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The Effectiveness of Social Skills Training on Happiness and Mental Health of Adolescent Males

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The aim was to study the effectiveness of social skills training in increasing adolescent males' happiness and mental health. A semi-experimental, pretest-posttest design with experimental and control groups was used. Among tenth grade male students in Shirvan, 30 adolescent boys with GHQ scores higher than the cut-off point of 23 were selected using random cluster sampling, and then were randomly assigned to either experimental or wait-list control groups. The experimental group received 10 sessions of social skills training. The participants filled Oxford happiness questionnaire and the general health questionnaire (GHQ).
Results of the analysis of covariance (ANCOVA) showed that social skills training decreased the severity of somatic symptoms, anxiety, social dysfunction, and depression ($P < .0001$), and increased happiness in experimental group compared to control group ($p < 0.02$). It seems that social skills training improve adolescent males' mental health and happiness through increased self-confidence in social relationships.

Keywords: Social Skills Training, Mental Health, Happiness

Adolescence is a period of heightened storm and stress in which students probably are starting unhealthy behaviors. These behaviors create public health challenges including adolescent pregnancy, HIV / AIDS, other STDs, domestic violence, child abuse, motor vehicle accidents, physical assaults, crime, homicide, and suicide (World Health Organization, 2015).

Social skills play an important role in preventing emotional and behavioral problems during adolescence (Spence, 2003). Social skills help express feelings or emotions, understand others' emotions, and solve successfully relationship problems by taking another's perspective (Buhrmester, Furman, Wittenberg, & Reis, 1988)

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There has been evidence that relationship problems and deficits in social skills associate with different forms of psychopathology including depression (Segrin, 2000), conduct disorders (Gaffney & McFall, 1981), social phobia (Spence, Donovan, & Brechman-Toussaint, 1999; Wenzel, Graff- Dolezal, Macho, & Brendle, 2005) eating disorders (Mallinckrodt, McCreary, & Robertson, 1995), loneliness (DiTommaso, Brannen-McNulty, Ross, & Burgess, 2003) and early-onset schizophrenia (Patterson, Moscona, & McKibbin, 2001). A recent study in Iran by Gheirati, Shabanifar, Akhlaghi and Peyman (2016) found that communication skills were negatively correlated with anxiety, somatic syndromes and depression.

Social skills are verbal and non-verbal responses that affect the perception and reaction to other individuals during social communication. One is usually supposed to adjust his or her non-verbal responses like postures, social distance, eye-contact, facial expressions as well as verbal reactions such as tone of voice, volume, rate and clarity of speech according to the social situations (Spence, 2003). In social skills training, people learn skills that are supposed to improve their ability to perform important social behaviors in different social situations (Spence, 2003). Social skills training is a

kind of "behavioral techniques or learning activities that enable people to establish or restore practical skills in domains required to meet the interpersonal, self-care and coping demands of community living" (Liberman et al, 1994). It is believed that social skills training including self-expression, assertiveness, stress management, and anger control can increase people's levels of happiness (Argyle & Lu, 1990).

Olivares-Olivares, Ortiz-González, and Olivares (2019) found that the use of social skills training may reduce social phobia in adolescents. Mustafa-Nejad (2011) has confirmed the effectiveness of social skills training on the students' mental health. Amini, Soleymani, Mohammadi, and Tapak (2018) indicated that communication skills affect domains of mental health including somatic symptoms, anxiety and sleep disorders, social dysfunction and depression in nursing students.

Happiness has been defined as a combination of existing positive feelings, lack of negative emotions, and life satisfaction (Argyle & Lu, 2001). Happy people feel more secure, decide more comfortably, behave more cooperatively, and feel more satisfied with their relationships (Myers, 2001). People with positive affect and optimism can better cope with life stressors, overcome psycho-social problems, show health-related behaviors, modify their lifestyles, and reduce the incidence of physical and mental illnesses (Posadzki, Stockl, Musonda, & Tsouroufli, 2010). Demir, Jaafar, Bilyk, and Mohd Ariff (2012) also found that social skills are related to happiness.

