The Effect of Life Skills Training on Emotional Maturity and Mental Health of Young Marrying Couples in Tehran, Iran

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Abstract

Introduction: Life skills are abilities, knowledge and behaviors that are learned for happiness and success in life, and teaching these skills leads to bio-psychological success, emotional maturity, and success in professional and personal life. Therefore, the purpose of this study was to investigate the effect of life skills training on emotional maturity and mental health of young marrying couples in Tehran, Iran.

Method: The target population of the study consisted of all couples who referred to Ahmadi Health Center in the second half of the year 2015, from whom 60 people (30 couples) were selected using convenience sampling method and were randomly assigned to two groups of control and experimental. Before introducing the independent variable, the control and experimental subjects were pretested. Subjects completed the SCL-90-r questionnaires of emotional development and mental health.

Results: According to the results, life skills positively affect young marrying couples' emotional maturity and mental health.

Conclusion: Couples who were well-educated in life skills are likely to show a high level of emotional maturity and mental health, thus they would establish strong and solid relationships with family and community members, and they socially show more desirable behaviors, and have a more self-contained concept, and this will allow them to assess, understand, and accept their limitations and abilities in a more correct way.

Declaration of Interest: None.

Key words: Mental Health, Emotional Maturity, Life Skills, Young Marrying Couples

Introduction

The needs of today's life, rapid cultural change, and family transformation have left people with many challenges and pressures that effective coping with them requires psychosocial empowerment (1). The lack of emotional, psychological and social skills and abilities of individuals make them vulnerable in confronting issues and problems, which will cause a variety of psychosocial and behavioral disorders. These facts have made mental health experts and practitioners in the world to focus

on prevention (1). Initial prevention programs were basically initiated by Botvin to prevent smoking and drug use. The main goal of this approach was to develop lifelong skills and to teach skills mostly related to empowerment for non-consumption of cigarettes, narcotics and alcoholic beverages (2).

Life skills are abilities, knowledge and behaviors that cause happiness and success in life. These skills enable a person to adapt to life situations and take control over them. By

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developing these skills, people can easily live with others, express their feelings with free will and love life (3). These abilities enable a person assume role responsibilities and to to deal with expectations effectively and especially interpersonal problems, in relationships, without hurting himself and others (3).

Mental health is believed to play a fundamental role in the evolution of one's personality (4). In fact, mental health is a mental state, which characteristics are emotional well-being, a partial release from the symptoms of anxiety and disabilities, and the capacity to build constructive relationships and cope with the psychological requirements and pressures of everyday life (4).

There are two schools of thoughts about intelligence; one claims that intelligence is a trait and the other believes that intelligence is shaped by the environment (4). Emotional intelligence, as a variation of intelligence is a flexible skill that is easily learned (5). Therefore, a person who has been born without emotional intelligence can still build high EQ (6). It is the emotional intelligence that determines how to handle our personal, environmental and social problems (7).

Therefore, considering the role that marital relationships can play in mental health, identification of effective factors contributing to marital satisfaction can be considered an important step in the case of marital affairs. Also, in the current situation of our community, which has focused on many programs and policies that aimed at facilitating the marriage of young people, it is essential for us to make the young people more prepared and informed to build a successful marriage. In addition to facilities, successful marital life needs specific skills and abilities, and by conducting such research one can take an effective step in recognizing these abilities. Also, premarital relationships are the basis for the future relationship between husband and wife, and according to the saying "A good beginning makes a good ending", it is necessary for husband and wife to obtain the necessary information and training about some of the consequences of unclear and unconscious behaviors that they will encounter throughout their lives, before getting caught in the vicious circle of naive behaving in common life, marital incompatibility and, consequently, marital dissatisfaction because of the lack of knowledge. The above factors highlight the importance of the present study, which was approved by the ethical committee of Shahid Beheshti University under the code No.10620705961031

Methods

The present study is an experimental study and its design is a pre-test and post-test model with control group, which received no treatment. The target population of the study included all the couples who were referred to Ahmadi Health Center in the second half of the year 2015 to undergo pre-marriage tests like blood test, from whom 60 people (30 couples) were selected using convenience sampling method and were randomly assigned to control and experimental groups. The inclusion criteria were between 20 to 28 years old as well as premarriage tests. Age above 28 and previous divorce were the exclusion criteria. 37 participants held B.A. degree, 12 baccalaureate, and 11 high school diploma. 4 participants were 20 to 22 years old, 21 were 23 to 25, and 35 were 26 to 28.

