IJBS

10.30491/IJBS.2021.274080.1480

International Journal of Behavioral Sciences

Original Paper

The Effectiveness of Emotional Resilience Training in Aggression and Psychological Capital of Assault and Battery Offenders

Javad Dorostkar[1] (PhD Candidate), Gholamreza Manshaee[1] (PhD), Zahra Yousefi[1] (PhD)

1. Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran

Submitted: 25 September 2021
Accepted: 21 October 2021

Int J Behav Sci. 2021; 15(3): 181-187

Corresponding Author:
Gholamreza Manshaee,
Department of Psychology,
Isfahan (Khorasgan) Branch,
Islamic Azad University,
Isfahan,
Iran
E-mail: gmanshaee@gmail.com

Abstract

Introduction: Emotional resilience can improve individuals' mental health by increasing their mental toughness. The present study aimed to investigate the effectiveness of emotional resilience training in aggression and the psychological capital of assault and battery offenders.
Method: The research method was quasi-experimental with a pre-test, post-test, and follow-up design and a control group. The statistical population included all assault and battery offenders in the Isfahan Central Prison in 2020. Using purposive sampling, 30 assault and battery offenders were selected and randomly divided them into experimental (n=15) and control (n=15) groups. The experimental group underwent 12 sessions (90-minute sessions) of emotional resilience training. The research instruments included Buss Perry Aggression Questionnaire and the Psychological Capital Questionnaire. The repeated measures ANOVA and SPSS version 23.0 were used to analyze the data.
Results: The results showed that emotional resilience training had a significant effect on aggression and the psychological capital of assault and battery offenders ($p<0.001$). The mean±SD of the post-test scores of aggression and psychological capital in the experimental group was 92.53±14.25 and 103.33±7.97 which was significantly different from the control groups.
Conclusion: The emotional resilience training was effective in reducing aggression and increasing the psychological capital in assault and battery offenders.

Keywords: Emotional Resilience, Aggression, Psychological Capital, Assault and Battery Offenders

Introduction

The psychological health of inmates and providing them with psychological services has attracted experts' attention. More than 10.1 million people are held in penal institutions throughout the world and 20,000 in Iran whose mental health is of special importance [1]. Some of them are imprisoned for crimes such as aggression, assault and battery, and they sometimes keep showing their violent behavior in prisons. From a forensic point of view, assault and battery are defined as the damage resulted from direct or indirect impact of mechanical, physical, chemical and psychological factors on the human body [2].

Aggression is a common behavior in people with the history of assault and battery, since the main cause of battery is the formation of anger and aggression and the inability to control it. Aggression has various definitions and divisions [3]. Wyckoff [4] defines aggression as the use of physical power or threat for physical and mental harm on people. Aggression is defined as intentional behavior intended to cause physical harm or economic destruction, impose of special conditions on oneself, other person or a group, who neither deserve nor accept it due to external conditions, whether such behavior is shown to achieve a goal or aims emotional discharge [5]. In their study, Ring et al. [6] indicated that aggression and internal and external locus of control could predict individuals' tendency toward collective conflict. Taleb et al. [7] realized that feeling deprived, family, social control,

education, and social and economic conditions are effective variables in the prevalence of assault and battery-induced injury. In recent years, aggression has attracted much attention both theoretically and clinically due to its serious personal and social outcomes [8].

There are various definitions for aggression. Most experts find aggression a potentially harmful and annoying behavior aimed at harming others [9]. Aggressive behaviors take many forms the most prevalent of which are physical and verbal aggression. Aggressive people fail to correctly predict the consequences of their behavior, see many hostile signs in social relationships, do not have a proper understanding of their level of aggression, and therefore they take aggressive strategies [10]. Studies suggest that aggressive people think differently from normal people. They express fewer positive strategies, are more confident that aggressive strategies are more adaptive, and find aggressive strategies less harmful. Failing to manage aggression can cause social, occupational and academic as well as physical and mental problems and it is often a predictor of drug and alcohol abuse, smoking, low adaptability, academic failure, depression and delinquency, among other disorders [11].

