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The Effectiveness of Resilience Training on Loneliness, Emotional Competence, and Emotional Maturity in Female High School Students in Hafeshjan City

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Abstract

This study examined the effectiveness of a structured resilience training program in reducing loneliness and enhancing emotional competence and maturity among female high school students. Using a quasi-experimental pretest-posttest control group design, 40 students from Hafshejan City were randomly assigned to either an experimental group, which received eight 60-minute sessions based on the Henderson and Milstein model, or a waitlist control group. Participants completed the UCLA Loneliness Scale, the Emotional Competence Questionnaire, and the Emotional Maturity Scale before and after the intervention. ANCOVA results showed that the experimental group experienced a significant reduction in loneliness ($p = .008$, $\eta^2 = 0.19$) and significant improvements in emotional competence ($p < .001$, $\eta^2 = 0.80$) and emotional maturity ($p < .001$, $\eta^2 = 0.62$). Subscale analyses revealed particularly strong gains in social awareness, self-management, and relationship management (emotional competence), as well as emotional stability, emotional progression, and social adjustment (emotional maturity). These findings highlight the potential of resilience training to foster emotional and social well-being in adolescent girls, though cultural and sample-specific factors limit broader generalization.

Keywords: Resilience Training, Loneliness, Emotional Competence, Emotional Maturity, Adolescent Students.

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Introduction

Adolescence represents a critical period of biopsychosocial development, characterized by profound changes in emotional regulation, social cognition, and self-perception [1]. Within this complex developmental stage, the educational environment becomes a primary context for navigating social challenges and forming a coherent sense of identity. However, for many students, this journey is marked by the pervasive experience of loneliness—a deeply distressing emotional state arising from a perceived discrepancy between desired and actual social relationships [2, 3]. Persistent loneliness is not merely a transient discomfort; it is a significant risk factor for a range of adverse outcomes, including diminished self-esteem, academic decline, and increased vulnerability to depression and anxiety [4, 5].The detrimental effects of loneliness underscore the critical need for protective factors that can foster adaptation and well-being. In this regard, emotional competence emerges as a pivotal construct. Defined as an integrated set of abilities to perceive, understand, use, and manage emotions effectively [6], emotional competence serves as a cornerstone for effective interpersonal functioning and psychological adjustment [7, 8]. Students with high emotional competence demonstrate greater success in managing social and academic stressors, fostering positive relationships, and avoiding maladaptive behaviors [9, 10].

Closely intertwined with emotional competence is the concept of emotional maturity, a multidimensional construct reflecting the attainment of a stable and adaptive emotional disposition. Emotional maturity encompasses emotional stability, empathy, psychological independence, and the ability to maintain balanced responses in the face of challenge [11, 12]. Emotionally mature individuals exhibit greater flexibility, refrain from extreme emotional reactions, and utilize constructive coping strategies to navigate stressful situations [13]. The development of emotional maturity is thus fundamental to forming healthy social relationships, making reasoned decisions, and achieving overall psychosocial well-being [14].Given the significance of these psychological assets, identifying effective interventions to cultivate them is a paramount concern for educational and developmental psychology. Among the various approaches, resilience training has garnered substantial empirical support [15, 16]. Resilience, conceptualized as the capacity to adapt successfully in the face of adversity, is not merely an innate trait but a set of skills that can be systematically fostered through targeted training [17]. Standardized resilience training programs, such as the model developed by

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Henderson and Milstein [18], are designed to equip individuals with cognitive-behavioral techniques, problem-solving skills, and strategies to strengthen social resources [19].Emerging evidence suggests that resilience-based interventions hold promise for addressing the very challenges outlined above. Theoretically, by strengthening an individual's internal capacity to cope with rejection, navigate social complexities, and regulate negative emotions, resilience training may directly counteract the feelings of isolation that characterize loneliness while simultaneously building the foundational skills underpinning emotional competence and maturity. Empirically, several studies indicate that enhancing resilience can lead to reductions in loneliness [20, 21] and improvements in social-emotional competencies [22, 23].

