



# The effectiveness of cognitive-behavioral hypnotherapy on distress tolerance and aggression in women with premenstrual dysphoria

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#### Abstract

**Aim:** The current study was conducted with the aim of cognitive-behavioral hypnotherapy on distress tolerance and aggression in women suffering from premenstrual dysphoria. **Method:** The current study is a quasi-experimental type in which a pre-test-post-test design was conducted with a control group with measurement at the baseline after the intervention and a 3-month follow-up with the control group. 30 women aged 25 to 40 with a diagnosis of premenstrual boredom disorder who referred to psychological counseling centers in Sari city in 2019 were selected and randomly assigned to the experimental group (cognitive-behavioral hypnotherapy n=15) and (control n=15). All participants completed the demographic questionnaire, distress tolerance of Simmons and Gaher (2005) and aggression of Buss and Perry (1992), in three stages. The intervention sessions were conducted face-to-face in compliance with health protocols. Hypotheses related to the effectiveness of the research intervention were analyzed using multivariate covariance analysis and Lametrics post hoc test and using SPSS-19 software. **Results:** The results of the present study showed that there is no significant difference between the two groups in the pre-test stage of distress tolerance and aggression, which indicates the homogeneity of the two research groups in the pre-test stage, but there is a significant difference between the two groups in the post-test and follow-up stages. Which can indicate the effectiveness of the intervention on the mentioned variables and also the stability of the effectiveness in the follow-up phase. **Conclusion:** Considering the effectiveness of cognitive-behavioral hypnotherapy, this treatment should be prioritized.

**Keywords:** cognitive-behavioral hypnotherapy, distress tolerance, aggression, premenstrual boredom disorder.

## Introduction

Women's health is one of the indicators of the development of societies because women are exposed to more harm than men due to physiological conditions in different periods of life, physical needs related to reproduction and the complications caused by it (Baharvand et al., 2022). One of the psychosomatic problems related to the function of the female reproductive system is premenstrual dysphoria, which is associated with extreme mood and behavioral changes including open, persistent anger and interpersonal conflicts (Hamzeh, Matt, and Amaran, 2022). The symptoms of premenstrual dysphoria can be divided into three main parts: physical, emotional and psychological. Physical complaints include tenderness and soreness of breasts, abdominal bloating, abdominal pain, headache, back pain, acne, and emotional and psychological symptoms including irritability, anxiety, nervousness, depression, excessive fatigue and weakness, change in sleep pattern, and change in appetite. (Normansiah et al., 2022). These symptoms vary from person to person, but they are almost constant in all cycles and can affect social and family relationships and activities. When this syndrome is accompanied by psychological pressure caused by the inappropriate treatment of the spouse or people around, it leads to the creation of very intolerable conditions for the affected women and causes changeable moods, irritability, and aggressiveness (Patel, 2021).

Therefore, aggression is one of the most common consequences of premenstrual dysphoria in women and one of the important reasons for their referral to counseling centers, which can be defined as a behavior that leads to self-harm or harm to others (Markin, Nemani and Denovo, 2022). In fact, aggression appears in the form of various manifestations, including hostile aggression, which includes two forms of overt and relational aggression (Coventry, 2022). Overt-physical and verbal aggression includes hostile behaviors such as hitting, pushing, kicking, as well as verbally threatening to perform these actions (Makukh, Horudnicha, and Nepiyevoda, 2022). Relational aggression is a form of aggression that the aggressive person uses to disrupt the victim's friendly and interpersonal relationships, spread rumors or slander, and force people to cut off communication with the person, thereby isolating him/her (Banwal & Siddoughi), 2022).

One of the most important factors that can lead to a reduction in the amount of pain and psychological problems in these people is their ability to tolerate distress in dealing with stressful conditions during the occurrence of the disorder (Tefhe et al., 2022). Distress is an emotion that arises as a result of creating an obstacle on the way to a goal that a person considers desirable. This goal can be subjective, that is, the person thinks that he is reaching his desired goal and anticipates its pleasures, or it may be manifested in outward behavior (Tefeh et al., 2022). Distress tolerance is the ability to withstand obstacles and stressful situations. Low distress tolerance is typically conceptualized as impaired executive functioning and self-regulation problems. Symptoms may include anxiety, tension, low attention, and withdrawal (Veilleux, Hyde, & Clift, 2022). High tolerance in distress plays a central role in reducing the problems of people with premenstrual dysphoric disorder, so that the inappropriate response style during the occurrence of stressors causes the disorder's symptoms to worsen (Nappi et al., 2022). And this causes withdrawal, psychological inflexibility and a double feeling of failure, ultimately leading to double mental fatigue (Tereza & Krabbe, 2022).

