

THE RELATIONSHIP BETWEEN RESILIENCY AND MENTAL HEALTH OF HIGH SCHOOL STUDENTS OF SARAVAN CITY IN 2014-2014 ACADEMIC YEARS

Azizollah Khosravi Shastan¹ and Dorra Parv²

¹Department of Clinical Psychology, School Psychology, Islamic Azad University, Zahedan, Zahedan, Iran

²Department of Clinical Psychology, Faculty of Medical Sciences Iranshahr, Iranshahr, Iran

*Author for Correspondence

ABSTRACT

This study examined the relationship between resiliency and mental health of high school students in Saravan city. The research method was descriptive and correlation. The population consisted of all the second period of high school students in Saravan city. The sample consisted of 353 students who were selected by multistage cluster sampling method that whole were included in study. Data were used by Connor – Davidson's questionnaires resiliency and Goldberg & Hillier's General Health Questionnaire. Data analysis is conducted by using Pearson correlation coefficient and simple linear regression. The results showed that there is significant positive relationship between resiliency and mental health. The results showed that resiliency is predictors of mental health's subscales (somatic symptoms, anxiety, social dysfunction, and depression) that had the greatest effect on social functioning and physical symptoms. It is recommended to improve the mental health of high school students' resiliency training programs.

Keywords: Resiliency, Mental Health, Students

INTRODUCTION

By observing children in different environments are always this question in mind that why some of them have certain flexibility in dealing with stressors. But other teens deal with stress factors. The answer to this question refers to the new concept called resiliency and family environment. Resiliency is the ability of people to cope effectively with the environment, despite exposure to risk factors. Those situations are negative risk factors that are associated with negative outcomes and behavioral problems (Gomez and McLaren, 2006). According to Mastn (2001) believed that when tragedy of past and basic human needs will be met then emerges the resiliency.

The resiliency not only resist damage or threatening situations and not passive in the face of dangerous situations but is now active and constructive environment. Resiliency can be said person's ability to balance biological – mental and dangerous conditions (Connor and Davidson, 2003).

Kumpfer (1999) believed that resiliency returning to primary balance or equilibrium level (in terms of threat) and thus provides compatibility succeed in life. Kumpfer also pointed to fact that the positive adjustment losers could be considered consequence of resiliency and contingency as higher levels of resiliency. He looked at the issue of complexity and process definition knows resiliency.

In the field of education and learning, resiliency occurs when students are threatening conditions failure to perform academic tasks (Michaeli *et al.*, 2012). To deal successfully with this type of stressful situations, students in addition to efficacy and ability to cope with stress and discomfort and optimal way of solving problems requires resiliency that kind of self-esteem and mental health problems, protect against.

Term of mental health is used to describe stating the purpose for which each cultural community based on its own criteria for mental health. Experts of the World Health Organization, mental health and ability to communicate harmonious with others, improve personal and social environment and solve conflicts and personal interests which have defined reasonable, fair and appropriate also believe that mental health is simply absence of mental illness but response to various experiences as flexible and meaningful life (Salehi *et al.*, 2007).

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Because schools play an important role in prevention of injury and the promotion of mental health psychosocial their students which are why in recent years, school-based prevention programs. Evidence suggests that such programs preferred outcomes in improving academic achievement and reducing risk behaviors among students (Aqajani, 2002).

The study of resiliency among adolescents and young adults is very important because the transition to adulthood, something challenging, risky and stressful (Montgomery *et al.*, 2008). Several studies have been done on the topic of resiliency and mental health. For example, Prince-Amboori (2008) and Carlton (2006) investigated the relationship between resiliency and mental health have found that teens who can be higher resiliency, health soul are higher. In another research Steinhardt & Dolbier (2008) found that program increased resiliency increase effective coping strategies, increasing protective factors such as positive emotions, self-esteem and leadership and reduce negative emotions, stress and depression. The findings of Azadi and Azad (2011) showed that social support and mental health, social support and mental health resiliency resiliency and significant correlation exists between social support other important people in life, social support, Friends social support to the most relevant to mental health.

According to the researcher-made, it can be concluded that there might be between resiliency and mental health of students and this makes research in this increasingly important and should be considered important, so this study it is up to the study in another geographic location in the region of Sistan and Baluchestan studied different cultured and main hypothesis of this study is that there is significant positive relationship between the resiliency and mental health of high school students in Saravan city. Confirming this hypothesis can be provided to improve mental health, to enhance the resiliency and finally offered practical solutions to improve the mental health of students.

