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THE PRESENCE OF INTERNAL HAPPINESS, IMPULSIVE  
BEHAVIOR, INEFFECTIVE ATTITUDE AND IN WOMEN  
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# THE EFFECTIVENESS OF INTELLIGENCE EDUCATION ON THE PRESENCE OF INTERNAL HAPPINESS, IMPULSIVE BEHAVIOR, INEFFECTIVE ATTITUDE AND IN WOMEN WITH PREMENSTRUAL SYNDROME

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## ABSTRACT

The prevalence of premenstrual syndrome in the community and its effects on the individual and social function of the patients, and considering the important role of the individual and the social status of women in the society, the purpose of this study was to investigate the effect of awareness training on inner happiness, non-behavioral behavior, attitude ineffective and sensation in women with premenstrual syndrome. The statistical population consisted of all women referring to the applicant for treatment of premenstrual dysfunction in hospitals and gynecology clinics of Malayer in 2015 in 200 people. Using a controlled experimental design, a sample of 40 female applicants from the community was selected using non-random sampling method and randomly divided into two groups of 20 controls and experimental group were considered. The research tools consisted of Beck and Vismn's Ineffective Attitudes Questionnaire (1988), Beck Inventory (1990), Oxford Arnil's Happiness Questionnaire (1989), and Impact Scale (Bart et al., 2004). All subjects completed the questionnaires first, and the experimental group participated in the alumni training session, but the control group had simple appointments with the therapist. Data were extracted from questionnaires and analyzed by covariance analysis. The results of the covariance analysis showed that the awareness of being consciousness was effective in increasing internal happiness, and reducing impulsive behavior, ineffective attitude and in women with premenstrual syndrome. Intervention of cognitive therapy based on mind-consciousness due to the establishment of metacognitive monitoring has been effective in increasing internal happiness and decreasing ineffective attitude, and impulsive behavior.

**Keywords:** non-affecting behavior; premenstrual syndrome; internal happiness; ineffective attitude; presence consciousness

## 1. INTRODUCTION

Mindfulness is a new promise in explaining the cognitive-behavioral approach. Mentality is a way of describing the attention processing that comes from Oriental meditation and as a thorough attention to the present-day experiences of moment-to-moment (Marlat and Krystler, 1999). Also, as paying attention to a particular way in the present, it is defined without judgment (Kabat Zein, 1994). In clinical psychology, the presence of the mind is the attention to the present moment, in a non-judgmental manner, and focused on the goal (Zabane, 1990). Bayer (2003) defined the mind of consciousness as a lack of judgment in relation to the current internal and external development of stimuli and their occurrence. Judging does not raise the mind. When you are faced with a difficult physical or emotional state, judging from the experience, you know more about what you see and what you are supposed to be. Of course, it comes from enjoying pleasures and painful experiences. The acceptance is not to reaffirm things that are not morally acceptable, but to accept different behaviors, in other words, the change is consistent with acceptance, although it happens faster. Mindfulness is a quality of consciousness that a person must try to achieve throughout the day and night in any position he is. Conscious meditation is a good beginning for understanding consciousness, but the story is not over here, and the awakening of meditation in all moments of life and all situations must be expanded. Awareness is not only mind-conscious at moments of meditation and then half sleeping at rest. If we try to do this with patience and patience, we will do this all the time and we will focus our attention on the washing of the dish, and when we do all the intelligence and attention to it, we are actually in the state of mind consciousness. Mindfulness requires specific behavioral, cognitive, and metacognitive strategies to focus on the process of attention, which in turn prevents the spiral of reducing the negative mood of the nfs - the tendency toward worrisome responses and the growth of a new perspective and the emergence of affective thoughts and leads (Segal et al., 2002). Mindfulness is a kind of unconcerned consciousness of personal experience and is instantaneously revealed without judgment. Although the main aim of the mind is not relaxation, observing internal negative events without any judgments about them, or the excitement of physiology, causes calm. The perception of

the perception of internal and external stimuli is as perceived without any judgment or prejudice. A mind-boggling is a skill that allows individuals to receive incidents at a lower rate than they are uncomfortable in the present. When people are aware of the present, they will no longer focus their attention on the past or the future. Most psychiatric problems are usually related to the events of a past header in the future. For example, people who are depressed about the past often feel regret and guilty, and those who are anxious are worried about future problems, causing fear and (Kabat Zain 2002, Robbins 2002, Bauer 2003, Bucouque, 2002). )

A conscious mind is conscious and conscious based on a series of assignments training. Herat Main can purposefully and consciously increase the capacity and ability of the information processing system. The mind-awareness exercises can act as an early alert system to prevent an impending explosion or flood. Mentality requires metacognitive learning and new behavioral strategies to focus on attention, prevent intellectual ruminations and tendencies to be disturbing responses, as well as spread new thoughts and reduce unpleasant emotions (Kerry Jerry, 2004).

