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Effect of Resilience and Self-Compassion Training on Emotion Regulation and Frustration Tolerance in Students with Clinical Aggression Symptoms

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ABSTRACT

Aims Aggression is a growing global concern among adolescents, particularly female students, and it is associated with deficiencies in emotion regulation and frustration tolerance. This study aimed to compare the effectiveness of resilience and self-compassion training on emotion regulation and frustration tolerance in female students with clinical symptoms of aggression.
Materials & Methods This clinical trial, conducted in 2024, employed a pre-test, post-test, and one-month follow-up design. The sample included 45 female middle school students with symptoms of aggression, who were randomly assigned to two experimental groups (resilience training and self-compassion training, n=15 per group) and a control group (n=15) that received no intervention. Resilience training was conducted in 10 weekly sessions of 75 minutes each, while compassion-focused therapy was implemented in 8 weekly sessions of 90 minutes. Data were collected using the Affective Control Scale and the Frustration Discomfort Scale. Data analysis was performed using repeated measures analysis of variance with SPSS 27 software.
Findings Both resilience training and self-compassion training significantly improved emotion regulation and frustration tolerance compared to the control group ($p<0.001$). The effects of these interventions were sustained at the one-month follow-up, demonstrating their long-term effectiveness. However, the study found no significant difference in effectiveness between the two experimental groups.
Conclusion Both resilience and self-compassion training are effective strategies for improving emotion regulation and frustration tolerance in female students with aggressive tendencies.

Keywords Resilience; Self-Compassion; Emotion Regulation; Aggression; Students

CITATION LINKS

[1] Aggressive behavior in adolescent patients with mental ... [2] The effect of problem-solving skills training based on storytelling on different levels ... [3] Relational aggression in adolescents across different cultural contexts ... [4] Aggression and its predictors ... [5] A paradox of school social organization: Positive school climate ... [6] Relationship between maladaptive daydreaming and psychological distress in nurses ... [7] The relationship between emotion regulation and mental health ... [8] Emotional regulation in the classroom: Detection of multiple ... [9] Emotion regulation strategies and aggression in youngsters ... [10] Frustration intolerance ... [11] The role of emotional intelligence and frustration intolerance in the academic performance ... [12] Effects of self-healing training on perfectionism and frustration tolerance ... [13] The effectiveness of emotional schema therapy on self-regulation and frustration toleranc ... [14] Resilience training for critical situation management ... [15] Road to resilience: A systematic review and meta-analysis of resilience ... [16] Developing a student's resilience training model based on the lived experiences ... [17] Mindfulness-based resilience training on the psychological well-being of medical ... [18] Self-compassion in children and adolescents: A systematic review of empirical ... [19] Effectiveness of compassion training on stress and anxiety ... [20] The effectiveness of self-compassion training on social-emotional competence ... [21] Intervention effect of mindful self-compassion training on adolescents' ... [22] Are emotions frightening? An extension of the ... [23] Psychometric properties of the Persian ... [24] The frustration discomfort scale ... [25] The relationship between frustration tolerance and approval motivation with ... [26] Evaluation of a resilience intervention to enhance coping strategies and ... [27] Research Note: Effects of resilience training on the reduction ... [28] Moderating role of self-compassion in the relationships between the three forms ... [29] Self-compassion defuses the aggression triggered ... [30] Effects of self-compassion on aggression and its psychological ...

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Introduction

Aggression among adolescents, especially female students, has emerged as a significant global concern, exhibiting a complex interplay with psychological and social health. This behavior, which can manifest as physical, verbal, or relational hostility, often indicates underlying emotional dysregulation and coping deficits [1]. Studies have consistently linked aggressive behavior in youth to a range of adverse outcomes, including academic difficulties, strained peer relationships, and an increased risk of future mental health disorders such as depression and anxiety [2, 3]. In the context of the school environment, aggression disrupts the learning process, compromises school safety, and places a heavy burden on both the students involved and the educational system as a whole [4]. Addressing these behaviors is not merely a matter of discipline but a critical component of promoting well-being and fostering a supportive atmosphere for all students [5]. Therefore, understanding the psychological underpinnings of aggression and developing effective, targeted interventions is a priority for both researchers and practitioners.

