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Efficacy of existential therapy and Lazarus multi modal therapy on the decreasing of premenstrual syndrome and increasing the quality of life of sufferer women

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ABSTRACT

More than 90% of women have experienced the premenstrual syndrome consisting of a set of psychological, behavioral and corporeal signals. This disorder has a very important effect on the married, social life and mental health of women, since it influences on the social, professional and familial function. Although it is a long time that this syndrome has been discovered, but there is no theoretical approach in this regard. This research examines the effectiveness of existential and Lazarus's multi modal approach on the decreasing of signals (mental and corporeal) of premenstrual syndrome and increasing the quality of life in women. To determine the effectiveness of approaches in this study we used quasi- experimental method, multi-group pretest and posttest with the random selection of cases. The statistical population of this research consists of the entire women affected by premenstrual syndrome who referred to Hor Ladies Institute of Cultural Center in Tehran city. Samples of this study consists of 45 people of given statistical population that were selected randomly and placed in the 3 groups of 15 people (experimental and control). To collect data the testing tools of Abraham- Tilor's semiology and the quality of life of World Health Organization with short form was used. The collected data were analyzed by multi variant covariance analysis. In existential therapy group symptoms of premenstrual syndrome was decreasing and the quality of live was increasing than control group and in Lazarus Multimodal Therapy group only quality of life increased and the rate of decreasing symptoms in existential therapy group was more than control group. Using existential therapy methods for improvement of PMS signals and QL, and Lazarus multimodal therapy for increasing QL of sufferer women is suggested.

Keywords: existential therapy, Lazarus's multi modal therapy, premenstrual syndrome, quality of life.

INTRODUCTION

Premenstrual syndrome is one of the most widespread syndromes of women disorders in fertility ages (1). PMS is a set of psychological and corporal symptoms that exists in 90% of women with different degrees of intensity and it has inappropriate influence on economical, occupational, social, marital, educational and familial functions (2, 3, 4, and 5).

The main reason behind this syndrome is not understood, but generally its reason is multi-dimensional and consists: 1. Glandular, hormonal-nervous factors (6,7) 2. Psychological, cultural-social (8, 9). Pre-acknowledgement about this syndrome shows that most of the women afflicted with multiple treatments their disorder is controllable. Symptoms of lack of treatment are depression and increasing suicide in second half of menstrual (10). PMS has a

