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**COMPARATIVE STUDY ON AGGRESSION AMONG DRAFTEES IN JUSTICE  
UNIT**

**HAMED GHAFARIAN MOSLEMI<sup>1</sup>, ZAHRA POURMOHAMAD SHANDIZ<sup>2\*</sup>,  
SEYED ROUHOLLAH HOSSEINI<sup>3</sup>, AMIR REZA KAMEL ABASI<sup>4</sup> AND AHMAD  
ASADIYAN<sup>5</sup>**

**1:** MS in General Psychology, Ferdowsi University of Mashhad, Mashhad, Iran

**2:** Ms in General Psychology, Ferdowsi University of Mashhad, Mashhad, Iran

**3:** MS in Clinical Psychology, Islamic Azad University of Yazd, Yazd, Iran

**4:** MS in General Psychology, Ferdowsi University of Mashhad, Mashhad, Iran

**5:** MS in Clinical Psychology, Islamic Azad University of Birjand, Birjand, Iran

**\*Corresponding Author: E Mail: [azadeh.poormohamad@gmail.com](mailto:azadeh.poormohamad@gmail.com)**

**ABSTRACT**

Soldiership has been regarded as the most critical event in the life of a young. Physical and mental health of soldiers in service is one of the most important concerns for families and their commanders. This study aims to compare aggression among draftees in justice unit. In this casual comparative study, 94 soldiers in protection unit of one of Mashhad judicial agencies and 110 soldiers in protection unit of one of Mazandaran judicial agencies were selected using convenience sampling.

Data were analyzed using software SPSS and the results indicated that there is not a significant difference on subscales of Buss -Perry Aggression inventory among draftees in justice unit. The results indicated that as the draftees who serve in justice unit suffer from various psychological and behavioral problems, it is suggested using methods of psychotherapy to control aggression among soldiers, and also identifying and introducing those soldiers who are exposed to risk using psychological tests.

**Keywords: Aggression, Mashhad judicial agencies, Soldiership**

## INTRODUCTION

Soldiers from various provinces and culture in different families get together in military services and start a new stage of life and responsibility taking. Joining the military results in massive changes in personal and social life of individuals and also in their family, that soldiership has been regarded as the most critical event in the life of a young. In such circumstances, definitely pressure and anxiety will dominate the person's life, influencing the mental health and performance of these youth. This new period of life is followed by stresses, however it has many advantages for the person. These stresses of military family life, besides potential risks and difficulties in military career training, have been felt as revealing factors by soldiers, resulting in adaptive problems, whereby some aberrant behaviors might be witnessed among soldiers, of which it can refer to suicide and self-harm. In other words, inability to solve problems and deal with them appropriately might raise adaptive problems expressing itself as emotional disturbance, increased sensitivity to external stimuli, anxiety, sadness, mood swings and depression. Generally, in the environments where the soldiers are not trained properly, some of behavioral abnormalities including abuse, smoking dependence, negligence in worship or

undermining religious principles. It should be noted that youth's involvement in military service is followed by opportunities and challenges, that maintaining physical and mental health of soldiers during and after the end of military service is the most important concern for families and commanders (Farsi et al. 2006). Due to the military profession is a stressful and difficult job. Mental health personnel necessary to perform administrative duties and family connections appear (Matine Sadr et al., 2009). To cause mass civilian life and conduct missions far from home and risky behaviors are at risk for various diseases (Ghorbani et al., 2007).

The man as a learning creature has physiologic and non-physiologic needs, striving to meet them, and might rush to meet his needs or take some considerations into account by delaying at needs and tolerating limited level of stress. Human being has strived at all his life to achieve comfort and welfare and reduce his pains and sufferings, however he has been exposed to risks with erroneous diagnoses and has not been able to achieve his aims, and inevitably he has expressed improper reactions from himself. Aggressive behavior is one of the major immature behaviors against frustration, that its repetition in the person and its practical outcome in the

