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The Effectiveness Of Emotion Regulation Training On Resilience And General Health Of Bullied Students

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Abstract

The purpose of this study was to investigate the effectiveness of emotion regulation training on the resilience and general health of bullied students. The design of the semi-experimental research was pre-test-post-test and one-month follow-up with a control group. To select the sample, 60 students were selected from the bully students and randomly assigned to the experimental and control groups. Both groups were evaluated using Connor and Davidson's resilience scale and Goldberg's general health questionnaire. Emotion regulation training interventions were conducted in the experimental group for 8 ninety-minute sessions. The results of covariance analysis showed that the average post-test scores of resilience and general health of the experimental group were significantly higher than the average post-test scores of the control group. Based on the findings of the research, it can be said that emotion regulation training is effective in increasing the resilience and general health of bullied students.

Keywords: emotion regulation, resilience, public health, bully students.

Introduction

Adolescence is the most critical period of life. Teenagers are often involved in passionate emotional swings; Adolescence is associated with excitement, conflicting feelings, physiological stimulation, and tense emotions. One of the well-known behavioral problems in adolescence is bullying. Bullying is a form of aggression in the form of physical, sexual, and psychological harassment of one or more students against another student repeatedly over some time. In general, bullying is an antisocial behavior that is associated with breaking the law. Bullying may happen in different environments, but what has been the focus of education researchers is bullying in the school environment, which is similar in meaning to school violence and is considered a milder form of it. School

violence is a major social problem that affects the psycho-social health, family, and personal well-being of students all over the world (Hartley, 2011; Naeim et al, 2016).

One of the challenges when thinking about emotion regulation is creating a conceptual framework that helps organize the multiple forms of emotion regulation. The normative model of emotion proposes an approach in which the sequence of processes involved in the regulation of emotion is specified, each of which can be the target of emotion regulation. In the normative model of emotion regulation, there are five strategies through which people regulate their emotions. These five strategies indicate five common features of the emotion regulation process, which are: situation selection, situation adjustment, attention regulation, cognitive change, and response adjustment (Peterson, 2005; Kamran and Naeim, 2021). If negative emotion can be marketed in the initial process of emotion regulation, it may be resolved immediately. Therefore, such negative emotions do not need to be transferred to the secondary process of emotion regulation. One of the important topics in emotion regulation is resilience. Resilience plays a role as one of the components of emotion regulation in mental health (Hartley, 2011). The concept of resilience emerged in the 1800s and continues to this day (Jakson, Firtko, & Edenborough, 2007). Resilience is a kind of general capacity that people use to prevent, minimize and overcome problems. Resilience shows a person's abilities as a protective factor and a tool for positive growth, Richardson (2002). Resilient students are better able to respond to adverse situations without automatic and maladaptive reactions (Wallace and Shapiro, 2006). Therefore, despite being in dangerous and difficult situations, they are not psychologically damaged. Although some traits related to resilience are biologically and genetically determined, resilience skills can be taught and strengthened. According to the protection model of resilience (Grant, Ramcharan & Flynn, 2007), positive factors in a person's life can compensate for some risks and simultaneously interact with other factors to reduce negative consequences and they also believe that while some people are naturally resilient, others have to work for it. In the meantime, experts such as Weena (2003) also emphasize that resilience skills can be learned, and according to them, resilience can be taught.

By reviewing the research that has been done in the last few years about bullying students, it seems that these students are exposed to all kinds of social harm (Vaillancourt et al, 2021). Bullying as one of the behavioral disorders has harmful consequences. Dropping out of school, academic failure, depression, anger, suicide, and delinquency are among the negative consequences of bullying. Today, the spread of violent behavior, especially school violence, has attracted the attention of public opinion, governments, and researchers around the world (Dake et al, 2003). Bullying is one of the most common forms of low-level violence in the school environment which, if not addressed, can lead to dangerous forms of violence. Becomes and bullying is the background for the occurrence of severely violent incidents (Gaffney et al, 2021). Fortunately, in the last two decades, teachers and researchers have increasingly emphasized and paid attention to the importance of the safety and health of the school environment and belonging to it in the learning and academic success of students (Gaffney et al, 2019). Therefore, the purpose of this research is to investigate the effectiveness of emotion regulation training on the resilience and general health of bullied students.

Method

The research method was a semi-experimental type of pre-test and post-test with a two-month follow-up period and a control group. The sample included 60 bully students who were selected

purposefully. Of these, 30 people were randomly assigned to the experimental group and 30 people to the control group. In this research, an 8-session group training program on emotion regulation was used. The meetings were held once a week in groups. The pre-test was conducted one week before the start of the research and the post-test was conducted one week after the end of the sessions. Two months after the end of the sessions, the follow-up was done. To analyze the data, covariance analysis was used, and Ben Feroni's test was used to compare the pre-test, post-test, and follow-up scores.