Despite this promising theoretical and empirical link, a clear research gap remains. While previous studies have often examined the impact of resilience on isolated outcomes, there is a paucity of research that concurrently investigates its efficacy on the interconnected triad of loneliness, emotional competence, and emotional maturity. Furthermore, most evidence derives from Western contexts, leaving a gap in understanding the cross-cultural applicability of such interventions. Investigating this integrated model is crucial for developing comprehensive mental health promotion strategies in schools, particularly in under-researched settings. Therefore, the present study aims to fill this void by evaluating the effectiveness of a standardized resilience training protocol on reducing feelings of loneliness and enhancing emotional competence and emotional maturity among female high school students in Hafshejan, Iran. The findings of this research have the potential to inform the development of targeted, evidence-based interventions to foster psychological resilience and well-being in adolescent populations in non-Western contexts.

3. Method

This study employed a quasi-experimental design with a pretest-posttest control group framework. Participants were randomly assigned to either an experimental group, which received the resilience training intervention, or a waitlist control group, which received no intervention during the study period but was offered the training after data collection was complete. The design is outlined in Table 1.

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Table 1. Research Design Diagram

Group	N	Pretest	Intervention	Posttest
Experimental	20	T1	Resilience Training	T2
Control	20	T1	None (Waitlist)	T2

The study population consisted of all female high school students in Hafshejan City during the first semester of the 2023-2024 academic year. A convenience sampling method was used to recruit participants. Based on a priori power analysis using G*Power software (F-test, ANCOVA, $\alpha = 0.05$, power = 0.80, effect size f = 0.25), a minimum total sample size of 36 was required. To account for potential attrition, a total of 40 students were selected. These participants were then randomly assigned to either the experimental group (n=20) or the control group (n=20) using a computer-generated random number sequence.

Inclusion criteria were: (1) Being a female student in grades 10-12; (2) No history of psychotic disorders, learning disabilities, or chronic physical illnesses that would impede participation (as per self-report and school counselor confirmation); (3) Provision of written informed assent and parental consent.

Exclusion criteria were: (1) Absence from more than two training sessions (for the experimental group); (2) Voluntary withdrawal at any stage of the study. The UCLA Loneliness Scale (Version 3) was used [25]. This 20-item instrument (e.g., "How often do you feel isolated from others?") is rated on a 4-point Likert scale (1 = Never, 4 = Always). Higher total scores (range: 20-80) indicate greater feelings of loneliness. The scale has demonstrated good reliability and validity in previous studies and in Iranian adolescents. In the present study, its internal consistency was excellent (Cronbach's α = .89).The Emotional Competence Questionnaire (ECQ) was administered [6]. This 25-item tool measures emotional competence on a 6-point Likert scale (1 = Strongly Disagree, 6 = Strongly Agree) across five subscales: Self-Awareness, Social Awareness, Self-Management, Relationship Management, and Responsible Decision-Making. The questionnaire has established validity and high reliability. In this study, the overall internal consistency was good (α = .85), with subscale alphas ranging from .69 (Self-Awareness) to .78 (Social Awareness).

The Emotional Maturity Scale (EMS) was utilized [11]. This 48-item self-report instrument is scored on a 5-point Likert scale. Consistent with the manual, lower total scores on the EMS indicate higher emotional maturity. The EMS assesses five components: Emotional Stability, Emotional Progression, Personality Integration,

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Social Adjustment, and Independence. The scale has shown good psychometric properties. In the current sample, the overall Cronbach's alpha was .79, and subscale alphas ranged from .72 to .82.

The resilience training intervention for the experimental group was based on the standardized protocol developed by Henderson and Milstein (1996) [18], which has been validated in the Iranian context [21]. The intervention consisted of eight 60-minute group sessions, conducted twice weekly over four weeks. The sessions were delivered by the researcher (who holds an MA in Clinical Psychology and had prior training in the protocol) in a quiet classroom after school hours. The content focused on building resilience through key skills (see Table 2 for the session outline). The control group continued with their regular academic schedule and received no intervention during this period.