Hypotheses

1. There is relationship between resiliency and mental health of the second period of high school students in Saravan.
2. Resiliency is predictor of physical symptoms subscale of mental health.
3. Resiliency is predictor of anxiety subscale of mental health.
4. Resiliency is predictor of social functioning subscale of mental health.
5. Resiliency is predictor of depression subscale of mental health.

MATERIALS AND METHODS

Research Method

This research is descriptive and correlation. In this type of relationship between variables is analyzed on the basis of assumptions.

The Static Population and Sample Size

The study population included 4400 male and female high school students from the city of Saravan in Sistan-Baluchistan province in the second period of 2014-2015 academic years. The sample with sample size of 353 students Morgan was determined that 156 girls and 197 boys were determined. Cluster sampling method was used. The first of a total of 30 schools, 12 students (7 boys and 5 girls) from each school and each grade 3 class 10 people were selected randomly. Only one of the schoolboys 2 and class 3 classes participated in other schools.

Tools

Connor and Davidson Resiliency Scale (CD-RIS)

Connor – Davidson's Resiliency Scale is designed by two famous theorists; Connor and Davidson. This questionnaire has 25 items scored in the Likert scale (completely false) and (quite right). The questionnaire minimum score of 0 and maximum score is 100, and the higher the score greater resiliency (Jafari *et al.*, 2009).

Those with a score higher than 60, people have resiliency (Amini *et al.*, 2012). In Salehi *et al.*, (2007) reliability and validity of the questionnaire has been confirmed (quoted by Hagh *et al.*, 2011). In study's Hagh *et al.*, (2011) also reliability was reported by using Cronbach's alpha coefficient which for this survey was that alpha 0.84, so this is a good tool reliability.

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General Health Questionnaire (GHQ)

This was designed by Goldberg & Hillier in 1989 and has 28 articles and 4 subscales (Molina *et al.*, 2006). This questionnaire has four Likert choices. Finally total score and four subscales (somatic symptoms, anxiety and insomnia, social dysfunction and depression). The questionnaire included the following measures: (a) the scale of physical symptoms: anxiety, insomnia subscale questions 1 to 7 (b): Question 8 to 14 C subscale social dysfunction: Questions 15 to 21 (d) Symptoms of depression subscale: 22 questions 28. The sum total of the individual scores of four subscales obtained (Goldberg, 1979; quoted by Dadsetan, 1998). Each question is scored from 0 to 3 methods. Finally, the overall score will be between 0 and 84. Higher scores indicate lower public health (Pirasteh and Karami, 2001). In a study of 80 psychiatric patients and 80 normal people criterion-related validity 0.78, 0.90, split-half reliability and Cronbach's alpha was obtained 0.97 (Ebrahimi *et al.*, 2007).

RESULTS AND DISCUSSION

Results

Table 1: The frequency and variable frequency for gender

Individuals	Frequency	Frequency of percentage	Density percentage
Boy	197	55.8	55.8
Girl	156	44.2	100
Total	353	100	

As can be seen in Table 1, 55.8% of subjects are boy students and 44.2% are girl students.

Table 2: Frequency, mean, standard deviation and the standard error of the mean scores of resiliency and mental health

Statistical indicators	gender	Number	Mean	SD	standard error of the mean
Resiliency	Total	353	63.1926	2.2682	1.20725
	Boy	197	63.7716	27.901131	1.98789
	Girl	156	62.4615	13.52769	1.08307
mental health	Total	353	32.2428	1.4230	0.75742
	Boy	197	30.09664	13.35106	0.95122
	Girl	156	35.1795	14.23060	1.18749

Results Table 2 represents descriptive statistics on variables of resiliency, mental health, the number of participants, mean, standard deviation and standard error of mean subjects variables

First Hypothesis: There is relationship between resiliency and mental health of second period of high school students in the Saravan.