Measuring tool:

Conner and Davidson's (2003) resilience scale:

A resilience questionnaire was prepared by Connor and Davidson (2003), by reviewing the research sources of 1979-1999 in the field of resilience. This questionnaire has 25 questions on a Likert scale between zero (completely false) and four (always true). The average score of this scale is 52, so the higher the score of the subject is, the more resilient he is, and the closer the score is to zero, the less resilient he is. The Cronbach's alpha method was used to determine reliability, and the resulting reliability was equal to 0.89 (Conner and Davidson, 2003).

General Health Questionnaire (GHQ):

This questionnaire, which was developed by Goldberg in 1979, has 28 questions. The mentioned questionnaire is one of the most specific screening tools for mental disorders, which is based on the factor analysis method of the original 60-question form and has four sub-scales of physical symptoms, anxiety and insomnia, and social functioning disorders. Each of the scales has 7 questions. The questions are graded on a multi-level spectrum from no option (score zero) to high (score 3). Cronbach's alpha coefficient of the general health questionnaire was found to be 0.87.

Results

Analysis of the covariance method was used to investigate research hypotheses on whether emotion regulation training affects post-test scores and follow-up resilience, and general health. Before analyzing the covariance test, three important assumptions of this test, i.e. the normality of the dispersion distribution of the dependent variable, the homogeneity of the variances, and the homogeneity of the slope of the regression line were examined. The Shapiro-Wilks test was used for the normality of the variables. The size of the Shapiro-Wilks test for all variables (i.e. resilience and general health) in both post-test and follow-up stages was not statistically significant, this result indicated that all three variables have a normal distribution in both post-test and follow-up stages. . However, Levine's test was used to check the condition of homogeneity of error variances. The values of Levin's test for any of the research variables (i.e. resilience and general health) were not statistically significant, which indicated the establishment of the condition of homogeneity of variances. Finally, to check the assumption of homogeneity of the regression lines, there should be no interaction between the group and the pre-test. For this, the interaction between the group and the pre-test was included in the analysis of covariance, and the result of this test for all variables was indicative of the establishment of this condition, i.e., the lack of significance of the interaction or interaction between the group and the pre-test. Considering the establishment of these three important assumptions in all the hypotheses, there was no problem to use this analysis to check the research hypotheses.

Table 1. Results of one-way covariance analysis to investigate the effectiveness of emotion regulation training on research variables in two post-test stages

Level	Variable	Sum of squares	df	Mean square	F	Sig.
Post Test	Resilience	3014.12	1	3014.12	23.12	0.0001
	General Health	2310.24	1	2310.24	34.10	0.0001
Follow Up	Resilience	1805.15	1	1805.15	13.04	0.01
	General Health	1209.18	1	1209.18	26.31	0.0001

Table (1) shows the results of a one-way analysis of covariance to investigate the effectiveness of emotion regulation training on the post-test scores of two variables, resilience, and general health. It should be noted that in Table (1), the results of the one-way analysis of covariance are reported briefly and only the statistical indicators related to the group factor are reported. That is, two separate covariance analyzes were taken to examine the two main hypotheses of the research in the field of the effectiveness of emotion regulation training in the post-test and follow-up phase, taking into account the variables of the same name in the pre-test phase, and the only factor or group effect of these analyzes in Table (1), the report has been According to the results reported in Table (1), it is clear that emotion regulation training has a significant effect on increasing resilience scores in the post-test phase. Because the F test size is statistically significant. The effect size of this effect is equal to 0.60, which indicates that 60% of the changes in the resilience score are influenced by the independent variable (emotion regulation). Finally, according to the result reported in Table (1), it is clear that the second hypothesis of the research, that is, the effectiveness of emotion regulation on the average scores of general health in the post-test phase, is confirmed. The effect size of this effect is equal to 0.65. This result indicates that about 65% of the variance of general health scores in the post-test stage is caused by the independent variable.

In the second part of table (1), the stability of the treatment is examined on the scores of these two dependent variables. In other words, in the continuation of this research, the researcher intends to use the statistical method of covariance analysis to investigate the stability of the scores of the two dependent variables of resilience and general health in the follow-up phase. In these analyses, the pre-test of each of the variables is included in the research as a covariate, and the adjustment of these pre-test scores is measured in the follow-up phase using covariance analysis. As mentioned in the introduction of the findings section, before examining the results of the analysis of covariance, three assumptions of the normality of the distribution of the research variables in the follow-up phase, the homogeneity of the error variances, and the homogeneity of the regression lines or the lack of significant interaction between the group and the repeated factor were examined, which The results of these analyzes were all indicative of the establishment of the condition or the main assumptions of the regression analysis.