community will be followed by adverse outcomes, resulting in interpersonal dissociation and frustrations (**Shariati Roudsari, 2006**). Aggression is a behavior that stems from anger. Suicide is one type of aggression which is found abundantly among soldiers. Some of military forces face adaptive problems due to intense loneliness and lack of help. Inability to solve these problems that can be expressed as emotional disturbance, increased sensitivity to environmental stimuli, anxiety, sadness, mood swings and depression raises suicide attempt (**Matini sadr et al., 2009**). In a study, **Anisi et al., (2006)** indicated that the prevalence of suicidal behaviors among veterans has been for about 5.8%. Findings of this study indicate that there is a significant relationship between increasing the risk of suicidal thoughts and actions among veterans and the variables including low education level, history of previous suicide attempts, drug addiction and smoking, lack of consent from military service, poor mental state and conflicts with other soldiers. **Worthen et al.(2014)** in their study announced that prevalence of aggression goes beyond among military forces, and the physicians must adopt considerations to treat these individuals disregard of their gender. 44% of soldiers have had the history of suicide attempt. The contributing factors

to suicide and self-injury include soldiers' mental disorders(37.2 %) , family problems (36.7 %) , conflicts with colleagues and working environment (13.8 %). The highest rate of suicide and self-injury has been witnessed in winter (**Nouri et al., 2013**). It should be noted that youth's involvement in military service is followed by opportunities and challenges, that aggression has been regarded as the main outcome. In other words, inability to solve problems and deal with them appropriately might raise adaptive problems expressing itself as emotional disturbance, increased sensitivity to external stimuli, anxiety, sadness, mood swings and depression. maintaining physical and mental health of soldiers during and after the end of military service is the most important concern for families and commanders. Generally, there is no ideal kind of social life, and any kind of social life, despite advantages and benefits, might be followed by adverse and negative aspects (**Hosseinian, 2008**).

With regard to importance of mental health in performance of combat soldiers and the necessity of identification of the individuals who are exposed to risk in prevention from prevalence of aggression, this study aims to investigate prevalence of aggression in two justice units and specify the contributing factors to prevalence of aggression among soldiers.

## METHODOLOGY

Outline a comparative study designs, however, since the comparison of aggression according to the two soldiers, military units, the practical proposal - compare also considered.

### Population

Statistical population consists of all draftees serving in military units of Mashhad and Mazandaran provinces, precisely the sample group was selected among draftees in protection unit of one of Mashhad judicial agencies and in protection unit of one of Mazandaran judicial agencies using convenience sampling.

### Sample group

94 soldiers in protection unit of one of Mashhad judicial agencies and 110 soldiers in protection unit of one of Mazandaran judicial agencies were selected using convenience sampling.

### Data collection and validity of

#### Demographic questionnaire

The questionnaire included demographic characteristics such as age, gender, education, marital status and.....

#### Buss-Perry questionnaire

This questionnaire has been developed by **Buss and Perry (1992)**. This questionnaire consists of 29 questions encompassing four factors of verbal aggression(5 questions), physical aggression(9 questions), anger(7 questions) and hostility(8 questions).

#### Validity of aggression questionnaire

The aggression questionnaire enjoys an acceptable validity. The results of re-test coefficient for four sub-scales were obtained ranging from 0.72 to 0.80 and the correlation between four sub-scales was obtained ranging from 0.38 to 0.49. To measure internal validity of scale, Cronbach's alpha coefficient was used, that the results indicated internal consistency of the subscale of physical aggression(0.82), verbal aggression(0.81), anger(0.83), hostility(0.80) (**Buss & Perry, 1992**). In a study by **Mohammadi (2006)** on 209 girl and boy students in university of Shiraz, the validity of aggression questionnaire was retested and analyzed through three methods via Cronbach's alpha, where the coefficients were obtained 89%, 78% and 73%, respectively. Validity of this questionnaire was analyzed through convergent/concurrent validity and analysis of factors. Convergent validity of aggression questionnaire was confirmed by calculation of consistency coefficient of the subscales of this questionnaire with each other, that the coefficients ranging from 37% to 78% were significant ( $p < 0.01$ ). further, concurrent validity was estimated by applying measurement of psychological symptom, that the correlation coefficient (34%) between the aggression questionnaire

and general psychological damage was significant ( $p < 0.01$ ).

### Methods of data analysis

To analyze statistical data and research to answer questions SPSS18 software, descriptive statistics and inferential statistics were used. The descriptive statistics was used of frequency, percentage, mean and standard deviation and inferential statistics T-Test.

### RESULTS

According to **Table 1**, 82.35% of 18 to 21 years, 14.22 percent of veterans 22 to 25 years and 3.43 percent old knows 26 to 29 years old.

According to **Table 2**, 10.78% were married, 89.22 percent were single.

With regard to **Table 1-4**, the highest mean for the score of subscales of aggression relates to physical aggression and the least mean for the score of subscales of aggression relates to verbal aggression.