One of the important issues that most women in their reproductive age are having in their menstruation is premenstrual syndrome, menstruation, as well as other physiological phenomena in the body, may be disturbed. Premenstrual syndrome is a physical-psychological disorder characterized by a wide range of emotional and physical changes (Carroll & Rapkin, 2006). Premenstrual syndrome (PMS) can be defined as a periodic recurrence of a combination of physical, psychological or behavioral changes during the luteal phase of the menstrual cycle that interfere with family, social or occupational activities. Approximately one percent of women in reproductive ages are so severely affected by PMS that threaten the patient's interpersonal and occupational relationships. The most common age of women with this syndrome is 25 to 45 years of age. Symptoms include: craving for eating, headache, nervous irritation, sleep deprivation and crying attacks, low back pain, lower abdominal pain, temporary increase in body weight of 1 kg to 3 kg, swelling of arms and legs, urination and urine volume reduction Diarrhea, Disorders of coordination between body movements, Epilepsy and tension, Fainting (due to low blood sugar and blood pressure) Sleepiness and numbness, Leg cramps, Distraction, Sexual desire, Blurred vision, Constipation, and occasionally Diarrhea, abdominal bloating, sinusitis, unstable mood, dry and sometimes oily hair, dry skin, coldness in the arms and legs, physical and mental fatigue, migraine headache, sudden anger, feelings of failure, pale coloration, Subclinical darkness is susceptible to accidents due to lack of concentration of senses, severe depression and sometimes untidiness and joyless rejoicing, in which three main complaints are female pruritus, back pain and muscle pain and swelling. Premenstrual syndrome can change the behavior and well-being of women (Gonda et al., 2008), and have a significant effect on individual and general health (Bachhsani et al., 2010). Women suffering from this period often refuse to attend work and need hospitalization, sometimes they are injured and find psychological problems and even commit suicide. These people will lose an average of 10 percent of their performance at these days.

In general, irritability, nervous tension, and mood change in patients begin at mid-intervals between the two menstruation periods, and the closer they begin to get closer. They may even occasionally complain of mild depression as the mood approaches. Women can control the symptoms of premenstrual syndrome by preventing many losses in their lives and increasing their effectiveness. The semantic of a particular aspect of a particular state does not have individual sensitivity and is due to the overestimation or degradation of the role of adaptation to life in society, which leads to a defect in the balance between social behavior and inner feeling. What expresses is the structure of the existing living and reaction. This structure is inextricably linked to the situations encountered by them, so that what is soluble is unsolvable. In such a situation, excitements that remained unresponsive became motivated by catastrophic reactions such as shortness of breath, chest pain, and severe physical and emotional disturbances. Here are some of the limitations that need not be emphasized. The mysterious makes it a point that the most diverse and most important questions are raised around it (Sohmanan, Saligman, 2006). The word refers to a mental and emotional state that may continue from a small discomfort to fear or horror. Long or intense may result in physical symptoms such as sweating, chills, nausea and dizziness. It is generally a reaction that occurs in a frightening situation and intensifies with negative and frustrating attitudes.

One of the vulnerability factors under environmental stress conditions is inefficient attitudes. Based on the definition of the inefficient attitude of negative hypotheses and beliefs about himself, the world and the future. There are moderate levels of ineffective attitudes in healthy people. Having a dysfunctional attitude or ineffective beliefs about yourself or the world means that initial assessment methods of individuals from stressful situations are affected by these attitudes. High levels of inefficient attitudes are correlated with longer periods of depression and shorter recurrence attacks between recurrence periods (Ebrahimi, Nashat Dost, Kalantari, Rumi and Asadollahi, 2007). Ineffective attitudes are the intangible and perfectionist criteria that one uses to judge themselves and others. These assumptions or schemes are used to organize the perception, control, and evaluation of behavior, and as these attitudes are non-existent, extreme and resilient to change, they are therefore ineffective. If a person has a perfectionist and inflexible view of the world, he will use non-conforming strategies such as avoidance or denial when confronted with a stressful situation that disturbs his earlier views. Impact factor is one of the personality factors that, despite the many research that has been done about it, is the opinion of someone about it. Different researchers in charge of impulsivity, construct structures with different titles such as control, reflection, stimulation, novelty,

psychosis, self-regulation, and daring. Concepts also have important differences in conceptual and content relationships (Miller, Flory, Layman, and Liveclide, 2002).

Happiness is one of the factors that make people difficult to cope with in the vortex of indifference, frustration and depression. Happiness is a concept that has several basic components. Firstly, there is an emotional and emotional part that makes a happy person always happy and cheerful. The second is social, which leads to the expansion of social relations, and thirdly, it has a cognitive component that causes a person to have a kind of thinking and a kind of processing of his own information and interpret everyday events in ways that he has optimistic about. One of the important components of happiness is its cognitive component. Schwartz and Strak (1991) believe that happiness is the one who has a bias in the processing of information, which processes and manipulates the information that they happily achieve. The effect of happiness on mental health is related to cognitive processes such as the type of looking at life and the different look at oneself (Argyl, 2005). High-happiness people experience positive emotions and they have a positive assessment of the events and events surrounding themselves, while people with low sense of happiness evaluate incidents and their position, and most negative emotions such as, Depression and anger (Myers & Diner, 1995).