negative impact on the life of afflicted women; therefore, it can threaten the quality of life in women (11). In addition, quality of life is a multi-dimensional concept and consists of psychological, social and corporal dimensions and there is a direct and mutual relationship between mental health and quality of life (12, 13), thus improving the quality of life of afflicted women with PMS is necessary. Norjah and Gharahozli in the study recorded the frequency of PMS as 98.2 (14). Alavi et al. in a study reported the frequency of the most widespread PMS psychological symptoms as 92.3%, depression 54.5%, emotional instability 69.2%, anger and irritability 86.1%, lack of enjoying activities 71.5 for decreasing of efficacy (15), and Sadeghifar has reported widespread more than 90% (16). These findings show the importance of applying consultation and psychological treatments to control PMS symptoms in the country. Of the approaches that are used to decrease the symptoms of this syndrome in this research is existential therapy and Lazarus's multi Modal therapy. Existential therapy instead of techniques emphasizes on life themes, freedom and responsibility, meaning, self awareness, existential anxiety, genuineness, Isolation and death (17) and also it focus on human being freedom in learning (18) personal growth and self renew description (19) and analyzes the referees in cultural texture and it make possible the human being existence by relationship with *umwelt*, *mitwelt* and *fignwelt* (20). The purpose is growing of personal world, empowering the patient, growing ideology, releasing the role of sacrifice, flourishing, happiness and increasing awareness, therefore it causes the patterns of being (21) and perhaps it can be influential on decreasing symptoms of PMS and increasing QL in afflicted women. Lazarus's multi modal therapy is a holistic approach to behavior therapy and it is rooted in cognitive theory and pursued technical considerations (22) and divides human personality to seven behavioral dimensions that are affection, sensation, mental image, cognitive, interpersonal relations and biological functions (23,24) and as its purpose is decreasing psychological problems and growth development, arriving at self awareness is possible through understanding the content of seven basic I.D. (25) therefore it can be influential in improving symptoms and increasing QL in afflicted women to PMS. There was no research about ET and MMT on decreasing symptoms of PMS and increasing of OL in afflicted women. But studies show that ET and MMT are influential in improving mental disorders and quality of life. Goler (2003) studied the impact of existential therapy on self-demonstration and result of this study showed that existential approach in providing and stabilizing internalization and significance of self in mental health is effectively meaningful (26). Kooper (2010) analyzed effectively of existential therapy on discovering, understanding freedom and increasing hope toward themselves and they concluded that existential approach has an influential impact on increasing of existential thinking (18). Ghafari, Behrozifar and Naroei (2010) analyzed the impact of existential therapy group on the rate of individuals self awareness and attempts for personal growth and it has shown the influential results of this approach (27). Ventgout, Classen, Legren et al. (2004) analyzed the impact of existential therapy on improvement of quality of life and they stated that this approach is influential in promotion of the quality of life of patients (28). Kisaneh, Belach, Miach et al. (2004) analyzed the impact of existential cognitive therapy on survival and the life of women in the primary stages breast cancer and they concluded that this treatment has influential impact on mental health of afflicted women to breast cancer that are in primary stages of chemical therapy (29). Bahmani, Etemadi, Shafie Abadi et al. (2010) analyzed effectively of existential cognitive therapy effectively and learning based therapy recognition in patients afflicted with breast cancer. Result showed that the average rate of depression in existential cognitive therapy group was lower and average rate of pessimism and their quality of life significantly is more than the average rate of learning based cognitive therapy group (30). Lazars & Abermoitis (2004) analyzed affectivity of Lazarus multi modal therapy on improvement of anxiety and the result showed that it has an influential impact on anxiety (24). Halmi (2005) analyzed the impact of Lazarus multi modal therapy on improvement of eating disorders and concluded that this treatment causes improvement of eating disorders (31). Khazraei & Vjehfar (2010) in a study entitled as affectivity of Lazarus multi modal therapy has a positive influential impact on decreasing of meshing and general health (32). Abazari (2007) analyzed affectivity of Lazarus multi modal consultation on decreasing of depression in women. Result of this research showed that this therapy is influential in decreasing depression in women (33). Bahramkhani (2010) in his study entitled as affectivity of multi modal therapy on meshing and indexes of mental health. Result of this study showed that this treatment is influential on stress and mental health (34). Because of high outbreak of this syndrome in society and its negative impacts on the life of patients and according to the role of women in developing health in the society and family this research and PMS treatment is very important. Reviewing studies show that ET and MMT has relationship with improvement of mental disorders and quality of life, therefore in can influence on decreasing PMS symptoms and increasing quality of life in women afflicted with this syndrome. This study tried to determine the affectivity of existential therapy and Lazarus multi modal on decreasing PMS symptoms and increasing quality of life in afflicted women in Tehran city in order to identify two affective consultative psychology to improve symptoms of PMS and QL in afflicted women.

Accordingly, collecting scientific evidences to determine profitability of these methods is necessary. Therefore, in this study researchers aimed at finding answers to the scientific and experimental answers to these questions: 1. does existential therapy and Lazarus multi modal is influential in premenstrual syndrome in afflicted women? 2. does existential therapy and Lazarus multi modal is influential in quality of life in women afflicted with premenstrual syndrome?