Psychological capital is among variables that reduces aggression and improves self-forgiveness behaviors. It is a composite construct which entails four resources including hope, optimism, self-efficacy and resilience which could be measured and managed [12, 13]. Resilience is the amount of resistance in the face of adversities and effort to overcome obstacles which can moderate stress and disability. It is also defined as positive mental capacity to rebound or bounce back from adversities toward progress and growth [14, 15]. Resilience is a teachable skill which can be reinforced in individuals to prevent destructive interpersonal and personal behaviors. Sadri Damirchi et al. [16] indicated that resilience training improves mental well-being and anger management. Resilience training increases effective coping strategies and protective factors such as positive emotions, self-confidence and self-leadership and reduces negative emotions, stress and depression [17]. Esfandyar et al. [18] reported that resilience training program significantly reduced stress and self-injurious behaviors in soldiers of intervention group and increased their resilience.

As a dynamic psychological process, emotional resilience, affects people's response in different life situations, especially in critical conditions, and by controlling feelings and emotions, it makes people perform better in these situations. This process increases successful adaptation to adversities and helps people experience healthy psychological and environmental outcomes by passing through stressful conditions [19]. Self-actualization is the inherent characteristic of emotional resilience. Resilient people have a definite direction in life, are supportive in relation to others and themselves, and their inner strength makes them more resistant to emotional trauma [20]. On the other hand, emotional resilience improves individuals' social adaptation and mental health by maintaining psychological balance in different situations. Emotional resilience training enables people to strengthen their sense of empathy and establish better social relationship with others; thus, their functional and social communication skills improve and they can overcome adversities and manage their lives [21].

There are different training and treatment methods such as communication skills training [22], schema therapy [23], and acceptance and commitment therapy [24] that could be used for people with impulsive and emotional behaviors such as those with a history of assault and battery. Given their low psychological tolerance and resilience, emotional resilience training is the most effective method for them. This program could reduce their impulsive, emotional and aggressive behaviors [25]. Murden et al. [26] revealed that emotional resilience can improve individual's overall performance. Emotional resilience is a composite construct that entails a wide range of personality traits, emotional and experiential skills of individuals as well as social, cultural and environmental factors such as support for family, friends and the workplace. It not only protects our mental and physical health, but also prevents cognitive errors and enables people to take care of themselves and others safely [27]. Johnson et al. [28] demonstrated that awareness and greater understanding of emotional resilience and coping strategies for stress and mental pressure can take more care of people. Pang et al. [29] and Christopher et al. [30] reported that theoretical and empirical approaches to resilience can be applied to decrease health risk and aggression among law enforcement officers. Ashkan et al. [31] reported that parents' management training and resiliency programs had positive effects on reducing children's behavioral problems.

Evaluation and explanation of emotional resilience training on aggression and psychological capital of assault and battery offenders are among the most important innovations of this study. According to the above, this study aims to investigate the effectiveness of emotional resilience training in aggression and the psychological capital of assault and battery offenders in the Isfahan Central Prison. Therefore, the most important hypothesis of the present study was as follows: emotional resilience training affects aggression and psychological capital of assault and battery offenders.

Method

The research method was quasi-experimental with a pre-test, post-test, with a two-month follow-up design and a control group. The statistical population included all assault and battery offenders in the Isfahan Central Prison in 2020. Using purposive sampling, 30 assault and battery offenders willing to participate in the project were selected and randomly divided into experimental (n=15) and control (n=15) groups. First, consent forms for voluntary participation were distributed among assault and battery offenders in the Isfahan Central Prison and they were collected when completed. Then, a personal profile questionnaire was filled by applicants and when demographic data were collected, 30 assault and battery offenders who met the inclusion criteria entered the study. The inclusion criteria were: age range of 20-35, minimum reading and writing literacy, no acute and

chronic mental illness at the discretion of the prison psychiatrist, having at least one history of beatings in Isfahan Central Prison, lack of harsh judicial sentences such as execution and life imprisonment. The exclusion criteria were: more than two absences from the treatment sessions and reluctance to continue the treatment process. The experimental group underwent 12 sessions (90-minute sessions per week) of emotional resilience training, and the control group did not receive any treatment. After the training sessions, the post-test was carried out in the experimental and control groups. Also, the follow-up was done in the three groups after 60 days. For ethical considerations, the researchers received a written consent from the participants for participation in the research.

