


Article history:
Received 04 February 2024
Revised 28 February 2024
Accepted 05 March 2024
Published online 01 April 2024

Examining the Effect of a Strength-Based Approach on Distress Tolerance and Frustration Tolerance in Divorced Women

Maryam. Lali Dehghi¹, Asmat Sadat. Atai Kechui^{2*}, Tayebeh. Dohooyi Mosa³, Fatemeh. Heidari⁴

¹ M.A. in Rehabilitation Counseling, Department of Counseling, Khomeinishahr Branch, Islamic Azad University, Khomeinishahr, Iran

² M.A. in General Psychology, Department of Psychology, Khorasgan Branch, Islamic Azad University, Khorasgan, Iran

³ M.A. in Clinical Psychology, Department of Psychology, Anar Branch, Islamic Azad University, Anar, Iran

⁴ M.A. in Psychology, Department of Psychology, Fasa Branch, Islamic Azad University, Fasa, Iran

* Corresponding author email address: sadataaei52@gmail.com

Article Info

Article type:

Original Research

How to cite this article:

Lali Dehghi, M., Atai Kechui, A. S., Dohooyi Mosa, T., & Heidari, F. (2024). Examining the Effect of a Strength-Based Approach on Distress Tolerance and Frustration Tolerance in Divorced Women. *Applied Family Therapy Journal*, 5(2), 19-26.

<http://dx.doi.org/10.61838/kman.aftj.5.2.3>



© 2024 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: Dealing with stress is one of the transformative changes that divorce introduces in personal and family lives, leading to the disruption of mental health, cognitive conflicts, and identity crises among women. Thus, the current study aimed to investigate the effectiveness of a strength-based approach on distress tolerance and frustration tolerance in divorced women.

Methods: The research was applied in nature and semi-experimental in design, featuring a pre-test and post-test with one experimental group and one control group, along with a two-month follow-up. Consequently, the study population consisted of all divorced women who visited counseling centers in District 6 of Tehran in 2022. From this population, 40 women were selected through purposive sampling and randomly assigned to an experimental group (20 participants) and a control group (20 participants). The experimental group underwent a strength-based approach program based on a protocol developed by Darbani and Parsakia (2022). Data collection tools included the Harrington Frustration Tolerance Questionnaire (2005) and the Simons and Gahr Distress Tolerance Questionnaire (2005). Descriptive statistics utilized frequency distribution tables, and inferential analysis was conducted using mixed ANOVA with repeated measures and Bonferroni post-hoc tests, employing SPSS software version 26.

Findings: Considering the F-values and significance levels in the mixed ANOVA for frustration tolerance ($F = 10.49, p = 0.002$) and distress tolerance ($F = 8.81, p = 0.003$), it can be concluded that the intervention employed in this study, namely the strength-based approach as an independent variable, significantly altered the dependent variables (frustration tolerance and distress tolerance).

Conclusion: Based on the findings, it can be concluded that the strength-based approach is effective in improving distress tolerance and frustration tolerance among divorced women. Therefore, techniques from this approach can be utilized in post-divorce counseling for divorced women.

Keywords: Strength-based approach, distress tolerance, frustration tolerance, divorced women.

1. Introduction

The family is a crucial institution in human society, regarded as the most basic and foundational social structure, with marriage being the initial step in establishing this social institution. Marriage is considered a significant issue in all societies, and having a successful marital life is a major and ideal goal for most people. In other words, the family, as the most important unit of societies, and marriage, as the most fundamental human relationship, are recognized because they form the primary structure for familial relationships and the growth of future generations (Parsakia & Darbani, 2022; Parsakia et al., 2022; Parsakia et al., 2023). On the other hand, the dissolution of this institution, namely divorce, is considered a public health issue within the social institution of the family; it is a distressing phenomenon that doubles the vulnerability of individuals, especially women, to physical and psychological problems, making the onset of mental disorders inevitable (Ghamari Kivi et al., 2016). Moreover, the experience of divorce affects the adjustment of spouses and their children in all dimensions (psychological, physical, social, and emotional) and leads to reduced functioning and inefficacy of family members post-divorce (Saadati et al., 2021). For instance, following a divorce, women face more significant changes and challenges in life compared to men. These consequences sometimes manifest immediately after the divorce and sometimes after a longer time interval. Many studies indicate that the cultural context and the prevailing societal view of divorce in Iran have severe negative consequences for women, to the extent that the detrimental effects of divorce are much more severe on women than men; however, the true and real impact of these damages often remains overlooked or unspoken (Shafeinia et al., 2021).