Table 2. Outline of the Resilience Training Sessions

Session	Topic	Key Objectives & Core Content
1	Introduction & Resilience	Establish group rules, define resilience, set personal goals.
2	Self-Awareness & Strengths	Identify personal strengths, values, and areas for growth.
3	Emotion Regulation	Learn to identify, label, and manage intense emotions (anger, anxiety) using cognitive techniques.
4	Effective Communication	Practice active listening, "I" statements, and assertive communication.
5	Healthy Relationships & Empathy	Identify qualities of healthy friendships, practice perspective-taking and empathy.
6	Problem-Solving & Decision Making	Apply a structured approach (define problem, generate solutions, evaluate consequences) to real-life scenarios.
7	Goal Setting & Optimism	Learn to set SMART goals, challenge negative thoughts, and cultivate a positive mindset.
8	Integration & Coping Plan	Review skills, develop a personal coping plan for future stressors, and closure.

Data Collection Procedure

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After obtaining ethical approval (IR.IAU.SHK.REC.1404.166) and necessary permissions from the Department of Education and school principals, the study was introduced to potential participants. Written informed assent and parental consent were secured. All participants completed the pretest questionnaires in a group setting under the supervision of the researcher. Following the pretest, the experimental group underwent the 8-session resilience training. One week after the final session, all participants from both groups completed the same questionnaires as a posttest under identical conditions.

Data Analysis

Data analysis was performed using SPSS version 26. Descriptive statistics were calculated. The assumptions of normality (Shapiro-Wilk test), homogeneity of variances (Levene's test), and homogeneity of regression slopes were checked and met. To test the main hypotheses, separate one-way Analyses of Covariance (ANCOVA) were conducted for each primary outcome (loneliness, emotional competence, emotional maturity), using the pretest scores as covariates. The significance level was set at $p < .05$. Effect sizes were reported as partial eta-squared (η^2).

Ethical Considerations

This study was approved by the Ethics Committee of Islamic Azad University, Shahrekord Branch (IR.IAU.SHK.REC.1404.166). It adhered to the principles of the Declaration of Helsinki. Participants were fully informed about the study procedures. Written assent and parental consent were obtained. Participation was voluntary, and participants could withdraw at any time without penalty. Anonymity and confidentiality were guaranteed. Upon study completion, the training materials were offered to the control group.

Results

Prior to testing the main hypotheses, preliminary analyses were conducted to ensure the assumptions for parametric tests were met. The Shapiro-Wilk test and examination of skewness and kurtosis indices indicated that the data for all main variables met the assumption of normality. Assumptions of linearity, homogeneity

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of variances (Levene's test, all $p > .05$), and homogeneity of regression slopes were also satisfied.

Descriptive statistics including means and standard deviations for pretest and posttest scores are presented in Table 3. Preliminary independent samples t-tests confirmed no significant baseline differences between groups on any study variable (all $p > .05$), indicating successful randomization.

Table 3. Descriptive Statistics for Study Variables by Group

Variable	Group	Pretest (M ± SD)	Posttest (M ± SD)
Loneliness	Control	56.45 ± 5.06	56.50 ± 4.99
	Experimental	56.80 ± 4.42	50.80 ± 5.02
Emotional Competence	Control	91.35 ± 4.44	92.00 ± 3.70
	Experimental	89.90 ± 2.90	107.70 ± 3.91
Emotional Maturity	Control	157.45 ± 8.82	156.35 ± 11.82
	Experimental	152.60 ± 6.35	175.80 ± 5.88

Note: Lower scores on Emotional Maturity indicate higher maturity levels.

Main Analysis: Effects on Primary Outcomes

Separate one-way Analyses of Covariance (ANCOVA) were conducted for each primary outcome variable, using pretest scores as covariates. The results revealed statistically significant effects of resilience training on all three primary outcomes (Table 4).

Table 4. ANCOVA Results for Primary Outcome Variables

Dependent Variable	F	p	Partial η^2	Adjusted Mean (Control)	Adjusted Mean (Experimental)
Loneliness	$F(1, 37) = 12.56$	.001	.25	56.48	50.82
Emotional Competence	$F(1, 37) = 141.98$	< .001	.79	91.80	107.90
Emotional Maturity	$F(1, 37) = 56.43$	< .001	.60	155.01	177.14

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After controlling for pretest scores, the resilience training group showed significantly reduced loneliness and significantly enhanced emotional competence and emotional maturity compared to the control group, with large effect sizes for emotional competence ($\eta^2 = .79$) and emotional maturity ($\eta^2 = .60$), and a medium effect size for loneliness reduction ($\eta^2 = .25$).

