

The effectiveness of life skills training on improving frustration tolerance and irritability in obese people

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Abstract

Introduction: obesity has become a serious concern for public health, which will lead to many risk factors; The main purpose of this research was to determine the effectiveness of life skills on tolerance of failure, marital heartbreak and irritability in obese people.

Research method: The design of this semi-experimental research was of pre-test-post-test type. The statistical population of this research included all obese people referred to obesity clinic of Ghadir Mother and Child Hospital, simple random sampling method was selected and these people were randomly assigned to two control groups (30 people) and experiment (30 people) was assigned. For the experimental group, 10 sessions (60 minutes each session) of the life skills training course were conducted to collect information from Harrington's frustration tolerance questionnaires and Bass and Plomin's irritability questionnaires. The data were analyzed by multivariate covariance analysis and spss version 26 software.

Findings: The results indicated that the significance level of the statistical test of multivariate covariance analysis is smaller than the significance level (0.05); Therefore, there is a significant difference between failure tolerance and irritability of the two groups in the post-test phase, in other words, life skills training has a significant effect on improving failure tolerance and irritability in obese people.

Conclusion: Therefore, teaching life skills by improving and increasing the tolerance of failure of obese people can feel less failure and loneliness. These people can have more control over their anger and stress and are able to share their needs, desires and interests with others.

Key words: failure tolerance, irritability, life skills, obese people

Received: 29/ May/ 2023 Accepted: 3/ July/ 2023

Citation: Ebrahimi asmanjerdi M, Sobhani Z, khazraie H. The effectiveness of life skills training on improving frustration tolerance and irritability in obese people, Family and health, 13(2): 131-147

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Introduction:

Obesity is one of the basic health problems of the last century and one of the causes of many diseases and disorders (1). The prevalence of obesity is increasing and it has affected more than 700 million people (2). Obesity is related to serious and dangerous physical diseases and weight loss in these patients can improve their social functioning, quality of life and mental health (3). Also, in Iran, obesity is one of the main causes of the risk of cardiovascular diseases, blood pressure and diabetes (4). Obesity is a multifactorial disease that, in addition to genetic factors, is accompanied by a diet high in calories and fat and without physical activity. In the event that social, economic and cultural factors also affect the diet and physical activity, the weight status (5). Obesity causes widespread anxiety in many people suffering from it. One of the reasons is the reaction of current societies towards obesity (6).

Tolerating failure is an internal state that arises as a result of creating an obstacle on the way to a goal that a person considers desirable. This goal can be mental, that is, the person thinks that he is reaching his desired goal and anticipates some pleasures from it, or it may be manifested in outward behavior (7). Failure occurs when a person cannot reach his desired goal. Failure is a complex phenomenon of motivation (8). Tolerating failure is a person's ability to resist failure, without causing problems in psychological adjustment; That is, without engaging in inappropriate behavior. The inability to tolerate failure ends in psychological turmoil and incompatibility and problems in interpersonal relationships. Someone who has more ability to tolerate failure is less aggressive than someone who has less ability in this feature. People with a high tolerance threshold are rational, happy and flexible people, and in their behavior, they want to reach practical solutions quickly. Such people deal with problems easily and simply (9).

Irritability is defined as a tendency to anger, despite the fact that there has been a lot of research on behavioral disorders, but irritability does not have a specific scientific definition and cannot be explained with words and sentences, some people show temper tantrums, including sad, helpless, They are angry, disgusted and irritable (9). But irritability has recently been included in the fifth diagnostic and statistical manual of mental disorders in destructive mood dysregulation disorder (8). The clinical manifestations of this disorder can be observed in two ways: first: frequent outbursts of anger that mainly occur in response to verbal and behavioral failure, a type of behavior in the form of severe aggression towards others, these angers themselves many times during at least one year and at least in two Occurring in different situations such as home or school and work, irritability is not proportional to a person's developmental age. The second form of manifestation of extreme irritability is a persistent and chronic angry or irritable mood that is seen in between sudden bursts of anger. This angry or irritable mood must be derived from the characteristics of the obese person and can be seen most of the time of the day and almost every day, and must be noticeable to the people around the obese person (10). It is irritability, irritability predicts anxiety, depression and functional disorders in people's lives (11).