Table 3: Correlation of resiliency and mental health

resiliency	Mental Health correlation coefficient	Sig.	Number
	-0.299	0.000	353

As Table 2 shows the mean scores of resiliency among high school students in second period of Saravan city 63.1926 and the standard deviation equal to the 2.2682 and 32.3428 and the standard deviation of the mean score of mental health by 1.4230 and results table 3 show that is significant ($p < 0.01$ and $r = -0.299$), so there is relationship between resiliency and mental health. There is a significant positive correlation, the correlation is positive, ie what mental health is, the greater the resiliency and mental health correlation coefficient indicates that the minus sign means that two variables act in the opposite direction of the increase the value of a variable other variables decreases and vice versa. The correlation coefficient is negative due to the reverse of the scores of mental health. The first hypothesis is accepted at 99 %.

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Second Hypothesis: Resiliency is predictor of physical symptoms subscale of mental health.

Table 4: Indicators of central tendency and the predictor and criterion variable correlation

Indicators Variable	Mean	SD	Correlation coefficient	Sig.
Social Performance	8.3116	22.68215	-0.131	0.007
Resiliency	63.1926	5.10896		

Results Table 4 shows the correlation between tolerance and physical symptoms is negative significant ($p < 0.01$, $r = -0.131$).

Table 5: Index correlation coefficient adjusted predictor variable

Index Model	correlation	correlation coefficient	Adjusted correlation coefficient	Standard deviation of estimate
1	0.131	0.017	0.014	5.071187

As seen in Table 5, variance explained 1.4 percent of resiliency predictive variable (adjusted squared correlation coefficient: 0.014).

Table 6: Indicators of ANOVA (Anova) to assess the significance of the regression model

Index	Sum of square	df	Sum of square	F	Sig.
Model	158.653	1	1581.653	6.168	0.013
Regression	9029.069	351	25.724		
Residual	9187.723	352			

As seen in Table 6 of the linear regression ($p < 0.05$ and $351 = 168.6$ and $F1$) is significant. The regression model to predict the tolerance criterion variable is physical symptoms.

Table 7: Indicators of regression analysis

Variable	Not- Standardized coefficients B		Standardized coefficients B		Sig.
			β	t	
Constant	10.374	0.800	-0.131	12.727	0.000
Resiliency	-0.030	0.012		-2.483	0.013

Table 7 Standardized beta coefficient regression model to assess the of resiliency of predictor variables shows that the value of t and a significant level ($p < 0.05$) suggest that predictive variable effect on variable criteria, namely resiliency 13.1 percent physical symptoms predicted. Change standard deviation of resiliency would change in standard deviation is 0.131 in physical symptoms variable.

The Third Hypothesis: Resiliency is predictor of anxiety subscale of mental health.

Table 8: Indicators of central tendency and the predictor and criterion variable correlation

Indicators Variable	Mean	SD	Correlation coefficient	Sig.
Social Performance	7.9518	4.85476	-0.253	0.000
Resiliency	63.1926	22.68215		

Results Table 8 shows correlation between of resiliency and symptoms of anxiety, negative significant ($p < 0.01$, $r = -0.253$).

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Table 9: Index correlation coefficient adjusted predictor variable

Index Model	correlation	correlation coefficient	Adjusted correlation coefficient	Standard deviation of estimate
1	0.253	0.064	0.061	4.70346

As seen in Table 9, 6.1% of the variance explained of resiliency variable (adjusted squared correlation coefficient: 0.061).

Table 10: Indicators of ANOVA (Anova) to assess the significance of the regression model

Index	Sum of square	df	Sum of square	F	Sig.
Model	531.456	1	531.160	24.010	0.000
Regression	7765.021	351	22.123		
Residual	8296.182	352			

As seen in Table 10 of the linear regression ($p < 0.01$ and $351 = 24010$ and $F1$) is significant. The regression model to predict the tolerance criterion is indications of anxiety variables.

Table 11: Indicators of regression analysis

Variable	Not- Standardized coefficients B		Standardized coefficients B		Sig.
			β	t	
Constant	11.374	0.742	-0.253	15.330	0.000
Resiliency	-0.054	0.011		-4.900	0.000

Table 11 Standardized beta coefficient regression model to assess the of resiliency of predictor variables shows that the value of t and a significant level ($p < 0.01$) suggest that predictive variable impact on variable criteria, namely resiliency 3.25 percent anxiety predicts. Change a standard deviation of resiliency to changes in standard deviation is 0.253 in anxiety variable.

Fourth Hypothesis: Resiliency is predictor of social functioning subscale of mental health.

