Science Arena Publications
Specialty Journal of Psychology and Management
ISSN: 2412-5695
Available online at www.sciarena.com
2019, Vol, 5 (1): 56-65

Evaluation of the Effect of Compassion-Focused Therapy of Mothers on Aggression in Children Aged 4-6 Years

Elaheh Homaei

MA, Department of Clinical Psychology, Faculty of Psychology, Science and Research Branch, Islamic Azad University, Tehran, Iran.

Abstract: *The aim of this study was to evaluate the effect of compassion-focused therapy of mothers on aggression in children aged 4-6 years. The research method was a quasi-experimental, pre-test, post-test and follow-up with the experimental and control group. The research population included all mothers with preschool children in Isfahan in 2018. Using a convenient sampling method, 30 mothers who had child with aggressive symptoms were selected and randomly divided into two experimental and control groups (each group included 15 subjects). The experimental group received compassion- focused therapy for 12 sessions in group, 90 minutes per session, and the control group did not receive any interventions. Demographic information questionnaire and aggression questionnaire in pre-school children, designed by Vahedi et al (2008), were used as the research tools. Data were analyzed using repeated measures analysis of variance. The results revealed a significant difference among the pre-test, post-test and follow-up scores in aggression, and the mean scores in the post-test and follow-up stages showed reduction compared with the mean score in pre-test stage and the scores in these groups showed significant changes compared to control group ($p < 0.05$). These results were closer to the posttest in the one-month follow-up. In general, it was found that compassion-focused therapy of mothers was effective on children's aggression, because the parents' mental health and the quality of their relationship could affect the quality of their children's life.*

Keywords: *Mental health, Compassion- focused therapy, Aggression, Children*

INTRODUCTION

Childhood is considered as a critical stage in the development of a person's social and psychological life. During this period, emotional balance, understanding of the value of self, the acquisition of social skills required for friendship, the recognition of healthy and effective life are considered as the most important needs of children and adolescents. Thus, helping children grow and develop the social skills needed for effective and constructive life in a community is necessary. Moreover, due to some issues, this period can be associated with feelings of anger and aggression that reduces natural activities and social interactions (Dadpour et al., 2012). Various definitions have been proposed for aggression. The American Psychological Association (2014) has defined it as a useful emotion that can be destructive if it is not controlled and affects interpersonal relationships. Aggression is often a response to the failure to meet your own or others' expectations or a response to behaviors that are considered unacceptable. Theoretically, aggression is an essential and complex process of emotion. Aggression is a behavior whose aim is to harm self or others. In this definition, intention is important, that is, a harmful behavior is considered aggressive if it has been done intentionally to harm self or others (Khajavi and Miraali, 2017). Aggression is one of the major disorders in

clinical psychology and psychiatry. Almost one third to half of those referring to psychology and psychiatry centers have aggression and antisocial behavior. The affected children are severely exposed to peers' rejection, poor educational performance, and a gradual increase in aggressive behavior (Patterson Reid and Dishion, 2014). They are also at the risk of mood disorders, substance abuse, delinquency, and social disorder in adulthood (Saduk and Saduk, 2009, translated by Razaei and Rafiei, 2011).

