

Research Paper

The Effectiveness of Schema Therapy Techniques in Mental Health and Quality of Life of Women With Premenstrual Dysphoric Disorder



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ABSTRACT

Objectives The present research investigated the effect of schema therapy techniques on the mental health and quality of life in women with premenstrual dysphoric disorder.

Methods This quasi-experimental study was conducted with a pre-test, post-test design. Moreover, 36 women were randomly assigned into two groups and received ten training sessions. Research instruments were Mental Health and Quality of Life (to measure the effectiveness of training) Questionnaires.

Results There was a significant difference between the two groups in the mental health scores in the components of depression, social function disorder, and anxiety. Moreover, regarding the quality of life test scores, there were significant differences in mental health and physical health components between the study groups. In the follow-up phase, the same results in mental health and quality of life also affected the health environment.

Conclusion The training of this method can affect the intended components.

Extended Abstract

1. Introduction

The current research explored the effectiveness of training schema therapy techniques on general health and quality of life of women with the premenstrual dysphoric disorder.

A semi-experimental design with a pre-test, post-test, and a control group was used. At first, the central area of Tehran City, Iran, was selected among 5 parts of it (north, south, east, west, and center); then, district 10 was randomly se-

lected from 4 districts in the central part of Tehran, including districts 9, 10, 11, and 12. The statistical population of this study included all women referring to cultural centers and community centers of district 10 of Tehran municipality, during the first three months of 2018. Premenstrual Dysphoric Screening test and Young Maladaptive Schemas test with 90 items were conducted.

According to the scores obtained from these tests initially 48 people were considered suitable for the study (in the first test, persons who scored higher than the cutoff point of 28, and in the second one, persons who received a score higher than 5 in the category of questions related to each schema),

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Finally, 36 persons were selected by purposive sampling method from those who had the disorder.

Then, they were randomly divided into the test and control groups (18 persons per group). In each group, three more persons were selected to prevent sample drop and the threat of non-scientific research. To collect data, Goldberg General Health Test (28 items) was used. This test measures 4 subscales of signs of individual's anxiety and insomnia, depression, physical health, and social relations during the last month. The lower scores indicate better mental health.

Moreover, the Quality of Life Scale of World Health Organization (WHO) (28 items) was used to measure 4 subscales of general mental health, physical health, social functions, and environmental health. The higher scores indicate higher quality of life. These two tests were used to study the effectiveness of training schema therapy. The test group received training for 10 two-hour sessions (105 minutes training and 15 minutes break and catering) every week (one session per week), for 2.5 months (from July to September 2018). The control group received no training during this period.

The training was conducted in group and by the researcher, based on Dr. Fata and Dr. Motabi's therapeutic package. Stages of the schema therapy are in two dimensions of measuring and training, and changing schemas. Four techniques were used to change schemas, as follows: cognitive techniques, in which the aim of change is the central belief (including identifying the central belief, identifying keywords of the belief and their definitions, the percent of believing them, finding advantages and disadvantages, evidence confirming or rejecting the central belief, and writing training cards).

The aim of cognitive techniques is creating a healthy sound in mind against schemas' sounds. Experimental techniques focus on memories, mental images, body feelings, and emotions (including imagination, imaginary conversation, blank seat technique, writing a letter to the cause of the memory, and finally reading the letter and evacuation of protective anger). Behavioral pattern-breaking focuses on inefficient coping styles (avoidance, extreme compensation, and submission, including increased motivation for change, practicing healthy behaviors through imagination and role-playing, teaching to overcome barriers to behavior changes, making important changes in life, and finally stopping treatment, if it is impossible to break behavior pattern, for 2 to 3 months).

Relationship therapy is effective in meeting five emotional needs (safety, autonomy, self-expression, fun and

playfulness, and realistic restrictions). Here, relationship therapy means relations with the group's teacher and other members. Finally, to ensure the survival of the training effect, a follow-up test was conducted in the test group after one month. The obtained results were analyzed using SPSS and descriptive statistics (mean and standard deviation) and inferential statistics (multivariate covariance analysis and t-test).

Conclusion

Training the schema therapy techniques made a significant difference in three scales of 4 measured items of mental health test, including symptoms of depression, anxiety and insomnia, and social dysfunction. Those also made significant changes in two subscales of 4 measured items of quality of life, including mental health and physical health between the two groups.

At one-month follow-up, it was found that in terms of mental health, the impact of training the schema therapy techniques on this statistical society is permanent; in terms of quality of life, training the schema therapy techniques is effective in enhancing the health of the environment of women with the premenstrual dysphoric disorder.

According to the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5) criteria for premenstrual dysphoric disorder, there are one or more of the following symptoms in each cycle: 1. Tangible emotional instability such as mood fluctuations, sadness or crying, more sensitivity to rejection; 2. Irritability or tangible anger and increased interpersonal conflicts; 3. Tangible depression, frustration, and self-condemnation; 4. Anxiety, tangible tension, or feeling excitement. According to the applied questionnaire, changing these items reduces mental health in women with this disorder.

According to these criteria, symptoms of this disorder (including: 1. less interest in performing routine activities (e. g. job, education, friends, and entertainment); 2. mental problem in focus; 3. indolence, fatigue, tangible energy loss; 4. intangible appetite loss, overeating, or eager to eat a certain food; 5. oversleeping or insomnia, 6. feeling of power failure); indicate reduced quality of life of women with this disorder. In this research, it was explained to the test group that in each menstrual cycle, people with premenstrual dysphoric disorder feel more stress, anxiety, and depression.

Thus, their social function and biopsychological health will be reduced. Particularly when they have inconsistent schemas, these moods are exacerbated. Training the sche-

ma therapy techniques helps people to less experience these hard conditions during disorder cycle; therefore, this disorder has a less destructive effect on their mental health and quality of life.

Ethical Considerations

Compliance with ethical guidelines

All ethical principles were observed in this study. A written informed consent was obtained from the participants and they were assured of the confidentiality of their information.

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Authors contributions

The authors had same contribution in preparing this paper.

Conflicts of interest

The authors declared no conflicts of interest.