Among the psychological variables that seem to be associated with divorced women is distress tolerance (Moradi, 2022). Psychological distress refers to depression, anxiety, and stress (McGinty et al., 2020). Distress tolerance is defined as the capacity to experience and withstand negative psychological states. Distress tolerance is an individual's ability to experience and endure a negative emotional state, influencing their assessment and judgment and serving as a crucial factor in the onset and persistence of mental disorders and in prevention and treatment areas. Individuals with low emotional distress tolerance endure severe emotional turmoil and must strive to alleviate it, during which they cannot focus on any other issue. Therefore, reduced emotional distress tolerance leads to the

emergence of maladaptive responses to stress (Nazari et al., 2022; Simons & Gaher, 2005). Individuals with low distress tolerance: firstly, find excitement intolerable and lack the ability to reach their distress; secondly, these individuals deny the existence of excitement and feel embarrassment and confusion because they do not see themselves capable of confronting excitements; thirdly, the emotional regulation of individuals with low distress tolerance involves excessive efforts by these individuals to prevent the occurrence of negative excitements and quickly quench negative excitements while experiencing them (Shahidi et al., 2021).

Another variable that seems to be significant in the study of divorced women is frustration tolerance, as divorce can be considered a major failure in life. Frustration tolerance refers to a personality trait derived from a set of negative beliefs about the lack of certainty and a low threshold for enduring uncertain and ambiguous situations and predicting adverse outcomes for failure (Harrington, 2005). The absence of frustration tolerance is a cognitive bias that affects how an individual perceives, interprets, and reacts to an uncertain situation at emotional, cognitive, and behavioral levels (Navidi Poshtiri et al., 2022). Frustration tolerance is a meta-emotional construct that assesses an individual's expectations regarding their ability to endure negative emotions, evaluates the emotional situation in terms of acceptability, personal regulation, and also the amount of attention drawn by negative emotion (Ahmadboukani et al., 2022). Individuals who lack frustration tolerance describe situations involving it as stressful and negative and filled with pressure, and they try to avoid these spaces. If they find themselves in these situations, their functioning is impaired. Non-tolerance of frustration is a fundamental construct in the theory and research related to anxiety and depression disorders; however, few studies have directly examined the relationship between health anxiety and the absence of frustration tolerance (Bardeen et al., 2013).

One of the approaches that has attracted significant attention today is the strength-based approach. Instead of striving to eliminate weaknesses or deficiencies, the strength-based approach for therapy focuses on the client's internal strengths. Everyone possesses personal strengths, core patterns of thinking and behavior that are positive and, when intentionally used, benefit the individual and those around them. Counselors who focus on capabilities believe that using them can make changing behaviors and improving life easier. A positive self-concept contributes to resilience, the ability to overcome adversities, and continuing the

journey even in the face of significant obstacles. Strength-based therapy supports the principle that all individuals have intrinsic value, and a counselor using this approach helps clients see their value (Chung et al., 2010; Edwards et al., 2016). In summary, the strength-based intervention consists of 10 steps, which are: 1) Creating a therapeutic alliance or relationship 2) Identifying strengths 3) Assessing the current problem 4) Encouraging and instilling hope 5) Framing solutions 6) Building strength and capability 7) Empowering 8) Changing 9) Building resilience 10) Evaluation and conclusion (Gilmore, 2020). Therefore, given the discussions and the special importance of divorced women both for treatment and for preventing the onset of various mental problems and diseases, and considering the lack of research regarding the effectiveness of the strength-based approach, the aim of the current research was to investigate the effect of the strength-based approach on the distress tolerance and frustration tolerance of divorced women and to answer the following question:

Is the strength-based approach effective in improving distress tolerance and frustration tolerance in divorced women?