According to the table (1), the result of the one-way covariance analysis shows that the effect of emotion regulation training on the average score of resilience is stable in the follow-up phase. Because the size of the F test for the group factor is significant. Therefore, the hypothesis of the research, which was designed for the stability of the effectiveness of the independent variable in resilience scores, is confirmed, and also

according to the results of covariance analysis reported in Table (1), it is clear that the stability of group therapy on public health has been achieved in the follow-up phase because the size of the F test for this hypothesis is also significant.

Table 2. Adjusted average of post-test scores and follow-up of two variables of resilience and general health

Level	Variable	Group	Corrected post-test score	
			Mean	SD
Post Test	Resilience	Test	78.10	3.94
		Control	55.19	3.51
	General Health	Test	11.21	2.90
		Control	32.06	2.73
Follow Up	Resilience	Test	74.17	4.12
		Control	54.01	3.37
	General Health	Test	12.16	2.83
		Control	33.14	2.74

According to the results reported in tables (1) and (2), it is clear that emotion regulation improves the scores of both research variables in the post-test stage. Also, the average score of both research variables after adjusting or removing the covariate is reported in the follow-up phase.

Discussion and conclusion

In recent years, emotion regulation, with emphasis on human capabilities and virtues, has investigated the factors in humans that lead to mental health and life satisfaction, even in dangerous situations (Seligman et al, 2006). Lyubomirsky and Layous (2013), believe that emotion regulation training interventions through increasing positive emotions, positive thoughts, and behaviors and satisfying people's basic needs such as autonomy, love, belonging, and connection, reduce depression and increase happiness and sense of psychological well-being. In this research, the effectiveness of emotion regulation training on the resilience and general health of bullied students has been investigated. The findings showed a significant difference between the average scores of resilience and general health of the experimental and control groups. This shows the effect of emotion regulation training interventions on the resilience and general health of bully students. Therefore, the research hypothesis based on the effectiveness of emotion regulation training in increasing the resilience and general health of bullied students is confirmed. In general, the findings of the research are consistent with the findings of Pietrowsky and Mikutta (2012), and Lyubomirsky and Layous (2013). The results of these studies have shown that emotion regulation increases resilience and general health.

In explaining the results of the research in line with the confirmation of the first hypothesis regarding the effectiveness of emotion regulation in increasing resilience, it can be said that according to the protection model of resilience (Grant et al, 2007), emotion regulation in a person's life can compensate for some risks and at the same time with Other factors interact to reduce negative consequences. Also, specialists such as Weena (2003) emphasize the learnability of various resilience skills. Emotion regulation training not only through reducing negative symptoms but also effectively and directly can change vulnerability to resilience through the

creation of positive emotions, character abilities, and meaning. Emotion regulation training can not only create positive resources, but it can also have a reciprocal effect on negative symptoms and also be a barrier to their recurrence (Kordmirza, 2018). As mentioned, bullied students are in a dangerous situation, and in the present study, emotion regulation improved their resilience. Therefore, it can be said that the results of the present study confirm that resilience skills can be learned through emotion regulation.

In explaining the results of the second hypothesis that emotion regulation improves mental health, it can be said that emotion regulation can be effective in improving people's general health by improving resilience and reducing anxiety and depression.

Based on the results of his research, it can be concluded that emotion regulation training helps the student to take a more active position in the surrounding world, become purposeful and find meaning in his life, increase his positive emotions and promote personal strengths. Considering the experts' emphasis on learning different resilience skills, also considering that emotion regulation training improves mental health, and also acknowledging the short-term and as a result, the cost-effectiveness and comprehensibility of the exercises of this approach According to other approaches (Sin and Lyubomirsky, 2009), emotion regulation can be used as an effective intervention in schools. Therefore, it is suggested that this training be given to students in schools.

This research has limitations due to its quasi-experimental design. Limitations include causal inference from the influence of the independent variable on the dependent variable. On the other hand, because the research questionnaire was completed by the subjects in the form of self-assessment, the limitations related to the questionnaire that are also present in other research are maintained in this research. There were other limitations such as not comparing with other treatments such as cognitive behavioral therapy to choose a more effective treatment among different treatments in this research. It is suggested that these interventions be investigated in a larger sample with a longer follow-up period and also in samples including bullied students. Bully students face more problems and behavioral and psychological problems than healthy students, so it is suggested that policymakers should pay attention to developing programs with a special prevention approach for bully students.

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