Psychological experts believe that having successful performance in social interactions, aggression and impulsive violence, and feelings of embarrassment and sin, are also created as a result of inadequate regulation of emotional responses. Therefore, aggression is a kind of psychological mechanism in which an individual subconsciously shows the pressures caused by deprivations and failures as attacks, abusive behaviors and aggression (Khdayari Fard, 1998, quoted by Akbari, 2014). To treat the psychological problems, in addition to drug therapies, several psychological treatments have been developed over the years. Nowadays, we face with the third generation of these therapies, called as acceptance-based models, such as mindedness-based cognitive therapy, metacognitive therapy, and compassion- focused therapy. In these therapies, instead of changing cognitions, one tries to enhance one's psychological association with their thoughts and feelings. Compassion-focused approach is a relatively new psychological structure that has been studied by pioneers such as Neff (2007), Leary (1986) and Gilbert (2009). Although studies related to compassion in clinical work and social psychology are two different perspectives, self- compassion can moderate pain and suffering and improve the forms of adaptive actions of humans (Gilbert, 2009). In the compassion- focused approach, people are educated to imagine potential benefits of certain attributes such as wisdom, power and sense of authority, commitment to companionate and usefulness, which includes the various aspects of the two sets of compassion-related psychology (preparation and skill) and exercise them (Gilbert and Chaden, 2014). Gashtil et al (2016) explained the relationship between rumination and worrisome variables as a mediator between self-compassion and depression among female married nurses in Ahwaz. The results showed that there was a significant and negative correlation between self-compassion and the variables of depression, rumination and worrisome. Gravand and Manshi (2015) investigated the effectiveness of compassion- focused education and social skills on the communicative and obvious aggression and community-accepted behavior of aggressive adolescents in Khorramabad city. The results revealed that given the characteristics of emotional regulation and social skills, they can be used to reduce the communicative and obvious aggression and improve the behavior of aggressive adolescent community. Zhang et al. (2018), conducted a study with the aim of evaluating the embarrassment and symptoms of depression with regard to the moderating role of self-compassion and contingent self-value. The study was conducted on 109 African-American subjects aged 18-64 years. The results revealed that embarrassment was associated with the symptoms of depression and self-compassion playing a mediator role in this regard, but the contingent self-value did not affect the relationship between embarrassment and depression. In the compassion- focused approach, people are educated to imagine potential benefits of certain attributes such as wisdom, power and sense of authority, commitment to companionate and usefulness, which includes the various aspects of the two sets of compassion-related psychology (preparation and skill) and exercise them. Therefore, this study evaluated the effect of compassion- focused education of mothers on aggression in preschool children.

Methodology

The method of this study was quasi-experimental and pre-test, post-test and follow-up with a control group.

Research population and sampling method

The research population included all mothers with preschool children in Isfahan in 2018. Using a convenient sampling method, 30 mothers who had a child with aggressive symptoms were selected and randomly assigned to two groups of experimental and control (each group included 15 subjects).

The research exclusion and inclusion criteria

The research inclusion criteria included:

1. Having preschool child with aggressive symptoms
2. Lack of other mental and physical problem that can lead to difficulty during the intervention.
3. Having depression in mothers and not having other emotional disorders diagnosed by the psychiatrist.
4. Non-use of psychiatric drugs in mothers

The research exclusion criteria also included

1. Lack of synchrony of two disorders in children
2. Absence in more than 2 sessions
3. Not giving complete answer to the questionnaire questions.

Demographic information questionnaire

The demographic information questionnaire includes children's information, including gender, age, and so on. Aggression Questionnaire in Preschool Children (2008): This questionnaire was designed by Vahedi et al. (2008). This questionnaire includes 43 questions. Its aim is to measure the level of aggression in preschool children from different dimensions (verbal-reactive aggression, physical-reactive aggression, and relational aggression, impulsive aggression). It is scored on 5-point Likert scale ranging from 0 to 4. The questionnaire has 4 dimensions: verbal-reactive aggression (questions 1-14), physical-reactive aggression (questions 15-27), relational aggression (questions 28-36), and impulsive anger (questions 37-42). The score of this scale can range from 0 to 168, in which high score indicates high aggression in children. In the research conducted by Vahedi et al (2008), the validity and reliability of this questionnaire were tested. Factor analysis method was used to investigate the construct validity. The four factors of verbal-reactive aggression, physical-reactive aggression, and relational aggression, impulsive aggression were obtained through factor analysis of this scale by the analysis of the main components after Varimax rotation. It indicates the construct validity of the scale. Cronbach's alpha method was used to investigate the reliability of this questionnaire in the study conducted by Vahedi et al. (2008) and its value for whole questionnaire was obtained 0.98, indicating a good reliability of the questionnaire. The reliability of this questionnaire for relational aggression, verbal-reactive aggression (0.72), physical-reactive aggression (0.69), anger-impulsive dimension (0.64), and the whole aggression questionnaire (0.88) was obtained 0.68, 0.72, 0.69, 0.64, and 0.68, respectively.

