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The Effectiveness of Emotion-Focused Therapy on Emotion Dysregulation and Resilience in Patients with Chronic Pain and Depressive Symptoms

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A B S T R A C T

The present study aimed to examine the effectiveness of emotion-focused therapy (EFT) on emotion dysregulation and resilience in patients with chronic pain and depressive symptoms. The present study was a quasi-experimental design with a pretest-posttest control group. The statistical population included all patients with chronic pain and depressive symptoms who visited counseling and psychology clinics in Yazd in 2024. A total of 30 individuals were selected through convenience sampling based on the inclusion and exclusion criteria. The research instruments included the Emotion Dysregulation Scale by Gratz and Roemer and the Connor-Davidson Resilience Scale. Participants in the experimental group received 12 one-hour sessions of emotion-focused therapy. Data analysis was conducted using SPSS-26 software and covariance analysis, considering statistical assumptions. The results of the covariance analysis indicated a significant difference between the experimental and control groups in the variables of emotion dysregulation and resilience ($P < 0.05$). Based on the study findings, emotion-focused therapy can be considered an appropriate intervention to support patients with chronic pain and depressive symptoms.

Keywords: *Emotion-focused therapy, emotion dysregulation, resilience, chronic pain with depressive symptoms*

1. Introduction

Pain is an experience encountered by every individual throughout life. According to the International Association for the Study of Pain (IASP), pain is an unpleasant sensory and emotional experience associated with actual tissue damage and consists of both sensory and emotional dimensions (1). Pain is classified into two types

based on its duration: acute and chronic. A period of 3 to 6 months is typically considered the diagnostic criterion, and if it persists beyond this period, it is categorized as chronic pain (2). Chronic pain refers to pain that individuals experience, often in the absence of tissue damage, and persists longer than expected. Such pain can last for more than three months despite treatment or occur repeatedly in a recurring pattern (3).

Chronic pain affects various aspects of an individual's life, including emotional, interpersonal, occupational, and physical functioning, and imposes significant costs on society and the healthcare system (4). Chronic pain is a degenerative condition, subjecting individuals not only to the stress caused by pain but also to various other stressors that impact different aspects of their lives (5). Chronic pain significantly influences physical mobility, feelings of well-being, sleep, depressive symptoms, social isolation, and quality of life (6).

The comorbidity of depressive symptoms with chronic pain complicates the recovery process. Therefore, depressive symptoms should be considered an important variable in the treatment of chronic pain patients (7). Some studies suggest that depressive symptoms and hopelessness can be consequences of chronic pain (8). Depression is generally associated with mood disturbances, including symptoms such as a depressed or irritable mood, loss of interest and pleasure, feelings of sadness, worthlessness, and low self-esteem, leading to social withdrawal, sleep and appetite disturbances, and even psychotic symptoms. These issues and their consequences reduce the individual’s efficiency, role performance, and responsibility in society (9).

Several studies on the relationship between pain and emotions have proposed emotions as both determinants and consequences of the subjective pain experience (10). Recent research has shown that emotion regulation plays a crucial role in the development and management of pain (11). Emotion regulation is defined as the ability to modify and adjust emotional responses in behavioral, experiential, or physiological domains to achieve one's goals. Dysfunction in emotion regulation has been identified as a fundamental factor in a wide range of psychological disorders, including chronic pain (12).

Traditionally, research on adaptation to chronic pain has focused primarily on psychological vulnerabilities; however, there are also positive psychological mechanisms that contribute to positive functioning and protection against subsequent negative emotional states. One such positive psychological mechanism is resilience (13). The concept of resilience provides a promising perspective for facilitating personal growth and development after difficult circumstances and protecting individuals from the psychological impacts of distressing events (14). Individuals with chronic pain who possess higher resilience tend to demonstrate better behavioral and cognitive functioning, such as reduced tendency toward catastrophizing, compared to those with lower resilience (15).