The tools used in this study were as follows:

Buss Perry Aggression Questionnaire (BPAQ): This questionnaire was developed and revised by Buss and Perry (1992) [32]. It is a self-report inventory with 29 items and four subscales including anger (items 1, 9, 12, 18, 19, 23, 28), physical aggression (items 2, 5, 8, 11, 13, 16, 22, 25, 29), verbal aggression (items 4, 6, 14, 21, 27) and hostility (items 3, 7, 10, 15, 17, 20, 24, 26). Participants answered questions on a 5-point Likert scale, including Reflect Me (5), Somewhat True of Me (4), Neutral (3), Somewhat Untrue of Me (2), and Very Untrue of Me (1). Total aggression score was obtained by summing up all scores. The scores ranged between 29 and 145. A higher score indicated greater aggression. The validity of the Buss Perry Aggression Questionnaire was confirmed by Samani [33]. Samani reported alpha Cronbach coefficient of 0.78 for the Persian version of this questionnaire. In the present study, the Cronbach's alpha coefficient was 0.80 for the questionnaire.

The Psychological Capital Questionnaire (PCQ): This questionnaire was designed by Luthans et al. (2007) [34]. It has 24 items and four subscales, namely self-efficacy (questions 1 to 6), hope (questions 7 to 12), resilience (questions 13 to 18), and optimism (questions 19 to 24), in which each subscale consists of six items; and the participants respond to each item on a 6-point Likert scale (totally disagree to agree). The validity of the questionnaire has been confirmed in various studies. Luthans et al. [34] used the factor analysis and structural equations and reported the Chi-square of 24.6 and the CFI (Comparative Fit Index) and RMSEA (Root mean square error of approximation) of 0.97 and 0.08 for the model, and thus confirmed the factor validity of the test. Forohar et al. [35] reported the reliability of the questionnaire to be 0.87 based on Cronbach's alpha. The Cronbach's alpha coefficient was 0.88 in the present study.

The intervention program consisted of underwent 12 sessions (90-minute sessions per week) of emotional resilience training. This intervention was performed by Johnson et al. [28]. A summary of emotional resilience training sessions is presented in Table 1.

Table 1. Summary of Emotional Resilience Training Package [28]

No.	Content of session
Session 1	Introduction, statement of group rules and regulations, brief explanation of the objectives of training sessions, conducting the pre-test.
Session 2	Explaining forms of aggression, features of aggression, causes and consequences of aggression, a brief description about emotional resilience, giving assignments.
Session 3	Reviewing assignments of the previous session, explaining emotional resilience and defining factors affecting it, describing the relationship between emotional resilience and psychological resilience and related factors, giving assignments.
Session 4	Reviewing assignments of the previous session, teaching communication skills, having an intimate relationship with others and sense of humor, establishing respectful relationships with family members and friends, giving assignments.
Session 5	Reviewing assignments of the previous session, family attachment and its effects on reducing aggression and antisocial behaviors. Describing the poor sense of solidarity and connection with society and its effects and strengthening the sense of connection, giving assignments.
Session 6	Reviewing assignments of previous the session, describing emotions, explaining the relationship between emotional regulation and resilience and the relationship between emotional intelligence and resilience, presenting the components of emotional intelligence and its impact on interpersonal relationships, giving assignments.
Session 7	Reviewing assignments of the previous session, describing social adequacy and its components, self-efficacy and self-confidence, and ways to promote self-efficacy and self-confidence, giving assignments.
Session 8	Reviewing assignments of the previous session, describing the relationship between self-confidence and self-concept (self-esteem), describing the types of self-esteem, consequences of self-esteem, describing self-worth and its consequences, giving assignments.
Session 9	Reviewing assignments of the previous session, describing the locus of control, teaching external and internal locus of control, characteristics of people with internal and external locus of control, the correlation between internal locus of control, successes and consequences, the impact of external locus of control on consequences, giving assignments.
Session 10	Reviewing assignments of the previous session, describing optimism and characteristics of optimistic people, describing meaningful and purposeful feeling in life and their positive consequences, giving assignments.
Session 11	Reviewing assignments of the previous session, explaining that resilient people have problem-solving skills, and lack of problem-solving skills as one of the reasons for assault and battery as well as aggression, anger management skills training, giving assignments.
Session 12	Reviewing assignments of the previous session, summarizing previous sessions, answering the participants' questions about previous sessions, motivating them to keep learning the lessons, conducting the posttest.

