

Investigating the effectiveness of emotional disclosure in the form of painting on reducing aggression in female children

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ABSTRACT

Aggression can be defined as a behavior that results in harm to others. The aim of present study was to investigate the effectiveness of emotional disclosure in the form of painting on reducing children aggression. The present study was a quasi-experimental study with a pretest and posttest design and with a control group. The statistical population of the present study included all female children in Tehran in 2018-2019. A convenience sampling method was used at the screening stage. For this purpose, a sample of 30 female students who obtained the highest score in aggression in Tehran in 2019 was selected. The research tools included Shahim (2006) Relational and Overt Aggression Questionnaire. The experimental group was encouraged to express their emotions through painting for three weeks, while the subjects in the control group did no action. The obtained data were analyzed using multivariate and univariate analysis of covariance. Results revealed that emotional disclosure in the form of painting resulted in a reduction in children aggression (0.001).

Keywords: Emotional disclosure in the form of painting, Aggression, Children.

Introduction

Aggression is currently considered as a social issue and one of the fundamental issues of mental health ^[1]. Researchers have recognized the importance of early childhood aggression in predicting future psychosocial adjustment problems ^[2]. Aggression is a behavioral problem that its excessive form can result in many communication problems and personality disorders ^[3]. For this reason, anger and aggression are among the most common problems of children and adolescents and one of the most important reasons for their referral to psychotherapy and counseling centers ^[4]. Aggression is any behavior that is performed directly from one person with the intention of harming another person. To control these behaviors, the person

must believe that his or her behavior was intended to harm another person, which results in arousal of avoidant behavior ^[5]. Aggression in the early years of life causes many problems, such as poor self-esteem ^[6], peer rejection, poor academic performance, arousal, and over-activity ^[7]. Continuation of aggression also influences various aspects of one's personal and social life in future ^[8]. Anger and aggression are considered among the most common problems of children and adolescents and one of the major reasons for their referring to counseling and psychotherapy centers ^[9]. Lack of controlling aggressive behavior causes interpersonal problems and crime and violation of rights of others and may cause a variety of physical-psychological problems ^[11]. For a variety of reasons, researchers and clinicians are interested in investigating children aggression, since childhood aggression is a dangerous and important factor in behaviors such as delinquency, dropout, and violence in adolescence and adulthood. Almost half of antisocial children show similar behaviors in adolescence. Also, half of the antisocial adolescents do antisocial behaviors during their adulthood. These behaviors not only harm the aggressive person but also leave a wide range of negative consequences for other people and society ^[10]. Also, it can be stated that emotional disclosure is one

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of the strategies to reduce aggression in children. During emotional disclosure process, the individual expresses his or her deepest emotional experiences verbally or in writing to himself or herself or others ^[11]. Several studies have investigated the various methods of emotional disclosure and their consequences since the beginning of the scientific study of emotional disclosure. In this regard, two relatively different research approaches have been identified. One is the study conducted by Rime (1995), who focuses on verbalizing and sharing your emotional experiences with others in an interpersonal context, and another one is the study conducted by Pend Baker, Zig, and Rimes (2001) which have considered emotional disclosure as one of the ways to prevent and treat emotional disturbances in an interpersonal context and have focused more on written emotional disclosure. In general, it can be stated that during emotional disclosure, individuals are confronted with the deepest thoughts and feelings that arise from their past ^[12]. Painting is one of the ways for emotional disclosure. In painting therapy, non-judgmental spontaneous expression allows a person to speak freely about suppressed thoughts and feelings, without threatening the reaction of others. The basis of painting therapy is making participants involved in the structural process of art to indirectly express their thoughts and feelings. People can overcome their emotions and make their personality dynamic by projecting their inner life in painting ^[13]. Thus, given what was stated above, the present study aimed at investigating the effectiveness of emotional disclosure in the form of painting on reducing children aggression.

Theoretical Foundations of Research Aggression

Aggression is one of the antisocial behaviors that is defined as causing harm to others directly and indirectly ^[14]. From the Aronson's perspective (2011, translated by Shokrkon, 2012) ^[15], aggression is a conscious behavior that its goal is to cause physical or mental suffering. In other words, it is a conscious act that is performed with the aim of causing harm and suffering. It may be physical or verbal. Aggressive behavior generally has the following four conditions:

- A. A person whose behavior is aggressive does that behavior intentionally.
- B. That behavior occurs in interpersonal relationships that indicate conflict or failure.
- C. A person who has aggressive behavior intends to be superior to the person who has been behaved aggressively.
- D. A person who perform such behavior has either has been stimulated to conflict or in its extreme intensity has experienced it before ^[16].