Over the years, physicians have employed various methods to alleviate pain. Currently, psychological approaches are used both independently and in combination with medical treatments for chronic pain management, with research demonstrating their effectiveness (16). Given that emotions and pain activate similar mechanisms aimed at reducing adverse conditions, therapeutic approaches that focus on emotional aspects are considered beneficial for treating these patients. Emotion-focused therapy (EFT) is one such suitable approach (17).

Emotion-focused therapy was first introduced by Greenberg and is an integrative treatment approach based on the philosophy of emotion authenticity and experiential techniques (18). Greenberg asserts that emotions are often incomprehensible and impenetrable by reason and believes individuals should be encouraged to reconnect with their negative emotions and develop a positive understanding of them. He also posits that individuals can change their emotional reactions by altering their perceptions of people or events (19). Emotion-focused therapy is considered effective in addressing various individual and relational disorders, a wide range of traumas, distressing life events, and psychosomatic illnesses (20).

Research findings have indicated the effectiveness of emotion-focused therapy in improving the general health of patients with irritable bowel syndrome (21). Similarly, the study conducted by Shokrolahi et al. demonstrated the efficacy of emotion-focused therapy in improving the condition of patients with chronic pain and alexithymia (22). Fathi et al. also examined the effectiveness of emotion-

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focused therapy on pain intensity and resilience in women with chronic headaches, with results showing that emotion-focused therapy improved pain experience and resilience in these patients (23).

Chronic pain disorders have a highly disabling nature; therefore, their management and treatment are of great importance. Existing pharmacological treatments primarily affect the physical and transient aspects of the condition, but the prerequisite for effective management of chronic pain should include emotional and psychological treatments. Today, many physical illnesses, particularly chronic pain, are no longer solely explained and treated within the framework of a purely biological model. Instead, the biopsychosocial model is employed to account for the causes and treatment of such conditions (24).

Various psychological factors, such as emotion dysregulation and resilience, can influence pain intensity, the recovery process, and coping with pain. Therefore, research on effective psychological interventions for chronic pain could help reduce related problems and play a significant role in alleviating chronic pain and its accompanying psychological symptoms alongside pharmacological treatments.

Considering the above points, the present study aims to investigate the effectiveness of emotion-focused therapy on emotion dysregulation and resilience in patients with chronic pain and depressive symptoms in the city of Yazd.

2. Methods and Materials

2.1. Study Design and Participants

The present study was a quasi-experimental design with a pretest-posttest control group. The statistical population included all individuals with chronic pain and depressive symptoms who visited psychology and counseling clinics in the city of Yazd in 2024. A total of 30 participants were selected through convenience sampling based on the inclusion and exclusion criteria and were randomly assigned to experimental and control groups (15 participants in each group).

The inclusion criteria were: having at least a high school diploma, receiving a diagnosis of chronic pain with depressive symptoms, being between 18 to 40 years old, and completing an informed consent form for participation in the study. The exclusion criteria were: absence from more than two therapy sessions, failure to complete the questionnaires, and unwillingness to continue participation in the study.

The required data were collected using the Difficulties in Emotion Regulation Scale (DERS) by Gratz and Roemer and the Connor-Davidson Resilience Scale (CD-RISC).