Data were analyzed by descriptive and inferential statistics, such as mean, standard deviation, and repeated measures analysis. The Kolmogorov-Smirnov test was used to examine the normality of distribution of pre-test and post- test; and the Levene's test was utilized to investigate the equality of variances. The repeated measures ANOVA was used to investigate the research hypothesis. The SPSS version 23.0 was further used to analyze the data.

Results

The participants included 30 assault and battery offenders, aged between 20 and 35 years old. In the experimental group, 14 individuals (93.3%) were single and one person (6.7%) was married. Also, in the control group eight individuals (53.3%) were single and seven (46.7%) were married. In the experimental group, 12 participants (80%) lived in cities and 3 others (20%) lived in villages. In the control group, 11 individuals (73.3%) lived in the city and one (6.7%) lived in the village. The place of birth of 3 participants (20%) was unknown. Table 2 shows the mean and Standard Deviation (SD) of the studied variable in the experimental and control groups in the pre-test, post-test, and follow-up.

According to Table 2, mean aggression scores in the intervention group (emotional resilience training) reduced compared to the control group in posttest and follow-up phases. However, the score of psychological capital increased.

Kolmogorov-Smirnov test was used to check the presupposed normality of data. Results from the effect of this test on scores of variables indicated that the null hypothesis which states a normal distribution of research variables scores in pre-test, post-test and follow-up phases is still tenable in three groups. Levene's test was used to assess the equality of variances. Results indicated that aggression was (P=0.104, F=2.39) in the pre-test, (P=0.136, F=2.09) in the post-test and (P=0.09, F=2.56) in the follow-up phase; psychological capital was (P=0.376, F=1.001) in the pre-test, (P=0.738, F=0.307) in the post-test and (P=0.052, F=3.87) in the follow-up phase. Results of Mauchly's test on the uniformity of covariances in groups were (Mauchly's W=0.981, χ^2=0.789, P=0.647) for aggression and (Mauchly's W=0.773, χ^2=10.55), P=0.005 for psychological capital, which approved it in the aggression variable and disapproved it in the psychological capital variable. Therefore, in the within-subject analysis, conservative tests such as Greenhouse–Geisser were used in repeated measures ANOVA for psychological capital.

Results of repeated measures ANOVA indicated that time or phase of evaluation had a significant effect on aggression and psychological capital scores of assault and battery offenders (p<0.0001). The effect size showed that time explains 34 and 63% of the differences in the variances of aggression scores and psychological capital of assault and battery offenders, respectively. In addition, group membership had a significant effect on aggression and psychological capital scores of assault and battery offenders (p<0.0001). It is concluded that group membership or the type of received treatment (emotional resilience training) had also a significant effect on aggression and psychological capital of assault and battery offenders. The effect size showed that group membership explains 54 and 39% of the differences in the variances of aggression and psychological capital scores of assault and battery offenders, respectively. Results showed a significant interaction between the type of treatment and time on aggression and psychological capital scores of assault and battery offenders (p<0.0001). It is, therefore, concluded that the type of treatment received at different phases of evaluation had a significant effect on aggression and psychological capital of assault and battery offenders by 62 and 66%. The power of hypothesis also indicated high statistical accuracy and adequacy of the sample (Table 3). Table 4 presents a pairwise comparison of participants' aggression and psychological capital scores according to the evaluation phase.