Emotion regulation is a crucial skill involving the ability to influence which emotions one has, when one experiences them, and how one expresses them [6]. It is a complex process that includes both conscious and unconscious strategies to manage emotional states. Deficits in emotion regulation are a core component of many psychological disorders, and their link to aggressive behavior is well-documented [7]. Individuals who struggle to regulate their emotions are more likely to react impulsively and with hostility when confronted with challenging situations, as they lack the cognitive and behavioral tools to process their feelings in a constructive manner [8]. Research has shown that teaching adolescents effective emotion regulation strategies can reduce their aggressive tendencies and improve their overall psychological well-being [9].

Frustration tolerance, a closely related construct, refers to an individual's capacity to cope with situations where goals are blocked or desires are unfulfilled without resorting to extreme emotional or behavioral outbursts [10]. Low frustration tolerance is a hallmark of many aggressive behaviors. When faced with obstacles, individuals with poor frustration tolerance may resort to anger, hostility, and destructive actions rather than employing adaptive problem-solving skills [11]. This can lead to a vicious cycle where a person's inability to cope with setbacks results in more frequent and intense negative outcomes, further reinforcing their aggressive patterns [12]. Interventions aimed at improving frustration tolerance equip individuals with the resilience and self-control necessary to navigate the inevitable challenges of life without resorting to aggression [13].

Resilience training is a psychoeducational intervention designed to enhance an individual's capacity to "bounce back" from adversity and stress [14]. It focuses on building internal resources such as problem-solving skills, a positive self-concept, and social support networks. Studies on resilience training have shown its effectiveness in various populations, including college students and workers, leading to reduced stress, improved coping mechanisms, and decreased symptomatology of depression and anxiety [15, 16]. When applied to aggressive adolescents, resilience training can provide a framework for developing adaptive coping strategies, enabling them to respond to challenging situations with greater emotional stability and less impulsivity [17]. By fostering a more resilient mindset, students can learn to view setbacks not as insurmountable obstacles but as opportunities for growth.

Self-compassion training, rooted in compassion-focused therapy, is a distinct yet complementary approach that involves treating oneself with kindness, understanding, and non-judgment, especially during times of failure or inadequacy [18]. It consists of three main components: self-kindness versus self-judgment, common humanity versus isolation, and mindfulness versus over-identification [19]. Research has demonstrated that self-compassion is a powerful antidote to self-criticism, shame, and other negative self-evaluative emotions that often underlie externalizing behaviors like aggression [20]. A compassionate self-view can help individuals accept their flaws and failures, reducing the need to externalize their frustration through aggressive acts [21]. By cultivating self-compassion, individuals can develop a more gentle and accepting relationship with themselves, which, in turn, reduces their emotional reactivity and enhances their ability to cope with difficult feelings.

Despite the established links between aggression and deficits in emotion regulation and frustration tolerance, as well as the potential of resilience and self-compassion as therapeutic interventions, there remains a need for comparative research in this area. While previous studies have examined these variables in isolation [14, 20], there is a gap in the literature regarding a direct comparison of the effectiveness of resilience training versus self-compassion training, specifically in the context of addressing aggression in female adolescents. The unique psychological and social pressures faced by this population necessitate targeted interventions that are empirically validated. This study aimed to fill this gap by providing a direct comparison of the two interventions. The primary objective of this research was to evaluate and compare the effectiveness of resilience training and self-compassion training on emotion regulation and frustration tolerance in female middle school students with clinical

symptoms of aggression.

Materials and Methods

Design and Participants

This clinical trial, conducted in 2024, employed a pre-test, post-test, and a one-month follow-up design. The statistical population included all female middle school students, aged 13 to 15, with clinical symptoms of aggression in the city of Ahvaz. Using a random cluster sampling method, two educational districts were first selected at random from the city's districts. From each of these two districts, two schools were randomly chosen, and from each school, two classes were randomly selected. After initial screening, a total of 45 students with clinical symptoms of aggression were identified. These participants were then randomly assigned to one of three groups: a resilience training group (n=15), a self-compassion training group (n=15), and a control group (n=15) that received no intervention.