2.2. Measures

2.2.1. Difficulties in Emotion Regulation

This scale was developed by Gratz and Roemer in 2004 and is a 36-item multidimensional self-report measure that assesses individual deficits in emotion regulation. Items are rated on a 5-point Likert scale ranging from 1 to 5, with reverse scoring applied to items 1, 2, 6, 7, 8, 10, 17, 20, 22, 24, and 34. Higher scores indicate greater difficulty in emotion regulation. The scale consists of six subscales: non-acceptance of negative emotions, difficulties engaging in goal-directed behavior, impulse control difficulties, limited access to emotion regulation strategies, lack of emotional awareness, and lack of emotional clarity. The reliability of this scale was assessed in a sample of 479 undergraduate students, with Cronbach's alpha calculated at 0.93 and test-retest reliability found to be adequate over a period of 4 to 8 weeks. The construct validity of the scale was confirmed through exploratory factor analysis, with correlations ranging from 0.32 to 0.63 between subscales, indicating satisfactory construct validity (12). In Iran, Kermani Mamazandi and Tale Pasand examined the reliability and validity of this scale. The reliability was calculated using Cronbach’s alpha and split-half methods, yielding values of 0.84 and 0.76, respectively, indicating good reliability. Concurrent validity was assessed by correlating the scores with Zuckerman's Sensation Seeking Scale (1978), revealing a significant positive correlation of 0.48, indicating acceptable concurrent validity (13, 16, 20).

2.2.2. Resilience

This scale was developed by Connor and Davidson in 2003 and consists of 25 items rated on a 5-point Likert scale ranging from 1 ("never") to 5 ("always"). The scale measures various dimensions of resilience but provides a single total score. Connor and Davidson reported the validity of the scale through factor analysis, as well as convergent and divergent

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validity assessments. They also reported the reliability using test-retest and Cronbach's alpha methods across different normal and at-risk populations, with satisfactory results (25). In Iran, Javadi assessed the validity of the scale using confirmatory factor analysis, with item-total correlations ranging from 0.45 to 0.65. Another study by Jokar further confirmed the validity of the scale through factor analysis and reported a Cronbach's alpha of 0.73 (26). In the present study, the researcher calculated the reliability of the scale using Cronbach's alpha, yielding a coefficient of 0.82.

2.3. Intervention

2.3.1. Emotion-Focused Therapy

Session 1: Establishing Agreement and Awareness

The first session aims to introduce the therapist and group members, outline the goals and rules of the group, and provide an overview of the EFT process and its approach to working with emotions. The importance of acceptance and genuine empathy is emphasized to create a safe environment for participants. Additionally, information about chronic pain and depressive symptoms is provided, helping participants understand the connection between their emotional experiences and their physical condition. Finally, pre-tests are administered to assess baseline levels of emotional dysregulation and resilience.

Session 2: Encouraging Emotional Expression

In this session, participants are encouraged to discuss the issues that brought them to therapy and share their emotions related to these concerns. The therapist provides focused attention, validation, and empathy to support participants in expressing their feelings. This session aims to expand participants' awareness of their internal experiences and emotional states, facilitating a deeper connection with their emotions.

Session 3: Identifying Treatment Focus

The third session focuses on identifying the core emotional issues underlying the participants' chronic pain and depressive symptoms. The therapist collaborates with each participant to develop a shared understanding of their emotional difficulties and treatment goals. Both explicit and implicit factors contributing to emotional distress are explored, helping participants recognize the key emotional themes that will be addressed in subsequent sessions.

Sessions 4 & 5: Evoking, Exploring, and Discovering Emotions

These sessions involve actively eliciting participants' painful emotional experiences in a safe and supportive therapeutic environment. The therapist guides participants in exploring emotional avoidance, emotional blocks, and maladaptive patterns that contribute to their distress. Emotion-focused techniques are used to neutralize emotional disruptions and facilitate a deeper emotional connection. Participants begin to confront and process their emotions in a way that fosters healing and emotional growth.

Sessions 6 & 7: Accessing Core Emotions and Maladaptive Schemas

During these sessions, participants are encouraged to access their primary emotions and core maladaptive emotional schemas that contribute to their chronic emotional struggles. The therapist supports participants in acknowledging and accepting these deep-seated emotions, facilitating a deeper understanding of their emotional responses. Emphasis is placed on embracing emotions without judgment and exploring the underlying emotional patterns that have influenced their coping strategies.

Sessions 8 & 9: Emotional Change and Restructuring

These sessions continue the focus on accepting primary emotions while challenging maladaptive emotional schemas. The therapist helps participants reconstruct their emotional narratives by challenging dysfunctional beliefs and promoting the acceptance of emotional needs. Participants are encouraged to develop new perspectives and reframe their emotional experiences in a way that fosters adaptive emotional processing and resilience.