With regard to **Table 2-4**, it can observe that among all the respondents to aggression, 23%, 33%, 23% and 20% participants have had physical aggression, verbal aggression, anger and hostility.

As the significance level in chi-square test equals to 0.147 which is greater than 0.05, thus there is not a significant relationship between education level and aggression.

As the significance level in chi-square test equals to 0.617 which is greater than 0.05,

thus there is not a significant relationship between marital status and aggression.

As the significance level in chi-square test equals to 0.223 which is greater than 0.05, thus there is not a significant relationship between economic status and aggression.

According to **Table 5**, 0.49% of the drug warriors, 9.8% of cigarettes, alcohol 11.27 percent, 6.86 percent unusual sex relationship (other than marriage) and 71.57 percent of soldiers have no experience with high-risk behavior.

As the significance level in chi-square test equals to 0.629 which is greater than 0.05, thus there is not a significant relationship between high-risk behaviors and aggression.

Hypothesis: there is not a significant difference on the extent of aggression between the soldiers in protection unit of one of Mashhad judicial agencies and the soldiers in protection unit of one of Mazandaran judicial agencies.

To compare two groups of soldiers in protection unit of Mashhad and Mazandaran judicial agencies, firstly normality of variables was examined via Leven test. At all the scales of aggression, the significance level greater than 0.05 indicated normality of scale. Hence, t-test has been used to compare two groups.

1. In physical aggression, as the significance level of Leven test equals to 0.758 which is greater than

0.05, the hypothesis of equality of variances is not rejected. Hence, t-value equals to 0.382 with freedom degree (202). As the significance level of t-value equals to 0.703 which is greater than 0.05, there is not a significant difference on physical aggression between two groups of soldiers in protection unit of Mashhad and Mazandaran judicial agencies.

2. In verbal aggression, as the significance level of Leven test equals to 0.276 which is greater than 0.05, the hypothesis of equality of variances is not rejected. Hence, t-value equals to 0.288 with freedom degree (202). As the significance level of t-value equals to 0.774 which is greater than 0.05, there is not a significant difference on verbal aggression between two groups of soldiers in protection unit of Mashhad and Mazandaran judicial agencies.
3. In the subscale "anger", as the significance level of Leven test equals to 0.567 which is greater than 0.05, the hypothesis of equality of variances is not rejected. Hence, t-value equals to -1.571 with freedom degree (202). As the significance level of t-value equals to 0.118

which is greater than 0.05, there is not a significant difference on anger between two groups of soldiers in protection unit of Mashhad and Mazandaran judicial agencies.

4. In the subscale "hostility", as the significance level of Leven test equals to 0.739 which is greater than 0.05, the hypothesis of equality of variances is not rejected. Hence, t-value equals to -0.129 with freedom degree (202). As the significance level of t-value equals to 0.898 which is greater than 0.05, there is not a significant difference on hostility between two groups of soldiers in protection unit of Mashhad and Mazandaran judicial agencies.
5. In the sum of score of aggression, as the significance level of Leven test equals to 0.367 which is greater than 0.05, the hypothesis of equality of variances is not rejected. Hence, t-value equals to - 0.245 with freedom degree (202). As the significance level of t-value equals to 0.807 which is greater than 0.05, there is not a significant difference on sum of score of aggression between two groups of soldiers in protection unit of Mashhad and Mazandaran judicial agencies.

Table 1: Distribution of respondents by age:

Age	frequency	requecy percent	Collective Frequency percent
18-21	168	82.35	82.35
22-25	29	14.22	96.57
26-29	7	3.43	100.00
Total	204	204	

Table 2: Distribution of respondents according to marital status

marital status	frequency	requecy percent	Collective Frequency percent
married	22	10.78	10.78
single	182	89.22	100.00
total	204	204	

Table 3-1: descriptive statistics pertaining to variables of aggression

Variables	No	Domain	Minimum	Maximum	Mean	Standard deviation
Physical aggression	204	33	9	42	25.80	8.237
Verbal aggression	204	20	5	25	14.69	5.598
Anger	204	25	7	32	19.54	6.565
Hostility	204	32	8	40	22.91	8.982
Score of aggression	204	101	36	137	82.94	27.174

Table 3-2: Frequency of prevalence of aggression in two groups

aggression	Frequency	frequency percent	Cumulative frequency percent
Physical aggression	51	25.00	25.00
Verbal aggression	64	31.00	56.00
Anger	50	25.00	81.00
Hostility	39	19.00	100.00
Sum	204	100.00	