The method of research implementation

At first, aggression questionnaire in preschool children designed by Vahedi et al (2008) was distributed among the mothers. The experimental group received compassion-based education during the 12 sessions weekly for 90 minutes and the control group did not receive any education. Immediately after completing the education sessions, the questionnaires were taken from both the experimental and control groups. Before the implementation of the project, the objectives and method of conducting the research were explained for the participants and their consent to participate in the study was taken.

Compassion- focused **education program**

This therapeutic package was derived from theoretical foundations and principles of compassion- focused therapy. This therapeutic package was used in the research conducted by Bustan Afrooz and Ranjbar Kohan (2016) to examine the effect of compassion- focused treatment on depression, anxiety and aggression in all military personnel working in Isfahan. A summary of each session is presented in Table 1.

Table 1. Compassion- focused education program

Sessions	Description of sessions
Session 1	An introduction to compassion- focused treatment The members and therapist acquaintance with each other, stating the expectations of members from each other, describing the rules of group, establishing a therapeutic relationship and listening to narratives of patients and empathy of members with each other, a brief explanation of emotions, a brief explanation of the compassion- focused approach (especially discussion on mindfulness and compassion), education and performing the

	mindfulness breathing exercises.
Session 2	Three-ring model Think of the times when you were in a threat ring and felt threatened. These threats can be physical, but they are often social (based on communication with others), or psychological (based on the thoughts we have had). Now think of a situation that has come to you recently and has activated your threat system. What was your body feeling? What reactions occurred when you felt threatened? What kinds of emotions did you experience when you felt threatened? What kind of thoughts did you have?
Session 3	An introduction to compassion -Review of past session What is compassion? -Introduction of compassionate mind approach (attention, thinking and reasoning, imagination, motivation, behavior and emotion) / plotting exercise chart Think of the times when you feel threatened or angry. Imagine that an event has disturbed you or made you feel insecure or threatened.
Session 4	Bothersome brain -Introduction of the old and new brain -Introducing negative and threatening emotions (anger, anxiety and fear) from the point of view of the three-ring system and the old and new brain -Treatment: Working with three-ring model- relaxing breathing
Session 5	Spectrum of emotions - examining of some emotions like depression, anxiety and anger from a compassionate mind - Discovery of different parts of an emotion and practice in this regard -reviewing of homework, receiving feedback and discussion
Session 6	Learning to change patterns of troublesome patterns -Examining of past patterns and old and new brain reactions facing with problems and barriers -Information of compassion components -examining of a recent emotion regarding compassion factors
Session 7	Working with emotional habits -Introducing compassion skills -compassionate thinking and behavior -Practice to create secure space
Session 8	Blaming thinking and behavior / compassionate thinking and behavior -Reminding compassion skills and explaining the role of compassion in guiding thinking and reactions -Practice of self-criticizing and its causes and consequences - Learning compassionate thoughts and behaviors against the critic ones -Examining the types of reactions against failures and barriers (critic and compassionate styles)
Session 9	Integration of changes in a compassionate structure practice: Creation of an ideal self-compassion First, breathe with a relaxed rhythm and compassionate demonstrations. Imagine a safe place, sounds, feeling and landscapes. Remind yourself that this is your safe place, and being in it is amazing for you; here is the place you like. Meet your kind image in it. What is the form of an ideal image of a caring person? In what way do you like to speak with you? What other features do you like in this image? What kind of relationship do you like with the compassionate image?
Session 10	Fear of self-compassion

	Identifying the inhibitory thoughts of self-compassion and working on them
Session 11	Developing compassion to others The process of empathy The process of forgiveness
Session 12	developing compassion to others practice of empathy to others practice of forgiveness to others Positive growth and helping others

Data analysis method

In the present study, the obtained data were analyzed in two levels of descriptive and inferential statistics. In the descriptive section, indices such as mean, standard deviation and percentage of frequency were used. In the inferential section, repeated measures analysis of variance was used and statistical calculations were performed using SPSS, version 22, software.