MATERIALS AND METHODS

Population of this study is the entire afflicted women to premenstrual syndrome to the Hor cultural center in Tehran city. These women were 20 to 45 years old, married and having a child with at least studies at guidance school and at last license. Samples of this study were 100 individuals of the stated population in which 45 individuals were selected randomly in three groups (2 experimental groups and one control group). Participants were selected according to age documented in birth certificate, marital status and motherhood, period of two menstrual, number of menstrual days, order of the cycle of menstrual, existence of at least five signs of premenstrual syndrome, the history of affliction with specific, chronic mental and corporal diseases, high tension events (death, surgery, divorce, marriage) using drugs in three previous months were collocated and the stated cases are cases out of this study. Because of decreasing participants the weight of each of the groups decreased to 14 individuals. In pretest session questionnaires were applied on participants with PMS, then using group consultant pattern of existential therapy (10 sessions) and Lazarus multi modal therapy (12 sessions) were treated (each session 90 minutes and once per week). Control group was not interfered. After these sessions post test was applied. Treatment methods are offered based on different sessions:

Existential group consultant: first session: acquaintance, design of research, providing good relationship based on cooperation and posing some of the most important ethical topics such as self-resistance. Second session: acquaintance with multi-dimensional nature of PMS and new conceptualization based on existential theory. Third session is acquaintance with PMS consequences and educating abilities for self-awareness and its role in PMS management and improvement of QL. Fourth session: interpretation of the content of death as a growing force and its role in PMS management and improving QL. Fifth session: is discovering meaning, management of PMS and QL. Seventh session: educating understanding and accepting loneliness, escaping loneliness, dependency and its role in PMS management and promoting QL. Eighth session: educating the content of freedom and responsibility and its role on managing PMS and improving QL. Ninth session: educating self improvement recovery and its role on PMS management and improving QL. Tenth session: sum (analyzing learning, expressing non-estimated expectations, post test).

Lazarus multi modal group consultation: first session: expressing purposes and regulations of group, acquaintance of members with each other and providing a good consultative relationship, presenting the pyramid of group and contract (emphasis on cooperation, commitment and formality of the group). Second session: primary measuring interview. Third session: applying the strategies of bridging and tracing. Fourth session: depicting profile of personality dimensions (BASIC.ID chart). Fifth session: selecting a general treatment program. Sixth session: training the skill of controlling anger. Seventh session: training the calmness skill. Eighth session: training mental imagination technique. Ninth session: training cognitive techniques. Tenth session: training effective interpersonal relationships. Eleventh session: educating biological and medical techniques. Twelfth session: sum (analyzing learning, expressing non-estimated expectations, post test).

Measuring tools:

Taylor & Abraham (1990) signlogy inventory: this questionnaire is translated and established into Persian language by Babayanzad Ahari inside the country and several times it is used and emphasized. Questions have three parts, section one is about selection criteria and deleting samples, second section is related to particulars of the sample and third section consists of evaluating premenstrual syndrome symptoms and time period of menstrual to register symptoms and its daily intensity in two cycles of menstrual and three last questions is about criteria of deleting drug samples. Questions are adjusted with four items scale of Licret. Grading scores consist: the sign of I don't have (zero mark), the sign of there is, but confronts no problem doing daily activities (very low, 1 score) there is sign and to some extent impacts on daily activities (average, 2 marks) signs are so that they causes daily activities and absent from class and work and also consuming anti-pain drugs (intensive, three marks). If the sum of scores of PMS in each sign is one mark lower than before treatment then it is considered as improvement and otherwise it is considered as lack of improvement. Babayanzadeh Ahari emphasized on reliability of the tools with the method of content reliability and they obtained its stability using retest as 89% (35). Abedian Kasgari, Shah Hosaini and Danesh for scientific privilege of tool used content credibility and to determine scientific credibility they used retest with Alfa chronbakh 90% (36). Davoodvandi reported stability coefficient of this test with the method of Alfa Chronbakh 90% and using retest method it was 86% (37). Stability of tools in this research with Alfa chronbakh was 84% and its content reliability was emphasized by 4 specialists in consultation and psychometrics areas.

The questionnaire of WHOQL-BREF: this questionnaire has 26 questions and studies 4 domains of OL. Scoring was adjusted based on 4 score items of Licert. The group of QL of WHO Alfa kronbakh coefficient of this test is between 0.73 to 0.89 (38). Nasiri translated this score to Persian language and reported its reliability in an appropriate condition and using Alfa Kronbakh coefficient they specified stability coefficient of this score to 84%

and several times in Iran it was emphasized (38,39). In this study stability of this test was 95% and its content reliability was emphasized by four specialists of consultation area and psychometrics.