Aggression is in fact a social label that people attribute to others based on their judgment. Hence, the interpretation of to what extent is aggressive an action depends on social, personal, and situational factors such as beliefs, which are themselves

dependent on gender, culture, social class, and experience, and the context of the event, the intensity of reaction, and identity of people (Aronson, 2011, translated by Shokrkon, 2012) ^[15]. Failure is the most important factor in causing aggression among all situations. Failure means lack of achieving the goal. Failure results from relative deprivation, that is, a feeling that a person has a privilege less than he or she deserves and has received less than as expected ^[17]. If a person fails to achieve his or her goals, the failure increases the likelihood of an aggressive response in him or her ^[18]. Aggressive behavior usually manifests itself at an early age. Although we cannot say that children experience anger in the same way as adults, studies suggest that some of the facial expressions associated with anger are also seen in four-month-old children. One-year-old children are able to perform some retaliatory actions. When they are two years old, many of them become grumpy, so that the struggle for autonomy becomes the main issue of their lives. This aggression is usually instrumental aggression because its primary goal is to obtain or maintain property, although verbal aggression (such as shouting and swearing) usually increases.

As verbal skills and language ability develop, physical aggression decreases, since children can meet their needs in another way. At this stage, children use more verbal aggression instead of physical aggression. During the early years of school, less instrumental aggression and more hostile aggression is seen. Aggression is seen more as harming others than gaining personal property. One reason for this change is that older children are better able to understand the goals and motivations of others, so they can make distinction between potentially threatening situations and safe situations. When children believe that other people are trying to harm them, they will probably show aggressive behaviors. Researchers have realized that aggressive children tend to perceive world and those around it as unreliable and even scary. Aggressive children, instead of cooperating with others, always think that they have been rejected, so act aggressively. Such perceptions resist change over time, since aggressive children are unaware of such perceptions and are influenced by available attributional processes and content of thoughts and documentary processes. Several studies have revealed that the abusive parents' attributions play a major role in determining their parenting style. The intimacy and warmth of the relationship between parents and children is one of the important aspects of education. Many researchers have concluded that the quality of the caregiver-child (parent-child) relationship is one of the most important factors in development of child behavioral problems. Several counselors have reported that parents' perceptions of their relationship with their children affect their ability to respond compassionately and predictably to their children (Stern, 1989; quoted in Herfati, 2010) ^[19].

Lack of parental affection, child rejection, carelessness in rearing child and parents' negative attitudes towards the child lead in development of hostile behavioral patterns in the child. Becker (1964) argues that if the methods of parent-child interaction are

based on acceptance, it will develop responsibility and self-regulation in children, but non-acceptance or rejection results in aggressive behaviors, disobedience and resistance^[20]. In general, it can be stated that the family environment is one of the most important structural models in learning behavior, such as aggression. An incompatible family environment along with constant conflict of parents or family members has adverse effects on the child behavior. These effects in puberty and adulthood manifest themselves in the form of rebellion, aggression, disobedience to social rules and regulations in men and in the form of indifference, isolation and alienation in women and result in maladaptive and unhealthy behaviors in children. Although children and adolescents sometimes show aggressive behavior, anxiety about aggression occurs when it is severe and occurs frequently and in a variety of situations. Aggression in children predicts their next aggression and maladaptation^[21]. These children will be rejected by their peers and will have problems at school. Considering long-term effects of aggression, it seems to remain constant over time^[22] and is associated with antisocial behaviors in adulthood, marital discord, and subsequent family change. For this reason, aggression as a major problem has always been formulated in the framework of theoretical perspectives. In this regard, various therapeutic strategies have been proposed to cope with it.

