

## Effectiveness of Life Skills Training in Reducing Neurosis Symptoms in Women

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### ABSTRACT

**Background:** Neurotic people have intense and continuous emotional sensitivity to others and avoid expressing their feelings. Because of the low level of ego power, they are easily overcome by their emotions and are unable to adapt their behavior to various situations. Training the life skills improves psycho-social abilities which can empower individuals to deal with conflicts and contradictions of life.

**Methods:** This study determined the effectiveness of training programs of life skills to reduce the symptoms of neurosis in married women living in deprived areas of Isfahan, in 2017. To achieve this end, a clinical trial was conducted using pretest-posttest and control group. Among all married women living in deprived areas of Isfahan, 40 individuals who acquired the highest scores in assessment of neurosis by NEO Five-Factor Personality Inventory-short Form were selected and randomly divided into two experimental and control groups (20 people per group). Life skill training was performed for experimental group for 8 sessions, one session per week, each session lasting 2 hours. Data were analyzed with SPSS using descriptive statistics (Mean and standard deviation) and inferential statistics (ANOVA, Analysis of covariance).

**Results:** The results of analysis of covariance showed that life skill training program significantly reduced the symptoms of neurosis among women ( $P < 0.005$ ). Such a change was not seen in women in the control group.

**Conclusions:** Findings of the study reflect the efficacy of life skills training on diminishing neurosis symptoms in women.

**Keywords:** Life skills, neurosis, women.

## Introduction

Population growth and urban marginalization, poverty, unemployment, social and economic crises, changes in laws and social patterns, and the imbalance in social order are the issues that have attracted the attention of many experts in social issues around the world. Social harms that arise in the wake of other social problems affect the lives of women much more than men, because one of the risk factors associated with vulnerability to psychosocial stress is to have the female gender. This means that in catastrophic situations, women experience stress and thus reduced public health more than men. Men and women are different from each other in terms of the type of damages they experience after the traumatic stress disorder and also in terms of vulnerability for developing stress and reduced public health (Smith et al., 2012). Individuals' adjustment is not equal in dealing with stress, personal life, and social problems. In a similar social environment, some people are well able to cope with these situations and get rid of the problem without any considerable trouble. The more or greater the individuals' capacity, the more they will be able to keep at a good level their social and mental health, and solve the problem in a positive, adaptive and efficient way. However, some people lose quickly the ability to cope with problems and challenging situations and are caught by isolation and depression, antisocial behaviors, addiction and suicide (Rezai Niaraki & Rahimi, 2013).

Research shows that individuals' personality traits play an important role in regulation strategies, and their emotion control and explanation of the relationships depend on personality traits and emotional readiness. Some people enjoy automated excitement in dealing with others and events, and experience greater distress when dealing with stress, which indicates that there is a positive relationship between neurosis and negative and unpleasant emotions (McHugh & Greenfield, 2010).

Neurosis has been defined as experiencing negative emotions and psychological distress,

which includes anxiety, aggression, depression and impulsive behavior that is studied in the pathology science (Bettencourt, Talley, Benjamin, & Valentine, 2006). Neuroticism refers to individual differences in negative emotionality and predicts a range of negative outcomes, including low subjective well-being and poor physical and mental health. In previous experience-sampling studies that repeatedly asked individuals about their everyday life experiences, individuals with high levels of neuroticism reported more negative effect on the average (i.e., higher negative effect levels). Neuroticism traits are:

1. Anxiety, which includes fear, worry, stress, and arousal.
2. Aggression, which is the people's anger.
3. Depression, which refers to low mood and negative emotions and despair.
4. Shyness, which refers to states like shame and embarrassment and sometimes may lead to social morbid fears.
5. Impulsivity, that refers to the explosive and impulsive behaviors which are relatively involuntary and are done without thinking and decision-making.
6. Vulnerability, that is, people are exposed to more trauma and physical damage when facing pressures and stress (Kroencke, Geukes, Utesch, Kuper, & Back, 2020).