The method of data analysis: to analyze the questions of this study multi variable covariance analysis was used.

RESULTS

In table 1 descriptive findings of the variables of premenstrual syndrome and QL are represented in three groups of existential treatment, Lazarus multi modal treatment and control group. The result shows that experimental groups in post test stage are changed with respect to pretest.

Table 1: descriptive characteristics of main variables of this research in three groups

Group	Variable	Pre-test		Post-test	
		average	SD	Average	SD
Existential therapy	Premenstrual syndrome	40/14	2/68	10/21	2/66
	Quality of life	53/93	8/70	99/86	9/30
Lazarus multi modal therapy	Premenstrual syndrome	40/29	5/89	16/92	5/27
	Quality of life	65/71	7/18	10/1	10/55
Comparison	Premenstrual syndrome	22/43	10/90	22/43	10/90
	Quality of life	82/43	10/29	82/43	10/29

Table 2: summary of the result of various multi variable tests

Test	Value	F	Degree of freedom	Sig.	Impact
Pilaei impact	0/440	6/202	4	0/000	0/220
LambdaiWilkz	0/577	6/807	4	0/000	0/240
T-hetling impact	0/705	7/398	4	0/000	0/261
Greatest rooting	0/661	14/539	2	0/000	0/398

Considering pretest there is difference between post-test of groups that shows the impact of at least one of the treatment programs than at least on of the dependent variables.

The impact of treatment on premenstrual syndromes

Table 3: result of intergroup differences for premenstrual syndrome

Prash source	Total squares	Degree of freedom	Average of squares	F	Sig.	The size of impact
Pretest	7703/520	1	7703/520	10057/98	0/001	0/95
Group	5/718	2	2/859	3/733	0/001	0/93
Error	633/650	50	1667312			
Total	12788	56				

Table 4: comparison of treatment groups in premenstrual syndrome

Sig.	MD	Group 2	Group 1
0/08	-6/71	Lazarus multi modal therapy	Existential therapy
0/001	-12/21	Control	Existential therapy
0/19	-5/5	Control	Lazarus multi modal therapy

Answering to the first question in which it states that existential therapy and Lazarus multi modal therapy impact on premenstrual syndrome as table 3 and 4 shows in variable of premenstrual syndrome, the average of existential therapy group is higher than the control group and this difference is significant at 0.01% level. But average of Lazarus multi modal therapy group has no significant difference with control group, though multi modal therapy clinically causes improvement of PMS symptoms, but these differences are not significant statistically. As significance can be influenced by the size of sample and in this research the size of sample is very low, therefore, Lazarus multi modal therapy group only caused this matter clinically and its difference with existential therapy is significant that shows privilege of existential therapy in decreasing the symptoms of premenstrual syndrome.

Impact of treatment on quality of life

Table 5: result of intergroup differences for quality of life

Prash source	Total squares	Degree of freedom	Average of squares	F	Sig.	The size of impact
Pre-test	9697/996	1	9697/996	673/419	0/000	0/93
Group	21/981	2	10/991	13/350	0/000	0/92
Error	633/650	50	12/673			
total	15187	56				

Table 6: comparison of treatment groups in QL

Group 1	Group 2	MD	Sig
Existential therapy	Lazarus multi modal therapy	-1/14	0/99
	Control	17/43	0/001
Lazarus multi modal therapy	Control	9/93	0/10

Answering second question in which states that does Lazarus multi modal therapy and existential therapy influences on increasing the quality of life of women afflicted with premenstrual syndrome, therefore according to the table 5 and 6 the average of existential therapy group and Lazarus multi modal therapy is higher than control group. This difference is significant at the level of 0.01 but mutually comparison of treatments has no significant difference and in other words existential therapy and Lazarus multi modal therapy has no significant difference than each other in improving the quality of life of afflicted women to PMS and affectivity of two treatments is approved.