2. Methods

2.1. Study design and Participant

The current study is of an applied nature and follows a quasi-experimental design involving a pre-test, post-test with an experimental group and a control group, accompanied by a two-month follow-up period. Therefore, the study population included all divorced women who visited counseling centers in District 6 of Tehran in 2022. From this group, 40 individuals were selected through purposive sampling and randomly assigned to either the experimental group (20 people) or the control group (20 people). The experimental group then received the strength-based intervention according to the protocol developed by Darbani and Parsakia (2022) (Darbani & Parsakia, 2022; Parsakia & Darbani, 2022). Participants in both groups completed the questionnaires at the beginning of the study. Subsequently, the experimental group underwent the strength-based approach, while the control group did not receive any intervention. After the intervention ended, both groups again completed the questionnaires, and finally, after a two-month follow-up period, all participants responded once more to the research measurement tools.

2.2. Measures

2.2.1. Frustration Tolerance

This standardized questionnaire, created by Harrington, measures an individual's frustration tolerance towards achieving goals. It consists of 35 items divided into four components: (a) Emotional Intolerance, such as intolerance to stress (items 1, 5, 9, 13, 17, 21, 25), (b) Intolerance to Discomfort, such as enduring problems and hardships (items 3, 7, 11, 15, 19, 23, 27), (c) Progress, such as intolerance towards advancement goals (items 4, 8, 12, 16, 20, 24, 28), and (d) Competence, such as intolerance to injustice (items 2, 6, 10, 14, 18, 22, 26, 29-35). It uses a 5-point Likert scale (5=Strongly agree, 4=Agree, 3=Neutral, 2=Disagree, 1=Strongly disagree). Lower total scores indicate higher frustration tolerance and higher scores indicate lower tolerance. It was translated and standardized in Iran by Baba Raeisi et al. (2014). Cronbach's alpha coefficient was estimated at 0.94 externally and 0.84 in Iran, and the test's validity reached 0.89. Cronbach's alpha method was used to assess the reliability of the questionnaire, reporting 0.86 for emotional compatibility (Navidi Poshtiri et al., 2022); in this research, Cronbach's alpha reliability coefficient obtained was 0.83.

2.2.2. Distress Tolerance

This scale, developed by Simons and Gaher, is a self-assessment index for emotional distress tolerance, consisting of 15 items across four subscales: Tolerance (enduring emotional distress), Absorption (being absorbed by negative emotions), Appraisal (mental assessment of distress), and Regulation (regulating efforts to alleviate distress). Items are rated on a 5-point scale, with the minimum possible score for a participant being 15 and the maximum 75. The Cronbach's alpha coefficient for the scale was found to be 0.82. The scale has demonstrated good initial criterion and convergent validity, with a reported reliability coefficient of 0.61 (Simons & Gaher, 2005). The scale showed high internal consistency for the entire scale (0.71) and moderate reliability for the subscales (0.54 for Tolerance, 0.42 for Absorption, 0.56 for Appraisal, and 0.58 for Regulation). Cronbach's alpha in their study for the entire scale was 0.77 (Shahidi et al., 2021). In this research, Cronbach's alpha reliability coefficient obtained was 0.89.

2.3. Intervention

2.3.1. Strength-Based Approach

Session 1: Introduction and Group Formation

The first session is dedicated to outlining the goals and regulations of the group, allowing members to become acquainted with each other, and establishing a therapeutic relationship. Each member will list their personal strengths, which will then be reflected upon both by the group leader and other group members. This session aims to create a supportive environment where initial connections and a sense of belonging begin to form.

Session 2: Identifying and Narrating Strengths

In the second session, members identify their strengths and narrate their life stories from a strength-based perspective. They will discuss positive aspects they wish to continue in their relationships. This exercise helps participants see their lives and relationships through a lens of personal empowerment and resilience.

Session 3: Evaluating Current Problems

This session focuses on assessing current problems, behavioral and emotional skills, and traits that create a sense of personal success. Members will disclose these issues as they understand them, discussing the reasons behind their beliefs about these problems, the behaviors and situations that lead to most problems, and their consequences. This promotes awareness and understanding of personal challenges and contextual factors.