Emotional disclosure

Darlega and Grzelak (1979) argue that self-disclosure includes information about individual states, tendencies, past events, and plans for the future. Studies conducted on self-disclosure have found that the ability to transfer feelings and thoughts to others is a key skill in developing interpersonal relationships (Bershid and Walster, 1978; quoted by Gardner, 2011)^[23]. Self-disclosure helps to develop and facilitate mutual perception and mutual support (Chelune, 1979, quoted by Michalinsler and Natchon, 1991)^[24]. Lack of self-disclosure often results in dissatisfaction and sense of loneliness on social media. From a dialectical point of view, Altman and Taylor (1973) argue that different patterns of self-disclosure are created among people in a relationship. The parties act differently in the disclosure of superficial or more private information. People who do not seek to disclose private information tend to keep the relationship at a certain level. In this view, some forces push people together (caring, friendship, gaining social support, and trust) and some other forces push people to be apart from each other (risk of being rejected, mocked, harmed and hurting others to share personal problems). Kelly (2002) proposed an algorithm for self-disclosure. First, it is determined whether information private or confidential (private refers to personal information that no one has the right to know, while confidential information refers to information that can be accessed by others)? If the information is confidential, the next question is whether that person has an appropriate goal for self-disclosure (i.e., someone who does not tell that secret to others, does not evaluate the

person negatively and does not reject him / her). The next step is whether others want to know the secret and whether it is difficult to keep the secret by others. Depending on these factors, people make decisions on self-disclosure (quoted by Greene et al., 2006)^[25]. Studies on the relationship between self-disclosure and health often emphasizes the benefits of self-disclosure in responding to negative life events and negative thoughts and feelings^[25] and self-disclosure is also positively associated with positive emotions and pleasure.

Methods and Materials

The present study was a quasi-experimental study with a pretest and posttest design and with a control group. The statistical population of the present study included all female children in Tehran in 2009-2010. A convenience sampling method was used at the screening stage. To select research sample, researcher referred to schools in Tehran. Questionnaires were administered based on the inclusion criteria (1- age range of 6-10 years, 2- parents' consent, 3- no specific physical and mental problems). Then, a group of 30 people with the highest aggression score was selected among them. This group was randomly assigned into two groups of control and experiment (15 in each group). Based on the research method (quasi-experimental) and according to Delavar (2013), the minimum sample size for experimental groups is 15 people^[26].

Research Tools

Shahim relational and over aggression questionnaire

This questionnaire includes 21 items in the area of relational and overt aggression. It is completed by the teacher and the questions are arranged in such a way that they include different degrees of severity of aggression and are rated based on the incidence of behavior. This questionnaire has three subscales of physical aggression (7 items), verbal reactive and hyperactive aggression (6 items) and relational aggression (8 items).

This questionnaire is scored on a 4-point Likert scale (rarely= score 1, once a month score 2, score 3= once a week, and most days=score 4). The cut-off point for detecting an aggressive child in each subscale is a standard deviation above mean.

Validity and reliability: Its reliability and validity for primary school children in Shiraz have been assessed. Shahim (2006) reported the Cronbach's alpha coefficient for the whole questionnaire at 0.91. Assessing the validity of the questionnaire using factor analysis with the main axis and subsequently rotation of the items resulted in extraction of three factors with an eigenvalue of more than 1 that explained the percentage of variance^[27]. In the present study, the reliability coefficient of this questionnaire using Cronbach's alpha method was obtained at 0.87. Also, the reliability coefficients of physical, verbal and relational aggression were obtained at 0.85, 0.84 and 0.88, respectively.

Research implementation method

1. To achieve the research objectives, researcher referred to female schools in Tehran. After coordination with its officials, the aggression questionnaires were completed by the parents. Then, based on the inclusion criteria and scores obtained, 30 children were assigned to aggression group (scores above 20).
2. After assigning the children into control and experimental groups, a briefing session was held for parents of the experimental group and the steps were explained. Emotional disclosure through painting has been planned as follows:
In the aggression group, painting tools, including colored pencils and a painting book, were given to the child by the mother after the aggression state, and the child was encouraged to paint. The frequency of painting was 1 or 2 times a day in the first week, 3 to 4 times in the second week and 2 to 3 times in the third week, depending on the level of aggression. Accordingly, the experimental group was encouraged for emotional disclosure in the form of painting for three weeks, while the subjects of the control group did no action.
3. After completing the emotional disclosure training in the form of painting, posttest was administrated on both experimental and control groups by questionnaires that were given as a pretest to assess the dependent variable (aggression).

Data analysis

To analyze the data obtained from the research questionnaires, descriptive statistical methods and indices were used to obtain the frequency, percentage, mean, standard deviation and standard error of the data. Then, Levene's test was used to test the presumption of equality of variances of the scores of research

variables of the groups and Kolmogorov-Smirnov test was used to examine the normality of the distribution of scores. Also, to test the hypotheses, multivariate and univariate analysis of covariance was used in SPSS 22 software.