Table 2. Descriptive Findings of Psychological Capital and Distress Tolerance in Two Experimental and Control Groups

Scales	Phase	Experimental Group		Control Group	
		M	SD	M	SD
Aggression	Pre-test	100.33	12.60	97.53	10.33
	Post-test	92.53	14.25	98.33	10.24
	Follow-up	94.26	13.91	98.80	9.46
Psychological capital	Pre-test	94.33	7.23	95.80	9.07
	Post-test	103.33	7.97	96.46	8.98
	Follow-up	101.26	7.46	96.00	8.66

Table 3. Repeated Measurement Results for the Effects of Time, Interaction Time and Group

Variable	Source	SS	df	MS	F	p	η_p^2	Power
Aggression	Time	192.20	2	96.10	17.04	0.0001	0.38	1.00
	Group	141.87	1	141.87	15.56	0.0001	0.36	0.99
	Time*group	323.35	2	151.67	28.67	0.0001	0.50	1.00
	Error	315.77	56	5.64				
Psychological capital	Time	376.84	1.11	337.57	46.46	0.0001	0.62	1.00
	Group	284.44	1	284.44	17.66	0.0001	0.39	1.00
	Time*group	293.35	1.11	262.84	36.16	0.0001	0.56	1.00
	Error	227.11	31.26	7.26				

Table 4. Results of Pairwise Comparison of the Psychological Capital and Aggression across Time Series

Scales	Phase A	Phase B	Mean difference (A-B)	SE	p
Aggression	Pre-test	Post-test	3.50	0.62	0.001
		Follow-up	2.40	0.75	0.01
	Post-test	Follow-up	-1.10	0.42	0.09
Psychological capital	Pre-test	Post-test	-4.83	0.60	0.0001
		Follow-up	-3.56	0.64	0.0001
	Post-test	Follow-up	1.26	0.17	0.08

There was a significant difference in the pretest and posttest and follow-up phases in terms of aggression and psychological capital scores. This implies that emotional resilience training could change aggression and psychological capital scores in the posttest and follow-up phases compared to the pretest phase. Another finding suggested no significant difference in the mean scores in the posttest and follow-up phases. Therefore, aggression and psychological capital scores of assault and battery offenders changed significantly in the posttest phase, and they could keep this change during the follow-up phase. In summary, emotional resilience training led to a significant change in the mean scores of aggression and psychological capital of assault and battery offenders in the post-test phase and this effect remained tenable in the follow-up phase (Table 4).

Discussion

The present study aimed to investigate the effectiveness of emotional resilience training in aggression and the psychological capital of assault and battery offenders in the Isfahan Central Prison. The first finding indicated the significant effect of emotional resilience training on aggression in assault and battery offenders. This intervention actually reduced aggression in them. This finding is consistent with previous research [16,18,36-38]. Results of this study found resilience an appropriate strategy to promote mental health in individuals. Resilience helps individuals to improve their social, personal and psychological performance and overcome problems despite being exposed to intense stress and risk factors [36]. In addition, it is a protective factor for assault and battery offenders against adversities and dangers. Resilience seeks to accelerate psychological changes through mental engagement, to not only repair the worst events in life, but also create the best quality of life [38]. Accordingly, the process and techniques of an emotional resilience-based therapy emphasize on seeing the positive aspects of life events. This prevents assault and battery offenders' thoughts and ideas from being stuck in a dysfunctional and unhealthy cycle and reduces their aggression. In addition, properties of emotional resilience training help individuals to use it to remain calm in stressful situations, be flexible when facing obstacles, avoid erosive strategies, and keep their positive emotions and optimism in adversities [16]. Accordingly, people who receive emotional resilience training often return to their normal state by creating positive emotions, after coping with stressful situations. Therefore, they can take active strategies to reduce aggression and to better plan their environmental, social, and personal interactions by expanding their mental capacity.

