



The Effectiveness of Teaching Resilience Skills on Family Resilience in Women

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Life in today's world is full of stress and challenges that people have to use the right skills to deal with stressful situations and crises. The purpose of this study is to investigate the effectiveness of teaching resilience skills on family resilience in women. This is a semi-experimental research of pre-test-post-test type with experimental and control groups. The statistical population was 25-50% of the wives of veterans in Kermanshah city in 1402, and 40 women who scored low in resilience were randomly assigned to two experimental (20 people) and control (20 people) groups. The experimental group was trained in resilience skills for 12 sessions, one session per week, and no intervention was done on the control group. Analysis of covariance test was performed to analyze the data. The average age of the participants was 35.48 ± 6.83 . The results of covariance analysis showed that there was a significant difference between the average family resilience in the post-test of the experimental group and the control group at the level of $p < 0.001$. Based on the results of the research, resilience skills training had a significant effect on the resilience of the families of veteran wives.

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Introduction

The family is the place to satisfy various physical, intellectual and emotional needs, and having awareness of biological and psychological needs and knowing how to satisfy them and being equipped with the necessary techniques is an undeniable necessity (Adalati and Rozdvan, 2010). Various factors affect the strength and durability of the family, one of them is resilience, which is one of the concepts and normal structures that is considered and studied by positive psychology and is related to the dynamic process of positive adaptation to bitter experiences and It is called unfortunate (Lothar and Cicchetti, 2000; Musten, 2001) and it goes beyond surviving the stress and adversities of life (Bonano, 2004). In fact, resilience is one of the basic structures of personality, which includes individual abilities in facing, retreating and resuming, and trying to deal with problems (Naderi, Haydari and Mashalpour, 2019).

Also, resilience is defined as skills, characteristics and capabilities that enable a person to adapt to difficulties, problems and challenges. A resilient person is usually able to think creatively and flexibly about solving problems, that is, he asks for help from other people whenever he needs and shows cooperation in solving problems related to himself and others. Resilient people show degrees of health and independence. They are able to think for themselves and implement it. When they criticize their environment, they are able to convey their opinions to others. They have good feelings towards the people around them and believe in their abilities to change their environment (Alward and colleagues, 2006). Due to the fact that resilience is considered as a two-dimensional concept, meaning the importance of adversity and positive adaptation, resilience can also affect the quality of life and its dimensions (Lothar, 2006; Tagid and Frederickson, 2004; Karl and Chesson). , 2004)

Every family may face various problems and difficulties during their lifetime; including illness, divorce, death of a family member, work problems, natural disasters, and addiction of members (Kevin, Nachjeski, Magwin, Safiz, D. White, and MacDonald, 2009). Several researches have been conducted on the intervention and treatment of families who have faced various problems and difficulties. Among them, Beshrpour (2013) examined the effectiveness of cognitive processing therapy on the treatment of symptoms of women affected by marital infidelity and confirmed the application of cognitive processing therapy on improving post-traumatic symptoms, quality of life and self-esteem of women affected by marital infidelity. Meghrad Kahani and Ghanbari (2013) also show the effectiveness of psychological/group educational interventions on the