Results

Descriptive Statistics

Table 1- Frequency distribution of age and education grade of the subjects

age	f	%
6-8 years	39	34.43
8-10 years	51	66.56
total	90	100.0
education grade	f	%
first	12	34.13
second	17	88.18
third	34	77.37
fourth	27	00.30
total	90	100.0

As shown in Table 1, 43.34% of the subjects are in the age group of 6 to 8 years and 56.66% of the subjects are in the age group of 8 to 10 years. Also, 13.34% of the research subjects were studying in the first grade, 18.88% in the second grade, 37.77% in the third grade and 30.00% in the fourth grade.

Distribution of aggression levels

Table 2 presents the scores of the subjects of experimental and control groups on the aggression scale and its subscales in the pretest and posttest stages.

Table 2 - Mean and standard deviation of aggression and its subscales among subjects in the experimental and control groups

variable	experimental group subjects									
	pretest				posttest				skewness	kurtosis
	min	max	mean	SD	min	max	mean	SD		
aggression (total)	22	39	86.27	96.3	21	34	80.24	44.3	55.1	68.1
verbal aggression	6	12	80.8	82.1	6	11	93.7	48.1	080.0	600.0
physical aggression	7	13	26.8	75.1	7	11	46.7	06.1	087.0	767.0
relational aggression	8	17	80.10	51.2	9	20	40.9	22.3	07.1	44.1
variable	control group subjects									
	pretest				posttest				skewness	kurtosis
	min	max	mean	SD	min	max	mean	SD		
aggression (total)	24	37	60.28	81.3	23	40	53.29	50.4	70.1	88.1
verbal aggression	6	13	26.9	15.2	7	15	20.9	21.2	00.1	45.1
physical aggression	7	10	00.8	19.1	7	10	33.8	39.1	436.0	598.0
relational aggression	8	17	33.11	76.2	9	16	00.12	26.2	55.1	76.1

As shown in Table 2, the mean scores of aggression (subscales of physical aggression, verbal aggression and relational aggression) of the experimental group in the pretest stage compared to the posttest stage show a significant difference. In other words, the difference after the intervention was significant. Also, the mean scores of aggression (subscales of physical aggression, verbal aggression and relational aggression) in the control group in the pretest stage compared to the posttest stage did not show a significant difference. In other words, the difference after the intervention was not significant.

Inferential statistics

Table 3- Results of Kolmogorov-Smirnov and Levene's tests

		Kolmogorov-Smirnov (K-S)		significance level	
aggression		19.1		20.0	
variable	measures	levene's taticistic	inter- group df	intra- group df	significance level
aggression	pretest	400.0	1	28	179.0
	posttest	010.0	1	28	140.0

As shown in Table 3, the assumption of normal distribution of scores of experimental and control groups in the aggression variable was confirmed. It means that all data in the pretest and posttest stages in the compared groups are normal. Also, the results of Levene's test to examine the equality of error variances related to the research variable in pretest and posttest stages in experimental and control groups and the non-significance of Levene's test in most cases ($P > 0.05$) show that the assumption of homogeneity of variance have been confirmed to a large extent.

Table 4- Results of testing the homogeneity of regression slopes of research variables in the posttest stage in experimental and control groups

source of effect	squared sum	df	squared mean	F	significance level
group	112.177	2	556.88	111.7	085.0
pretest	223.798	1	223.798	11.46	001.0
group * pretest	113.1758	2	056.879		
variance of error	222.335	27	415.12		
total variance	670.3068	30			

As shown in Table 4, the interaction between pretests and posttests at factor levels is not significant ($P < 0.05$), so the assumption of homogeneity of regression slopes in the posttest stage in data is confirmed.

Also, based on the Box's M test results, given the non-significance value $P \geq 0.01$, $F(5668.300) = 0.090$, the assumption of equality of covariance matrices is confirmed and the distribution is normal. Hence, the results of analysis of covariance can be reported.

Hypothesis testing:

Emotional disclosure in the form of painting is effective in reducing children aggression.

Table 5 - Analysis of covariance of emotional disclosure in the form of painting on reducing aggression

source of variations	sum of squares SS	df	mean of squares MS	F	significance level	effect size η^2
aggression	40.1687	1	40.1687	889.84	001.0	809.0
error	700.386	25	468.15			
total	10.2074	30				

Based on the results of Table 5, emotional disclosure in the form of painting $F(1, 25) = 84.889$ ($84.28.889$) was effective ($P < 0.01$). The squared Eta shows the intensity of this effect (0.809). Significance of the effect suggests that emotional disclosure in the form of painting could reduce aggression in subjects.