Before the intervention, the subjects in both groups were pretested using maturity and mental health questionnaires of the SCL-90-R. The pre-test was conducted for control and comparison, as well as to determine whether the changes were due to the introduction of the experimental variable or other factors. Then, over 11 consecutive days of 2 hours, the experimental group received life skill training, including 1) self-awareness and empathy, 2) communication. effective 3) anger management, 4) effective interpersonal relationships, 5) courageous behavior, 6) coping with negative mood, 7) stress management, 8) time management, 9) problem solving, and 10) critical thinking. The training was delivered by the PhD student researcher, which participated in a number of life skills training workshops and was certified.

Life skills training was delivered in 11 consecutive days from August 10th, 2016 to

August 20th, 2016, and the last day was a question & answer session. At the end of a 6-month interval, a post-test was performed on February 18th, 2017 and analyzed using the MANCOVA method in SPSS-22 application.

Tools

Emotional Maturity Scale $(EMS)^{1}$: This 5 point Likert type, 48 item questionnaire was developed by Yasho Miring and Mahesh Bhargava in 1984 and was standardized by safapour (2006), reporting the validity of 2.36 and the reliability of 0.84 (8). In the present study using Cronbach's alpha, the reliability of the questionnaire was 0.76. Providing 30 graduate students with the questionnaire, it was proved that the scale is content valid.

2- **Psychological Disorders Symptom Checklist (SCL90-R)**: This test consists of 90 questions for assessing psychological symptoms and it is very suitable for rapid measurement of the type and severity of symptoms by self-assessment. In their study, Anisi et al. demonstrated that the checklist has a coefficient reliability of 0.75 and is valid (9). In the present study using Cronbach's alpha, the reliability of the questionnaire as a whole and the dimensions of somatization, obsessivecompulsive. interpersonal sensitivity. depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism was 0.81, 0.77, 0.72, 0.71, 0.85, 0.71, 0.73, 0.73, 0.75, 0.71 validity respectively and the of the questionnaire was verified by a team of university experts.

3. Life skills training program: In order to deliver the life skills training to the experimental group, the life skills training package (adult specialist), developed by Fati, Motabi and Mohammad Khani in 2012 and approved by the Ministry of Health and Medical Education (Mental Health Office, Social and addiction, women's office) was used. In the table below, the structure of the program is presented.

To analyze data, the MANCOVA was employed using SPSS 22.

A: Emotional development:

Results

In the following tables, the results are presented.

Session	Topic	Aim:			
		To help young married couples			
1	Self-awareness and empathy	Realize their needs, desires, goals as well as those of others			
2	Effective communication	Actively listen and effectively express themselves			
3	Anger management skills	Realize what makes them angry and consequently manage their anger			
4	Effective interpersonal skills	Understand the significance of interpersonal relations and form an effective relationship			
5	Courageous behavior skills	Learn how to be assertive			
6	negative mood coping skills	identify their negative mood and consequently change it			
7	Stress management skills	determine their stress and handle it with such coping strategies as relaxation			
8	Time management skills	Properly make their schedules			
9	Problem solving skills	Get familiar with emotion based coping and execute it			
10	critical thinking Skills	Realize their own as well as others thoughts			

Table 1: topics of sessions

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¹- EMS and SCL90-R was taken from Islamic Azad University, Jonoob branch.