Sessions 10 & 11: Developing New Emotional Responses

In these sessions, participants are guided in creating new emotional responses that align with their revised emotional schemas. The therapist facilitates meaning-making and self-organization processes, encouraging participants to experiment with expressing their emotions and needs within the group setting. Additionally, the sessions focus on strengthening self-validation, self-soothing, and emotional regulation skills, helping participants transfer the therapeutic gains to their everyday lives.

Session 12: Consolidation and Termination

The final session aims to consolidate the participants' progress and reinforce newly acquired emotional skills.

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Discussions focus on potential challenges, setbacks, and strategies for maintaining therapeutic gains in the future. Participants are encouraged to reflect on their journey and express their feelings about the conclusion of therapy. Post-tests are administered to measure the outcomes of the intervention, and participants are provided with strategies for sustaining their progress beyond therapy.

2.4. Data Analysis

For data analysis, descriptive statistics, including mean and standard deviation, were used. In the inferential statistics section, the Kolmogorov-Smirnov (K-S) test was applied to assess the normality of data distribution for the study variables, and Levene's test was used to examine the equality of variances. Given that the study employed a pretest-posttest design, a univariate analysis of covariance (ANCOVA) was conducted using SPSS-26 software to analyze the data.

3. Findings and Results

The mean and standard deviation of the participants' age in the experimental group were 29.50 ± 3.24 years, and in the control group, they were 31.07 ± 2.92 years. The experimental group consisted of 8 men and 7 women, while the control group included 10 men and 5 women. Among the 30 participants, 5 held a high school diploma, 11 had a bachelor's degree, 12 had a master's degree, and 2 had a doctorate. Additionally, 12 participants were married, and 18 were single.

Descriptive findings related to the variables of emotion dysregulation and resilience are presented in Table 1. A univariate analysis of covariance was used to examine the effect of emotion-focused therapy on emotion dysregulation and resilience in patients with chronic pain and depressive symptoms. Prior to conducting the analysis, the assumptions of ANCOVA were tested. The Kolmogorov-Smirnov test indicated that emotion dysregulation and resilience variables were normally distributed in both groups during the posttest phase ($p > 0.05$). The results of Levene's test showed that the equality of variances for both emotion dysregulation and resilience in both groups during the posttest phase was not violated ($p > 0.05$). Based on the confirmation of ANCOVA assumptions, a univariate analysis of covariance was performed, and the results are presented in Table 2.

Table 1

Mean and Standard Deviation of Groups

Variable	Group	Test Phase	Mean	Standard Deviation
Emotion Dysregulation	Experimental	Pretest	19.30	1.29
		Posttest	17.41	3.38
	Control	Pretest	19.46	4.31
		Posttest	19.01	3.35
Resilience	Experimental	Pretest	35.22	6.65
		Posttest	48.31	6.05
	Control	Pretest	39.43	5.69
		Posttest	39.15	5.75

Based on Table 1, the mean comparison indicates that emotion-focused therapy was effective in reducing emotion dysregulation scores and increasing resilience in the experimental group during the posttest phase.

Table 2

Results of ANCOVA for Evaluating the Effect of Emotion-Focused Therapy on Emotion Dysregulation and Resilience

Variable	Condition	F Statistic	p-value	Effect Size
Emotion Dysregulation	Pretest	104.215	<0.001	0.852
	Experimental	115.108	<0.001	0.882
Resilience	Pretest	63.558	<0.001	0.721
	Experimental	58.899	<0.001	0.863

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According to Table 2, the F value for emotion dysregulation and resilience between the experimental and control groups, controlling for the pretest effect, was 115.108 and 58.899, respectively, at a significance level of $p < 0.001$. These findings indicate that emotion-focused therapy had a significant impact on reducing emotion dysregulation and enhancing resilience in patients with chronic pain and depressive symptoms. The effect sizes suggest that emotion-focused therapy contributed to a 0.882 (88.2%) reduction in emotion dysregulation and a 0.863 (86.3%) improvement in resilience.