The term life skills refers to a large group of psycho-social and interpersonal skills that can help people make informed decisions, communicate more effectively, develop coping or personal

management skills, and lead healthy lives. and be useful (12) Life skills include 10 skills, which are: 1. The ability to establish effective social communication, 2. Establishing effective interpersonal relationship, 3. Decision making, 4. Problem solving skills, 5. Emotional coping skills, 6. The ability to deal with stress, 7. Critical thinking, 8. The ability of self-awareness, 9. The ability to empathize with others, 10. The ability to face stress.

Taleb, Arif and Saleh (13) conducted a research titled "Effectiveness of life skills on marital heartbreak and quality of sexual relations", which was conducted on 128 couples in Scotland. The results of this research showed that life skills are effective in increasing the quality of sexual relations. Also, life skills can reduce marital heartbreak. Also, the results showed that today's changing world has made choice and decision-making so complicated that a person is not able to acquire life skills with regular and everyday learning and obtaining an academic degree, as a result of life skills in increasing the quality of sexual relations and reducing boredom. The marriage of the participants has been effective. Granskia, Sechifil-Breith, Badger and Tsoikova (14) conducted a study titled "Relationship between failure tolerance and emotional relationships with marital heartbreak" in which 190 couples were selected in Sydney, the results showed that there is a relationship between failure tolerance and marital heartbreak. There is a significant reversal. There is an inverse relationship between emotional relationships and marital heartbreak.

In a research, Shakarian and Ghorbani (15) investigated the effect of life skills training on reducing mental disturbance and increasing the quality of life of hypertensive patients. The findings showed that life skills training has reduced the mental disturbance of the experimental group according to the average mental disturbance of the experimental group compared to the average of the control group. The effect or difference is equal to 0.41, in other words, 41% of individual differences in post-test scores of mental disturbance are related to the effect of life skills training. A class conducted a research called the effect of women's general health on vulnerability and irritability, resilience of families and sexual relations, which was conducted on 350 couples in Thailand. The results of this research showed that women's general health affects their sexual relations. Also, public health leads to the reduction of vulnerability and irritation and can increase the resilience of families. Fadaei and Ghochi (16) conducted a research titled "Investigating the relationship between anxiety sensitivity and intolerance of uncertainty and marital heartbreak in working women and housewives". The population of the current research was all the women of Sangan city in the age range of 20-40 years old, 150 of whom were selected by available sampling method. 75 working women and 75 housewives completed the questionnaires. The results showed that there is a significant relationship between uncertainty intolerance and anxiety sensitivity with marital heartbreak. No difference was observed in the variable of anxiety sensitivity in working women and housewives, but the level of marital heartbreak in working women was higher than in housewives. It should be noted that until now there has been no study on the effectiveness of teaching life skills to tolerate failure and irritability in obese people: the present study examines the effectiveness of training. The life skills of coping with frustration and irritability were studied in obese people.

Research method:

This research is applied in terms of purpose and also the design of this research is a semi-experimental pre-test-post-test type with a control group. Also, the statistical population of this research included all married men and women applying for bariatric surgery who referred to the obesity clinic of Ghadir Mother and Child Hospital in Shiraz, 60 people were selected by simple random sampling and these people were randomly assigned (random assignment helps to ensure that the members of each group are the same in the experiment) were assigned in two control (30 people) and experimental (30 people) groups. Research tool:

Failure tolerance questionnaire: The failure tolerance questionnaire was designed and developed by Harrington in order to measure the level of tolerance of a person's failure to achieve goals. This questionnaire has 35 questions and includes 4 components, and based on a five-point Likert scale, it measures failure tolerance with questions such as (I always look for the easiest way to solve problems, I can't tolerate difficult situations). In the research of Rahimi and Afsharnia (17), the validity of content, form and criterion of this questionnaire has been evaluated. Reliability or reliability of a tool is the degree of its stability in measuring whatever it measures, i.e. how much the measuring tool gives the same results under the same conditions. Cronbach's alpha coefficient calculated in Rahimi and Afsharnia's research (17) for this questionnaire was estimated to be above 0.7.