Inclusion criteria included being a female student aged 13-15, exhibiting clinical symptoms of aggression based on the screening tool, and providing informed written consent from both the student and their parents. Exclusion criteria included missing more than two intervention sessions or having a history of receiving psychological treatment for aggression or related issues. All ethical considerations were carefully observed, including ensuring the confidentiality of all data and providing access to psychological support for all participants after the study was concluded.

Procedure

Following the random assignment of participants, a pre-test was administered to all three groups. The experimental groups then participated in their respective interventions. Resilience training was conducted over 10 weekly sessions of 75 minutes each (Table 1).

The compassion-focused therapy was implemented in 8 weekly sessions of 90 minutes (Table 2).

The control group received no treatment during this period. After the interventions were completed, a post-test was administered to all three groups, followed by a one-month follow-up assessment to evaluate the long-term effectiveness of the interventions.

Table 1. Summary of the resilience training sessions

Session	Title	Content
1	Introduction to resilience	Understanding the concept of resilience; Identifying personal strengths
2	Identifying stressors	Recognizing personal and environmental sources of stress
3	Emotional awareness	Learning to identify and label emotions; Exploring the link between thoughts, feelings, and actions
4	Cognitive restructuring	Challenging negative thought patterns and replacing them with positive ones
5	Problem-solving skills	Developing effective strategies to solve interpersonal and academic problems
6	Enhancing social support	Building and leveraging supportive relationships with peers, family, and teachers
7	Communication skills	Practicing assertive communication and conflict resolution techniques
8	Self-care and mindfulness	Integrating physical and mental self-care practices into daily routines
9	Goal setting	Setting realistic and achievable goals for personal and academic growth
10	Integrating resilience	Reviewing and practicing all learned skills; Planning for future challenges

Table 2. Summary of the self-compassion training sessions

Session	Title	Content
1	Introduction to self-compassion	Understanding the three components: Self-kindness, common humanity, and mindfulness
2	Cultivating self-kindness	Practicing gentle self-talk and compassionate responses to personal suffering
3	Understanding common humanity	Recognizing that suffering and imperfection are part of the shared human experience
4	Mindfulness for self-compassion	Using mindfulness to observe feelings without judgment or over-identification
5	Working with difficult emotions	Applying self-compassionate techniques to manage feelings of anger and frustration
6	Compassionate friend exercise	Imagining how a compassionate friend would treat you in difficult situations
7	Developing a compassionate self	Cultivating a compassionate inner voice and a sense of warmth towards oneself
8	Compassion in relationships	Extending compassion to others and practicing compassionate communication

Instrument

Affective Control Scale (ACS): Emotion regulation was measured using the 42-item ACS developed by Williams *et al.* [22]. This instrument consists of four components: anger, depressed mood, anxiety, and positive affect, and it is rated on a 7-point Likert scale. Higher total scores indicate better emotional control. The questionnaire has demonstrated strong validity and reliability; in a previous Persian-language study, its Cronbach's alpha coefficient was reported as 0.76 [23], and in the present study, the value was found to be 0.79.

Frustration Discomfort Scale (FDS): Frustration tolerance was assessed using the FDS developed by Harrington in 2005. This instrument contains 35 items across four components, which are rated on a 5-point Likert scale. It measures an individual's ability to cope with obstacles and setbacks on the path to achieving their goals. Higher scores on this questionnaire indicate a greater capacity for frustration tolerance [24]. The reliability of this questionnaire in a previous Persian study was reported with a Cronbach's alpha of 0.85 [25], and in the current study, it was 0.87.

Data analysis

Statistical analyses were conducted using SPSS 27 software. The primary analytical method was repeated measures analysis of variance (ANOVA), which was used to compare the changes in emotion regulation and frustration tolerance scores across the

pre-test, post-test, and follow-up phases for all three groups. Prior to analysis, data were evaluated for normality using the Shapiro-Wilk test, confirming that emotion regulation and frustration tolerance scores approximated a normal distribution. Homogeneity of variances was verified via Levene's test. These findings supported the use of repeated measures ANOVA for subsequent analyses.

Findings

The study included 45 female middle school students aged 13 to 15 years. The mean age across groups was approximately 14 years (14.1±0.7), with no significant differences in age distribution, ensuring comparability among the groups.

At the pre-test, the groups showed comparable scores for emotion regulation and frustration tolerance. Post-intervention, both experimental groups demonstrated significant improvements in emotion regulation and frustration tolerance, which were sustained at follow-up, while the control group showed minimal change (Table 3).