Ethical considerations

1. Introducing yourself to the participants and a brief explanation of the objective of the study, the way of cooperating, the advantages and disadvantages of participating in the study, the goal of completing the questionnaire
2. Taking the consent of participants to complete the questionnaire
3. Ensuring the participants on the privacy and confidentiality of information
4. Ensuring the participants that that have complete freedom to leave the research at any stage
5. Ensuring the participants that the data will be analyzed, reported, and published with observing the unanimousness principles.

Results

The demographic variables of this study included gender, age, number of children, maternal age and maternal education. They are presented in Table 2.

Table 2: Frequency distribution of gender, age, number of children, maternal age and maternal education

Variables and their levels		f	%	Total
Gender	male	15	50	30
	female	15	50	
Child age	4 years	2	7.6	30
	5 years	14	7.46	
	6 years	12	40	
	7 years and older	2	7.6	
Number of children	1	16	3.53	30
	2	8	7.26	
	3	2	7.6	
	4 and more	4	3.13	
Maternal age	19-24 years	10	3.33	30
	25-30 years	7	3.23	
	31-36 years	6	20	
	37-41 years	5	7.16	
	42years and older	2	7.6	
Maternal education	Diploma and under diploma	3	10	30
	Associate	11	7.36	
	Bachelor	8	7.26	
	Master and higher	7	3.23	
	Not reported	1	3.3	

Table 3 presents the number, mean and standard deviation of aggression scores in the control and experimental groups.

Table 3: Mean and standard deviation of aggression scores

index	Group membership	n	pretest		Posttest		Follow up	
			mean	SD	mean	SD	mean	SD
Relational aggression	Experiment	15	33.17	77.4	47.15	98.3	53.15	06.4
	Control	15	53.16	43.4	67.16	85.4	67.16	85.4
Verbal-reactive aggression	Experiment	15	07.26	71.4	40.22	73.4	60.22	76.4
	Control	15	07.27	23.4	80.26	21.4	93.26	13.4
Physical-reactive aggression	Experiment	15	26	37.4	87.22	48.4	23	47.4
	Control	15	73.26	92.4	33.26	92.4	40.26	95.4
Anger-impulsive	Experiment	15	07.14	39.3	12	74.3	07.12	82.3
	Control	15	47.14	31.3	27.14	26.3	33.14	28.3
Total score of aggression	Experiment	15	47.83	78.7	73.72	84.7	20.73	45.8
	Control	15	80.84	26.9	07.84	32.9	33.84	34.9

Shapiro-Wilk test was used to assess the normal distribution of scores of dependent variables in the groups and Levine test was used to assess the equality of variances. Table 4 presents the results of the assumption of normality of data and equality of variances. The results of Table 4 showed that the assumption of the normality of means in aggression scores was confirmed in three stages of pretest, posttest and follow up, and the results could be generalized to whole population (P> 0.05). The Levine test results showed that the F value in aggression was not significant. As a result, it can be stated that the variance of the two groups was equal in the above-mentioned variables and there was no statistically significant difference between them, so there was no limitation in terms of using parametric test. As a result, the equality of variances was confirmed. Given the equality of covariance of compassion- focused education on the main variables, the results of the Box's M test showed that the level of significance was higher than 0.05, so the assumption of covariance equality test was accepted.

Table 4: Results of Shapiro-Wilk, Levine, and Box's M tests

indicator	Test	Variable	statistic	F	Box's M value	Degree of freedom	Degree of freedom 1	Degree of freedom2	significance
Aggression	Shapiro-Wilk	Posttest	95.0	-	-	30	-	-	37.0
		posttest	97.0	-	-	30	-	-	84.0
		Follow up	97.0	-	-	30	-	-	86.0
	Levine	Posttest	95.0	55.0	-	30	1	28	46.0
		posttest	97.0	17.0	-	30	1	28	68.0
		Follow up	97.0	090.0	-	30	1	28	76.0
	Box's M			23.1	38.8	-	6	30.5680	28.0

The results of *Mauchly's Test* of *Sphericity* are presented in Table 5 and the results of multivariate analysis are shown in Table 6.