Table 12: Indicators of central tendency and the predictor and criterion variable correlatio

Indicators Variable	Mean	SD	Correlation coefficient	Sig.
Social Performance	9.945	3.8719	-0.290	0.000
Resiliency	63.1926	22.68215		

Results Table 12 shows the correlation between tolerance and social performance, significant negative ($p < 0.01$, $r = -0.290$).

Table 13: Index correlation coefficient adjusted predictor variable

Index Model	correlation	correlation coefficient	Adjusted correlation coefficient	Standard deviation of estimate
1	0.290	0.084	0.081	3.70467

As shown in Table 13 variables predict resiliency 1.8% of the variance explained (the square of the correlation coefficient adjusted: 0.081).

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Table 14: Indicators of ANOVA (Anova) to assess the significance of the regression model

Index	Sum of square	df	Sum of square	F	Sig.
Model	441.456	1	441.456	32.165	0.000
Regression	4817.315	351	13.725		
Residual	5258.771	352			

As seen in Table 14 of the linear regression ($p < 0.01$ and $351 = 32.165$ and F_1) is significant. The regression model to predict the tolerance criterion variables is social performance.

Table 15: Indicators of regression analysis

Variable	Not- Standardized coefficients B	Standardized coefficients B	Sig.
		β t	
Constant	13.095	0.548 -0.290	22.407 0.000
Resiliency	-0.049	0.009 -5.671	0.000

Table 15 Standardized beta coefficient regression model to assess the resiliency of predictor variables shows that the value of t and significant level ($p < 0.01$) suggests that the criterion variable is predictive variable impact; it means resiliency predicts 29% of social performance. Change in resiliency is standard deviation lead to change in standard deviation 0.29 on social performance. The greatest effect predictive of resiliency was on social performance.

The Fifth Hypothesis: Resiliency is predictor of depression subscale of mental health.

Table 16: Indicators' central tendency and correlation between predictor variables and criteria

Indicators Variable	Mean	SD	Correlation coefficient	Sig.
Symptoms of depression	6.1048	5.55835	-0.223	0.000
Resiliency	63.1926	22.68215		

Table 16 shows that correlation between tolerance and symptoms of depression is significant negative ($p < 0.01$, $r = -0.0223$).

Table 17: Adjusted index correlation coefficient of predictor variable

Index Model	correlation	correlation coefficient	Adjusted correlation coefficient	Standard deviation of estimate
1	0.223	0.050	0.047	5.42633

As shown in Table 17 variables predict resilience 7.4% of the variance explained (the square of the correlation coefficient adjusted: 0.047).

Table 18: Indicators ANOVA (Anova) for significance of regression model

Index	df	Sum of square	F	Sig.
Model	1	539.905	18.336	0.000
Regression	351	29.445		
Residual	351			

As seen in Table 18 of the linear regression ($p < 0.01$ and $351 = 18.336$ and $1F$) is significant. In this regression model of prediction, resiliency and variable criteria are symptoms of depression.

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Table 19: Indicators of regression analysis

Variable	Not- Standardized coefficients B		Standardized coefficients B		Sig.
			B	t	
Constant	9.555	0.856	-0.233	11.163	0.000
Resiliency	-0.055	0.013		-4.282	0.000

Table 19 Standardized beta coefficient regression model to assess the resiliency of predictor variables shows that the value of t and significant level ($p < 0.01$) suggest that predictive variable impact on variable criteria, namely resiliency 22.3 percent gives predict depression. Change Resiliency is a standard deviation lead to a change in the standard deviation 0.223 of the depression variable.

Discussion and Conclusion

The results showed that there was a significant relationship between resiliency and mental health. We can say with 99% confidence in the resiliency and mental health is related. The results of the study are consistent with research of Keikhani, Mohammad Zadeh and Mohammadi (2011), Bahri and colleagues (2014), Azadi and Azad (2011), Faghihi Maraghi and Sepahmansour and Jafari Roshan (2012). Wolf (1995) reported for investing in resiliency positive impact on mental health on characteristics of resilient individuals who promote mental health, such as social power, the ability to problem-solving, sense of purpose and belief in the bright future stresses; this study suggests that people with high levels of job stress conditions are able to maintain their mental health which in turn will lead to better mental health. In fact, it seems that the degree of resiliency in the development of mental health has a crucial role, as well, since people with mental health show higher degrees of resiliency, it can be concluded that providing support to enhance mental health factors possibly can lead to increased resiliency and people from stress, anxiety and depression is resistant.