functioning of the family of patients with mood disorders. On the other hand, a growing body of researches in the past three decades have proven the role of resilience in positive psychology, growth and health, recently the role of resilience construct has been raised in the field of family psychology. Kampfer (1992) believes that resilience is a type of returning to the initial balance or reaching a higher level of balance in threatening conditions and provides the means for successful adaptation in life. In the field of people's resilience, two categories of risk factor and protective factor can be separated, the risk factor prevents the effective performance of the individual. But the protective factor is the resources that help people avoid the destructive effects of difficulties and crises (Holly, 2000). Looking at the importance of the family in endurance, a group of researches have considered the family as a protective factor for people against hardships and dangers (Garmazi, 1991; Holly, 2000). Also, Wyman and others (1992) show in their research that adolescents who have had more positive relationships with primary caregivers (infancy) and have benefited from uniform and reflective disciplinary rules in the family, show more resilience. . Therefore, researchers have come to the conclusion that effective attachment relationships, independent functions, and the ability to organize and coordinate resources play a role in strengthening resilience (Lazarus, 2004). However, looking at how the family as a unit can be resilient has not been extensively studied (Holly, 2000). While the ability of the family to perceive the stressful event as a challenging situation or the ability of family members to perform properly under difficult conditions is closely related to the concept of resilience (Cohen, Slonim, Finzi and Leach-Tentrit, 2002). Accordingly, the family resilience approach tries to find factors in the family as a unit that lead to the resilient outcomes of family members in the face of changes and crises (Buchanan, 2008). The theory of family resilience is based on a systemic approach that includes all communication networks (siblings/brothers, parents, couples and broader family relationships), it also has an ecological/environmental approach, because the effects of individual, family and extended systems (such as community and support agencies) together (Walsh, 2003). Researchers define family resilience as the family's ability to face changes in crisis situations, the ability to revive and reactivate its balance after a crisis (McCobbin and McCobbin, 1988). The family belief system emphasizes the role of family beliefs in the level of resistance and resilience against hardships. This field includes three parts: a) The family's ability to create similar beliefs and find meaning about difficulty is an

important factor for adapting to crises, which is related to shared values, sense of cohesion, crisis assessment, stress and compensation. b) Positive outlook: the effect of family beliefs on optimism variables, Faa's advance The nest shows persistence, bravery, focus on strengths and the possibility of potential dominance over the family's resilience. c) Exaltation and spirituality: family beliefs in the field of higher value, spirituality, faith, religious ceremonies and transformation and change are emphasized. Because Walsh (2003) emphasizes that religious rituals and ceremonies help family compatibility. The organization model refers to the features of the family structure that can contribute to the resilience of the family. This dimension includes three components: a) Flexibility: The meaning of flexibility is that the family is able to change and reorganize itself after facing a challenge or danger to achieve a state of balance. b) Bonding and dependence: In order to achieve change or adapt to crises, a feeling of being one and cohesive in the family is needed. Bonding refers to mutual support, respect for personal needs, strong management, rekindling of close relationships, and reconciliation when relationships break down (Cohen et al., 2002). c) Economic/social resources: includes extended kinship and social support, communication networks and financial security. Research shows that families that have healthy social/friendship networks and have sufficient economic resources are often able to be more stable (Buchanan, 2008). According to Walsh (2003), the third main area influencing family resilience is communication and problem solving processes. Problem solving and communication processes can play an important role in family resilience. This area includes three dimensions: a) Clarity and transparency: the ability to clarify the issue, specify the changes that may occur in the issue, and the open participation of family members in solving issues, may lead to more adaptive behaviors. Therefore, this dimension includes clarity, uniform messages and explanation of ambiguous situations. b) Open emotional manifestation: refers to the family's ability to express the range of emotions, mutual empathy and humor. c) Collective problem solving: Using a collaborative method to solve problems can create a sense of credibility in the decision-making process among family members. This dimension includes creative brainstorming, joint decision-making, constructive conflict resolution, and active stance to prevent issues and crises, and prepare for the next challenges (Walsh, 2003). It is very important to deal with family resilience in order to discover the influential factors in making families resilient. According to the above material and the review of researches conducted in the field of resilience, the main issue of the current research is

whether resilience education is effective on family resilience?

Methodology

Participants

The current research is one of the experimental designs and of the pre-test-post-test type with a control group. The experimental and control groups were randomly replaced and before the experimental intervention, a pre-test was conducted for the experimental and control groups, and the post-test was also conducted at the end of the intervention. The difference between pre-test and post-test of each group was analyzed for statistical significance. In this way, the effectiveness of resilience training was applied as an independent variable to determine its effect on family resilience as a dependent variable. The statistical population of the present study was made up of 25 to 50% wives of veterans in Kermanshah city in 1401. The target sample in the current research is the kind that is available, from the wives of veterans who referred to the Shahid Foundation Counseling Center in Kermanshah city, by implementing the family resilience questionnaire, 40 women who had low family resilience were selected as the sample group. 20 people were randomly replaced in the experimental group and 20 people in the control group. The criteria for entering the sample are not being divorced, not having a history of obvious mental illness, and being a volunteer to participate in the research. Dissatisfaction and fatigue were the exclusion criteria for participating in the research.