Table 4: Chi-square test to examine the relationship between education and aggression

Chi-square statistics	Freedom degree	Significance level
9.502	6	0.147

Table 5: Chi-square test to examine the relationship between marital status and aggression

Chi-square statistics	Freedom degree	Significance level
0.966	2	0.617

Table 6: Chi-square test to examine the relationship between economic status and aggression

Chi-square statistics	Freedom degree	Significance level
5.702	4	0.223

Table 7: Distribution of respondents according to experience high-risk behaviors:

Experience of risky behaviour	Frequency	frequency percent	Collective Frequency percent
drugs	1	0.49	0.49
cigarette	20	9.80	10.29
alcohol	23	11.27	21.57
unusual sex relationship	14	6.86	28.43
none	146	71.57	100
total	204	100.00	

Table 8: Chi-square test to examine the relationship between high-risk behaviors and aggression

Chi-square statistics	Freedom degree	Significance level
6.165	8	0.629

**Table 9: The aggressiveness of soldiers two units**

Scales	Group	No	Mean	Standard deviation	Hypotheses of Leven test	f-value	Significance level	t-value	Freedom degree	p-value
Physical aggression	Mashhad	94	26.0426	8.18458	Equality of variances	0.095	0.758	0.382	202	0.703
	Mazandaran	110	25.6000	8.31402	Inequality of hypotheses			0.382	197.981	0.703
Verbal aggression	Mashhad	94	14.8085	5.38072	Equality of variances	1.192	0.276	0.288	202	0.774
	Mazandaran	110	14.5818	5.80000	Inequality of hypotheses			0.289	200.617	0.773
Anger	Mashhad	94	18.7660	6.53596	Equality of variances	0.329	0.567	-1.571	202	0.118
	Mazandaran	110	20.2091	6.54567	Inequality of hypotheses			-1.571	197.161	0.118
Hostility	Mashhad	94	22.8191	8.98142	Equality of variances	0.112	0.739	-0.129	202	0.898
	Mazandaran	110	22.9818	9.02289	Inequality of hypotheses			-0.129	197.348	0.898
Sum of score of aggression	Mashhad	94	82.4362	26.36859	Equality of variances	0.817	0.367	-0.245	202	0.807
	Mazandaran	110	83.3727	27.95700	Inequality of hypotheses			-0.246	200.015	0.806

## CONCLUSION

Investigation of military forces' mental health is of a great importance, because timely identification of individuals who are exposed to risk and taking action to treat them is the first step to increase their health and efficacy. Existence of the employees subjected to mental disorders who have not been recognized throughout the justice unit not just can raise problem in performance of justice unit and their mission, but also can impose excessive costs on armed forces within a country. On the other hand, the results of other studies indicate that the military forces are not immune from the risk of mental disorders and are more likely exposed to mental disorders than others due to excessive job stresses (Rah nejat et al. 2012). An attempt to be informed of prevalence of aggression is of a great importance among military forces especially soldiers, because aggression has been regarded as one of the causes for inabilities

in military. A variety of approaches are recommended to modify and control aggressive behavior, encompassing the treatments which are based on medical view to various psychoeducational methods. Hence, finding the causes for prevalence of aggression and the importance of controlling it among soldiers is a research area that can affect improving soldiers' performance at military environments. The results of this study indicated that prevalence of aggression among soldiers at these two justice units goes beyond the general population of youth in Iran, concerning table 3 (59.4 percent of the soldiers were aggressive). The studies conducted to date have reported prevalence of aggression among youth and adolescents ranging from 20% to 50% in Iran (Khoshhal Dastjerdi, 2005; Karahmadi, 2007; Kaheni, 1998). There are a variety of reasons for prevalence of aggression among soldiers as follows :

1. A reason can lie on this fact that a big change has emerged in soldiers' lifestyle by arrival to this stage of life, which will be followed by problems and incompatibilities. Hence, recognition of necessary skills to cope with problems arisen from this change is vital in lifestyle .
2. Another reason is developmental characteristic of adolescence and youth. Psychologists have known aggression as one of the emotional states in adolescence and youth, that when a youth cannot achieve his aims and face conflict in his selections, aggressive reactions will be emerged, because they have not properly learnt the necessary skills to achieve their aims or modify wrong aims.