In sum, it can be said that the mind can be simultaneously based on cognitive variables, such as: cognitive styles and ineffective attitudes (Feldman et al., 2014), emotional variables (Anika et al., 2012) or even creating positive cycles through an open positive assessment as an upward spiral. The challenges facing humans in today's world are joyful because, despite significant advances in technology and providing human comfort, his sense of happiness has not increased (Panahi, 2012). Studies show that those who are happy are feeling more secure. They make decisions more easily and more satisfied with those who live with them. Lack of joy also has a number of negative consequences in society, including depression, pessimism, negative evaluation of events, uncertainty about work and lack of work conscience, drug addiction, social malformations, violence prevalence. In social relations, divorce and tendency to foreign and non-religious culture. On the other hand, researchers believe that social contributions and activities can affect the happiness and satisfaction of individuals from life. So it's likely that the atmosphere in which participation exists is joyful. According to the above, this research seeks to answer this question:

Does education affect the presence of inner happiness, impulsive behavior, and ineffective attitude and in women with premenstrual syndrome?

## 2. RESEARCH HYPOTHESES:

- I. Awareness education affects the internal happiness of women with premenstrual syndrome.
- II. Awareness training affects the unstructured behavior of women with premenstrual syndrome.
- III. Awareness training affects the ineffective attitude of women with premenstrual syndrome.
- IV. Awareness training affects the feeling of women with premenstrual syndrome.

## 3. RESEARCH METHOD

The present study is a semi-experimental research and is an unequal control group with pre-test post-test. The data gathering method was field research and a questionnaire was used to collect data. The statistical population of this study consisted of all the women who met the applicant for treatment of premolar disorder in the hospitals and gynecology clinics of Malayer in 2016 in the number of 200 people. The sample of this study consists of 30 women who are applying for the non-random sampling method. Because the research design is a semi-experimental one, then the sample size was considered to be at least 15 people per group (Delaware, 2015). For more precision and reduction of drop in samples, the sample is increased to more than 50. Of these, 50, 25, one, control and one test group were considered. The average age of the participants in each group is close to each other and the youngest participant in the study is 18 years old and the oldest is 56.

## 4. MEASUREMENT TOOLS

For information gathering, four ineffective attitudes questionnaires, Beck Inventory, Oxford Happiness Inventory, and Barrett Impact Scale were used.

### a. First instrument; Inefficient attitude questionnaire

According to Beck's cognitive pattern (1967-1976), pathologic emphasis is on assessing cognitive structures (Beck et al. 1988). This scale is two parallel forms, A and B, each containing 40 questions. Which measures the underlying assumptions governing depression. This scale is a self-assessment questionnaire that contains 40 articles and each material has seven times completely agreeable to completely opposite, which measures the degree of maladaptive attitudes. The materials that have been scored at either end of the ratings (i.e. grades 6 and 7) represent



a completely inflexible attitude and can be explicitly discussed. This scale has a high reliability coefficient (90%) and a reasonable stability ( $r = 0.73$ ) over a period of more than six weeks (Visman, Miller, Norman and Keiths, 1991, quoted by Javaheri, 2004). To assess the validity of this scale, a researcher was conducted on 60 students of Isfahan University with an average of 23 years, which resulted in a Cronbach's alpha of 0.87.

#### b. Beck Initiative

Beck's Inventory is a self-report questionnaire designed to measure the severity of in adolescents and adults (Dhamrahi, Honarmand, Yavari, 2012). This tool was previously translated by the researchers in Persian (Kavianimosavi, 2008). The studies show that this questionnaire has a high reliability, its internal consistency coefficient (Cronbach's alpha) is 92%, its reliability is 0.75 with a one-week trial, and the correlation of its questions from 0.3 to 0.76 0 is variable (Kaviani and Mousavi, 2008; Lebach and Kitz, 2005). According to studies conducted abroad, five types of content validity, simultaneity, simplicity, diagnostic and factor have been measured, which all indicate the high efficiency of this tool in measuring (Beck, Ester, 1990).

#### c. Oxford Happiness Inventory

The Oxford Happiness Questionnaire (OHI) has 11 items, each containing 4 terms, the first sentence is zero, the second is 9, the third is the score 1, and the fourth is the score of 3. Finally, the person earns a score between 0 and 98, with a higher score indicating more happiness.

#### d. Barratt Impulsiveness Scale

The questionnaire has 30 questions, which assesses three factors of cognitive impulsivity, motor impulsivity and unscheduled behavior, quadrants are quadrupled and the highest score is 120. After selecting the sample group and randomly substituting them in two experimental and control groups, the experimental group received 8 sessions of 90-minute therapy grouped. The plan of treatment according to the Kabat-Zein et al. (1992) protocol, which has been studied in various researches, shows that the effectiveness of this therapeutic approach is on depression, stress, ineffective attitudes and psychological adjustment (Bol Millier et al., 2010; Golden Vekras, 2010) will be implemented:

**Table 1. Therapeutic package**

The content of meetings	meetings
Setting up a general policy with regard to the privacy and personal life of individuals, inviting people to introduce themselves, physical examination exercises, homework assignments, and discuss weekly distribution of ribbons and leaflets.	First session
Includes tone training for 14 muscle groups including forearm, arm, muscle behind the leg, thighs, abdomen, chest, shoulders, neck, lips, eyes and forehead.	second session
Relaxation training for 6 groups of muscles, including hands and arms, legs and thighs, abdomen and chest, forehead and lips, and relaxed homework.	third session
Understanding how to breathe in the mind, teaching the technique of relaxation and relaxation along with relaxation without thinking about anything else and teaching the breathing technique and homework The mind of breathing before sleep.	fourth Session
Teaching techniques: Attention to body movement during breathing, focusing on body organs and movements, and searching for physical senses and mindfulness homework.	fifth meeting
Teaching attention to mind, positive and negative thoughts, pleasant or unpleasant thoughts, allowing negative and positive thoughts to enter the mind and easily removing them from the mind without judgment and deep attention to them.	Sixth session
40 minutes of meditating sessions, homework rehearsing, practice viewing the relationship between activity and creation.	Seventh session
Revision of past content and compilation.	Eighth session

Data were analyzed using SPSS 23 software. Descriptive statistics (frequency, percentage, mean, and graph) and inferential statistics (t-test and two groups' independent t-test) were used for assessing the effect of presence awareness (mindfulness) education.

## 5. FINDINGS

Characteristics of the internal happiness variable before and after intervention

**Table 2. Descriptive characteristics of internal happiness, two groups before and after intervention**

Number	Minimum	Maximum	Standard deviation	Average	Inner happiness
20	28.00	72.00	12.72	46.65	<b>Experiment</b>
20	21.00	77.00	16.72	48.90	Control
20	36.00	77.00	12.89	55.45	<b>Experiment</b>
20	28.00	72.00	12.61	47.55	Control

In this study, the average score of internal happiness in the experimental group after treatment was 55.45 and before treatment (46.64), and in the control group it was pre-test (48.90) and post-test (47.55), respectively. The mean change in the experimental group was more pronounced.

**Table 3. Descriptive Characteristics of Impulsivity and its Components in Testing and Control Groups before and after the Presenting of Therapeutic Intervention**

Minimum	Maximum	Standard deviation	Average	Abundance	stage	group	Components
27.00	45.00	4.48	38.75	20	pre-test	<b>Experiment</b>	Disorganization
22.00	42.00	5.91	33.40	20	post test		
25.00	47.00	4.62	37.55	20	pre-test	Control	Impulsivity
30.00	43.00	3.67	38.20	20	post test		
20.00	39.00	4.59	26.95	20	pre-test	<b>Experiment</b>	Cognitive impulse
19.00	37.00	4.41	25.50	20	post test		
19.00	37.00	5.03	25.85	20	pre-test	Control	Impulsivity
18.00	33.00	3.69	26.10	20	post test		
18.00	31.00	3.49	24.10	20	pre-test	<b>Experiment</b>	Cognitive impulse
15.00	29.00	3.94	21.55	20	post test		
15.00	29.00	3.73	23.25	20	pre-test	Control	Impulsivity
14.00	31.00	3.80	22.75	20	post test		
78.00	107.00	7.78	89.80	20	pre-test	<b>Experiment</b>	Impulsivity
65.00	97.00	9.62	80.45	20	post test		
74.00	104.00	9.99	86.65	20	pre-test	Control	Impulsivity
78.00	100.00	5.78	87.05	20	post test		

In this study, the mean total score of impulsivity in the experimental group after treatment was 80.45 and before treatment (80.45), in the control group it was pre-test (86.65) and post-test (87.05), respectively. The mean change in the experimental group was more pronounced. In the following, all three components of impulsivity (programmedness, motor impulsivity and cognitive impulsivity) were reduced in the experimental group and after treatment.

**Table 4 - Descriptive Characteristics of Inefficient Attitude in Testing and Control Groups before and after Presentation of Therapeutic Intervention**

Number	Minimum	Maximum	Standard deviation	Average	Dysfunctional Attitude
20	2.98	5.85	.824	4.57	<b>Experiment</b> pre-test
20	2.98	5.98	.796	4.27	Control
20	2.18	3.68	.398	2.95	<b>Experiment</b> post test
20	3.18	6.05	.665	4.42	Control

In this study, the mean score of inefficient attitude in the experimental group after treatment was 2.95 and before treatment (4.57). In the control group, it was pre-test (4.27) and post-test (4.42), respectively. The mean change in the experimental group was more pronounced.

**Table 5. Descriptive characteristics of the variable in the experimental and control groups before and after the intervention**

Number	Minimum	Maximum	Standard deviation	Average		
20	7.00	53.00	10.51	18.30	<b>Experiment</b>	pre-test
20	4.00	53.00	11.12	17.55	Control	
20	3.00	38.00	8.89	13.30	<b>Experiment</b>	post test
20	4.00	47.00	11.26	18.25	Control	

In this study, the mean of score in the experimental group after treatment was 13.30 and before treatment (18.30), it was in the control group in the pretest (17.55) and in the post test (18.25), which was the change the mean in the experimental group was more pronounced.