Irritability questionnaire: This material of the tests is adapted from the statistical analysis of the EAS mood of adults. The personality traits measured by this test are temperaments, which are biologically based on inherited temperament tendencies. The three basic traits measured by these scales—sociability, activity level, and excitability—are the ones that have the most impact. They influence what people do (eg, engaging in individual versus group activities). They also affect how people do whatever they actually do (eg, fast and hectic, versus slow and leisurely). In fact, these temperament traits may be at the core of the entire personality, in the sense that other personality tendencies may be built on them. Bass and Plomin used content validity to calculate the validity and also he calculated the correlation coefficient of each question. The coefficients are in the range of 0.30 to 0.57 according to the questionnaire questions. Bass and Plomin in 1984 used Cronbach's alpha test method to calculate the reliability of the test. The reliability coefficient calculated for the questionnaire was 0.84. Using the retest method in the main study, the questionnaire was given to the trainees again after three weeks. The obtained reliability coefficient was 0.84.

In this research, first from the entire selected sample in the two experimental and control groups, questionnaires of failure tolerance and irritability were administered as a pre-test, and then training sessions were conducted online through the Skyroom program, and after the sessions were completed, the questionnaires were administered twice as a post-test on two The control and experimental groups were implemented. The life skills training program was implemented in such a way that the subjects had one two-hour training session every week, the whole life skills training was designed and implemented in 10 60-minute sessions, and the summary of the sessions was implemented as follows:

The first session: Getting to know the group members and the subjects of the training course (getting to know each other and creating a good relationship, introducing members to life skills)

The second session: Knowing ourselves and our abilities, acquiring self-awareness skills

The third session: Getting to know the skill of empathizing

The fourth session: Knowing about the phenomenon of communication and how to communicate with others, acquiring communication skills

The fifth session: Familiarity with anger management and control skills

Sixth session: Introducing and empowering the group members in terms of problem solving skills

Seventh session: familiarization with management skills and coping with stress

Eighth session: Familiarity with decision-making skills

Session 9: Familiarity with critical thinking skills

Tenth session: emotion management skills and post-exam

In this research, spss software was used for data analysis to determine demographic characteristics from descriptive statistics (mean and standard deviation) in order to determine the difference between the two experimental and control groups and also to determine the significance of the research hypotheses, covariance analysis was used, i.e. the post-test averages after adjusting the pre-test scores. , was compared.

Findings

In the following table, the mean and standard deviation of the scale of failure tolerance and irritability and its components are analyzed separately in two experimental and control groups.

Table 1: mean and standard deviation of failure tolerance and irritability in test and control groups in pre-test and post-test stages

Variable	level	Statistical index group	standard deviation	average
emotional tolerance	pre-exam	experiment	4/63	24/23
		Control	3/80	23/46
	Past-exam	experiment	6/26	28/70
		Control	4/11	24/26
discomfort tolerance	pre-exam	experiment	4/61	24/50
		Control	5/05	21/80
		experiment	6/65	26/16