Analysis of Emotional Competence Components

A one-way MANCOVA on the five components of emotional competence revealed a significant overall effect of resilience training, Wilks' $\Lambda = 0.09$, $F(5, 32) = 57.49$, $p < .001$, multivariate $\eta^2 = 0.91$. Follow-up ANCOVAs indicated significant improvements in three components (Table 5).

Table 5. ANCOVA Results for Emotional Competence Components

Component	F	p	Partial η^2	Adjusted Mean (Control)	Adjusted Mean (Experimental)
Social Awareness	$F(1, 36) = 147.51$	$< .001$	.80	21.92	29.08
Self-Management	$F(1, 36) = 15.82$	$< .001$	.31	19.13	21.67
Relationship Management	$F(1, 36) = 76.56$	$< .001$	.68	17.34	23.06

No significant effects were found for Self-Awareness ($p = .243$) or Responsible Decision-Making ($p = .087$).

Analysis of Emotional Maturity Components

A one-way MANCOVA on emotional maturity components also showed a significant overall effect, Wilks' $\Lambda = 0.19$, $F(5, 32) = 25.12$, $p < .001$, multivariate $\eta^2 = 0.81$. Subsequent ANCOVAs revealed significant improvements in three components (Table 6).

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Table 6. ANCOVA Results for Emotional Maturity Components

Component	F	p	Partial η^2	Adjusted Mean (Control)	Adjusted Mean (Experimental)
Emotional Stability	F(1, 36) = 21.24	< .001	.37	28.93	36.92
Emotional Progression	F(1, 36) = 30.28	< .001	.46	32.65	37.20
Social Adjustment	F(1, 36) = 39.66	< .001	.52	32.15	38.81

No significant effects were found for Personality Integration (p = .134) or Independence (p = .309).

In summary, the resilience training program demonstrated significant benefits across multiple domains. The intervention was particularly effective in enhancing emotional competence components (large effects on social awareness and relationship management) and emotional maturity components (medium to large effects on emotional progression and social adjustment), while also producing a meaningful reduction in loneliness.

Discussion

The present study evaluated the effectiveness of a resilience training program on loneliness, emotional competence, and emotional maturity among female high school students in Iran. The findings provide evidence supporting the efficacy of this intervention, with significant improvements observed in the experimental group across primary outcome measures. The following sections interpret these findings within the context of existing literature and theoretical frameworks, while acknowledging both the strengths and limitations of the current research.

Interpretation of Key Findings

The Integrated Impact on Psychosocial Outcomes: The significant improvements across all three primary outcomes support the conceptualization of resilience as a multifaceted capacity that enhances both intrapsychic resources and interpersonal functioning [1, 17]. The concurrent reduction in loneliness and enhancement of emotional competencies suggests that resilience training operates through multiple

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mechanisms—strengthening internal coping resources while simultaneously building social-emotional skills necessary for navigating adolescent developmental challenges.The large effect sizes for emotional competence ($\eta^2 = 0.80$) and emotional maturity ($\eta^2 = 0.62$) are particularly noteworthy, though they should be interpreted with caution given the specific cultural context and sample characteristics. These substantial effects may reflect both the comprehensive nature of the intervention and the particular receptivity of adolescents to social-emotional learning during this developmental period.

Reducing Loneliness Through Skill Development: The significant reduction in loneliness ($\eta^2 = 0.25$) aligns with previous research demonstrating the protective role of resilience against social and emotional isolation [20, 21]. This finding supports the cognitive-discrepancy model of loneliness [2], suggesting that resilience training may help bridge the gap between desired and actual social relationships by equipping students with practical skills for social engagement. The intervention's focus on communication skills, relationship building, and cognitive restructuring appears to have provided students with concrete tools to initiate and maintain meaningful connections, thereby reducing feelings of isolation.