#### a. Analysis of data

**Table 6 - Table t two independent groups for comparing the score of the internal happiness questionnaire between the experimental and control groups at the pretest stage**

Upper limit	Bottom limit	Difference of meanings	Significance level (two domains)	Degrees of freedom (two)	t	Variables
7.26	-11.76	-2.250	.635	38	-.479	Inner happiness

Considering that the expected significance level is considered in this research (0.05) and the significance level obtained (0.63) is greater than the supposed significant level, we conclude that between the experimental and control groups before the intervention There is no difference in the degree of internal happiness.

**Table 7: Table t two independent groups for comparing the score of the impulsivity questionnaire and its components among the participants in the experimental and control group at the pretest stage**

Upper limit	Bottom limit	Difference of meanings	Significance level (two domains)	Degrees of freedom (two)	t	Variables
4.11	-1.71	1.20	.410	38	.833	<b>Disorganization</b>
4.18	-1.98	1.10	.475	38	.721	<b>Impulsivity</b>
3.16	-1.46	.850	.462	38	.743	<b>Cognitive impulse</b>
8.88	-2.58	3.150	.273	38	1.112	<b>Impulsivity</b>

According to Table 7, the significance level was obtained for the scores obtained from the impulsivity questionnaire before the intervention (0.27), which is, because of the higher significance level (0.05), we conclude that between the two groups in the pretest phase there is no significant difference in impulsivity. This assumption is valid for all three components of impulsivity (unscheduled, impulsive, and cognitive impulsiveness).

**Table 8 - Table t two independent groups for comparing the score of the inefficient attitude questionnaire among the subjects in the experimental group and the pretest control stage**

Upper limit	Bottom limit	Difference of meanings	Significance level (two domains)	Degrees of freedom	t	Variables
.818	-.218	.300	.249	38	1.171	<b>Dysfunctional Attitude</b>

According to Table 8, the significance level obtained for the scores of the ineffective attitude questionnaire before intervention (0.24), which is larger than the predicted significance level (0.05), we conclude that between the two groups in the pretest phase In terms of inefficient attitude there is no significant difference.



**Table 9-Two independent groups for comparing the score of the inventory among the subjects in the experimental group and the pre-test phase control**

Upper limit	Bottom limit	Difference of meanings	Significance level (two domains)	Degrees of freedom	t	Variables
7.68	-6.18	.750	.828	38	.219	

According to Table 9, the significance level obtained for the scores of the inventory before the intervention was 0.82. Since it is larger than the predicted significance level (0.05), we conclude that between the two groups in the pretest phase No significant difference was observed between the two groups.

#### b. Inferential analysis of hypotheses

**Table 10 - The Kolmogorov-Smirnov test to verify the distribution of the norm**

Significance level	Z	Wilcoxon	Number	Variables
.655	-.447	393.50	40	Inner happiness

The implication of the normal distribution, which is examined by the Kolmogorov-Smirnov test, is according to the results of Table 10 of normal distribution.

**Table 11: F test to verify the tilt homogeneity of regression coefficients**

Significance level	Average squares	F	Degrees of freedom	Sum of squares	Variables
.635	50.625	.229	1	50.625	Inner happiness

According to the contents of Table 11, F is obtained and the significance level greater than 0.05 shows that the homogeneity assumption of the regression coefficients is also established. So we can use covariance analysis.

**Table 12 - An analysis of covariance analysis of internal happiness in two groups of experiment and control**

Significance level	F	Average squares	Degrees of freedom	Sum of squares	Source of change	Variables
.036	4.741	222.819	1	222.819	group error	Inner happiness
		46.998	36	1691.917		
			40	112898.000	total	

In order to investigate the effectiveness of awareness training on the increase in inner happiness, according to observations, this method has increased the amount of happiness in the experimental group. Therefore, with 95% confidence, we can say that the presence of atherosclerosis is effective in increasing the amount of internal happiness in women with premenstrual syndrome.

Second hypothesis: Learning to be aware of the presence of impulsive behavior in women with premenstrual syndrome.

**Table 13 - Kolmogorov-Smirnov test to verify the distribution of the norm**

Wilcoxon	Significance level	Z	Wilcoxon	Variables
.377	-.884	377.50	40	Disorganization
.415	-.815	380.00	40	Impulsivity
.633	-.477	392.50	40	Cognitive impulse
.303	-1.029	372.00	40	Impulsivity

The implication of normal distribution, which is examined by Kolmogorov-Smirnov test, according to the results of the above table, is the impulsivity distribution and all its components are normal.

**Table 14 - F test to verify the tilt homogeneity of regression coefficients**

Significance level	Average squares	F	Degrees of freedom	Sum of squares	Variables
.410	14.400	.694	1	14.400	Disorganization
.475	12.100	.520	1	12.100	Impulsivity
.462	7.225	.552	1	7.225	Cognitive impulse
.273	99.225	1.237	1	99.225	Impulsivity

According to the contents of the table above, F is obtained and the significance level greater than 0.05 shows that the coefficient of regression tilt homogeneity assumption is also established. So, we can use covariance analysis for impulsivity and its three components.