Previous studies have suggested that life skills training such as problem-solving, stress management, assertiveness, anger management, and emotional self-awareness lead to higher levels of happiness in individuals (Cohn, Fredrickson, Brown, Mikels, & Conway, 2009). Hojjat et al. (2015) suggested that group assertiveness training had a positive effect on happiness and assertiveness of adolescent females with substance abusing parents. Sabzi and Foulad Chang (2018) have shown that social skills training significantly affects students' perceived competence and happiness. A study by Shayan and AhmadiGatab (2012) also indicated that social skills training is effective in increasing levels of happiness in Iranian university students. Gilaniani (2012) found that assertiveness skills training can increase the quality of life, emotional adjustment, and happiness in students. Social skills help people to express their emotions and needs more accurately and being more successful in achieving interpersonal goals, and in turn, provide them with better psychological well-being. While most of the previous studies have investigated the effectiveness of life skills training on mental health, this study examines the effect of social skills training on mental health and happiness in adolescent males.

Method

A semi-experimental, pretest-posttest design with experimental and control groups was used in the current studuy.

Participants

The population consisted of all male students (N = 1230) in the high schools of Shirvan (a town in north Khorasan province with 82,989 population) in fall 2019 in Iran. By using random cluster sampling one of the high schools is selected. 30 tenth-grade male students who scored higher than the cut-off point of 23 in GHQ were selected (N=30) and were randomly assigned either in experimental or control groups. Inclusion criteria were scoring high in the GHQ, signing the consent form to participate in the study, and being tenth-grader.

Procedures

First tenth-grade male students answered GHQ and then those who received a score higher than 23 were selected for participation in the study. All the participants were explained about the objectives of the study and the content of the social skills training sessions. The researchers assured the participants that the research data would remain confidential. All the participants were randomly assigned to experimental or control groups (N = 30). Both groups filled GHQ both in pretest and post-test. Participants in experimental group received 10 sessions of 90-minute social skills training. Participants in the control group were placed on a waiting list and did not receive any intervention during the study period. However, in order to observe ethics, after the study, participants in the control group also received 10 sessions of 90-minute social skills training.

Measurement Instruments

General Health Questionnaire (GHQ): Goldberg and Hillier (1979) developed a 28-item version of the General Health Questionnaire (GHQ-28) that is used to measure mental health. In GHQ-28, participants are asked to report their recent psychological status. The answers are set based on a 4-point Likert scale (1= Never, 2 = Seldom, 3 = Sometimes, 4 = Always). Lower scores indicate better the psychological well-being. There are 4 subscales including somatic symptom, anxiety and sleep problems, social dysfunction and Depression. The reliability of GHQ has been studied by three different methods including test-retest, split-half and Cronbach's alpha and has been lead to reliability coefficients of .70, .93 and .90, respectively. The correlation between GHQ subscales and its total score were found to be in range of .72 to .87 (Tagavi, 2001). Also, Najafi, Solati Dehkord, Foruzbakhsh (2000) also found a sensitivity of 0.88 on the cut-off point of 22 by performing GHQ on Iranian men.

Oxford Happiness Questionnaire: Argill, Martin, and Crossland (1989) designed an initial version of the Oxford happiness questionnaire to measure happiness in participants. Hills and Argyle (2002) revised the initial version and developed the current version of Oxford happiness questionnaire. The revised inventory consists of 29 items which are answered on a 6-point Likert scale. Hills and Argyle (2002) reported the reliability coefficient of the Oxford happiness questionnaire .91. In Iran, Hadi Nejad and Zarei (2009) obtained the test-retest reliability with a four-week interval, 0.78 and Cronbach's alpha coefficient for the whole questionnaire was found to be 0.84.

Package of Social Skills Training: some parts of the social skills training package in this study were adapted from the *Life Skills* book by Emami-Naeini (2010) and other parts were adapted from the social skills training package of the World Health Organization (1997). The contents of the 10 sessions were as followes:

Session 1: Overview of the upcoming sessions of social skills training, definition and importance of social skills.