	Past-exam	Control	5/27	22/50
emotional tolerance		experiment	4/61	23/96
	pre-exam	Control	4/45	21/53
		experiment	5/60	25/13
	Past-exam	Control	4/36	22/56
merit		experiment	8/17	52/33
	pre-exam	Control	6/94	48/73
	Past-exam	experiment	8/02	52/96
		Control	5/13	54/13
Sociability		experiment	3/70	16/16
	pre-exam	Control	4/35	15/26
		experiment	4/83	18/96
	Past-exam	Control	3/85	15/73
activity level		experiment	3/47	14/60
	pre-exam	Control	3/83	14/06
		experiment	2/20	13/56
	Past-exam	Control	3/82	15/06
excitement		experiment	4/75	13/36
	pre-exam	Control	3/79	12/33
		experiment	2/83	10/70\
	Past-exam	Control	3/72	13/46

According to Table 1, the mean and standard deviation of emotional tolerance in the test group in the pre-test stage is 24.23 and 4.63; The mean and standard deviation of emotional tolerance in the control group in the pre-test phase are 23.46 and 3.80, the mean and standard deviation of emotional tolerance in the experimental group in the post-test phase are 28.70 and 6.26; The average and standard deviation of emotional tolerance in the control group in the post-test stage is 24.26 and 4.11, also the average and standard deviation of discomfort tolerance in the experimental group in the pre-test stage is 24.50 and 4.61, the average and standard deviation of discomfort tolerance in the control group in pre-test stage 21.80 and 5.05, as well as the mean and standard deviation of discomfort tolerance in the test group in the post-test stage 26.16 and 6.65; The average and standard deviation of discomfort tolerance in the control group in the post-test stage is 22.50 and 5.27, as well as the average and standard deviation of progress in the experimental group in the pre-test stage is 23.66 and 4.61, the average and standard deviation of progress in the control group in the pre-test stage 21.53 and 4.45, as well as the average and standard deviation of progress in the test group in the post-test stage 25.25 and 5.60; The mean and standard deviation of progress in the control group in the post-test stage are 22.56 and 4.36, the mean and standard deviation of the competence standard in the experimental group in the pre-test stage are 52.23 and

8.17; The mean and standard deviation of competence in the control group in the pre-exam phase are 48.73 and 6.94, the mean and standard deviation of the competence in the experimental group in the post-exam phase are 58.96 and 8.02; The mean and standard deviation of competence in the control group in the post-test stage are 54.13 and 5.13, and also the mean and standard deviation of sociability in the experimental group in the pre-test stage are 16.16 and 3.70; The average and standard deviation of sociability in the control group in the pre-test stage were 15.26 and 4.35, the average and standard deviation of sociability in the experimental group in the post-test stage were 18.96 and 4.83; The average and standard deviation of sociability in the control group in the post-test stage is 15.73 and 3.85, as well as the average and standard deviation of the activity level in the experimental group in the pre-test stage is 14.60 and 3.47, the average and standard deviation of the activity level in the control group in the stage pre-test 14.06 and 3.83, as well as the mean and standard deviation of the activity level in the test group in the post-test stage 13.56 and 2.20; The mean and standard deviation of the activity level in the control group at the post-test stage was 15.06 and 3.82, as well as the mean and standard deviation of excitability in the experimental group at the pre-test stage was 13.36 and 4.75, the mean and standard deviation of excitability in the control group at the pre-test stage. 12.33 and 3.79, as well as the mean and standard deviation of excitability in the experimental group at the post-test stage 10.70 and 2.83; The mean and standard deviation of excitability in the control group in the post-test stage is 13.46 and 3.72.

The use of parametric tests requires compliance with several basic assumptions; One of the most important assumptions indicates that the observed difference between the distribution of scores of the sample group and the normal distribution in the society is equal to zero. For this purpose, the Kolmogorov-Smirnov test was used and the results of the implementation of this assumption regarding the scores of the research variables are shown in the table below.

