



Comparison of the effect of individual and couple emotion focused therapy on coping with postmenstrual changes in women with premenstrual disorder

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Abstract

Aim: This study aims to determine the effect of individual and couple emotional therapy on coping **Method:** The research design was quasi-experimental pre-test and post-test with three experimental groups and control group. The statistical population of the study consisted of all married women in Tehran. From this population, 53 people were selected as a statistical sample by the available method and were randomly replaced in three groups (two experimental groups and one control group). The required findings were collected using a questionnaire on coping with premenstrual changes (Reid et al., 2014) in three rounds: pre-test, post-test and follow-up test, and using size analysis of variance test. Repeated capture was analyzed. **Results:** Findings showed that individual emotion-oriented therapies and couple-emotion-oriented therapies in the experimental groups in the post-test stages compared to the control group increased coping strategies with premenstrual changes and this increase was stable over time. **Conclusion:** There is a significant difference between the effectiveness of individual emotion-oriented therapies and emotion-oriented couple therapy on the components of coping strategies. "Self-care" and "avoidance of harm" have been more effective than couple therapy.

Keywords: Emotional therapy, Couple therapy, Postmenopausal coping strategies.

Introduction

Premenstrual disorders are a set of psychological, physiological symptoms and associated physical problems that are related to menstrual periods and are common in women (Johnson, 2004). At first, this class of disorders was introduced under the title of "premenstrual tension"; But in the end, premenstrual syndrome was termed in the medical literature of many European countries (Algizovi & Abrin, 2018). In a more severe condition and at the end of the continuum, these symptoms lead to premenstrual boredom, which is a chronic and debilitating condition in women's reproductive years (Egbe et al., 2011).

Although the exact etiology of these disorders is not known, different theories have been proposed in the etiology of these multifactorial disorders. Some early studies about the etiology of premenstrual syndrome and boredom have pointed to abnormal and excessive secretion of reproductive hormones (Rubino et al., 2007). However, contrary to these results, the findings of recent studies indicate that there is no significant difference between women with premenstrual disorders and normal women in terms of secretion of reproductive hormones (Kiao et al., 2012). In other words, women experience hormonal changes differently, and this difference is influenced by psychological factors; It can be said that these are the psychological factors that determine how women experience and respond to the natural changes caused by the menstrual cycle (Asher, 2013). The premenstrual stage of the cycle is a psychological stress in itself, and the intensity of premenstrual anxiety is influenced by women's coping style (Asher, 2013). Women suffering from premenstrual disorders use different coping methods than non-suffering women. Women who suffer from premenstrual symptoms use ineffective coping methods and respond to emotional changes with maladaptive behaviors such as self-blame, not accepting the experience, and impulsive behaviors. On the other hand, learning some methods of coping with premenstrual changes helps to reduce the symptoms and suffering associated with these symptoms (Laria et al., 2014). The relationship between coping methods and the severity of premenstrual anxiety has been confirmed in several studies, in other words, the intensity of premenstrual anxiety is influenced by coping methods (Fernandez et al., 2019).

According to the goals of the emotion-oriented approach, it can be said that this treatment tries to develop healthy and adaptive emotional responses by facilitating the awareness, expression and acceptance of emotion, and by regulating emotion as a developmental therapeutic task, it is effective in the treatment of disorders (Greenberg, 2019). In emotional therapy, it helps to regulate emotions and self-regulation by emphasizing symbolization and turning words into feelings, and by creating a safe and empathetic environment, it strengthens the ownership and validation of needs along with the sense of agency (Greenberg, 2014). On the other hand, in emotion-oriented couple interventions, the focus is on attachment concerns, revealing vulnerable emotions, and facilitating couples' ability to create safe emotional bonds, expressing desires in an empathic communication context (Greenberg & Goldman, 2008). In individual therapy, giving depth to the individual's experiences and accepting the suppressed aspects of the experiences, emotion tolerance, understanding and self-acceptance by the individual are more important (Greenberg, 2019). On the contrary, in couple therapy, it is aimed at

creating safe emotional bonds and increasing understanding and acceptance of the spouse's needs and experiences (Johnson, 2020).

Therefore, the main goal of this research was to answer the following question:

1. What is the difference between the effect of individual and couple emotional therapy on the coping methods of women with premenstrual disorder?

Method

The research design was quasi-experimental pre-test and post-test with three experimental groups and control group. The statistical population of the study consisted of all married women in Tehran. From this population, 53 people were selected as a statistical sample by the available method and were randomly replaced in three groups (two experimental groups and one control group). The required findings were collected using a questionnaire on coping with premenstrual changes (Reid et al., 2014) in three rounds: pre-test, post-test and follow-up test, and using size analysis of variance test.

Results

After the significance of the effect of time and the interaction of the results of confrontations, it was checked. There was a significant difference in the components of body care, planning, self-care, social support and communication, avoiding self-harm, acceptance, awareness, emotion control, and desire to be alone between the pre-test and the post-test. However, the post-test did not show a significant difference with the follow-up. This means that the average of these components has decreased from pre-test to post-test. The group \times time interaction was also significant from pre-test to post-test in the components of self-care, social support and communication, avoiding self-harm, awareness, emotion control, and desire to be alone. It can be said that these components have increased over time in the emotional-oriented individual and emotional-oriented couple therapy intervention groups compared to the control group.

According to the results, it can be said that in the components of body care, planning, acceptance, awareness, control of emotions, and desire to be alone, both individual emotion-oriented therapy and emotion-oriented couple therapy were significantly different from the control group. Therefore, it can be concluded that these two treatments had a significant effect on these components. No significant difference was observed between the two treatments in these components. In the components of self-care, social support and communication, and avoiding self-harm, a significant difference was observed between the two groups of emotional-oriented individual therapy and emotional-oriented couple therapy with the control group. It can be concluded that these two treatments were effective on these components. In these components, two individual emotion-oriented treatments and emotion-oriented couple therapy also showed a significant difference, so it can be concluded that these two treatments did not have the same effect on these components. According to the results, it can be stated that emotion-oriented couple therapy had a greater impact on social support and communication than individual emotion-oriented therapy. In the components of self-care and avoiding self-harm, emotional-oriented individual therapy had a greater effect than emotional-oriented couple therapy.

Averages for the components of body care, planning, self-care, social support and communication, avoiding self-harm, acceptance, awareness, emotion regulation, and desire to be alone are shown. The results indicate that the average of the components has increased over time from the pre-test to the post-test.

Conclusion

There is a significant difference between the effectiveness of individual emotion-oriented therapies and emotion-oriented couple therapy on the components of coping strategies. "Self-care" and "avoidance of harm" have been more effective than couple therapy.

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