Table 5- Results of *Mauchly's Test* of *Sphericity*

Indicator	Intragroup effect	Mauchly's value	Chi-square	Degree of freedom	Significance
Relational aggression	Measurement time	060.0	74.75	2	001.0
Reactive-verbal	Measurement time	21.0	03.42	2	001.0

Physical-reactive	Measurement time	16.0	28.48	2	001.0
Anger-impulsive	Measurement time	20.0	79.42	2	001.0

Examining the results of the *Mauchly's Test* of *Sphericity* also rejected the Sphericity condition that stated multivariate statistics do not require observing Sphericity with p=0.001. Thus, Greenhouse-Geisser test was used for testing the relational aggression, reactive-verbal, physical-reactive, anger-impulsive aggression scores in 3 measurements. The results of this test also confirmed the effectiveness of compassion- focused education of mothers on children's aggression ($p < 0.05$).

Table 6: Multivariate analysis results

Indicator		test	Statistic	F	Degree of freedom	significance	squared Eta	Statistical power
Relational aggression	Test time	Wilks Lambda	65.0	04.7	2	003.0	34.0	89.0
	Time * group	Wilks Lambda	58.0	43.9	2	001.0	41.0	96.0
Verbal-reactive aggression	Test time	Wilks Lambda	23.0	29.45	2	001.0	77.0	1
	Time * group	Wilks Lambda	31.0	55.29	2	001.0	68.0	1
Physical-reactive aggression	Test time	Wilks Lambda	25.0	85.38	2	001.0	74.0	1
	Time * group	Wilks Lambda	38.0	65.21	2	001.0	61.0	1
Anger-impulsive	Test time	Wilks Lambda	30.0	41.31	2	001.0	69.0	1
	Time * group	Wilks Lambda	41.0	09.19	2	001.0	58.0	1

The results of repeated measures analysis of variance showed that there was a significant difference between the three times of pretest, posttest and follow-up in scores of aggression components (relational, reactive-verbal, physical-reactive, anger-impulsive) ($0.05 > p$). There was also a significant interaction between the scores (pre-test, post-test and follow-up) and groups in aggression components ($p < 0.05$). These results suggested the effectiveness of compassion- focused education of mothers in improving children's aggression. Therefore, comparative tests showed that the level of aggression in the experimental group decreased in the posttest and follow up stages compared with that of the pretest stage, and the scores in the experimental group had significant changes compared to those in the control group ($p < 0.05$). Statistical power above 0.70 also indicated the significance of these effects (Table 7).

Table 7: Results of repeated measures analysis of variance for three times of aggression measurement

Indicator		Sum of squares	Degree of freedom	Mean of squares	F	significance	Eta	Statistical power
Relational aggression	Measurement time	46.14	03.1	02.14	37.14	001.0	33.0	95.0
	Time * group	35.19	03.1	77.18	23.19	001.0	40.0	99.0
Verbal-reactive aggression	Measurement time	35.71	11.1	83.63	24.61	001.0	68.0	1
	Time * group	68.56	11.1	71.50	65.48	001.0	63.0	1
Physical-reactive aggression	Measurement time	08.59	09.1	14.54	56.59	001.0	68.0	1
	Time * group	46.36	09.1	41.33	75.36	001.0	56.0	1
Anger-impulsive	Measurement time	26.24	11.1	78.21	36.45	001.0	61.0	1
	Time * group	42.17	11.1	63.15	57.32	001.0	53.0	1

Discussion and Conclusion

The aim of this study was to evaluate the effect of compassion- focused education of mothers on aggression in children aged 4-6 years. The results of variance analysis test showed that the compassion- focused education of mothers was effective in improving aggression. Therefore, comparative tests showed that the level of aggression in the experimental group decreased in the posttest and follow up stages compared with that of the pretest stage, and the scores in these groups changed significantly compared to the control group ($p < 0.05$).