4. Discussion and Conclusion

This study aimed to investigate the effectiveness of emotion-focused therapy (EFT) on emotion dysregulation and resilience in patients with chronic pain and depressive symptoms. The findings of the present study indicated that EFT is effective in reducing emotion dysregulation and enhancing resilience in patients with chronic pain and depressive symptoms. These findings are consistent with the results of prior studies (21-23). In EFT, various techniques are used to help individuals with chronic pain accept their psychological, physiological, and emotional states, regulate their emotions effectively, and ultimately reduce emotion dysregulation while enhancing resilience. In other words, through EFT, patients with chronic pain can accept their negative experiences without trying to control them and engage with them in a personally meaningful way, resulting in better functioning and reduced suffering (22).

As previously mentioned, EFT led to improved emotion regulation in patients with chronic pain and depressive symptoms. This finding is in line with the prior research (20, 27). One of the primary goals of EFT is to teach patients how to manage and regulate their emotions effectively. This treatment helps clients better identify, experience, accept, and understand their emotions, allowing them to flexibly manage and regulate their emotional states. In fact, EFT enhances emotional intelligence, enabling individuals to recognize, label, and describe their emotional states and use them appropriately in various situations while fostering empathy with others. As a result, through EFT and the acquisition of these new skills and abilities, individuals can regulate their emotions and behaviors more effectively, increasing the use of positive emotion regulation strategies while decreasing the use of negative ones (21).

Another finding of this study was that EFT contributed to an increase in resilience among participants. This finding is consistent with prior studies (24, 28). The effectiveness of EFT in enhancing resilience can be attributed to its emphasis on fostering adaptive and secure attachment through care, support, and mutual attention to one's own and others' needs. EFT equips individuals with chronic pain with the skills to increase their emotional awareness and control negative emotions such as anger, guilt, self-blame, anxiety, stress, and depression, thereby improving their pain coping mechanisms and resilience. By improving the ability to symbolize emotions, EFT helps reduce abnormal psychological reactions and enhances individuals' capacity for self-care and self-regulation, which in turn leads to a reduction in the intensity of negative emotions. Individuals who have undergone EFT learn to articulate their emotions, recognize and describe them, and better cope with stressful life situations. Consequently, they can manage their emotions more effectively. Since emotions play a crucial role in life, EFT, as a therapeutic approach, helps individuals deal with stressful situations more effectively and increases social engagement in response to social contexts. Therefore, by raising awareness of positive and negative emotions, EFT facilitates the timely acceptance and expression of emotions, playing a significant role in resilience (29).

Additionally, it can be argued that emotions have a social function, helping in conveying feelings to others, social interaction, and relationship formation or termination. However, adjusting and regulating emotions through emotion regulation training can play a crucial role in enhancing resilience, as emotions serve as adaptive solutions for coping with life challenges, stressors, and difficulties. In other words, since emotions play a vital role in individuals' lives, emotion regulation as a therapeutic approach in managing emotions is linked to self-esteem and positive social interactions, promoting effective coping in stressful situations and increasing responsiveness in social contexts (28).

As with any interventional study, the present research encountered several limitations. One limitation is that the study was conducted only on patients with chronic pain and depressive symptoms who visited psychology and

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counseling clinics in the city of Yazd, which limits the generalizability of the results to other regions. Therefore, it is recommended that similar studies be conducted in other cities to compare the findings with the current study. Another limitation of the study was the lack of control over the potential impact of pharmacological treatments.

The absence of follow-up evaluations is another limitation of this research, which prevents the examination of the long-term effectiveness of this therapy. It is suggested that future research include follow-up assessments to compare their results with the findings of the present study. A practical recommendation based on this study is the implementation of these intervention techniques by psychologists and nurses in psychiatric hospitals to support individuals with chronic pain.