Session 2: Participating in activities illustrating the role-taking and listening in one-sided talk and one-sided communication.

Session 3: Taking part in activities emphasizing verbal and nonverbal components of communication to recognize the role of nonverbal components, and to learn to effectively use nonverbal communication skills.

Session 4: Essential elements of verbal and nonverbal communication.

Session 5: Activities to strengthen active listening and identify the factors that affect this skill

Session 6: Identifing negative emotions arising from an inappropriate relationship.

Session 7: Attention-Question-Feedback-Reflection of feelings and content in interpersonal relationships.

Session 8: Skills including disarmament, empathy, assertive relationships, questioning for understanding the thought and feelings of others.

Session 9: Barriers to communication, barriers to understanding the feelings of others and learning how to deal with them.

Session 10: How to solve barriers of social communication.

Results

Results of both experimental and control groups show that the average scores of mental health and happiness before the social skills training are different from the average scores after the intervention (see Table 1, Figure 1 and Figure 2 below).

Table 1
Mean and Standard Deviation of the Variables

Variables		Phase	Experimental Group		Control Group	
			M	SD	M	SD
Mental health	Somatic Symptoms	Pretest	5.73	2.81	6.73	3.93
		Posttest	2.93	1.57	8.33	3.30
	Anxiety	Pretest	7.13	4.34	7.80	2.73
		Posttest	3.33	2.22	7.06	2.89
	Social Dysfunction	Pretest	9.86	3.60	10.80	2.67
		Posttest	7.06	2.34	9.73	2.78
	Depression	Pretest	5.93	5.36	5.80	3.13
		Posttest	2.13	1.76	4.03	3.48
	Total	Pretest	28.66	7.54	31	7.58
		Posttest	16.73	5.37	31.06	8.11
Happiness		Pretest	47	9.60	44	8.79
		Posttest	52	6.92	46	6.73

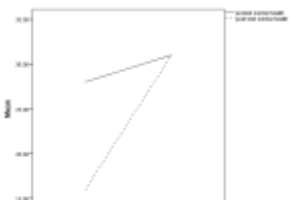

Figure 1: Mean Scores of Mental Health for Experimental and Control Groups before and after the Intervention

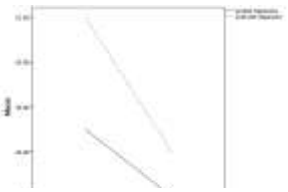

Figure 2: Mean Scores of Happiness for Experimental and Control Groups before and after the Intervention

The one way analysis of covariance (ANCOVA) was used to detect the specific effect of social skills training on the participants' happiness and mental health. Before running ANCOVA, assumption tests showed that the distribution of the dependent variables are normal; Leven's tests of eguality of variances showed that there is no significant differences between the variances; and finally, the tests of homogeneity of the regression slopes, showed that there are no significant interaction between the covatiates and the group membership. Also, the M Box test confirmed the assumption of variance-covariance homogeneity (P =0.311). The ANCOVA results showed that even after controlling for the pretest effects, the experimental and the control groups were significantly different in happiness ($F = 6.11$, $P < 0.02$), mental health ($F = 84.25$, $P < 0.0001$) and the subscales of somatic symptoms ($F = 25.42$, $P < 0.0001$), anxiety ($F = 21.61$, $P < 0.0001$), social dysfunction ($F = 7.42$, $P < 0.01$), and depression ($F = 18.83$, $P < 0.0001$).

Discussion

Current study was carried out to investigate the effects of social skills training on mental health and happiness of adolescent boys.