The results of the *Mauchly's Test* of *Sphericity* confirmed the effectiveness of compassion- focused education of mothers on aggression ($p < 0.05$). Petcharat and Liehr (2017) showed that self-compassion education helped parents to experience increased consciousness with mindfulness and improved mental health and accepted their children better. Their children also had less behavioral problems and had a positive relationship with their parents. Gouveia et al (2016) showed that higher scores of opposite mindfulness and self-compassion were associated with higher scores of parental mindfulness, lower scores of parental stress, higher scores of authoritarian parenting, and lower scores of permissive parenting style**.** Intervention of self-compassion education in mothers of these children led to the termination of old behavior pattern and onset of new behavior, since it empowered their mental dimensions. It also made these mothers identify their way of thinking and behavior towards themselves and helped the mothers of these children make their cognition, emotions and reactions more flexible and enhance their kindness towards their child and family. Gilbert (2005) stated that self-compassion as a form of self-communication can increase one's satisfaction in various dimensions. This satisfaction made mothers more flexible in coping with their problems and have a clearer vision of the challenges. In general, it can be stated that the protocol of self-compassion education of mothers focused on increasing self-help and relaxation in different situations of life. In this type of education, as mothers could overcome some of their problems by performing appropriate practices such as imagining a safe place and imagining a friendly place, they could make and restore themselves against the challenges. It can be also stated that the mothers who were criticized or blamed by others in their interpersonal relationships found more opportunity for compensation and strengthen self-compassion in in social, family and psychological relationships, as mothers' knowledge of kindness increased. With individual compassion, kindness towards themselves during periods of suffering, hopelessness or failure, and avoiding strictness towards themselves during discomfort or observing unfavorable aspects of individual personality individual (self-criticism and low judgment), self-compassion education in mothers of 4-6 years of old children helped them reduce the interpersonal disturbances by developing intimacy and empathy. Self-compassion education in mothers led to responding to feelings and sense of attachment, security, mutual trust and forgiveness in family relations. Providing appropriate education (experience of gaining kindness from others), due to the familiarity of mothers with the system of security and peace of mind, caused mothers to reduce interpersonal disturbances by creating intimate and empathy in their lives. Finally, it can be stated that in the self-compassion education of mothers, they became familiar with the skills of attention, reasoning, kindness feelings and behavior (Gilbert, 2009), so the isolation and avoidance from others during the discomfort periods discontinued and increased the effort to the development of personal perspective with self-awareness and mindfulness. These issues led mothers of children to make much effort to create altruism and the feeling of loneliness resulting from disruption in relations to decrease. Therefore, compassion- focused education of mothers can lead to a more intimate relationship with the child, family members and individuals by looking at the clear side of the issues and interpersonal problems. Generally, it can be stated that compassion-focused education of mothers reduced aggression in children aged 4-6 years.

The results of repeated measures analysis of variance showed the effectiveness of compassion- focused education of mothers in improving the aggression of children. The results of the *Mauchly's Test* of *Sphericity* confirmed the effectiveness of compassion- focused education of mothers on children's aggression ($p < 0.05$).

The results of this study were consistent with those of the studies conducted by Gashtil et al. (2016), who showed a significant negative correlation between self-compassion and the variables of depression, rumination and worrisome. Bari et al. (2015) showed that there was a significant and negative correlation between self-compassion and narcissism and aggression in adolescents and a significant and positive correlation between self-compassion and self-esteem of adolescents.