The results indicate that the resiliency of somatic symptoms, anxiety, social dysfunction and depression there is significant negative relationship. So that resiliency, stress, anxiety and depression will be high, as well as resiliency predictors (somatic symptoms, anxiety and social dysfunction, depression) are high that these results are consistent with research of Shojaei and colleagues (2011), Salehinezhad and Besharat (2010), Azadi and Azad (2011). In this regard Salehinezhad and Besharat (2010) found significant positive relationship between resiliency and psychological well-being and found significant negative relationship between psychological distress and resiliencies.

The results showed that resiliency negatively and significantly associated with physical symptoms; that is to say 95% confidence level that gives resiliency to predict physical symptoms ($p < 0.05$, $t = 2.483$, $\beta = -0.131$); mental health disorders physical symptoms would decreased by increasing resiliency of high school students. Massad (2008) suggests that people with high levels of tolerance with proper nutrition and health care can affect mental health. On this basis we can say that people with higher resiliency with proper nutrition and better health care and overcome the stresses of life and less susceptibility would disease which are less likely to develop health problems.

The results showed a 99% confidence level we can say that resiliency is a significant negative predictor of symptoms of social dysfunction students ($p < 0.01$, $t = -5.671$, $\beta = -0.290$). It means by increasing of resiliency of high school students, signs of impairment in social functioning and mental health would be reduced. In families with both parents, stable and high-quality relationship between couples provides healthy environment for children to promote healthy growth (Katz & Gottman, 1993). Safe and romantic relationship established between parents, proper social interactions and role of positive learning environment for children (Spanier, 1976).

People with high levels of resources available in the community like having relationships with others and get more social support and this makes their interest to have better social functioning (Azadi and Azad, 2011). It can be argued that resilient individuals have strong emotional support network and the connections to help them talk to someone about concerns and challenges, consultation, empathy and support they enjoy, build positive social relations and in the face of social issues to explore suitable solutions and this will contribute to better social functioning (Shojaei *et al.*, 2011).

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The results showed in 99% confidence level which can be said that resiliency is significant negative predictor of anxiety symptoms in mental health of high school students ($p < 0.01$, $t = -4.900$, $\beta = -0.253$); It means symptoms of anxiety would be reduced by increasing of resiliency of high school students. Those with an internal locus of control believe that they: (1) self-control, (2) the power to change their own situation and (3) to create the conditions themselves.

In order to monitor compliance effectively with stressors should not believe that they can affect on adverse events and actively respond to disasters. People, who have internal locus of control, were less affected by the crisis and sense of authority and were more powerful. They took responsibility for their own situation and were willing to make the effort required to make positive changes Juby & Rycraft, 2004).

Commenting on these findings, we can say that people with high levels agree that obstacles are part of the life of every human being to have internal locus of control, the use of problem-solving skills are good and coping strategies that help them to be causing anxiety Effective counter (Togad and Frederickson, 2007). However, it can be concluded that resilient people must acquire skills to cope with anxiety then these skills can be effectively used to reduce anxiety in them.

The results showed a 99% confidence level we can say that resiliency is a significant negative predictor of depression and mental health of high school students. ($p < 0.01$, $t = -4.288$, $\beta = -0.233$).

It means by increasing of resiliency of high school students, symptoms of depression would be reduced. Teenagers are resilient with high self-esteem, physical and social activities, in the face of the difficulties of coping strategies are good, better benefits of social capital and social support that all these factors have reduced the symptoms of depression in them (Dumont & Provost, 1999, quoted by Shojaei *et al.*, 2011); and instead of import issues, express our emotions in a positive way and use appropriate problem-solving strategies (Togad and Frederickson, 2007), so to say, that resilient individuals have the skills and are capable of communicating with others rather than alone and cloister with them to solve their problems that make them resistant against depression. So resiliency would be increased in people.

Notable limitation is that the study conducted in Saravan city and therefore generalizable to other cities should be done by care.

It is suggested that other tools such as interviews and observation can be used to be measure. It is recommended that studies be done widely in other provinces so that results can be compared and also assessed the impact of geographical and cultural areas. According to the results, it is recommended to improve the mental health of students increased their resiliency in problems about education, and resiliency and resist emotions and other things.

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