Tool

Family Resilience Questionnaire: In order to measure family resilience, the Family Resilience Measurement Scale (FRAS) was used in this research. This scale is a standard tool for measuring family resilience, which was created by Sikbi (2005) based on the systemic theory of family resilience by Walsh (2003). This instrument is a 4-point Likert scale, ranging from 1: completely disagree to 4: completely agree. The scale for measuring family resilience consists of 66 items with a Likert scale (an open question is designed at the end of the questionnaire so that people can add their desired items) which examines the level of family resilience in 6 areas, including: family communication and problem solving, benefiting from economic/social resources, maintaining a positive outlook, family bonding, family spirituality and the ability to create meaning for difficulty. The minimum score obtained in this scale is 66 and the maximum score is 204. A high score in the family resilience measurement scale means that the family has a high level of resilience and a low score means that the family has a low level of resilience.

The psychometric evidence of this scale has been confirmed by Sikbi (2005). Sikbi (2005) has checked the reliability of the instrument using Cronbach's alpha method and its validity using construct validity, predictive validity and concurrently. Also, Buchanan (2008) reports the reliability of the whole scale using the Cronbach's alpha method of 0.96 and its simultaneous criterion validity by examining the correlation of the scores of the family resilience measurement scale with the family measurement tool 1 and the family measurement tool 2. and reports favorably.

Hosseini and Hossein Chari (2013) standardized this questionnaire in the Iranian population, and based on their research evidence, the family resilience scale is considered a suitable tool with favorable psychometric evidence to measure family resilience in Iranian society. In order to check the reliability of the family resilience scale, they used the internal consistency method using Cronbach's alpha coefficient. Cronbach's alpha coefficient for the total family resilience score was 0.93.

Implementation method

Table 1. Data normality test

Significance level	the level	Kolmogorov-Smirnov test			Shapiro-Wilk test
		Degrees of freedom	statistics	Significance level	
Pre-test	0.2	20	0.69	0.07	0.23
Post-test	0.3	20	0.71	0.02	0.21

The results of Table 1 show that the significance level for the Shapiro-Wilk test is greater than 0.05, which means

Experimental interventions to teach resilience skills to the experimental group were held as a group in the form of 12 45-minute sessions three times a week for the members. The process of each meeting consists of: checking the tasks of the previous meeting; direct teaching by lecture method; group discussion; the challenge of thought; It was the summary of the meeting and methods such as: cognitive reconstruction, role playing, brainstorming, examining profit and loss, modeling, reframing, storytelling, games, etc. were used during the meetings.

Findings

Considering that the purpose of this research was to determine the effectiveness of resilience training on family resilience, the statistical method of covariance analysis is used to investigate it. What is certain is to state that before performing the covariance analysis, the presuppositions of this test must be confirmed so that the correct answer to the research question can be obtained with this method.

that the data can be assumed to be normal with high confidence.

Table 2. The results of Levine's test to check the homogeneity of variances

Significance level	df2	df1	statistics	the level
0.42	18	1	0.36	Pre-test
0.51	18	1	1.71	Post-test

The results of Table 2 show that considering that the values of significance levels are greater than 0.05 (0.42 and 0.51), it can be said that the condition of homogeneity of variances is established.

Table 3) shows the mean and standard deviation of the pre-test and post-test of family resilience in the experimental and control groups.