Authors' Contributions

S. D. contributed to the conceptualization and design of the study, data collection, and manuscript drafting. A. M. was responsible for data analysis, interpretation of results, and manuscript revision. N. M. assisted in participant recruitment, intervention implementation, and literature review. N. S. contributed to data interpretation and ensured adherence to ethical guidelines. M. R. Y. provided critical feedback, supervised the research process, and contributed to the final manuscript review. All authors read and approved the final version of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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Declaration of Interest

The authors report no conflict of interest.

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Ethics Considerations

The study placed a high emphasis on ethical considerations. Informed consent obtained from all participants, ensuring they are fully aware of the nature of the study and their role in it. Confidentiality strictly maintained, with data anonymized to protect individual privacy. The study adhered to the ethical guidelines for research with human subjects as outlined in the Declaration of Helsinki. Ethical considerations included obtaining informed consent, ensuring confidentiality and anonymity, and avoiding any harm to participants.

References

1. Hylands-White N, Duarte RV, Raphael JH. An overview of treatment approaches for chronic pain management. Rheumatology International. 2017;37(1):29-42. [PMID: 27107994] [DOI]
2. Hazinski MF. Nursing care of the critically ill child: Elsevier Health Sciences; 2012.
3. Pedler A, Kamper SJ, Maujean A, Sterling M. Investigating the fear avoidance model in people with whiplash: the association between fear of movement and in vivo activity. The Clinical Journal of Pain. 2018;34(2):130-7. [PMID: 28591083] [DOI]
4. Van Vuuren B, Zinzen E, Van Heerden HJ, Becker P, Meeusen R. Psychosocial factors related to lower back problems in a South African manganese industry. Journal of Occupational Rehabilitation. 2005;15(2):215-25. [PMID: 15844678] [DOI]
5. Pulliam CB, Gatchel RJ, Gardea MA. Psychosocial differences in high-risk versus low-risk acute low-back pain patients. Journal of Occupational Rehabilitation. 2001;11:43-52. [PMID: 11706776] [DOI]
6. Kiani S, Sabahi P, Makvand Hosseini S, Rafieinia P, Alebouyeh M. The effectiveness of acceptance and commitment therapy (ACT) and positive cognitive-behavioral therapy (PCBT) on the psychological disquietude's of patients with chronic pain. Health Psychology. 2021;9(36):133-50.
7. Savadi Z, Bahmani B, Zadehmohammadi A. Effectiveness of "unity-oriented psychology concepts instruction" on reducing depression and increasing spiritual well-being in bereaved mothers. Counseling Culture and Psychotherapy. 2021;12(46):259-80. [DOI]
8. O'Loughlin I, Newton-John TR. 'Dis-comfort eating': an investigation into the use of food as a coping strategy for the management of chronic pain. Appetite. 2019;140:288-97. [PMID: 31145944] [DOI]
9. Northoff G, Hirjak D. Is depression a global brain disorder with topographic dynamic reorganization? Translational Psychiatry. 2024;14(1):278. [PMID: 38969642] [PMCID: PMC11226458] [DOI]