		Pre-test		Pos		
Variable	Groups	Mean	Std. deviation	Mean	Std. deviation	Sig.
Emotional instability	Control	2.4133	65112.0	2.1219	52661•.	019.
	Experimental	2.9633	34289.0	1.7000	82796•.	018•.
Emotional return	Control	2.3200	64775.0	2.2000	62753•.	001•.
	Experimental	2.9200	36237.0	1.7167	83916•.	
Social adjustment	Control	2.3000	54835.0	2.1030	45540•.	001•.
	Experimental	2.8567	30590.0	1.2167	50588•.	
personality breakdown	Control	2.2700	69488.0	2.1933	57171•.	004.
	Experimental	3.0867	30932.0	1.7700	66184•.	004•.
Lack of independence	Control	2.5458	48743.0	2.3250	53699•.	027•.
	Experimental	2.9583	33045.0	1.8292	79701 • .	
Emotional	Control	2.3698	50950.0	2.1886	42938•.	001.
Maturity	Experimental	2.4975	68897.0	1.1905	58159•.	001•.

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Table 2:	Description	n of Emotiona	I Developm	ent Scores

*(P<0.05)

The results of Kolmogorov-Smirnov test showed the distributions of most of the variables are normal at 0.05 significance level, confirming the first presumption of covariance. The F level (p <0.05) also indicated the homogeneity of all variables of emotional development.

The most important predictor of covariance test is the homogeneity test of regression line slope. According to the above table and the F value, it can be stated that this presumption is validated for emotional maturity variables.

Source	Variables	Sum of squares	df	Mean squares	F	Sig.
	Emotional instability	8.164a	7	1.166	2.704	018•.
	Emotional return	12.414b	7	1.773	4.021	001•.
	Social adjustment	13.711c	7	1.959	8.851	001•.
Corrected model	personality breakdown	8.024d	7	1.146	3.539	004•.
	Lack of independence	7.665e	7	1.095	2.497	027•.
	Emotional Maturity	19.212f	7	2.745	13.108	001 • .
	Emotional instability	6.945	1	6.945	16.104	001•.
	Emotional return	2.120	1	2.120	4.808	033•.
	Social adjustment	11.271	1	11.271	50.932	001•.
Groups	personality breakdown	3.521	1	3.521	10.869	002•.
	Lack of independence	3.862	1	3.862	8.805	005•.
	Emotional Maturity	13.713	1	13.713	65.495	001•.

According to the above table and the F values, it can be argued that life skills training positively affects emotional maturity at the 0.05 significance level, thus

reducing the post-test's mean in the experimental group. *B-Mental Health:*

	Table	4: Descripti	on of Mental H	ealth Scores			
	-	Pre	e-test	Post-test			
Variable	Groups	Mean	Std.	Mean	Std.	Sig.	
			deviation	1/Ioun	deviation		
Aggression	Control	2.2389	72541.0	2.3056	53799.0	001•.	
	Experimental	2.7944	49457.0	1.8622	61630.0	001 .	
Anxiety	Control	2.1000	57576.0	2.3370	51083.0	032•.	
	Experimental	2.9444	47298.0	1.7708	67997.0	032*.	
Obsession	Control	2.3833	83711.0	2.3433	59462.0	101•.	
	Experimental	3.0089	47010.0	1.9133	90429.0	101*.	
Sensitivity	Control	2.3185	81270.0	2.4444	47321.0		
of interpersonal relationships	Experimental	2.8926	41623.0	1.7185	79950.0	001•.	
Physical	Control	2.2444	63613.0	2.3444	55135.0		
Complaint	Experimental	2.9939	39713.0	2.0111	91437.0	143•.	
Neuroticism	Control	2.0867	87602.0	2.2933	58953.0	101•.	
	Experimental	3.0300	43877.0	1.8933	83704.0	101*.	
	Control	2.4833	88121.0	2.4778	59328.0		
Paranoid thoughts	Experimental	3.0067	53908.0	2.0010	74148.0	001•.	
	Control	2.2427	79116.0	2.2958	53688.0	001 • .	
Depression	Experimental	2.8282	42790.0	1.9250	77446.0	0014.	
	Control	2.1000	85689.0	2.3481	56433.0	002•.	
Phobias	Experimental	3.0917	52823.0	2.0205	78106.0	0021.	
Mental	Control	2.2442	68620.0	2.3618	46992.0	040•.	
health	Experimental	2.9545	20251.0	2.1297	79241.0	0401.	