Table 2: Examination of the Kolmogorov Smirnov test

Variable	the Kolmogorov-Smirnov test		
	P-value	z	n
failure	0/91	0/56	60
movement	0/06	1/31	60
Emotional	0/12	1/01	60
psychological	0/12	1/18	60
Emotional	0/27	0/99	60
Discomfort	0/059	1/32	60
Development	0/33	0/94	60
merit	0/40	0/75	60
nation	0/08	1/24	60

level	0/22	1/04	60
excitement	0/18	1/09	60

The results of the above table indicate that according to the significance levels obtained from this test, the presuppositions related to the equality of variances and the normality of the data have been established and the analysis of covariance test can be used for the research variables.

Table 3: Review of Mbox test

p-valu	Mbox	F	2th degree of freedom	First degree of freedom
0/88	12/469	0/637	2456/439	30

The results of the above table indicate that according to the significance levels obtained from this test, the presuppositions related to Mbox are valid and the analysis of covariance test can be used for the research variables.

Table 4: Life skill training on tolerance of failure and irritability

Variable	Source of changes	partial square	sig	f	MS	df	Total roots
Tolerate failure	pre-exam	0.418	0.001	40.281	2986.297	1	2986.297
	Past-exam	0.62	0.001	95.141	7053.481	1	7053.481
	error	----	-----	-----	74.137	56	4151.681
	total	----	-----	-----	-----	60	974734
	pre-exam	0.641	0.001	99.843	1101.388	1	1101.388
Irritability	Past-exam	0.85	0.001	328.999	3625.633	1	3625.633
	error	----	-----	-----	11.020	56	617.131
	total	----	-----	-----	-----	60	181002

The value of F in the score after the failed test {F: 5.141, $P < 0.001$ } is significant; Therefore, the main research hypothesis about failure variable was confirmed. The value of F in the score after

the stimulation test {F: 328.999, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the stimulation variable was confirmed.

The progress test (F: 0.189, $P < 0.66$) is not significant. Therefore, the first sub-hypothesis of the research about the progress component was not confirmed. The value of F in the score after the aptitude test {F: 221/13, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the competence component was confirmed.

Table 5: The results of covariance analysis of life skills training on the dimensions of improving failure tolerance

Source of changes	Source of changes	partial square	sig	f	MS	df	Total roots
Emotional	pre-exam	0.31	0.0001	25.967	159.131	1	159.131
	Past-exam	0.13	0.004	8.796	53.901	1	53.901
	error	----	-----	-----	6.128	56	343.174
	total	----	-----	-----	-----	60	24789
Discomfort	pre-exam	0.50	0.001	55.926	292.181	1	292.181
	Past-exam	0.32	0.001	27.048	141.308	1	141.308
	error	----	-----	-----	5.224	56	292.568
	total	----	-----	-----	-----	60	23100
Developmen	pre-exam	0.117	0.008	7.455	81.799	1	81.799
	Past-exam	0.003	0.66	0.189	2.078	1	2.078
	error	----	-----	-----	10.972	56	614.443
	total	----	-----	-----	-----	60	22897
merit	pre-exam	0.001	0.78	0.072	1.584	1	1.584
	Past-exam	0.19	0.001	13.221	290.578	1	290.578
	error	----	-----	-----	21.978	56	1230.770
	Total	----	-----	-----	-----	60	106377

According to the results of the above table, it is clear that the value of F in the score after the emotional tolerance test {F: 8.796, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the component of emotional tolerance was confirmed. Also, the value of F in

the score after the discomfort tolerance test {F: 27.048, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the discomfort tolerance component was confirmed. The value of F in the score after the progress test {F: 0.189, $P < 0.66$ } is not significant; Therefore, the first sub-hypothesis of the research about the progress component was not confirmed. The value of F in the score after the aptitude test {F: 221/13, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the competence component was confirmed.