The relationship between neurosis and many destructive behaviors such as anger and aggression, aggressive driving, and road accidents has been proven (Beecher, Scott, Rojas, & Barchard, 2008). The neurotic individual tends to experience negative emotions such as fear, sadness, confusion, anger, feeling guilty, and hatred which comprise the area of N. Neuroticism or emotional instability is more seen in the people who are anxious, worried and nervous and are prone to feelings of guilt, grief, and despair. These people are easily frustrated and prone to feelings of guilt and humiliation and suffer from social anxiety in a large gathering. Productivity or inability to control the actions and fears are other

properties of these people; they are also vulnerable to stress (Widiger & Oltmanns, 2017).

Neurotic people are emotionally unstable and often complain of worry, anxiety and physical pain such as headaches, stomach upset, dizziness, etc, and use strategies of self-blame, acceptance, rumination, taking perspective, catastrophizing and blaming of others against this negative experience (Hossini, Keraskiyani, & Ferdosi pour, 2014).

Unfortunately, today, despite deep cultural changes and changes in lifestyle, many people lack essential capabilities in dealing with life issues and this makes them vulnerable to everyday life problems and their requirements. Life skills are skills that are used to improve communication, enhance decision-making power, management, and self-perception and working in groups (Costa Jr, Terracciano, & McCrae, 2001). Considering the social circumstances and living conditions, young adults experience issues such as mental disorders, depression, and unhealthy behaviors and suicidal thoughts (Javadi, Sepahvand, Mahmudi, & Sori, 2013). Ability to perform adaptive and positive behaviors in such a way that the individual can cope with the challenges and demands of everyday life is one of the most fundamental principles that people have to learn. Training life skills can help achieve this goal. These trainings will have a positive impact on the level of feeling, thinking, and behavior of society. Life skills are related to how people act and behave and if they are learned in a practical manner, they can promote the community by changing the behavior in each individual (Botvin & Griffin, 2002). Addressing mental health has been considered as an integral part in improving public health around the world (Amiri Baramkoohi, 2009). According to a definition by the World Health Organization, life skills are the ability to do positive and compatible behaviors which prepare the individuals to deal effectively with the everyday demands and challenges. In particular, life skills are a group of mental and interpersonal skills which help people in making conscious decisions, problem solving, critical

thinking and creative thinking, effective communication, healthy relationships, empathizing with others, and managing a healthy life, and coping with their life in a healthy and productive way. Life skills may be about personal activities or activities related to others; they may also be used to change the environment to a healthy environment (Hajiamini, 2008); besides, they may allow one to effectively cope with stress caused by exposure to stressful stimuli. Some of these skills are conceptualized as life skills and have been trained in different programs. The basis of life skill training programs is formed by 10 skills that can be classified in five areas of self-awareness, empathy, coping with emotions and stress, effective interpersonal and social communication, critical and creative thinking, and decision making and problem-solving. Interventions and therapeutic methods in people with mental disorders include pharmacological and non-pharmacological therapies. Non-pharmacological therapy includes psychosocial treatment and rehabilitation services, which in addition to medical treatment, plays an important role in improving the social capabilities, self-reliance, practical skills, interpersonal relationships and generally in enhancing the quality of people's lives (Mohamadipoor & Falahati, 2016); so, that it can be said many neurosis and psychosis disorders are caused by flaws in the development of life skills. In fact, training the life skills is of therapeutic role. The theoretical background suggests that there is a lot of research on life skills, which indicates the positive effect of life skills on mental health, reducing disorders and improving the quality of life (Srikongphlee, Luvila, & Kanato, 2018). Studies have shown that training life skills reduces the symptoms of neurosis, self-destructive behaviors, and obesity and prevents sexual promiscuity. Training the life skills is positively correlated with interpersonal performance and emotional adjustment; it also accelerates the patient recovery (Jamali et al., 2016).

## Methods

This study was a clinical trial with pretest and post-test design and control group. The study population consisted of all married women living in deprived regions of Isfahan. Ethical considerations were observed. The sample included 40 women with an average age of 37.5 years. To choose the sample, convenience sampling method was used, so that at first, NEO Five-Factor Inventory was randomly distributed among 200 women. As the sample size for effectiveness studies should be at least 20 individuals, sampling was continued until this rate was reached for each group. After collecting the questionnaires and scoring them, 40 women who had higher neurosis scores and were consent to participate in the second phase of the project, that is, workshop for training the life skills, were selected and randomly assigned to the experimental and control groups (20 women per group). The average age of the experimental and control groups was 38 and 37 years, respectively.

