive impact on people's overall happiness. The first five cases are related to the way we deal with external affairs and our activities throughout the day. The next five cases are more in touch with our internal and regarding our attitude in life. The 10 are: Donate (do something for others), communication (connect with others), exercise (take care of your body), appreciated (pay attention to the world around you), being diligent (try to learn new things), targeting (have a goal in mind and follow it), flexibility (have a flexible mind), emotions (be positive one), reception (be comfortable with yourself), significant (be part of a larger collection). In this training package first of all the concept of joy and happiness was explained to members. The concept of happiness was explained with help of the members themselves. This means that with an example they were asked to write whatever that comes to their mind about joy. Then they were asked to think about things that make them happy. Members were

asked at a later stage to determine their levels of happiness based on the score of 0 to 10 and determine that if their mood is positive or negative. Members were asked at a later stage, based on 10 key methods of happiness described above to practice the joy practically. For example, to appreciate the practical exercise, writing a thank you letter, giving thanks in large gladly, doing good new things, discover their abilities and talents and look for the positives things in others.

**Findings:**

**Table 1. Analysis of covariance the happiness training effect on aggression of women with premenstrual syndrome**

The dependent variable	SS	df	MS	F	Sig	$\eta^2$
Aggression	1709.434	1	1709.434	130.861	0.001	0.829
Error	352.699	27	13.063			

According to  $F=130/86$  which is shown in Table 1 and statistically is significant at the level of 0/001, It can be said that happiness training is effective in reducing aggression in women with premenstrual syndrome. Also, the effectiveness of this educational approach with regard to Eta squared was 82 percent.

**Table2. Analysis of covariance happiness training effect on social compatibility of women with premenstrual syndrome**

dependent variable	SS	Df	MS	F	Sig	$\eta^2$
Social compatibility	3108.978	1	3108.978	133.005	0.001	0.831
Error	631.124	27	23.375			

According to  $F=133/005$  which is shown in Table 2 and statistically is significant at the level of 0/001. It can be said that happiness training is effective in reducing aggression in women with premenstrual syndrome. Also, the effectiveness of this educational approach with regard to Eta squared was 83 percent. The more we study the effects of happiness training on the Bell compatibility Questionnaire subscales.

**Table3. Analysis of multivariate covariance of happiness training effect on the compatibility of women with premenstrual syndrome**

variable	SS	Df	MS	F	P	Eta	statistical power
Social Adaptation	408.973	2	204.487	31.300	0.001	0.699	1
Health Adaptation	124.068	2	62.034	29.437	0.001	0.689	1
Home Adaptation	290.609	2	145.305	10.625	0.001	0.440	0.980
Career Adaptation	222.837	2	111.419	13.938	0.001	0.508	0.996
Emotional Adaptation	196.310	2	98.155	8.334	0.002	0.382	0.942

As seen in Table 3 through controlling pre-test between women with PMS there is a significant difference between experimental and control groups in terms of social adaptation ( $F=167.803$ ;  $P<0.001$ ) compatibility health ( $F=330.217$ ;  $P<0.001$ ), compatibility Home ( $F=68.952$ ;  $P<0.001$ ), job adaptation ( $F=131.601$ ;  $P<0.001$ ) and emotional adaptation ( $F=104.745$ ;  $P<0.001$ ). So, it can be concluded that happiness training sessions increase each dimensions of compatibility (social, health, Home, career, emotional) in the experimental group. So it can be concluded that happiness training enhanced social adaptation, health adaptation, Home adaptation, career adaptation and emotional adaptation in women staffs with PMS syndrome in Hasheminejad hospital in Tehran.

**DISCUSSION AND CONCLUSION**

The findings of this study showed that happiness training reduces aggression and increases anger control in women with PMS. The evidence provided by various researchers have shown that the way that angry and aggressive people respond is often maladaptive and with the help of cognitive-behavioral therapy-based approach, especially happiness training that is derived from the theory of Positive Psychology you can create adaptive behaviors in women with PMS (Dortaj et al., 2009). In fact, this part of the Research confirms some theories such as behavioral theories,

social learning and cognitive theories that consider the aggression as a manageable emotion. Armand et al (2012) concluded in their study that tests in experimental group in total score of premenstrual syndrome and depression and stress, decreased compared to the control group in post-test.

That it can be caused by the same content of some sessions of two studies on two dimensions of anger and stress management training. As in various studies, the frequency and severity of premenstrual syndrome symptoms are shown in women with PMS, the reason of happiness training factors effect in this study is more specified. For example, in a study that Zandi and colleagues performed (2012) and examined the prevalence of symptoms of premenstrual syndrome in students of Islamic Azad University of Parand they have found that the prevalence of anger/irritability was 94.7%, which had the highest frequency among the psychiatric symptoms. Also anxious with 85.1 percent and incompatibility with 79.8 percent were prevalent among women with PMS.

In addition, their study revealed that working relationships disorder 86.45 percent, communication colleagues and classmate's disorder 87.5 percent, family relationships disorder 91 percent were prevalent among female students with premenstrual syndrome. As a result, good communication training, flexibility in relationships and dealing with challenging situations, valuing the love and kindness to others instead of taking vindictive stance in relations, practice doing good things, the looking for positive and good things in people reduce the symptoms of nervousness/irritability and improve working relationships and communicate with classmates and colleagues, and improve their family relationships that have reduced their aggression in total.

Also, the findings of other studies showed that happiness training increases social adaptation, home adaptation, career adaptation, health and emotional adaptation in tested women. Findings of this research study are in line with Dadvand et al (2012) is. In their research they showed the effectiveness of cognitive-behavioral group training in reducing the physical symptoms of premenstrual syndrome.

Flora (2009) also showed that happy people adapt themselves to unfamiliar situations more quickly and therefore benefit from more effective ways of dealing with problems. In explaining the findings of this research we can rely on the studies conducted in conjunction with happiness in recent years. Because research studies conducted in conjunction with happiness shows that thoughts and behaviors of happy people are adaptive and helpful. These people look at things with clear vision, Pray, try to solve their problems directly and seek help from others timely. But unhappily people think and act pessimistic, live in fantasies, Blame themselves and others and avoid working to solve problems as a result are less consistent compared with those who are happy (Bridges, Margie and Zaff, 2012). It can also be said that the positive effects of stress and adapting with social situations, depends entirely on the individual assessment of the situation and of itself. Cognitive framework of individual and its position may be changed and improved with training. Person belief to attempt to achieve the desired objectives, due to the positive feedback received after the submission of assignments in training sessions, is likely to have a significant impact on the effectiveness.

In fact, when people with positive beliefs deal with social situations, they can increase their social adaptation with positive feedback. What is dealt with happiness in the teachings of 8 training sessions such as affability, Flexibility, Finding the positive in others, doing good things in the week and so provided the context to create a supportive environment that it can be called the positive feedback that play a role in creating social adaptation. In other words, happiness training improves the effectiveness of communication and it Trains them to express their Forbidden feelings, and Trains them to practice to pose decisive requests and have constructive and better responses which eliminates social phobia in women with PMS.

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