The second finding suggested that emotional resilience training has a significant effect on aggression in assault and battery offenders. This intervention increased psychological capital in them. This finding is consistent with the research results of Ahmadi et al. [39], Tofighi et al. [40], and Christopher et al. [30].

To explain this finding, individuals who receive emotional resilience training acquire personality traits that increase their mental health. Emotional resilience prevents the prevalence of psychological problems among individuals and protects them against psychological impacts of adversities [30]. Emotional resilience helps individuals cope with adversities and stressful life events, increases their pain and problem adaptation, reduces depression [40], and thus improves offenders' cognitive, emotional and psychological processing. It makes them experience higher psychological capital with higher hope and resilience. In addition, resilience is a construct of intrapersonal resources that directly affects individuals' performance in stressful situations, moderates their stress and adverse effects and contributes to their mental health [39]. In addition, highly resilient individuals maintain their mental health in stressful situations and adversities and enjoy psychological adaptation. Therefore, in dealing with life problems and pressures, they meet life challenges through controlling their thoughts, emotions and behavior. In other words, emotional resilience leads to personality resilience, increases life management insight and skills, and establishes effective communication with the environment and others. By activating social support, resilience causes the assault and battery offenders to feel more optimistic about assault and battery in order to develop psychological capital in them.

Some of the limitations of this study included the scope of investigation limited to assault and battery offenders in Isfahan Central Prison; failing to inhibit variables affecting aggression and psychological capital of assault and battery offenders such as developmental history, developmental and early maladaptive schemas and failure to use random sampling. To increase the generalizability of the results, at the proposal level, it is suggested to conduct the study on other individuals and psychological disorders, inhibiting the mentioned factors, and using random sampling methods.

Conclusion

Training emotional resilience promoted the psychological capital in assault and battery offenders and reduced their aggression. Given the effectiveness of emotional resilience training in aggression and psychological capital of assault and battery offenders in Isfahan Central Prison, at the practical level, it is suggested to provide emotional

resilience training to prison counselors and psychologists by developing brochures and booklets so that they can use the content of this treatment, take steps to reduce aggression and increase the psychological capital of assault and battery offenders.

Conflict of Interest

All the authors declare that they have no conflicts of interest.

Ethical Approval

The participants willingly filled out the questionnaires and signed written informed consent. The Ethics Review Board of Islamic Azad University, Ahvaz branch, approved the present study with the following number: IR.IAU.KHUISF.REC.1398.221.

Acknowledgement

This article was extracted from a part of the PhD dissertation of Javad Dorostkar in the Department of Psychology, Isfahan (Khorasgan) Branch, Islamic Azad University, Isfahan, Iran. The researchers wish to thank all the individuals who participated in the study and the staff of the Isfahan Central Prison.