Discussion

The present study was conducted to investigate the effectiveness of emotional disclosure in the form of painting on reducing aggression in girls using multivariate analysis of covariance. The results revealed a significant difference between the posttest mean scores of the experimental group and the posttest means scores of the control group, after controlling the initial differences in levels of aggression in pretest stage. Thus, the null hypothesis is rejected and the researcher's hypothesis (significant effect of emotional disclosure in the form of painting on reducing aggression) is confirmed. This result is in line with the results of some studies conducted in Iran, such as Mohammadi and Radin (2017), Hassanpour and Soheili (2016), Vahedi and Sadeghpour (2016), Rostami and Heidari (2015), Rezaei, Khodabakhshi and Taghvaei (2015) and foreign countries, such as Katz and Hamama (2015) and Nasimov-Nahum (2009). In a study conducted by Mohammadi and Radin (2017) to examine the effectiveness of painting-based art therapy on reducing depression, anxiety and aggression in preschool children, thirty boys aged between 4 and 6 years with psychological problems were randomly selected and underwent 10 sessions of painting-based art therapy. Results revealed the effectiveness of painting-based art therapy on reducing depression, anxiety and aggression in preschool children. In a study conducted by Hassanpour and Soheili (2016) to examine the effect of painting therapy on children's behavioral problems based on quality of their physical environment, the results showed that painting therapy had an effect on the behavioral problems of the children in the experimental group in both kindergartens. Comparing two kindergartens revealed that painting therapy had a greater effect on the behavioral problems of Mahd-e Aftabgardan Kindergarten children due to the more appropriate spatial quality. In a study conducted by Vahedi and Sadeghpour (2016) to examine effect of painting therapy on reducing the symptoms of aggression in preschool children, it was found that the mean of all children in the baseline,

intervention, and follow-up stages and the size of the effect observed for all children and the results of visual analysis showed that painting therapy had a high effect on reducing aggression in preschool children. Thus, painting therapy is effective in reducing the aggression symptoms of preschool children. Rostami and Heidari (2015) examined the effectiveness of art therapy in the form of story-telling therapy on reducing the symptoms of aggression in preschool children and their results revealed that story-telling therapy is effective in reducing the symptoms of aggression in aggressive children. In a study conducted by Rezaei, Khodabakhshi, and Taghvaei (2015) to examine the effectiveness of painting therapy on reducing anxiety and aggression in male primary school students with externalized disorders, results showed that painting therapy was effective in improving behavioral problems such as externalized disorders in primary school students. Thus, painting therapy can be used as one of the therapeutic interventions in reducing children behavioral problems.

Katz and Hamama (2015) showed that painting can be used as a language to express emotions such as aggression, as children have a limited vocabulary to express their emotional experiences compared to adults. In treatment of aggressive children using painting therapy, Nasimov-Nahum (2009) concluded that painting therapy reduces intense emotions such as anger and aggression, and increases their creativity. They also stated that creative activities have a great effect on reducing the feeling of anger in children. Painting is useful for working with children with high aggression, since aggression is a source of energy for creative activity. The creative process both takes advantage of the therapist's suppressed aggression and neutralizes it. The benefits of painting therapy can be expressed as follows: First, painting provides an opportunity for direct expression of dreams, imaginations and other personal experiences in the form of images. Second, in this therapy, visual representations of unconscious content are more easily projected from censorship than through verbal expression, so treatment process is accelerated. Third, the created works are permanent and unchangeable. Their content cannot be erased by forgetfulness and it is difficult to deny their origin. Fourth, painting facilitates making decision to transfer emotions. Also, the process of artistic creation has inherently the potential of healing and emphasizes the key role that the refinement defense mechanism plays in this experience. Thus, in explaining the results of present study, we can refer to the benefits of art therapy, since the great benefit of art therapy and painting is the non-verbal quality of the art process and works of art. The art process penetrates the conscious pre-verbal level, which is supported by the senses and makes it particularly effective when working with children. The work of art makes the therapist and the client familiar with a tangible example of a problem that the client may not be aware of or may not be interested in paying attention to it and may manifest non-verbally in the treatment. For further investigations, it is recommended for future studies to consider a

larger sample size and use homogenization subjects and of both genders.

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