*(p<0.05)

The results of Kolmogorov-Smirnov test showed the distributions of most of the variables are normal at the 0.05 significance level, confirming the first presumption of covariance. The F level (p < 0.05) also indicated the homogeneity of all variables of mental health.

The most important predictor of covariance test is the homogeneity test of regression line slope. According to the table above and the F value, it can be said that this presumption is validated for mental health variables.

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Source	Variables	Sum of squares	df	Mean squares	F	Sig.
	Aggression	9.421	10	942.0	3.569	001•.
	Anxiety	8.051	10	805.0	2.224	032•.
	Obsession	9.578	10	958.0	1.728	101•.
	Sensitivity of interpersonal relationships	13.913	10	1.391	3.584	001•.
Corrected model	Physical Complaint	8.445	10	844.0	1.574	143•.
	Neuroticism	8.546	10	855.0	1.727	101•.
	Paranoid thoughts	12.414	10	1.241	3.547	001•.
	Depression	11.714	10	1.171	3.565	001•.
	Phobias	11.907	10	1.191	3.509	002•.
	Mental health	7.696	10	770.0	2.128	040 • .
	Aggression	3.755	1	3.755	14.224	001•.
	Anxiety	4.060	1	4.060	11.217	002•.
	Obsession	4.003	1	4.003	7.220	010•.
	Sensitivity of interpersonal relationships	6.593	1	6.593	16.984	001•.
Groups	Physical Complaint	2.932	1	2.932	5.467	024•.
	Neuroticism	4.267	1	4.267	8.622	005•.
	Paranoid thoughts	6.034	1	6.034	17.242	001•.
	Depression	3.030	1	3.030	9.220	004•.
	Phobias	4.672	1	4.672	13.766	001•.
	Mental health	1.363	1	1.363	3.767	048•.

Table 5: Covariance test related to the effect of life skills training on mental health variables

According to the above table and the F value it can be argued that life skills training positively affects mental health, thus reducing the post-test's mean in the experimental group.

Discussion

The findings of the study show life skills training positively affected emotional development and mental health of young marrying couples. For this purpose, the total scores of emotional development and mental health were compared before and after the training in both experimental and control groups. Analysis of variance in emotional development and mental health of young marrying couples were examined, and the effect of the group with repeated showed a significant measurements difference in the two groups. Also, the frequency of the test was significant and showed a significant difference between the pretest and posttest at the 0.05 significance level. The possible reason is that experimental subjects deploy life skills to interpersonal communication. develop Young marrying couples, who learn real life skills, practice and apply their merit can definitely succeed in entering the marital life, have a positive interactive relationship with their spouse, and show a range of accepted behaviors.

Couples who are well-trained in life skills and have strong relationships with family and community members are likely to manifest a high level of emotional maturity and mental health, socially preferable behaviors, and have a more selfcontained concept, making it possible to evaluate, understand and accept their limitations and potentials in a more correct way.

The findings of this study which was based on the effectiveness of life skills training was in line with findings such as the impact of life skills training on Drug Abuse Prevention Program (10), Teen Pregnancy (10-11), Intelligence promotion (12), and Prevention of Sexual Abuse (12). Therefore, life skills training are important in protecting the wellbeing of the community. Malin (1994) (12) also argued the effectiveness of life skills training on social life.

Life skills training are therefore effective in promoting marital satisfaction and couples' compatibility, creating an atmosphere of interaction and preventing violence in the relationship. In a violence prevention program, 135 students were trained in problem solving, and the results showed that the participants had less social problems in comparison to the control group, and were less likely to resort to violent solutions, and proposed more negative consequences for violence (13).