As working in the judicial organizations is regarded as difficult and hazardous jobs, the pressures arisen from job cause reducing people's coping power and increasing aggression among personnel .

Another reason for the high prevalence of mental disorders can be hard work, low productivity and low salaries. Basically, the major part of people's daily life is spent working. There is a direct relationship between satisfying of life, salary, satisfying from boss and coworkers, reciprocal trust and mental health and satisfying of life.

(Saatchi, 2001). Dehbash et al (2008) showed there is a positive relationship between mental health and salary means that more salaries cause to more mental health. Craner (2003 quated by Hobbi et al 2011) showed in a study organization services cause to lead technical, social and cognitive skills among militaries families and this issue protect them against social and mental disorder. These results are consistent with other research: Physical and mental health of employees who are satisfied with their jobs, are less than those who aren't. (Moghimi, 2001; Robbins, 1998; Zeki, 2004; Furnham, 2002). Yasaee et al showed (2002) there is significant relationship between mental disorder and work exhaustion. Studies showed there is a longer relationship between job satisfaction and metal health. (Sapington 2000) Scherer (2004, quated Hoobi et al., 2011) stated the spirit, vitality and performance of military personnel affected by the services, facilities, that puts organization to them and their families. Mohammad Virdi (2008) showed in his study a significant correlation between job satisfaction and mental health dimensions is straightforward. Results of studies shows with increasing age the mental health will be improved. So among personnel, solders at service are more in danger to give mental disorders.

With regard to tables 7 and 8 concerning the relationship between aggression and high-risk behaviors such as smoking, drug and alcohol abuse and unconventional sexual practices, the results indicated that as the significance level in chi-square test equals to 0.629 which is greater than 0.05, thus there is no significant relationship between aggression and high-risk behaviors, that these findings differ from the results of studies by other researchers. It seems that a majority of soldiers have not given a response to the questions due to fear from dealing with commanders, because they have been talking about their experiences from high-risk behaviors during training course with a total confidence in the psychologist .

In a study, **Spielberger & Sarason(2005)** indicated that the individuals who have experienced failure and frustration might express their feelings of aggression in criminal activities and substance abuse .

**Basham (1997, quoted from Haji Hassani et al.(2012))** stated that there is a high correlation between aggression and addiction .

Results indicated that Use and abuse of drugs and alcohol, having a friend addicted to drug and high-risk sexual behavior associate to aggression (**Zinat Motlagh et al., 2013**).

The results of studies by **Hayatbakhsh et al., (2009)** indicate that aggression among the predictors of drug abuse is of a great importance .

**Willner et al., (1994)**, quoted from **Fathi & Mehrabizade Honarmand (2008)**, indicated that uncontrolled behavior , impulsivity , anger , sensation seeking and risk-taking are correlated to drug abuse. In a study, **Alaei Kharayem et al., (2012)** perceived that the high risk factors including parental rejection, aggression and relationship with peers are the most important predictors for drug abuse among youth and adolescents.

Survey suggests family history of Soldiers in individual counseling sessions is one of the reasons could be contributing troops in disorders of psychological, cultural and social fabric of the family. So that the soldiers who had family problems, economic situation and location were poorer, the same level of psychological distress than those indicated. The result of educational courses in the form of direct or indirect virtual training courses for family strengths can improve the effectiveness of training.

results of study indicate that the highest scores belong to physical aggression. Since most people engage in aggressive acts due to lack of necessary ability to communicate effectively with others, it seems that these

individuals have enabled to differentiate assertive, aggressive and passive behavior as the results of life skills trainings, and to reduce their aggressive acts and behaviors by communicating with others. Some explanations about antisocial personality type were given to soldiers at their training course, causing some of wrong behaviors of criminals are attributed to their personality type rather than their personal animosity .

Military operations need physical and mental health (**Dehbashi, 2008**). So it is suggested that counseling centers Armed Forces training courses - continuous treatment, in addition to identifying those at risk, to treat soldiers with combat forces will be to maintain and improve the nearest resort and the Military for young people to Smile.

#### **Suggestions for the future:**

1. The filing of beginning psychotherapy to soldiers training in risk identification.
2. Suggest holding educational curriculum for commanders to identify mental problem nature of soldiers and taught them new way to decrease psychological damages to have effective interaction with soldiers.
3. Relationship with soldiers' families to inform of problems outside of the

military environment is significantly impaired ability to combat troops.

4. Employing graduates, psychologist, or psychiatrist as a directive in units of the service.

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