Significant main effects of time were observed for both emotion regulation and frustration tolerance ($p<0.001$). Significant time×group interactions were also found ($p<0.001$), indicating differential changes across groups over time. Group main effects were significant ($p<0.001$), suggesting variations in intervention efficacy (Table 4).

For emotion regulation, significant improvements from pre-test to post-test and follow-up were observed in both the resilience ($p<0.001$) and self-compassion groups ($p<0.001$), with no significant change in the control group. Similarly, frustration tolerance improved significantly in both experimental groups ($p<0.001$), but not in the control group (Table 5).

No significant differences were found between the resilience and self-compassion groups at any phase, indicating comparable efficacy (Table 6).

Table 3. Mean emotion regulation and frustration tolerance scores across study phases

Groups	Stage	Resilience training	Self-compassion training	Control
Emotion regulation	Pre-test	177.27±15.34	174.33±10.95	175.87±11.13
	Post-test	156.93±13.18	150.53±9.63	176.27±12.37
	Follow-up	156.67±9.63	152.00±9.89	175.20±11.87
Frustration tolerance	Pre-test	137.47±6.71	140.47±6.82	138.60±6.24
	Post-test	124.33±5.70	126.60±6.57	139.73±6.07
	Follow-up	124.93±6.82	124.47±6.82	140.67±5.93

Table 4. Repeated measures ANOVA results for emotion regulation and frustration tolerance (p-Value=0.001)

Parameter	Source	Sum of squares	df	MS	F	η^2
Emotion regulation	Time	6355.97	1.60	3978.76	775.11	0.75
	Time×group	3178.96	3.19	994.99	193.83	0.70
	Group	6787.83	2.00	3393.91	8.26	0.28
Frustration tolerance	Time	2283.21	1.53	1491.31	1261.03	0.76
	Time×group	1662.74	3.06	543.02	459.17	0.75
	Group	3030.99	2.00	1515.49	12.41	0.38

Table 5. Bonferroni post-hoc comparisons of emotion regulation and frustration tolerance across study phases

Parameter	Phase		Resilience training		Self-compassion training		Control	
			Mean difference	p-Value	Mean difference	p-Value	Mean difference	p-Value
Emotion regulation	Post-test	Pre-test	20.33	0.001	23.80	0.001	0.40	0.999
	Follow-up	Pre-test	20.60	0.001	22.33	0.001	0.67	0.999
	Follow-up	Post-test	0.27	0.999	1.47	0.999	1.07	0.999
Frustration tolerance	Post-test	Pre-test	13.13	0.001	13.87	0.001	1.13	0.999
	Follow-up	Pre-test	12.53	0.001	16.00	0.001	2.07	0.999
	Follow-up	Post-test	0.60	0.999	2.13	0.999	0.93	0.999

Table 6. Bonferroni post-hoc comparisons of group differences in emotion regulation and frustration tolerance

Parameter	Group		Pre-test		Post-test		Follow-up	
			Mean difference	p-Value	Mean difference	p-Value	Mean difference	p-Value
Emotion regulation	Resilience training	Self-compassion training	2.93	0.999	6.40	0.373	4.67	0.831
	Resilience training	Control	1.40	0.999	19.33	0.001	18.53	0.001
	Self-compassion training	Control	1.53	0.999	25.73	0.001	23.20	0.001
Frustration tolerance	Resilience training	Self-compassion training	3.00	0.660	2.27	0.951	0.47	0.999
	Resilience training	Control	1.13	0.999	15.60	0.001	15.73	0.001
	Self-compassion training	Control	1.87	0.999	13.13	0.001	16.20	0.001

Discussion

This study investigated the comparative effectiveness of resilience and self-compassion training on emotion regulation and frustration tolerance among female middle school students with clinical symptoms of aggression. Both interventions significantly enhanced emotion regulation and frustration tolerance compared to the control group, with effects sustained at the one-month follow-up. Notably, no significant differences were observed

between the resilience and self-compassion groups, suggesting comparable efficacy. These findings align with and extend prior research, offering valuable insights into psychological interventions for adolescent aggression.