Visser (2005) (13), conducted a study in South Africa as the Strategic Life Skill training for AIDS Prevention. 667 secondary school students had participated in this study. The results showed that life skills training changed the high-risk behaviors in secondary school students. In a study of communicative skills training on 67 families, Yalsin et al. (2007) (14) also found that the communicational skills positively affected relationships and can lead to good behavioral changes in couples in the long term. In another study examining the relationship between life skills training and domestic violence, Fatemi, Davoudi, Fesharaki, and Afshani (2011) (15) found that pre-marriage life skills training positively reduced domestic violence among couples.

Besides, life skills training positively emotional maturity influences of individuals and psychological traits such as self-esteem and better compatibility, lifelong responsibility, problem-solving skills, coping skills, and anger control. Srikala and Kishore (2010) (16), in their study on 605 adolescent students, showed that life skills training significantly improved self-esteem and compatibility of adolescents. Albertin et al. (17) concluded life skills training increased the active role in life. occupational responsibility, planning for the future, and the ability to think critically. Walt (2009) (18) reported that life and social skills training could improve selfsocial behaviors and social esteem. adjustment, family system satisfaction and family compatibility, personal and interpersonal problem solving skills, and coping skills. Learning life skills enables one to transform knowledge, values and attitudes into actual capabilities. Life skills influence one's perception of adequacy and self-esteem, and thus play an important role in mental health. As the mental health level increases, the individual's motivation for taking care of themselves and others, and the prevention of health problems and behavioral problems will increase (18). Yarmohammadian, Hashemi, and Asgari (2011) (19) found that life skills training and emotional intelligence significantly affect marital adjustment among young couples. In their study, Mehrabizadeh, Honarmand, Hosseinpour, and Mehdizadeh (2010) (20) reported that life skills training, with or without controlling the length of marriage, could increase the marital maturity of married women. Life skills training improve the quality of the relationship between couples. Also. learning problem-solving skills leads to effective strategies in the event of a problem and thus increases their happiness and satisfaction with marital life (20).

Also, life skills training can be effective in promoting psychological health and reducing anxiety and depression. In their study, Hadjam and Widhiarso (2010) (21) argued that life skills program positively influenced mental health of teachers. The results of a study by Chan, Chu, Wang and Wang (2013) (22) also showed that life skills training significantly increased the psychological health of the experimental group compared to the control group. Samari and Lalifaz (2005) (22), in their research, showed life skills training gave rise to an improvement of mental health in the experimental group. In a study on the effect of life skills training on the psychological profile of women with physical-motor disabilities, Moradi and Kalantari (2006) (23) reported that life

skills training increased mental health, decreased anxiety and social maladjustment with no significant effect on depression. Baghaei Moghaddam, Malekpour, Amiri and Molavi (2011) (24), in their study on adolescents of special schools in Isfahan, concluded that, after teaching life skills gave rise to a significant difference between the mean scores of anxiety, joy and anger control in the experimental group and the control group. In another study, Karami, Zakiyi, AliKhani, Khodadadi (2012) (25) found that life skills are effective on mental health, and marital conflicts are associated with increased stress, anxiety and depression among couples. Becktash and Toykov (2007) (26) found that life skills training, in addition to its impact on improving the quality of relationships, plays a major role in promoting mental health and general health, reducing family stress, increasing social acceptance and even preventing suicide. Abbasi et al. (2011) (26) found that life skills training were effective on improving marital situation and marital satisfaction, promoting the married women's quality of life.

The results of this research and other studies on life skills training showed its importance and its role as an important factor to improve the lives of individuals. Given the complexities of marital life and rapid change, it seems that couples are in need of life skills training. Therefore, it is necessary for the authorities to create the basics for introducing these trainings so that these changes have a powerful impact, not failing.

Like other studies, the present research has its own limitations. It doesn't take into account other factors accounting for emotional development and mental health. In addition, self-report questionnaire was the only method of data collection which social desirability is one of its disadvantages.

Based on the findings and limitations of the study, using larger and more heterogeneous population in future research in order to increase the generalizability of the results is recommended. We suggest other scholars use qualitative method to provide more in-depth information on how life skills training affect mental health. It is also suggested to carry out the research in long-term period and over one year to examine the durability of such trainings.

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