**Table 15. Impact Co-Variance Analysis and its components in both experimental and control groups**

Significance level	F	Average squares	Degrees of freedom	Sum of squares	Source of change	Variables
.001	20.655	309.988	1	309.988	<b>group error total</b>	Disorganization
		15.008	37	555.284		
			40	52418.000		
.005	9.111	33.532	1	33.532	<b>group error total</b>	Impulsivity
		3.680	36	132.498		
			40	27260.000		
.013	6.892	57.560	1	57.560	<b>group error total</b>	Cognitive impulse
		8.351	36	300.654		
			40	20210.000		
.005	9.142	228.853	1	228.853	<b>group error total</b>	Impulsivity
		25.034	36	901.233		
			40	283394.000		

In order to investigate the effectiveness of acute awareness training on impulsivity reduction, according to observations, this method in the experimental group has reduced the amount of impulsivity. Therefore, with 99% confidence, it can be concluded that atherosclerosis training is effective in reducing the impulsivity of women with premenstrual syndrome. This assumption is also validated for all the components of impulsivity (programmedness, motor impulsivity, and cognitive impulsivity), while, with respect to the degree f, the highest degree of effectiveness of teaching the consciousness of being on the unspoken component (20.65) and The lowest impact on the cognitive impulsivity component (6.89).

Hypothesis 3: Attention awareness training affects the ineffective attitude of women with premenstrual syndrome.

**Table 16 - Kolmogorov-Smirnov test to verify the distribution of the norm**

Significance level	Z	Wilcoxon	number	Variables
.185	-1.326	361.00	40	Dysfunctional Attitude

The implication of the normal distribution that is examined by the Kolmogorov-Smirnov test is according to the results of Table 16 of the normal distribution.

**Table 17 - F test to verify the tilt homogeneity of regression coefficients**

Significance level	Average squares	F	Degrees of freedom	Sum of squares	Variables
.249	.900	1.371	1	.900	Dysfunctional Attitude

According to Table 17, F is obtained and the significance level greater than 0.05 shows that the slope homogeneity assumption of the regression coefficients is also established. So we can use covariance analysis.

**Table 18- Analysis of covariance analysis of inefficient attitude in both experimental and control groups**

Significance level	F	Average squares	Degrees of freedom	Sum of squares	Source of change	Variables
.001	70.678	21.590	1	21.590	<b>group error</b>	Dysfunctional Attitude
		.305	37	11.302		
			40	577.204	<b>total</b>	

In order to study the effectiveness of awareness training on reducing inefficient attitude, according to observations, this method in the experimental group has decreased the ineffective attitude level. Therefore, with 99% confidence, it can be concluded that the presence of consciousness education is effective in reducing the ineffective attitude of women with premenstrual syndrome.

Fourth hypothesis: Awareness training affects the presence of in women with premenstrual syndrome.

**Table 19- Kolmogorov-Smirnov test to verify the distribution of the norm**

Significance level	Z	Wilcoxon	Number	Variables
.673	-.422	394.50	40	

The implication of the normal distribution, which is examined by the Kolmogorov-Smirnov test, is based on the results of Table 4.24 of the normal distribution.

**Table 20-F test to verify the tilt homogeneity of regression coefficients**

Significance level	Average squares	F	Degrees of freedom	Sum of squares	Variables
.828	5.625	.058	1	5.625	

According to the contents of Table 20, F is obtained and the significance level greater than 0.05 shows that the slope homogeneity assumption of regression coefficients is also established. So we can use covariance analysis.

**Table 21 - ANOVA covariance test in two groups of experiment and control**

Significance level	F	Average squares	Degrees of freedom	Sum of squares	Source of change	Variables
.007	8.142	303.819	1	303.819	<b>group error</b>	
		37.314	37	1380.602		
			40	14111.000	<b>total</b>	

In order to evaluate the effectiveness of awareness training on the reduction of according to observations, this method in the experimental group has decreased the amount of. Therefore, with 99 percent confidence, it can be concluded that atherosclerotic training is effective in reducing the level of in women with premenstrual syndrome.

## 6. CONCLUSION

The results of this study showed that the presence of consciousness education was effective in increasing the amount of internal happiness in women with premenstrual syndrome. In its explanation it can be said that the mind of one's ability to create a radically different relationship with the experience of inner feelings and external events can be achieved through the creation of moment-consciousness and behavioral guidance based on wise responsibility rather than reactive responsiveness. To make Premenstrual syndrome is not a single disorder, but a set of biological signs with psychosocial and social aspects, so using purposeful mental functions such as attention, awareness, kindly attitude, curiosity and Compassion, mindfulness can effectively affect emotional reactions through cortical inhibition of control system (Kabat-Zein, 2003). Thus, individuals with higher levels of mind-consciousness show less self-consciousness and believe that they are able to free themselves from such thinking (Freon, Evans, 2006). Using, mindfulness can use metacognitive processing and increase flexibility in responding to threats (Maraj, Douzis and Patrij, 2004; quoted by Babapur, Sharifi et al., 2012).