In explaining this result, it can be stated that compassion- focused education of mothers improved the kindness towards self and others and mothers with compassionate skills could strengthen the interpersonal relationships and have more opportunity to compensate and reconstruct the relationship based compassion towards self and others. With individual compassion, kindness towards themselves during periods of

suffering, hopelessness or failure, and avoiding strictness towards themselves during discomfort or observing unfavorable aspects of individual personality individual, self-compassion education in mothers of children helped them reduce the interpersonal disturbances by developing intimacy and empathy and create altruism and commitment to forgive the child. As a result, it can be stated that compassion- focused education of mothers was effective in aggression of 4-6 years of old children. It can be stated that compassion grows when a person gains insight on the nature of suffering, capacities, and value of compassion and has an opportunity for practice and obtain confidence on its performing (Gilbert, 2014, quoted by Ranjbar and Nuri, 2016). In fact, conditions at home activated their threat system. When a person feels threatened, he feels physical stress and if it lasts for longer period, it will lead to suffering, digestive problems, headache, and even sleep disorder. Such a person will find few options and it will be difficult for him to ask help from others, adopt a defensive strategy and might feel isolation and anxiety. Compassion towards self and others makes the threat system balanced. In this situation, one experiences negative emotions but he is not defeated and he feels ensured that he is able to cope with negative emotions. As a result, he experiences physical relaxation and finds more options and various ways to cope with difficult situations. When people gain insight into the threat and security system, the brain relaxing system is strengthened and negative feelings decrease and positive feelings increase. Therefore, the mother will have a better interaction with the child and does not transfer her negative emotions to the child and she will have a child with mental health that can control her anger. As a result, it can be stated that compassion- focused education can reduce mothers` aggression in children aged 4-6 years.

Research limitation

1. Since this study has been conducted on mothers with a 4-6 year old child, we should treat with caution in the generalization of the results to other age groups.
2. The convenient sampling method makes it necessary to conduct further studies to make a definitive conclusion on the hypotheses
3. Due to the conditions of the child and the mother, the longer follow up was not possible.

References

1. Akbari, A (2014). Problems of children and adolescents. Tehran: Growth and Development Publications
2. Bustan Afrooz, R and Ranjar Kohan, Z (2016), Effectiveness of compassion-focused therapy on depression, anxiety and aggression in all military units personnel working in Isfahan, Master Thesis, Islamic Azad University, Khorasgan Branch.
3. Dadpour, GO; Tavakoli Zadeh, J; Panahi Shahri, M (2012); The Effectiveness of Group-based Rational-Emotional Education on Self-Esteem and Anxiety of Male Intelligent Students, Journal of Research and Health, Social Development and Health Promotion Research Center of Gonabad, Volume 2, Issue 1, Spring and Summer 2012.
4. Gashtil. Kh (2015). Rumination and concern as a mediator in the relationship between self-compassion and depression in married female nurses. Abstract Thesis, Shahid Chamran University of Ahvaz.
5. Gilbert, p. McEwan, Fransisca and Rita baiao. (2014). Mental health Research unit, Derbyshire NHS Foundation Trust, UK, University Of Coimbra, Portugal, S2,003.
6. Gilbert, P. (2009). Introducing compassionfocused therapy. Advances in Psychiatric Treatment, 15, 199–208.
7. Gouveia, M. J., Carona, C., Canavarro, M. C., & Moreira, H. (2016). Self-compassion and dispositional mindfulness are associated with parenting styles and parenting stress: The mediating role of mindful parenting. Mindfulness, 7(3), 700-712.

8. Khajavi, D and Mirali, H. (2012), Prediction of Competitive Trait Anxiety, Competitive Aggression and Competitive Anger Based on Spiritual Intelligence of Veterans and Disabled Athletes, Veterans Medicine Journal, Summer 2011, Volume 9, Issue 3; pp. 163-168
9. Neff, K. D., & McGeehee, P. (2010). Selfcompassion and psychological esilience among adolescents and young adults. Self and Identity, 2010, 9, 225-240
10. Patterson, G. R., Reid, J. B., & Dishion, T. J. (2014). Antisocial boys: A social interactional approach. Castalia Publishing Company, Eugene, OR.
11. Petcharat, M., & Liehr, P. (2017). Mindfulness education for parents of children with special needs: Guidance for nurses in mental health practice. Journal of Child and Adolescent Psychiatric Nursing, 30(1), 35-46.
12. Saduk, B and Saduk, V. (2009). Summary of psychiatry. Translated by Farzin Rezaie (2011). Tehran: Arjmand Publications.