Session 4: Encouragement and Instilling Hope

The fourth session emphasizes self-effort or progress made by members rather than the outcomes of these efforts. The group leader and members will affirm each other, crafting statements that foster a sense of self-worth and belonging. The "Hope Chest" technique will be used to collect and share individual aspirations and hopeful thoughts, strengthening positive outlooks towards the future.

Session 5: Framing Solutions

Utilizing the "Exception Questioning" technique, this session shifts focus from problems to the way problems are articulated. Members review and evaluate past coping strategies and current supportive resources related to their challenges. The practice of forgiveness is introduced as a tool to manage interpersonal conflicts and past grievances.

Session 6: Building Strength and Capability

The sixth session helps members recognize that they are not helpless in effecting life changes. Through discussions and exercises, members explore and strengthen their

capabilities, fostering a belief in their ability to influence positive changes in their lives.

Session 7: Empowerment

This session aims to identify and enhance members' worthy functioning, transferring power to the members and striving to create interactions between the individual and social realities. It develops a significant awareness of real-life interactions, promotes responsibility, and explores the social roots of the participants' actions.

Session 8: Phase of Change

Using the "Change Conversation" technique, this session helps members become aware of the reforms they need to make to enhance their lives and to articulate the strengths or resources they possess to make these changes. Members are encouraged to view mistakes as opportunities for learning, employing "Changing the Meaning of Life Events" and "Reframing" techniques.

Session 9: Building Resilience

The ninth session focuses on training and practicing problem-solving skills and coping mechanisms. This stage is crucial for developing resilience among members, equipping them with the tools to handle future challenges more effectively.

Session 10: Evaluation and Conclusion

The final session summarizes the progress made during the sessions and involves a re-administration of the questionnaires to assess changes and outcomes. This session provides closure and celebrates the achievements of the group members, setting the stage for continued personal development beyond the group setting.

2.4. Data Analysis

Data analysis was performed in two parts: descriptive (mean and standard deviation) and inferential, using mixed ANOVA with repeated measures and Bonferroni post-hoc tests, utilizing version 26 of SPSS software.

3. Findings and Results

The demographic findings of the present study indicate that the mean (standard deviation) age of the control group members was 34.33 (5.14) years, and for the experimental group members, it was 31.52 (4.78) years. Additionally, in the current study sample regarding education levels, 10 individuals (25%) had a diploma or lower, 6 individuals (13.33%) had a post-diploma, 16 individuals (40%) held a bachelor's degree, and 8 individuals (20%) had a master's

degree or higher. Furthermore, 28 individuals (70%) were employed, and 12 individuals (30%) were unemployed.

Table 1

Descriptive Data of Scores for Experimental and Control Groups

Variable	Group	Phase	Mean	Standard Deviation
Frustration Intolerance	Experimental	Pre-test	103.36	9.82
		Post-test	93.63	10.70
		Follow-up	92.72	9.54
	Control	Pre-test	102.02	11.06
		Post-test	103.50	10.00
		Follow-up	103.63	10.14
Distress Tolerance	Experimental	Pre-test	26.73	4.48
		Post-test	21.84	5.17
		Follow-up	21.55	4.99
	Control	Pre-test	26.32	5.31
		Post-test	26.67	4.77
		Follow-up	25.13	4.86

The findings reported in Table 1 suggest that while the mean scores of the control group changed very little, the experimental group intuitively showed a decrease in the mean frustration intolerance and an increase in distress tolerance. A multivariate analysis of variance (MANOVA) with repeated measures in three stages was used to test the significance of the effectiveness of the strength-based approach on frustration intolerance and distress tolerance of

the experimental group. For this purpose, the necessary assumptions were first reviewed. The Shapiro-Wilk test confirms the normality of the data. Additionally, based on the results of the Levene's test, the condition of homogeneity of variances was met, and the Box's M test also confirms the homogeneity of the covariance matrices. Thus, the use of a three-stage repeated measures analysis of variance was feasible.