For this reason, women who have a lot of confusion and distress experience problems in emotional regulation in interpersonal relationships or in the whole issues of their lives, which causes their mental health to decrease. In fact, the recurrence of difficulty in regulating emotions and feelings, expressing emotions and empathy, and interpersonal relationships of couples is called emotional dyslexia (Nappi et al., 2022). Cognitive-behavioral hypnotherapy is one of the treatments that can be effective in reducing women's problems, especially women with symptoms of premenstrual boredom syndrome (Mangue, 2021). Cognitive-behavioral hypnotherapy is one of the treatments used to reduce symptoms of the syndrome, especially depression and anxiety caused by this disorder. Hypnosis is a state that is created as a result of attention, acceptance and concentration and includes three parts of analysis or abstraction, absorption, and suggestibility (Fuhr et al., 2021). Cognitive-behavioral hypnotherapy is based on the premise that most psychological disturbances are the result of a negative form of self-hypnosis so that negative thoughts are accepted critically and even without conscious awareness (Baharvand et al., 2022). Cognitive-behavioral hypnotherapy includes several basic methods: relaxation, guided imagery, cognitive restructuring, gradual desensitization, and hypnotic skills training (Sammehr et al., 2022). According to the mentioned materials, the current research question was whether cognitive-behavioral hypnotherapy reduces distress tolerance and aggression of women suffering from premenstrual boredom disorder in Sari city.

### **Method**

The current study is a quasi-experimental type in which a pre-test-post-test design was conducted with a control group with measurement at the baseline after the intervention and a 3-month follow-up with the control group. 30 women aged 25 to 40 with a diagnosis of premenstrual boredom disorder who referred to psychological counseling centers in Sari city in 2019 were selected and randomly assigned to the experimental group (cognitive-behavioral hypnotherapy n=15) and (control n=15). were assigned All participants completed the demographic questionnaire, distress tolerance of Simmons and Gaher (2005) and aggression of Buss and Perry (1992), in three stages. The intervention sessions were conducted face-to-face in compliance with health protocols. Hypotheses related to the effectiveness of the research intervention were analyzed using multivariate covariance analysis and Lametrics post hoc test and using SPSS-19 software.

### **Results**

The results of the present study showed that there is no significant difference between the two groups in the pre-test stage of distress tolerance and aggression, which indicates the homogeneity of the two research groups in the pre-test stage, but there is a significant difference between the two groups in the post-test and follow-up stages. Which can indicate the effectiveness of the intervention on the mentioned variables and also the stability of the effectiveness in the follow-up phase.

### **Conclusion**

Hypnosis cognitive therapy is a cognitive technique that, under the right conditions, can correct cognitive events, cognitive processes, and cognitive structures, and prevent the occurrence of negative emotions in patients. Therefore, the use of hypnosis in the treatment process facilitates divergent thinking by maximizing long-term awareness and multiple levels of brain function, as well as by maximizing attention and concentration and minimizing distraction and interference from other sources of stress. This therapy provides a mental

framework in which attention can be directed toward broader experiences such as feelings of intimacy, happiness, and similar emotions. By using these strategies, a person can manage his emotional problems in the long term and even after the treatment program. Therefore, such strategies can increase divergent thinking and increase mental health and increase distress tolerance in people (Sammehr et al., 2022).

By including non-pharmacological anger management methods such as hypnosis in women with premenstrual dysphoric disorder, it will bring many clinical and psychological benefits, including: A significant reduction in disturbances and aggression, as well as other things such as reducing the need for medication, increasing the efficiency of the immune system, and reducing the need for subsequent psychiatric services. Therefore, it seems that teaching hypnosis to women with premenstrual dysphoric disorder and using it for these patients can be an important step towards managing their anger. The problem of pain caused by premenstrual boredom disorder, which is the main factor in the occurrence of aggressive behavior during this period, is due to pain in the cortex of the brain in many situations, similar to the pain of those who have one of their body parts amputated and the feeling of pain still exists in the amputated place. The absence of specific organ lesions in the patient indicates the psychological origin of this disorder.