The findings indicated that participation in social skills training caused a greater increase in mental health of the experimental group compared to the control group. In other words, social skills training increased the levels of mental health in experimental group. The finding is consistent with those of Olivares-Olivares et al. (2019), Mustafa Nejad (2011), Sahebdel and Asadi (2016), Amini et al. (2018), Gheirati et al. (2016), Yoo and Park

(2015), and Scipes (2011). Therefore, it seems that for adolescent boys, learning to communicate effectively with peers, teachers and parents lead to decreased anxiety, increased attachment to their social environments, as well as increased sense of satisfaction. Social skills training improves adolescent boys' perception of their abilities which in turn enhances their self-confidence in social relationships and the adolescents' performance in social situations as well as increased satisfaction. Self-image positivity and increased happiness can also improve adolescents' mental health (Sabzi & Foulad Chang, 2018).

Since mental health is linked to the quality and nature of interpersonal relationships, many of the mental health problems are associated with problematic and dysfunctional communication patterns. In some cases, these communicational problems are the consequences of some mental health problems while in others, some existing communication problems can play the role of predictors or risk factors for mental health problems. Other findings show that poor social skills put people at risk of mental health problems (Segrin, Mcnelis, & Swiatkowski, 2016) and that deficits in social skills are related to problems in mental health (Segrin, 2000; Gaffney & McFall, 1981; Spence et al 1999; Wenzel et al 2005; Mallinckrodt et al, 1995; DiTommaso et al., 2003; Patterson et al., 2001; Gheirati et al., 2016). Therefore, learning social skills helps adolescents recogniz and understand themselves and cope more appropriately with others. These skills help individuals more effectively express their opinions, desires, needs, and emotions and when necessary seek help and guidance from others. Also, positive and effective interpersonal relationships with others increase the ability of building and maintaining friendly relationships that are important in mental and social health and warm family relationships.

Close relationships, also, act as an important source of social support. Demir et al (2012) suggested that friendship experiences are related to positive psychological well-being through providing social support. Furthermore, the lack of social support is a kind of interpersonal problem. Social support creates a sense of self-worth and self-esteem. It helps people to cope more effectively with stressful events. For example, there is evidenc that social networks for people with schizophrenia, depression, social anxiety, loneliness, and eating disorders, are desperately poor and lack social support (Segrin et al., 2016).

These findings also showed that social skills training increase happiness in experimental group compared to control group. These results are in line with the findings of Sabzi and Foulad Chang (2018), Cohn et al. (2009), Hojjat et al. (2015), Shayan and AhmadiGatab (2012), and Gilaninia (2012). Argyle (2001) also showed that part of the reason for happiness in extroverts is due to their better social skills, especially their assertiveness skills and their ability to cooperate. Lu and Argyle (1991) showed that depressed individuals were lonely, isolated and have poor social skills. Over time, good communication skills increases the levels of extraversion. Also, extroverts are happy because they have high social skills and constant social activity. Social skills prepare students to deal with different life situations and problems and have a significant impact on their happiness and mental health. Demir et al. (2012) also found that social skills were associated with happiness. With the learning of social skills, individuals can express their emotions and thoughts, behave assertively, manage stress, and control anger (Argyle & Lu, 1990) and therefore, they can more easily overcome negative emotions and experience happiness.

According to these findings, the authors recommend to incorporate social skills training in schools to prevent the negative consequences of the lack of social skills on adolescents mental health.

Like any other research, current study involves important limitations. First, because the social skills training only was presented to the experimental group during the study phase, the authors think the subjects in the experimental group may have received special attention from researchers that members of the control group did not. Therefore, as a non-spicific effect, the effect of attention in this study may not be controlled. Second, in the data collection process, self-report questionnaires were used, which may be prone to bias. Third, this study lacked a follow-up phase and therefore could not show the duration of the effects of social skills training. Fourth, the sample only consisted of adolescent boy which in turn limits the generalizability of the findings to other age and sex groups. According to these limitations, the authores recommand that the future research should control

for the non-specific effects like attention. It is also suggested that in future studies, in addition to pre-test and post-test, follow-up with different time intervals be used.

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Statements:

There is no conflict of interest to report. Ethical aspects of this study was approved by the scientific and ethical committee for research of the University of Bojnord. All the participants studied and signed the informed consent forms.

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