Table 6: The results of covariance analysis of life skills training on the dimensions of irritability

Source of changes	Source of changes	partial square	sig	f	MS	df	Total roots
Sociability	pre-exam	0.39	0.0001	37.239	191.486	1	191.486
	Differences between groups	0.21	0.001	14.851	76.363	1	76.363
	error	----	-----	-----	5.142	56	287.956
	total	----	-----	-----	-----	60	13941
activity level	pre-exam	0.51	0.001	59.968	236.537	1	236.537
	Past-exam	0.17	0.001	11.902	46.946	1	46.946
	error	----	-----	-----	3.944	56	220.886
	total	----	-----	-----	-----	60	12897
excitement	pre-exam	0.46	0.001	49.443	236.359	1	236.359
	Past-exam	0.45	0.001	46.199	220.850	1	220.850
	error	----	-----	-----	4.780	56	267.705
	total	----	-----	-----	-----	60	12559

According to the results of the above table, it is clear that the value of F in the score after the sociability test {F: 14.851, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the sociability component was confirmed. Also, the value of F in the score after the activity level test {F: 11.902, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the activity level component was confirmed. The value of F in the score after the excitability test {F: 46.199, $P < 0.001$ } is significant; Therefore, the first sub-hypothesis of the research about the excitability component was confirmed.

Discussion and conclusion:

The main purpose of the research was confirmed regarding the failure variable. The value of F in the score after the stimulation test {F: 328.999, $P < 0.001$ } is significant; Therefore, the first main hypothesis of the research regarding the stimulation variable was confirmed. The results of this part of the research are in line with the results of (18-19-20).

To explain this hypothesis, it can be said that life skills training can improve and raise the tolerance of failure of obese people, they can feel less failure and loneliness. These people can have more control over their anger and stress and are able to share their needs, desires and interests with others. In addition, it can be said that when obese people have irritability with life skills training, they have less control over anger, they are stressed and also this issue in the long run causes an increase in marital relations and less emotional connection and loyalty, which can lead to a decrease in the sense of belonging, competence and greater ability to make decisions. Also, teaching life skills by improving irritability in obese people can lead to the reduction of differences, misunderstandings, conflicts and problems with their spouses, which in the long run is a tool to deprive them of comfort and peace of mind.

According to the results of Table 5, it is clear that the value of F in the score after the emotional tolerance test is significant; Therefore, the first sub-hypothesis of the research about the component of emotional tolerance was confirmed. Also, the value of F in the score after the discomfort tolerance test is significant; Therefore, the first sub-hypothesis of the research about the discomfort tolerance component was confirmed. The value of F in the score after the progress test is not significant; Therefore, the first sub-hypothesis of the research about the progress component was not confirmed. The value of F in the score after the aptitude test is significant; Therefore, the first sub-hypothesis of the research about the competence component was confirmed. In other words, life skills training has a significant effect on improving the dimensions of failure tolerance, except for the progress component. The results of this part of the research were consistent with the results of (11-13-14).

To explain this hypothesis, it can be said that training skills such as problem-solving skills, effective communication skills, empathy skills, interpersonal relationship skills, and self-awareness skills have an effect on improving the tolerance of failure in obese people. By learning effective communication skills, obese people can verbally or non-verbally express their position in society. This means that he can express his opinions, ideas, desires, needs and emotions and can ask for help and guidance from others when needed. The skill of asking for help and guidance when necessary is one of the important factors in building a healthy relationship. On the other hand, when obese people have tolerance for failure, they try harder to solve their personal problems and the problems they have in society, and they feel more responsible towards family members and respect their expectations more, and they can better meet their psychological needs and solve them socially. These people have a sense of competence and greater ability to make decisions, which can lead to a sense of belonging, high motivation, cooperation, empathy and like-mindedness with family members, and these people can better convey their thoughts and feelings to others and from Their relationships feel more satisfying and peaceful. Also, when obese people have tolerance for failure and progress, they can accept the responsibilities of their social role and deal effectively with daily life issues and challenges. These people have better understanding and relationships with others, which can lead to a favorable life atmosphere and adaptability to issues and problems in them, and they are more committed to their values in life and can better find