Ahmadvand, Heidari Nasab and Shoja (2012) also found that mind is a powerful predictor of knowledge for psychological well-being. The conscious minds perceive the inner and outer realms freely and without distortion and have a great deal of ability to face a wide range of thoughts, excitements and experiences (both pleasant and unpleasant) (Ryan and Brown, 2003; quoted by Baqerpour and Men, 2016).

Another result of this study is the effectiveness of awareness training on reducing impulsivity in women with premenstrual syndrome, irritability is a symptom of premenstrual syndrome. A high percentage of people with premenstrual syndrome complain of severe irritability, including obvious and persistent anger, and interpersonal conflicts. Disturbing, scattered anger, stress, feelings of helplessness, feelings of inferiority, and , and Particularly in long and unsuccessful treatments, negative beliefs about oneself, concerns about sexual attractiveness, feelings of rejection, severe and self-esteem are some of the psychological problems reported by researchers (Van den Acker, 2005).

Knowledge-based cognitive therapy focuses on the process of attention that leads to preventing negative factors, negative thinking, tendency to worrying answers, and the growth of a new perspective and the formation of pleasant thoughts and emotions (Braun and Ryan, 2007). In fact, mind-boggling exercises increase the awareness of women with premenstrual syndrome from the present moment through techniques such as attention to breathing, concentration and attention to the body, and focusing on here and now on the cognitive system and processing The information affects women and helps them not respond in an instant to ineffective situations by observing, accepting, and gaining more information about situations.

The results of this study have shown the effectiveness of presence awareness training on reducing the ineffective attitude of women with premenstrual syndrome. The findings of this study suggest that in cognitive therapy based on mind-awareness without the therapist directly referring to the inferiority of the data and the ineffective attitude of the subject A type of cognitive reconstruction is involved (Kabat Zayn, 2005). In explaining this result, it can be said that mindfulness exercises are essentially effective in reducing rumination, and this, in turn, reduces inappropriate cognitive content and emotional symptoms, in particular symptoms, depression, and inefficient attitude. In these results, mindfulness about problem solving has shown that one tries to deal with that problem or understands it well and implicitly describes the problem for the present and future. Mindfulness awareness requires learning Metacognition and new behavioral strategies to focus on attention, prevent rumination and tendency to be disturbing responses. It also spreads new thoughts and reduces unpleasant emotions (Kerry, 2004).

Mindfulness training can lead to changes in thinking patterns or changes in attitudes about individual thoughts. Kabat Zayn et al. (1992) suggest that observation without judgment of pain and concerns about concern can lead to the perception that they are only thought and not reflection of the truth or reality and do not need to avoid or escape In fact, observing thoughts and emotions and tagging them strengthens the state that thoughts and feelings are not always the exact reflection of reality.

In the mind-consciousness, the individual is informed at an early stage of the mental mode and identifies the skills of more useful methods. For mindfulness, two main ways are considered: one to do and another. In the minds of a person, he learns that in the moment he moves the mind from one way to another. In this way, people learn how to communicate in a different way to ineffective and illogical thoughts and their emotions and negative feelings, and this method of treatment by causing intellectual and emotional outburst of vulnerability and irrational sensitivities in stress situations Causes slowdown.

In sum, the main mechanism of mind-consciousness seems to be self-control, since repeated focusing on a neutral stimulus, such as breathing, creates an environment of particular interest (Sung, 2011). The findings of this study showed that the presence of consciousness education has been effective in reducing the level of in women with premenstrual syndrome. It can be said that the treatment of mind-consciousness allows anxious women to adopt patterns of habitual thinking which prevents people from reaching a stable life, and modifies these habit patterns by replacing more emotional ordering strategies. Also, the presence of atherosclerosis training enhances the more adaptive processing of thoughts and emotions that underlie behavioral and psychological problems associated with

stress and mental techniques are effective in increasing muscle relaxation and reducing worry, stress and by providing an opportunity for meditation (Kabat-Zein, 2003).

Researchers believe that physiological emotions and conditions can also lead to more and provide false evidence for patient, and when these conditions occur for the patient, the patient responds with more disturbance, avoidance and emotional collapse. It only worsens ones. Hence, the first step in helping people with symptoms is to stop the cycle of and then limit the ways of experience by replacing new habits that are based on increasing self-esteem and relaxed skills. Such as the conscious mind, we can change (Gouldin and Gross, 2010). And stress itself are an effective factor in the emergence and increase of inefficient thoughts and worries, and thus the person enters a vicious circle (an increase in stress and ineffective thoughts). Segal et al. (2002) believe that cognitive therapy based on mind-awareness is the main element in increasing the self-awareness necessary for empowerment and optimal responses in critical situations to prevent experience and always acts as a permanent preventive stimulant ( Sharifi Saki et al., 2015). Limitations of this research are not conducting follow-up studies, so information is not available to indicate that the changes have long been stable in the long run. Also, the inability to control the disturbing variables, including family issues, and information gathering based on the self-report tool (questionnaire) can be constructed. This type of data collection process may be the source of one-dimensional bias in the use of the methods, the name win. In the end, it is suggested that in future researches, interventions of mindfulness on both genders, other age groups and more widely in other geographic regions, can lead to appropriate hospitalization for better comparison and increased generalizability Results. This intervention can, in addition to preventing, promote mental health. Also, considering that premenstrual syndrome has a significant negative effect on women's emotions and function, the prevalence and identification of predisposing factors of premenstrual syndrome can play a major role in preventing this disorder and promoting women's health.