The effectiveness of resilience training in improving emotion regulation and frustration tolerance is consistent with existing literature. Previous studies have shown that resilience training enhances coping strategies, reduces stress, and mitigates symptoms of anxiety and depression in various populations [15, 16, 26]. For instance, Steinhardt and Dolbier [26] found that resilience interventions improve adaptive coping, which aligns with our observation of enhanced emotional control and frustration tolerance. This effect may be attributed to the intervention's focus on cognitive restructuring, problem-solving, and social support, which equip students to manage stressors without resorting to impulsive or aggressive behaviors [27]. By fostering a mindset that views challenges as opportunities for growth, resilience training likely enhances adolescents' ability to regulate emotions and tolerate frustration, thereby reducing aggressive tendencies [14].

Similarly, self-compassion training yielded significant improvements in emotion regulation and frustration tolerance, corroborating prior research [20, 28]. Self-compassion, which encompasses self-kindness, common humanity, and mindfulness, provides a framework for adolescents to process negative emotions without self-criticism or over-identification [19]. Abdollahi *et al.* [28] demonstrated that self-compassion moderates the relationship between stress and aggression, a finding supported by our results, in which participants exhibited reduced emotional reactivity and improved coping with setbacks. This may stem from self-compassion's ability to create a non-judgmental internal space, allowing students to accept their emotional experiences and respond adaptively [21]. Studies by Wang *et al.* [29] and Guan *et al.* [30] further suggest that self-compassion mitigates externalizing behaviors by reducing perceived stress and fostering self-acceptance, which is particularly relevant for adolescents navigating social and identity-related challenges.

The absence of significant differences between the two interventions is a critical finding, suggesting that resilience and self-compassion training may target overlapping psychological mechanisms. Both approaches emphasize emotional awareness and adaptive coping, albeit through different lenses: resilience training focuses on building internal and external resources, while self-compassion promotes self-kindness and mindfulness [18]. For example, the mindfulness component of self-compassion training parallels the emotional awareness fostered in resilience training, potentially explaining their comparable outcomes [17, 19]. This convergence suggests that the interventions share core processes, such as enhancing self-regulation and reducing emotional reactivity, which are pivotal in addressing aggression [7, 9]. The flexibility to choose either intervention based on individual or contextual needs is a practical implication for clinicians and educators. These findings have significant implications for school-based mental health programs. Given the detrimental impact of aggression on academic performance, peer relationships, and school climate [4, 5], implementing resilience or self-compassion training could proactively address these issues. Schools could integrate these interventions into counseling programs or curricula, tailoring delivery to suit diverse student populations. The sustained effects at follow-up underscore the potential for long-term benefits, supporting the adoption of such programs to foster psychological well-being and reduce aggressive behaviors.

This study underscores the efficacy of resilience and self-compassion training in enhancing emotion regulation and frustration tolerance among female students with aggressive tendencies. The comparable effectiveness of these interventions highlights their potential as interchangeable tools in clinical and educational settings. By addressing the psychological underpinnings of aggression, these interventions offer promising avenues for promoting mental health and fostering adaptive coping in adolescents.

The results suggest that both approaches can serve as valuable and interchangeable psychological interventions for mitigating aggression and promoting mental well-being in the adolescent population. The similar outcomes indicate that their underlying mechanisms, which likely include enhancing emotional awareness and acceptance, are potent drivers of positive and lasting change in these key psychological skills.

Despite its contributions, this study has limitations. The sample was restricted to female students in Ahvaz, which limits generalizability to other genders or cultural contexts. Future research should include male students and diverse populations to enhance applicability. The small sample size (n=45) may have constrained statistical power, suggesting a need for larger-scale studies. Additionally, the study relied on self-report measures, which may introduce bias; incorporating observational or behavioral assessments could strengthen the findings. Qualitative exploration of participants' experiences could further elucidate the mechanisms underlying the interventions' effectiveness. Finally, longer follow-up periods would clarify the durability of these effects beyond one month.

Conclusion

Both resilience training and self-compassion training are significantly effective in improving emotion regulation and frustration tolerance in female students with aggressive tendencies.

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Ethical Permissions: The study was approved by the Ethical Committee of Islamic Azad University (code: IR.IAU.AHVAZ.REC.1403.480). IRCTID: IRCT20250304064924N1.

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