**Neo Inventory- short form:** To assess the great five personality factors, Costa and MacKeri NEO Five-Factor Personality Inventory-short form was used. This scale measures the five main personality traits (neuroticism, extroversion, openness to experience, agreeableness, and conscientiousness). The inventory is scored based on the five-point Likert scale. According to Costa and MacKeri, the reliability coefficients of this inventory were in the range of 0.75 to 0.83 through test-retest. Internal consistency coefficients for each of the five factors of neuroticism, extraversion, openness to experience, agreeableness, and conscientiousness were reported by Gorosi Farshi, Mehryar and Ghazi Tabataba'i (2001) to be 0.86, 0.73, 0.56,

0.68, and 0.87, respectively (Garousi Farshi, Mehriar, & Ghazi Tabatabai, 2001).

The process of life skill program training included decision-making skills, problem solving skills, effective communication skills, adaptive interpersonal skills, self-awareness skill, empathy with others, and coping skills to deal with psychological stress. In so doing, at first both experimental and control groups completed the NEO personality Inventory- short form, and then the experimental group received eight-step group training of life skills (Table 1) for 8 sessions weekly, 1.5 hours per session. Finally, both groups again completed the NEO Inventory-short form. Analysis of covariance was used to analyze the data.

## Results

A total of 40 subjects who had higher neurosis scores among 200 women were studied in this research, and completed NEO Five-Factor Personality Inventory-short form. The two groups were compared with respect to their NEO Inventory-short form scores before and after experimentation.

Table 2 and Table 3 show the demographic characteristics of the subjects.

Table 4 shows the descriptive analysis of pre-test and post-test.

Table 5 shows that the mean scores of neurosis have decreased after training life skills to the experimental group.

In Table 6, the results of analysis of covariance have been presented to compare the two groups by controlling the effect of pre-test. These results indicate that there is a significant difference between two groups ( $P < 0.005$ ) and this means that training life skills reduces symptoms of neurosis.

**Table 1.** Summary of course content for training life skills to the experimental group

Session	Training topics
One	Getting to know each other and creating a good relationship, stating class rules, the necessity of training life skills, familiarity with the characteristics of life skills and stating the characteristics of neurotic person and factors promoting it.
Two	Training self-consciousness: consciousness (physical, emotional, behavioral and spiritual consciousness); roles (role expectations, role perceptions); identity (individual and collective); identification of their weaknesses, strengths, interests, and progress.
Three	Training effective communication skills: understanding the methods of communication, barriers to communication, training empathy (understanding feelings and thoughts of others, and identifying obstacles in empathy).
Four	Training interpersonal skills: creating positive and effective interpersonal relationships with others, creating different communication styles, role playing, and group activities,
Five	Training skills to cope with stress: definitions and experiences, causes of stress, long-term and short-term safe strategies against stress.
Six	Training anger management skills: definitions and experiences, causes and risk factors of anger, long-term and short-term safe strategies against anger.
Seven	Training problem solving skills: Introducing problem solving and its importance and use, training target finding, brainstorming, evaluation, and the best solution.
Eight	Training decision-making skills: understanding the role and importance of the decision making, awareness of false practices of decision-making, factors influencing decision-making, introducing methods for decision-rearing practices.

**Table 2.** Descriptive analysis of demographic characteristics

Age	Mean	Std. Deviation	Minimum	Maximum
Experimental group	33.25	3.09	28	39
Control group	33.55	4.73	26	40

**Table 3.** Demographic characteristics

		Experimental group		Control group	
		frequency	percent	frequency	percent
Age	25-30	4	20	5	15
	31-35	12	60	8	40
	36-40	4	20	7	35
Marital status	Married	18	90	19	95
	Single	0	0	0	0
	Divorced-widow	2	10	1	5
Income status	Low	12	60	14	70
	Intermediate	8	40	6	30
	High	0	0	0	0
Education	Diploma	15	75	16	80
	Associate Degree	3	15	4	20
	Bachelor's degree and higher	2	10	0	0