References

1. Gharibpour M, Akbari B, Abolghasemi A. Comparisons of Alexithymia, Negative Emergency and Aggression in Prisoners with and without Intermittent Explosive Disorder. Journal of Applied Psychological Research. 2020;11(1):169-83.
2. Hassanzadegan S, Bagheri M, Shojaei P. The Relationship between Psychological Capital and Job Performance: The Mediating Role of Psychological Empowerment. International Journal of Behavioral Sciences. 2019;13(3):104-110.
3. Azeez R, Babalola S. Effect of Cognitive Behavioral Group Therapy on Adolescents' Aggressive Behavior. International Journal of Behavioral Sciences. 2020;14(2):51-55.
4. Wyckoff JP. Aggression and emotion: Anger, not general negative affect, predicts desire to aggress. Personality and Individual Differences. 2016;101:220-6.
5. Wang M. Harsh parenting and adolescent aggression: Adolescents' effortful control as the mediator and parental warmth as the moderator. Child Abuse and Neglect. 2019;94:104021.
6. Ring C, Kavussanu M, Willoughby A. Pain thresholds, pain-induced frontal alpha activity and pain-related evoked potentials are associated with antisocial behavior and aggressiveness in athletes. Psychology of Sport and Exercise. 2016;22:303-11.
7. Taleb M, Najafiasl Z, Ahmadi Avendi Z. The Qualitative Study of Social-Cultural Factors Effective on Collective Conflicts (Case Study: Izeh City). Quarterly Journal of Social Development (Previously Human Development). 2017;11(4):71-102.
8. Cleverley K, Szatmari P, Vaillancourt T, Boyle M, Lipman E. Developmental trajectories of physical and indirect aggression from late childhood to adolescence: sex differences and outcomes in emerging adulthood. Journal of the American Academy of Child and Adolescent Psychiatry. 2012;51(10):1037-51.
9. Williams C, Richardson DS, Hammock GS, Janit AS. Perceptions of physical and psychological aggression in close relationships: A review. Aggression and Violent Behavior. 2012;17(6):489-94.
10. Akbari Chermahini S, Sajadinezhad M, Shafietabar M. The Facilitating Role of Borderline Personality Disorder and the Inhibiting Role of Mindfulness in Adolescents' Tendency to Addiction. International Journal of Behavioral Sciences. 2018;11(4):160-165.
11. Kind N, Eckert A, Steinlin C, Fegert JM, Schmid M. Verbal and physical client aggression - A longitudinal analysis of professional caregivers' psychophysiological stress response and burnout. Psychoneuroendocrinology. 2018;94:11-6.
12. Kim M, Kim ACH, Newman JI, Ferris GR, Perrewé PL. The antecedents and consequences of positive organizational behavior: The role of psychological capital for promoting employee well-being in sport organizations. Sport Management Review. 2019;22(1):108-25.
13. Kazemian S, Zarei N, Esmaeeli M. The Effectiveness of Intervention based on Strengthening Family Coping Resources Approach on Resilience in Family Caregivers of Patients with Schizophrenia. International Journal of Behavioral Sciences. 2019;13(1):26-32.
14. Luthans F, Avey JB, Avolio BJ, Peterson SJ. The development and resulting performance impact of positive psychological capital. Human Resource Development Quarterly. 2010;21(1):41-67.
15. Ebrahimi M, Hamian Z, Yarahmadi Y, Jadidi H, Ahmadiyan H. The Effectiveness of Positive Psychology Training on the Resiliency and Job Satisfaction of Government Employees. International Journal of Behavioral Sciences. 2020;14(2):79-84.
16. Sadri Damirchi E, Bashorpoor S, Ramezani S, Karimanpour G. Effectiveness of resilience training on anger control and psychological well-being in impulsive students. Journal of School Psychology. 2018;6(4):120-39.
17. Steinhardt M, Dolbier C. Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. Journal of American College Health. 2008;56(4):445-53.
18. Esfandiar Y, Rahnejat AM, Mousavi M, Sabayan B. The Effectiveness of Resiliency Training on Reduction of Emotional Stress and Self-mutilation Attempt in Soldiers in Tehran, Iran in 2018. Journal of Military Medicine. 2020;22(1):27-35.
19. Tlapek SM, Auslander W, Edmond T, Gerke D, Voth Schrag R, Threlfall J. The moderating role of resiliency on the negative effects of childhood abuse for adolescent girls involved in child welfare. Children and Youth Services Review. 2017;73:437-44.
20. Souri H. The correlation of resiliency and optimism with psychological well-being. International Journal of Behavioral Sciences. 2013;7(3):271-7.
21. Backmann J, Weiss M, Schippers MC, Hoegl M. Personality factors, student resiliency, and the moderating role of achievement values in study progress. Learning and Individual Differences. 2019;72:39-48.
22. Ashrafi M, Monjezi F. The effectiveness of communication skills training in reducing aggression among female high school students. Research in Cognitive and Behavioral Sciences. 2013;3(1):81-98.
23. Hemmati Sabet V, Rohani Shahrestani N, Hemmati Sabet A, Ahmadpanah M. The Effectiveness of Schema Therapy in Reducing Aggression and Social Anxiety in Adolescents of Hamedan city aged 17 to 18 years. Shenakht Journal of Psychology and Psychiatry. 2016;3(2):82-93.
24. Dousti P, Gholami S, Torabian S. The Effectiveness of Acceptance and Commitment Therapy on Aggression among Students with Internet Addiction. Journal of Health and Care. 2016;18 (1):63-72.
25. Joyce S, Shand F, Tighe J, Laurent SJ, Bryant RA, Harvey SB. Road to resilience: a systematic review and meta-analysis of resilience training programmes and interventions. BMJ Open. 2018;8(6):e017858-e.
26. Murden F, Bailey D, Mackenzie F, Oeppen RS, Brennan PA. The impact and effect of emotional resilience on performance: an overview for surgeons and other healthcare professionals. British Journal of Oral and Maxillofacial Surgery. 2018;56(9):786-90.
27. Zetino YL, Galicia BE, Venta A. Adverse Childhood Experiences, Resilience, and Emotional Problems in Latinx Immigrant Youth. Psychiatry Research. 2020;293:113450.
28. Johnson J, Panagioti M, Bass J, Ramsey L, Harrison R. Resilience to emotional distress in response to failure, error or mistakes: A systematic review. Clinical Psychology Review. 2017;52:19-42.
29. Peng L, Li M, Zuo X, Miao Y, Chen L, Yu Y, et al. Application of the Pennsylvania resilience training program on medical students. Personality and Individual Differences. 2014;61-62:47-51.
30. Christopher MS, Hunsinger M, Goerling LRJ, Bowen S, Rogers BS, Gross CR, et al. Mindfulness-based resilience training to reduce health risk, stress reactivity, and aggression among law