Table 3. Mean and standard deviation of pre-test and post-test of family resilience in experimental and control groups

The standard deviation	average	the maximum	minimal	Number	the level	group	variable
6.37	70.03	81.45	34.12	20		Pre-test	Resilience of the family
12.99	156.76	98.13	53.10	20		Post-test	Resilience of the family

5.14	73.18	81.16	33.24	20	Pre-test control	Resilience of the family
6.01	79.11	89.14	35.78	20	Pre-test control	Resilience of the family

As shown in table 3), the average pre-test endurance in the experimental group was 70.03, which reached 156.76 in the post-test, and in the control group, the

average pre-test endurance was 73.18 and the average post-test It was 11/79.

Table 4. One-way analysis of covariance (MANCOVA) test results

Eta squared	meaningful level	F	Average of squares	df	sum of squares	Source
0.31	0.01	6.57	29.68	1	43.56	Pre-test
0.69	0.001	49.23	208.91	1	236.46	group
			7.24	17	79.09	error
				20	181437.77	Total

The results of Table 4) indicate that there is a significant difference between the pre-test and post-test scores ($p < 0.001$), and this means that resilience education has had a significant impact on the resilience of the family in the sample under review.

Conclusion

This research was conducted in order to investigate the effectiveness of resilience on family resilience. The results of covariance analysis indicate that resilience training had a significant effect on family resilience. Based on the average scores, it can be said that the family endurance scores have increased after the test. Although there is no completely similar research regarding the role of resilience training on family resilience, at the same time, the researches of Wyman and colleagues (1992) are aligned. In explaining these results, it can be said that resilient people can take responsibility for their conditions and issues, have positive self-knowledge and are optimistic about life (Garmazi, 1991). Therefore, people with these characteristics use efficient and effective solutions against the stressful conditions of the family.

Eskhill (2000) also concluded in his research that resilience is related to the use of efficient and useful coping strategies. Also, one of the reasons and explanations for the effect of resilience training interventions is that most of these interventions create changes in people's behavior style. It seems that resilience causes a change in the behavior and emotions of people in the heart of the accident. Resilience reduces the magnitude of the threat in its evaluation and increases the person's expectation that their efforts will be fruitful. People with high tenacity are able to deal with stress in a

more appropriate way and also organize and interpret their contradictory experiences again (Bagby, 1985).

Resilient people can reach a balance and a suitable situation through the skills necessary to solve problems in crisis and stressful situations of the family by using positive emotions and reducing negative emotions. Therefore, it is not surprising that their resilience is low and their level of anxiety is high, so resilience training can keep a person safe from danger in critical situations such as disputes, conflicts and domestic violence, and from all kinds of mental disorders and Physically, by making it easier for the person to adapt to the problems of the people's environment and to increase their resilience.

Resilience training helps women to overcome their mental stress and reduce their problems. Resilience training is one of the most important factors of mental and social health and women who are included in the resilience training program. They have the ability to control the severe pressures of life and have a fresher, healthier and more desirable life, and by this means, mental disturbances and personal anxiety, as well as organizing their daily interactions, become effective and ultimately increase their resilience. it is possible. In the end, it should be said that due to the importance of the field of family resilience and the wide range of applications resulting from focusing on making families resilient, the current research has identified resilience education as a necessary need to increase family resilience. Also, considering that the present research was conducted on the group of women, this point can be considered as one of the limitations of the present research. Because this issue can affect the generalizability of the results and the collection of information from family units may lead to a better identification of the

dimensions of family resilience. Based on this, future researchers are recommended to focus on the family unit and examine the antecedents of family resilience. Due to the fact that resilient people have characteristics such as intellectual and creative independence, optimism, perseverance and endurance, sense of humor, problem and conflict solving skills, by having these characteristics and training and strengthening them, one can help people, especially women, to achieve a favorable situation and progress with these effective and efficient coping skills. Therefore, it is suggested to organizations such as welfare organization, aid committee, to include the training of this effective coping strategy against stressful events in their programs, and also to train resilience in other groups such as teenagers, people with The risk should be used and researched among those who have suicidal thoughts and also on the samples of soldiers and the elderly.

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