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E-ISSN: 2981-2569

10. Peters ML. Emotional and cognitive influences on pain experience. Pain in Psychiatric Disorders. 2015;30:138-52. [PMID: 26436897] [DOI]
11. Gross JJ. Emotion regulation: conceptual and empirical foundations2014.
12. Gratz KL, Roemer L. Multidimensional assessment of emotion regulation and dysregulation: Development, factor structure, and initial validation of the difficulties in emotion regulation scale. Journal of Psychopathology and Behavioral Assessment. 2004;26(1):41-54. [DOI]
13. Derakhshan M, Alizadeh M, Zareei R. The Prediction of Pain Severity and Catastrophizing among Patients with Chronic Pain based on Resilience and Emotion Regulation. Iranian Journal of Clinical Psychology News. 2022;8(1):49-58.
14. Lohner MS, Carmela A. The Resilience Journal: Exploring The Potential Of Journal Interventions To Promote Resilience In University Students. Frontiers in Psychology. 2021;12:702683. [PMID: 34690862] [PMCID: PMC8526970] [DOI]
15. Latifian R, Tajeri B, Shahnazari M, Meschi F, Baseri A. The mediating role of conscientiousness in self-efficacy, resilience and pain management with pain perception in individuals with chronic pain. Applied Psychology. 2020;13(4):549-75.
16. Mostafaie A, Zare H, Alipour A, Farzad V. Effectiveness of Decisional and Self-Efficacy Therapy Transtheoretical Model (TTM) on Cognitive-Emotional Regulation, Mind Control and Pain in Patients with Chronic Pain. CPJ. 2018;6(1):1-10.
17. MacIntosh HB, Fletcher K, Ainsworth L. Measuring mentalizing in emotionally focused therapy for couples with childhood sexual abuse survivors and their partners. Journal of Couple & Relationship Therapy. 2019;18(4):303-29. [DOI]
18. Greenberg L. The therapeutic relationship in emotion-focused therapy. Psychotherapy. 2014;51(3):50-73. [PMID: 25068192] [DOI]
19. Greenberg LS, Paivio SC. Working with emotions in psychotherapy. New York: Guilford Press; 2003.
20. Sheykhan R, Goudarzi M. Effectiveness of emotional-focused therapy in the difficulty of emotional regulation and severity of symptoms in patients with irritable bowel syndrome. Journal of Ilam University of Medical Sciences. 2024;32(2):88-9.
21. Haghayegh SA, Adibi P, Davazdahemami MH. Efficacy of emotion-focused therapy on quality of life and sleep in irritable bowel syndrome. Govaresh. 2015;20(3):185-92.
22. Shokrolahi MS, Hashem SE, Mehrabizadeh Honarmand M, Zargar Y, Naaimi A. Effectiveness of emotion-focused therapy on anxiety sensitivity and pain catastrophizing in patients with chronic pain and alexithymia. IJPN. 2023;11(3):46-56.
23. Fathi S, Pouyamanesh J, Ghamari M, Fathi Aghdam G. The Effectiveness of Emotion-based Therapy and Acceptance & Commitment Therapy on the Pain Severity and Resistance in Women with Chronic Headaches. Community Health Journal. 2021;14(4):75-87.
24. Rahimi P, Emamjomeh M, Emamjomeh Z, Ghafari Shahir M. The Effectiveness of Emotion Focused Therapy on Resilience and Hope of Patients with Breast Cancer. Journal of the Faculty of Medicine. 2022;65(2):856-68.
25. Connor KM, Davidson JR. Development of a new resilience scale: The Connor-Davidson resilience scale (CD-RISC). Depression and Anxiety. 2003;18(2):76-82. [DOI]
26. Javadi R, Pro D. The relationship between emotional intelligence and resilience in students at university of social welfare science and rehabilitation. Etiadpajohi. 2009;2(8):69-82.
27. Zohrabniya E, Sanaei Zaker B, Kiyamanesh A, Zahrakar K. Comparison of the efficacy of emotion-focused therapy and cognitive-behavior therapy on post-divorce adjustment and self-esteem of divorced women. Journal of Psychological Science. 2022;21(109):207-27. [DOI]
28. Zarei B, Esmailzadeh F. The effectiveness of emotion-focused therapy on death anxiety and resilience in the elderly. Psychology of Aging. 2024;10(2):243-62.
29. Amjadiyan F, Jafari A, Ghamari M. Comparison of the effectiveness of emotion-oriented therapy and self-compassion training on resilience and reducing mental-physical vulnerability of mothers with children with learning disabilities (reading and writing). Counseling Culture and Psychotherapy. 2023;14(55):151-83.

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