enforcement officers: A feasibility and preliminary efficacy trial. Psychiatry Research. 2018;264:104-15.
31. Ashkan S, Afrooz G, Monshei G, Talebi H, Foroghi Abri A. Comparison of the Effectiveness of Parents Management Training and Resiliency Programs in Reducing Behavioral Problems of Teenagers. Empowering Exceptional Children. 2014;5(2):1-15.
32. Buss AH, Perry M. The aggression questionnaire. J Pers Soc Psychol. 1992;63(3):452-9.
33. Samani S. Study of Reliability and Validity of the Buss and Perry's Aggression Questionnaire. Iranian Journal of Psychiatry and Clinical Psychology. 2008;13(4):359-365.
34. Luthans F, Avolio BJ, Avey JB, Norman SM. Positive psychological capital: Measurement and relationship with performance and satisfaction. Personnel Psychology. 2007;60(3):541-72.
35. Forohar M, Hovida R, Jamshidian R. Psychological capital and intraprunership among faculty members. Counseling Culture and Psychotherapy. 2012;2(8):83-100.
36. Taghipoor S, Baghestani M, Saadati N. Effectiveness of resilient education on reducing of perceived stress and communicative problems of women with abandoned addicted spouse. Etiadpajohi. 2019;13(51):71-88.
37. Khanjani M, Sohrabi F, Aazami Y. The Effectiveness of Resilience and Stress Management Training Program on Psychological Well-being, Meaning of Life, Optimism, and Satisfaction of Life in Female-Headed Households. Iranian Journal of Psychiatric Nursing. 2018;6(2):1-11.
38. Akbari B. Effectiveness of Training Psychological Resilience on Aggression and Happiness among Students. Journal of Holistic Nursing and Midwifery. 2017;27(1):1-7.
39. Ahmadi B, Mosadeghrad AM, Karami B. Effectiveness of resilience education on quality of working life among nursing personnel: A randomized controlled study. Payesh (Health Monitor). 2019;18(3):279-89.
40. Tofighi Z, Aghaei A, Gol Parvar M. Comparing effectiveness of resilience and emotion regulation on perceived social stigma and mental endurance in the mothers of the children with cerebral paralysis (CP). Psychology of Exceptional Individuals. 2018;7(28):71-93.