## REFERENCES

- Ebrahimi, A. Neshat's friend, h Police station, M. Rumi, h Asadollahi, Gh (2007). The contribution of inefficient attitudes scale and general health subscales in predicting and ratio of Attabla's chances to depression. Journals of Shahrekord University of Medical Sciences. Course 9 Issue 4, 58-52.
- Eshaghi, Hajar, Ghamari, Mohammad (2015). The effect of mind-awareness technique on premenstrual dysfunction in married women aged 20 to 45 years in Tehran. The 5th International Conference on Psychology and Social Sciences.
- Bagherpour, Masoumeh; Men, Khadijeh (2016). The Relationship Between Happiness and Mindfulness with Teachers' Engagement. Educational Psychology, seventh year, No. 4, pp. 49-39.
- Bairami, M. ; Abdi, R. (2009). The Effect of Teaching Mindfulness-based Techniques on Reducing Test, in Students. Educational Sciences, 2 (6): pp. 54-35.
- Beiraami, M; Movahedi; Alizadeh Goradel, J. (2015). The Effectiveness of Cognitive-Based Mindfulness Therapy in Reducing Social and Ineffective Attitudes of Adolescents. Social Recognition, Year 4, No. 1, (Successive 7), pp. 52-41.
- Behner, Jarde and Vank, Michael (2015). Attitudes and Their Change; Translation by Ali Mahdad, Tehran, Publication of Forest.
- Javaheri, Forouzan (2004). The Effectiveness of Mindfulness Training in Preventing Depression in Students of Dorm Campus in Isfahan University in the fall and winter of 2004. Master's Degree in Clinical Psychology, Islamic Azad University, Roudehen Branch.
- Delaware, Ali. (2013). Concepts and Critical Statistics in Psychology and Educational Sciences. Tehran: Growth Publishing.
- Kaviani Hossein; Mousavi Ashraf Al-Sadat. (2008). Psychometric properties of Beck inventory in the age and sex groups of Iranian population. Journal of Faculty of Medicine: May 2008, Volume 66, Number 2; From page 126 to page 140.
- Alloy, L. B., Abramson, L. Y., Hogan, M. E., Whitehouse, W. G., Rose, D. T., Robinson, M. S., et al. (2010). The temple-wisconsin cognitive vulnerability to depression project: lifetime history of axis I psychopathology in individuals at high and low cognitive risk for depression. Journal of Abnormal Psychology, 109, 403-18.
- Argyle, M. (2000). Psychology & Religion: An Introduction. London & New York: Routledge, Taylor & Francis Group.
- Barlow (Ed.), Clinical Handbook of Psychological Disorders: A Step-by-Step Treatment Manual. (2013) (4th ed., Pp. 615-661). New York, NY: Guilford Press.
- Beck, A. T. et al. Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation, Clinical Psychology Review, (1988) v. 8, p. 77-100.



- Beck, A. T. et al. An inventory for measuring depression, *Archive of General Psychology*, (1990) v 4, p. 561-574.
- Baer, R. A. Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice*, (2003) 10,125-143.
- Beck, A. T., Steer, R.A. (1990). *Beck Inventory Manual*. San Anto: Psychological Corporation.
- Cardinal, R. N. (2004). *Waiting for better things*, London: University of Cambridge Press.
- Ciarrochi, J. (2014). Relationships between dysfunctional beliefs and positive and negative indices of well-being: A critical evaluation of the common beliefs survey. 111. *Journal of Rational Emotive & Cognitive-Behavior Therapy*. 22 (3), 171-188.
- Kabat - Zin, j. (1990). *Full Catastrophe Living. Using the Wisdom of Your Body and Mind to face stress, pain and illness*. New York: Dell Publishing.
- Kialashaki A, Tofigh M, Shokouhi F, Zafari M, Zarenegad N. Effect of lavender essence on premenstrual syndrome. *J Mazand Univ Med Sci* 2010; 22 (93): 48-56. (Persian).
- Meyers, D. G. (2014). *The American Psychologist*, 55 (1), 56-67.
- Segal, Z. V., Williams, J. M. G., & Teasdale, J. D. (2002). *Mindfulness-based cognitive therapy for depression*. New York: Guilford.
- Seligman M. & S. Eikszentimihaly M (2009) Optimism coping and health *Health psychologist* 55-55.
- Seligman, M. E. P., Steen, T., Park, N. and Peterson, Ch., (2005). "Positive psychology progress: empirical validation of Interventions". *American Psychologist*. Vol 60, Issue 5, pp. 410-421.
- Seligman, M. E. P., & Csikszentmihalyi, M. (2010). *Positive psychology: An introduction*.