Differential Effects on Emotional Competence Components: The pattern of findings across emotional competence subscales offers nuanced insights into the intervention's mechanisms. The particularly strong effects on Social Awareness ($\eta^2 = 0.82$) and Relationship Management ($\eta^2 = 0.69$) suggest that group-based resilience training may be especially effective for developing interpersonal emotional skills through experiential learning and social modeling. The more moderate effect on Self-Management ($\eta^2 = 0.32$) and non-significant effects on Self-Awareness and Responsible Decision-Making indicate that some intrapersonal emotional competencies may require more targeted or extended intervention. This pattern suggests future interventions might benefit from additional emphasis on self-reflective practices and ethical decision-making frameworks.

Enhancing Emotional Maturity: The significant improvements in Emotional Stability, Emotional Progression, and Social Adjustment demonstrate the intervention's success in fostering higher-order emotional integration. These findings align with developmental models that position emotional maturity as an outcome of successfully managed emotional experiences [11, 14]. The training appears to have provided students with strategies for maintaining emotional

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equilibrium during stress, avoiding regression to less mature coping styles, and translating emotional understanding into effective social behavior.

Limitations and Future Research Directions

Several limitations warrant consideration when interpreting these findings. First, the use of convenience sampling from a single geographic region and all-female sample limits the generalizability of findings. Future research should employ randomized sampling methods and examine whether these effects replicate with male adolescents and in diverse cultural contexts.

Second, the reliance on self-report measures introduces potential for response biases. Incorporating multi-informant assessments (e.g., teacher reports, peer ratings) and behavioral observations in future studies would strengthen validity claims.

Third, the absence of follow-up assessments prevents conclusions about the long-term maintenance of treatment effects. Future research should include multiple post-intervention assessments (e.g., 3-, 6-, and 12-month follow-ups) to examine the durability of gains and potential sleeper effects.

Fourth, while the effect sizes for some outcomes were substantial, they may partially reflect the specific cultural context and delivery format. Future studies should examine whether similar effects emerge across different delivery modalities (e.g., individual vs. group, school-based vs. clinical settings) and cultural contexts.

Finally, the study design does not permit identification of the specific active ingredients responsible for observed effects. Component-control studies comparing different intervention elements (e.g., cognitive restructuring vs. social skills training) could inform more efficient and targeted interventions.

Conclusion and Implications

Despite these limitations, the current study contributes to the growing literature on school-based resilience interventions by demonstrating their potential to address multiple aspects of adolescent psychosocial functioning simultaneously. The findings suggest that relatively brief, structured resilience training can produce meaningful improvements in loneliness, emotional competence, and emotional maturity among female adolescents.

For educational practice, these results support the integration of evidence-based resilience programs into secondary school curricula, particularly as a proactive

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approach to supporting adolescent mental health. School counselors and psychologists could adapt this framework for group workshops that address common developmental challenges.

For policy, these findings highlight the potential value of allocating resources for social-emotional learning and resilience-building initiatives within educational systems. Such investments represent a public health approach to promoting adolescent well-being that complements traditional academic missions.

Future research should build on these findings by examining long-term outcomes, mechanisms of change, and optimal implementation strategies to maximize the reach and impact of resilience-focused interventions in diverse educational contexts.

Funding and Disclosure

This research was conducted as an original study. No external funding was received to support data collection, analysis, or manuscript preparation. The authors declare no conflicts of interest related to this work.

Data Availability

The datasets generated and analyzed during the current study are not publicly available due to participant privacy concerns but are available from the corresponding author on reasonable request.

Ethical Considerations

All study procedures adhered to the ethical standards of the institutional research committee and complied with the principles of the 1964 Helsinki Declaration and its later amendments. Written informed consent was obtained from all participants and their legal guardians prior to participation. The study received ethical approval from the Ethics Committee of Islami Azad university (Approval Code: IR.IAU.SHK.REC.1404.166).

Consent for Publication

Not applicable. No identifying personal data were included in this study.

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Availability of Data and Material

The datasets generated and/or analyzed during the current study are not publicly available due to participant confidentiality constraints, but they are available from the corresponding author upon reasonable request.

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