DISCUSSION

The result of statistical analysis states that existential therapy influences on decreasing symptoms of PMS in afflicted women. Still there is no research about the impact of existential therapy on decreasing PMS symptoms inside and out of the country, but this study is in line with the result of researches by Geler (2003), Kooper (2010), Kisaneh, Belach, Miach, et al. (2004), Ghafari, Behrozifar, narooei (2010) and sows that this method can be used as consultant therapy interference in the result of applying Lazarus multi modal therapy it is not in line with the result of researches of Lazarus and Abarmoitis (2004), Halmi(2005) Khazraei, Vjehfard (2010), Abazari (2007), Bahramkhani (2010), in which the reason behind this lack of harmony might be applicants, environmental conditions, number of groups, size of sample, type of techniques in group consultant sessions of Lazarus multi modal therapy.

Existential therapy and Lazarus multi modal therapy are influential in increasing the quality of life in afflicted women to PMS. Still there has been no research inside and out of the country, but this finding is in line with the result of studies by Ventgout studies, Klasen, Legren et al. (2004), Bahmani, Etemadi, Shafieabadi et al (2010), therefore, existential therapy and Lazarus multi modal therapy can be used as interference in quality of life in afflicted women with this syndrome. According to the studies and high breakout of PMS access to the most suitable way to treat this syndrome and applying it in consultative psycholinguistic centers is necessary. Findings of this study states that group existential therapy causes decreasing of PMS symptoms and increasing QL in afflicted women, but Lazarus multi modal therapy is based on the pattern of BASIC.ID that only causes quality of life in afflicted individuals to this syndrome. The result might be the fact that in the method of MMT human-based services is ignored and the most emphasis is on applying various techniques. Therefore, it is a highly technical, straight and active approach and in this therapy little importance is given to cultural texture and gender and it is a male-centered and experimental movement (40) and according to the type of gender and problems of applicants in this research, by the way MMT in comparison with ET don't have any important role on decreasing symptoms of PMS. The reason that existential therapy in comparison with Lazarus multi modal therapy in decreasing symptoms of PMS is influential, therefore it can focus on world contents of life because of its harmony with respect to cultural ground of ethics and different nations, also very high concentration of treatment on quality of life human has treatment relationship that causes suitable changes in attitude and ideology of afflicted women to this syndrome toward menstrual, life and the type of relationship and their compatibility with each other, people and nature. Existential therapy on beliefs, existential thinking and women interactions toward personal, interpersonal and existential issues and by the way it causes somehow to be able to focus on limitation of natural and social obstacles, sustainability, responsibility, understanding the existential meaning and life and to being and life with identity is in the way of evolution to survive by their selections with respect to forcing in their existence, playing the role sacrifice, awareness and escaping. Generally the reason behind existential therapy for its emphasis on the right of selection, freedom, increasing awareness, responsibility and emphasizing on self and uniqueness. Also removal and new existential analysis from the content of death and anxiety as developing force and movement from mentality abstractness to clearance causes interpersonal relationships and as there is a significant relationship between

incompatible behaviors and existential crisis and the grounds for existential treatment application focuses on development, therefore it is possible to use treatment methods to obviate the symptoms of PMS (41,42).

Suggestions

It is suggested that applying the existential approach based on the pattern of group consultant is to decrease symptoms of PMS and increasing the quality of life and using Lazarus multi modal therapy to improve the quality of life afflicted women to this syndrome that is considered by expert therapists. As consultant psycholinguistic view, negative attitude toward life on breakout of symptoms of PMS, also it is necessary to be more researches, wife's of women afflicted to PMS, not only for inappropriate consequences of this syndrome, they are under pressure of psychological problems, but their main problem is supplying family problems in the result of many tensions, therefore it is suggested that the consultative psychological courses should be considered. As interpersonal communication environment in family, relationship of wives, social relationships and symptoms of PMS are interacted and it is suggested by research and education about communication skills decreases negative and unwanted impacts of premenstrual syndromes.

Generally it is possible to provide a consultative psychological program based on existential and application from the view of psychological system organization and consultant of the country in cultural centers, acknowledging and educating it to women that causes decreasing of sufferer symptoms of this syndrome to have a suitable reaction for improving hygiene and health in women that are influential in developing the health in family and society.

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