### **References**

- Ahmadzadeh Samani, S., Dehnashi, A., Kalantari, M., & Rezaei dehnavi, S. (2021). Effectiveness of Teaching Skills Based on Schema Therapy on the Distress Tolerance and Psychological Flexibility of Female Students with Early Maladaptive Schema. *Psychology of Exceptional Individuals*, 11(43): 87-116. doi: 10.22054/jpe.2021.57328.2259
- Baharvand, V., Dortaj, F., Nasri, S., & Nasrollahi, B. (2022). Comparison of the effectiveness of cognitive-behavioral therapy, cognitive hypnotherapy, and EMDR on improving anxiety and autobiographical memory in women. *Journal of Psychological Achievements*. May 2.
- Banwal, S., & Siddiqui, Z. U. (2021). Effect of Pranayama on premenstrual syndrome in the present scenario. *International Journal of Health Sciences*.(II):5987-99.
- Biglari, F., Asli azad, M., & Miri Sangtarashani, S. (2022). Efficacy of Mindfulness-Based Cognition Therapy on Covid-19 Anxiety and Distress Tolerance in the Patients Recovered from Corona Virus. *Psychological Achievements*, doi: 10.22055/psy.2022.40247.2807
- Buss, A. H., & Perry, M. (1992). The aggression questionnaire. *JPSP*, 63(3):452-459.
- Coventry, P. (2022). Occupational health and safety receptivity towards clinical innovations that can benefit workplace mental health programs: anxiety and hypnotherapy trends. *International journal of environmental research and public health*. 19(13):7735.
- Dutta, A., & Sharma, A. (2021). Prevalence of premenstrual syndrome and premenstrual dysphoric disorder in India: A systematic review and meta-analysis. *Health Promotion Perspectives*. 2021; 11(2):161.
- Eslampanah, M., Mahdian, H., & Jajarmi, M. (2021). Developing a model of adolescent addiction risk based on distress tolerance and emotion regulation: the mediating role of early maladaptive schemas. *Journal of Applied Family Therapy*, 2(3): 403-423. doi: 10.22034/aftj.2022.316247.1273
- Fuhr, K., Meisner, C., Broch, A., Cyrny, B., Hinkel, J., Jaberg, J., Petrasch, M., Schweizer, C., Stiegler, A., Zeep, C., & Batra, A. (2021). Efficacy of

- hypnotherapy compared to cognitive behavioral therapy for mild to moderate depression-Results of a randomized controlled rater-blind clinical trial. *Journal of Affective Disorders*. 286:166-73.
- Hamzah, F., Mat, K. C., & Amaran, S. (2022). The effect of hypnotherapy on exam anxiety among nursing students. *Journal of Complementary and Integrative Medicine*. 19(1):131-7.
- Makukh, K., Horodnycha, O., & Nepyivoda, O. (2022). The management of premenstrual syndrome: results of a questionnaire survey of women in Lviv pharmacies, Ukraine. *ScienceRise: Pharmaceutical Science*. 3(37):27-33.
- Markin, K. V., Temniy, A. V., & Dnov, K. V. (2022). Efficacy of hypnotherapy in the treatment of irritable bowel syndrome. A systematic review with meta-analysis. *Neurology Bulletin*. 54(2):44-55.
- Muange, S. N. (2021). *Premenstrual Dysphoric Disorder: prevalence, symptomatology and coping practices amongst women attending Tertiary Educational Institutions in Machakos Subcounty, Kenya* (Doctoral dissertation, University of Nairobi).
- Nappi, R. E., Cucinella, L., & Bosoni, D., Righi, A., Battista, F., Molinaro, P., Stincardini, G., Piccinino, M., Rossini, R., & Tiranini, L. (2022). Premenstrual Syndrome and Premenstrual Dysphoric Disorder as Centrally Based Disorders. *Endocrines*. 3(1):127-38.
- Nurmansyah, A., Iskandarsyah, A., Sriati, A., & Yani, F. S. (2022). Influence of Hypnotherapy to Reduce the Anxiety of School-Age Children in the Preoperative Phase in the Guntur Room of Level II Dustira Cimahi Hospital. *Jurnal Keperawatan Komprehensif (Comprehensive Nursing Journal)*. 8(Special Edition).
- Patel, D. (2021). *Effectiveness of Hypnotherapy and Neurolinguistic Programming on Test Anxiety Among Paramedical Students* (Doctoral dissertation, Maharaja Sayajirao University of Baroda (India)).
- Sammehr, V., Farshbaf Manisefat, F., Khademi, A., & Shabani, R. A (2022). comparative analysis of the effectiveness of cognitive-behavioral therapy and hypnotherapy on reduce Interpersonal cognitive distortions of adolescents with oppositional defiant disorder. *Razi Journal of Medical Sciences*. 29(3):0-.
- Siahbazi, Sh., Hariri, F. Z., Montazeri, A., & Moghaddam Banaem, L. (2011). Translation and psychometric properties of the Iranian version of the Premenstrual Symptoms Screening Tool (PSST). *Payesh*. 10(4): 421-427
- Tehfe, H., Chow, R., Li, S., Kim, P., Samari, S., Hayawi, L., Webster, R., & Fadel, N. B. (2022). Risk of Bias Assessment in Non-Randomized Studies of Interventions for Premenstrual Syndrome: A Systematic Review. *Risk*. 16(2).
- Trezza, A., Krabbe, J. P. A. (2022). Vicious Cycle: Using Nutrition to Combat the Behavioral Impact of Premenstrual Syndrome and Premenstrual Dysphoric Disorder. *Nutritional Perspectives: Journal of the Council on Nutrition*. 45(2).
- Veilleux, J. C., Hyde, K. C, Clift, J. B. (2022). When is your distress harder to tolerate? A qualitative analysis of situations in which distress tolerance is impaired and strengthened. *Journal of Contextual Behavioral Science*. 23:85-91.
- Yücesoy, H., & Erbil, N. (2022). Relationship of premenstrual syndrome with postpartum depression and mother–infant bonding. *Perspectives in Psychiatric Care*. 58(3):1112-20.