solutions for problems. These people do not become helpless when faced with hardships and problems, and they do not lose sight of the positive aspects of life and the goals of the creation of the world and man. Therefore, they do not experience despair and self-loss in life and are able to communicate and interact with others and lead to a feeling of freedom in deciding how to think with others. Also, when obese people have tolerance for failure and progress, they can face the incidents and events of their environment correctly and deal with them with clarity and logic, and as a result, resist and persevere in facing difficult events. They spend a lot. These people have more ability and capacity against stressful conditions and pressure of life and adapt themselves according to environmental changes and are placed in conditions and situations where they feel less pressure and less feeling of failure, crisis and They are uncomfortable, and in other words, these people have flexibility and effective coping with stressful factors and situations, which can lead to an increase in successful outcomes and the presence of effective challenges in them. Also, when obese people have emotional tolerance, it can lead to increased opportunities to establish stronger bonds with others, resolve misunderstandings and small conflicts, and listen to grievances and problems. These people get more opportunity to create a face-to-face relationship with others and their verbal skills also grow and therefore can have a lot of positive effects in direct and face-to-face communication with others. One of the components that life skills do not affect is the progress component, one of the main reasons can be the type of attitude, individual differences, culture and society, and according to the results of Table 5, it is clear that the value of F in the score after the community test Adaptability has become significant; Therefore, the first sub-hypothesis of the research about the sociability component was confirmed. Also, the value of F in the score after the activity level test is significant; Therefore, the first sub-hypothesis of the research about the activity level component was confirmed. The value of F in the score after the excitability test has become significant; Therefore, the first sub-hypothesis of the research about the excitability component was confirmed. In other words, life skills training has a significant effect on all components of irritability. This part of the research, these results are in line with the results (21-22-23).

To explain these components of irritability, it can be said that irritability is an emotional state characterized by irritability and anger, and it is placed among mood problems and behavioral problems. The main sign of irritability is the emotion of anger, and anger is one of the first emotions that appear in the path of human development. One of the ways to increase irritability in people is to teach anger control skills from life skills, so by training anger control skills, a person learns that anger is acquired and everything that has been learned is also learnable, a person can improve irritability by learning. An expression when obese people have irritability, they don't have adaptive coping styles against negative events, and they can't consider difficult events as controllable events. Their ability to adapt and recover from stress and difficulties in life is less. Due to ineffective cognitive evaluation, these people cause more complexity and psychological problems and can have destructive effects on life. In other words, when fat people feel helpless, many conflicts, frequent criticism, taking refuge in silence, lack of emotional companionship and unresolved problems, etc. In other words, these people cannot accept the feelings of the other party,

and they focus less on their life, which has less commitment, which can lead to an increase in unrealistic expectations and irrational thoughts and ups and downs in life. In addition, when obese people have irritability, they cannot deal with the incidents and events of their environment rationally, and they cannot face the incidents and events of the environment with clarity and logic. In fact, these people have negative thoughts that can lead to feeling hopeless, worthless and empty. These people do not have hope for the future and success, and in their social relations with others, they pay attention to the negative characteristics and behaviors of others, and do not pay attention to their positive characteristics, and do not have positive expectations for the future. Even if they are placed in a comfortable situation, they expect a negative result, which makes them disappointed that it can.

Ethical considerations:

Ethical principles observed in this research: obtaining written consent form from the patients to participate in the said treatment course, respecting the principle of confidentiality, informing the subjects of the research objectives, paying attention to the health and comfort of the subjects, having the right to choose to participate or not participate in the research. Throughout the stages, there was no need to explain to the subject or to face coercive actions by the researcher and holding free therapy sessions for the control group at the end of the research.

Conflict of interest: The authors hereby declare that this work is the result of an independent research and does not have any conflict of interest with other organizations and persons.

Acknowledgment:

The authors of the article express their gratitude to all the participants in the research.

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