Table 2

Analysis of Variance with Repeated Measures for Pre-test, Post-test, and Follow-up Phases on Frustration Intolerance and Distress Tolerance in Experimental and Control Groups

Variable	Source of Variation	Sum of Squares	Degrees of Freedom	Mean Square	F Ratio	Significance Level	Effect Size (Eta)
Frustration Intolerance	Intervention	47291.22	1	47291.22	302.27	<.001	.70
	Group	256.47	1	256.47	10.49	.002	.44
	Error	719.33	40	17.98			
Distress Tolerance	Intervention	18921.99	1	18921.98	261.88	<.001	.64
	Group	88.52	1	88.52	8.81	.003	.40
	Error	240.21	40	6.00			

The results shown in Table 2 indicate that given the F value and significance level obtained for frustration intolerance (F = 10.49, p = .002) and distress tolerance (F = 8.81, p = .003), it can be concluded that the independent variable (strength-based approach) significantly caused

changes in the dependent variables (frustration intolerance and distress tolerance) and this means that the changes in the dependent variables were due to the implementation of the strength-based approach on the experimental group.

Table 3

Pairwise Mean Comparisons Based on the Bonferroni Test Across Three Stages by Groups

Comparison	Variable	Mean Difference	Standard Error	Significance
Post-test - Follow-up	Frustration Intolerance	0.91	2.89	.99
	Distress Tolerance	0.29	0.78	.85
Pre-test - Follow-up	Frustration Intolerance	10.64	3.19	.00
	Distress Tolerance	4.89	0.80	.00
Pre-test - Post-test	Frustration Intolerance	9.73	3.15	.00
	Distress Tolerance	5.18	0.74	.00

According to the findings in Table 3, it can be inferred that while the difference between the mean scores of the follow-up and post-test was not significant, both these stages significantly differed from the pre-test scores. Hence, it can be concluded that the strength-based approach significantly changed frustration intolerance and distress tolerance in the post-test phase, and this effect on the experimental group variables was stable during the follow-up phase.

4. Discussion and Conclusion

This study aimed to investigate the effect of a strength-based approach on distress tolerance and frustration tolerance in divorced women. The results obtained from the data analysis using repeated measures analysis of variance demonstrated that this therapeutic approach significantly influenced both distress tolerance and frustration tolerance in divorced women. The effects were sustained in the follow-up phase as indicated by the Bonferroni post-hoc test. These findings are consistent with those of prior studies (Bowles, 2013; Chung et al., 2010; Darbani & Parsakia, 2022; Edwards et al., 2016; Gilmore, 2020; Parsakia & Darbani, 2022; Proctor et al., 2011; Smith, 2006; Wong, 2006; Xie, 2013).

The findings can be explained through the therapeutic stages of the strength-based approach. Dr. Joel Wong (2006), a psychologist and professor in the Counseling and Human Development Department at Indiana University in Bloomington, describes four stages of empowerment-based treatment: 1) In the interpretation stage, the therapist and client work together to identify and understand the client's unique strengths, to recognize or reveal them to the client. 2) The next stage, visualization, where clients explore their goals, hopes, and dreams for the future. 3) The empowerment stage, where clients identify ways to use their strengths to achieve their goals. The final stage, transformation, involves the client recognizing and welcoming new growth and changes and planning for the continuation of life (Wong, 2006). Moreover, the strength-

based approach aligns with the belief that mental health recovery through focusing on an individual's capabilities helps them to develop confidence and assurance to embark on a journey where recovery is found and assists them in progressing on the path of improvement. This approach focuses on an individual's capabilities, instead of their deficiencies, clinical symptoms, or problems (Xie, 2013). Thus, it is expected that the strength-based approach, following these stages, could effectively enhance distress tolerance and frustration tolerance.

Further explaining the findings, in the field of positive psychology, which is one of the most influential studies on the strength-based approach, Seligman (1991) found that pessimistic individuals are helpless in hardships: they give up instead of trying. In contrast, optimists strive. Therefore, optimists succeed when others back down or become despondent in the face of life's challenges (Seligman, 1991). The concept of forgiveness in the strength-based approach can also be mentioned as another technique in this approach. This technique encourages clients to release themselves and others from the past. Forgiveness is an essential part of treatment (Brown, 2004; Brown & Phillips, 2005). Typically, clients are overcome by anger, bitterness, betrayal, and despair. To help clients free themselves from negative emotions, counselors should compel clients to forgive those they hold responsible and guilty for their harms. Most people must face forgiveness in their lives (Moradi, 2022). Clients are encouraged to build a circle of forgiveness, which includes the situation, themselves, and those who played a role in creating the pain. When clients forgive themselves and others, they are asked to release energies that were trapped in the absence of forgiveness (Holeman, 2004).