**Table 4.** Results of descriptive analysis of pre-test and post-test

		Descriptive							
		N	Mean	Std. Deviation	Std. Error	95% confidence interval for mean		Min.	Max.
						Lower Bound	Upper Bound		
Pre-test	Experimental group	20	30.3000	4.32982	0.96818	28.2736	32.3264	24.00	39.00
	Control group	20	28.8000	3.99 473	0.89325	26.9304	30.6696	21.00	35.00
	Total	40	29.5500	4.18146	0.66115	28.2127	30.8873	21.00	39.00
Post-test	Experimental group	20	20.1000	3.30709	0.73949	18.5522	21.6478	14.00	26.00
	Control group	20	29.3500	4.23364	0.94667	27.3686	31.3314	20.00	35.00
	Total	40	24.7250	5.99995	0.94 867	22.8061	26.6439	14.00	35.00

**Table 5.** The mean scores of neurosis after training life skills to the experimental group

Test of homogeneity of variances					
		Levene test	df1	df2	Sig.
Pre-test for experimental group		0.049	1	38	0.825
Post-test for experimental group		1.719	1	38	0.198

**Table 6.** results of ANOVA to compare the two groups by controlling the effect of pre-test

ANOVA						
		Sum of Squares	Df	Mean Square	F	Sig.
Pre-test for experimental group	Between groups	22.500	1	22.500	1.297	0.262
	Within groups	659.400	38	17.353		
	Total	681.900	39			
Post-test for experimental group	Between groups	855.625	1	855.625	59.294	0.000
	Within groups	548.350	38	14.430		
	Total	1403.975	39			

**Discussion**

Wolpi (1970) considers neurosis behavior as a permanent habit of inconsistent behavior which is achieved by learning. Anxiety is considered as the conventional constructive or core component of neurosis behavior that prevents the person from performing daily activities or leads her/him to more limited and disagreeable behavior. Neurotic people have symptoms such as fear, anger, anxiety, and paranoia, and inability to establish satisfactory and stable relations. Some of them also have experience of drug abuse, because anxiety and neurosis are the results of the individual's failure of learning behavioral plans. Training the life skills to individuals enables them to have an active compatibility with people around and with their living environment and helps them get rid of the vicious cycle of "I am unable" and cynicism towards the surrounding world (Sadati, Mirzaian,

& Doosti, 2019). The aim of this study was to determine the effectiveness of training life skills on reducing neurosis symptoms in married women. The results of our study revealed that our experimental group who received training, had a significant decrease in the mean score of neurosis. It seems that the implementation of life skill training program has changed the behaviors of neurotic women and has reduced symptoms of neurosis in them by changing the consciousness, understanding feelings and thoughts, communication styles, behavioral orientations, feeling of self-efficacy and personal accomplishment in them. This finding shows that life skills cause higher self-knowledge among the participants, hence enabling them in learning practical and applied techniques to control emotions in the form of skills such as self-awareness, communication and interpersonal skills,

control of emotions like anxiety and anger, decision making skill, and thinking techniques.

During the training program time, a close relationship was created between the members, and through self-disclosing done by members, the trainer places them in hypothetical situations they had experienced previously. Also, the volunteer members properly played the role in that situation through the learned techniques of brain storming and empathy with other members. Also, the members were given assignments each session and they reported their experiences and the reactions of their family members between the two sessions. All members expressed their opinions and helped each other improve their conditions.

This study had also some limitations; since it has been done on married women by the average age of 37.5 years, the findings ought to be generalized to other groups with caution. Another limitation was the small size of the sample and thus we could not determine the persistence of life skills training effects. It is recommended that these issues be noted in future research.

### Conclusion

The findings of this study reflect the efficacy of life skills training on neurosis symptoms in women. In this article, we showed that if people learn some essential life skills, it would be impressive on their experience with neurosis symptoms. Yet, to generalize this effect, we suggest that the study be done on broader groups.

### Conflict of interest

We have no competing interests.

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### Authors, Contribution

This article has two authors. The second author read and approved the final manuscript and is responsible about any question related to article.

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