Further elaborating on the findings, one technique for instilling hope during counseling is creating a "Hope Chest." Counselors encourage clients to envision a Hope Chest that allows problems the chance to disappear. The counselor states that three wishes or desires can emerge from the Hope

Chest under conditions where changes must be made to ensure their continuity. Clients are asked to express the three wishes they bring out from the Hope Chest and explain how bringing out these hopes will change their current circumstances. For instance, the counselor might structure the interview through the following questions: "Imagine you can create a Hope Chest that allows your problems to disappear forever": What are the three hopes you want to bring out of this box? How will bringing out these hopes change your current situation? What must you do to keep your hopes alive? "Hope questions" reveal the changes clients want in their lives and the actions they want to undertake to maintain and sustain those changes (Smith, 2006). Indeed, sometimes a person's shortcomings are considered instead of their strengths. Therefore, a psychological environment based on strengths is where people feel praised, and the strengths that can be employed facilitate a sense of competition, self-worth, and respect (Proctor et al., 2011). A client does not leave counseling based on a strength-based treatment because they are hopeful that positive changes will occur (Parsakia & Darbani, 2022). It can be stated that the strength-based approach by creating and reinforcing hope in divorced women has facilitated an increase in distress tolerance and frustration tolerance for these women.

5. Suggestions and Limitations

This study, like any other, had limitations including the sampling method and the research design, which utilized a quasi-experimental approach, potentially complicating the generalizability of the findings. Therefore, it is strongly recommended that caution be exercised in generalizing the results of this study. Furthermore, flaws arising from the use of questionnaires as data collection tools, along with potential errors in questionnaire responses, which could be intentional or unintentional, have introduced limitations to this study. Considering the results obtained and taking into account the limitations of the study, it is suggested that researchers investigate the effectiveness of the strength-based approach with various variables and on diverse statistical populations.

Authors' Contributions

All authors have contributed significantly to the research process and the development 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.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

This research was carried out independently with personal funding and without the financial support of any governmental or private institution or organization.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

- Ahmadboukani, S., Ghamarigivi, H., Kiani, A., & Rezaeisharif, A. (2022). Childhood Experiences and Depressive Symptoms-Suicidal tendencies: A Mediating Role of Rumination and Thwarted Belongingness [Original Research]. *Journal of Police Medicine*, 11(1), 1-14. <https://doi.org/10.30505/11.1.2>
- Bardeen, J. R., Fergus, T. A., & Orcutt, H. K. (2013). Testing a Hierarchical Model of Distress Tolerance. *Journal of psychopathology and behavioral assessment*, 35(4), 495-505. <https://doi.org/10.1007/s10862-013-9359-0>
- Bowles, T. (2013). Enhancing Strength-based Therapy by Focusing on Client's Talents and Concepts of Learning. *E-journal of applied psychology*, 9(1). https://www.researchgate.net/profile/Terry-Bowles-2/publication/248386436_Enhancing_Strength-based_Therapy_by_Focusing_on_Client's_Talents_and_Concepts_of_Learning/links/00b7d51de509368a9e000000/Enhancing-Strength-based-Therapy-by-Focusing-on-Clients-Talents-and-Concepts-of-Learning.pdf
- Brown, R. P. (2004). Vengeance is mine: Narcissism, vengeance, and the tendency to forgive. *Journal of research in personality*, 38(6), 576-584. <https://doi.org/10.1016/j.jrp.2003.10.003>
- Brown, R. P., & Phillips, A. (2005). Letting bygones be bygones: further evidence for the validity of the Tendency to Forgive

- scale. *Personality and individual differences*, 38(3), 627-638. <https://doi.org/10.1016/j.paid.2004.05.017>
- Chung, R. J., Burke, P. J., & Goodman, E. (2010). Firm foundations: strength-based approaches to adolescent chronic disease. *Current opinion in pediatrics*, 22(4), 389-397. https://journals.lww.com/co-pediatrics/fulltext/2010/08000/Firm_foundations_strength_based_approaches_to.3.aspx
- Darbani, S. A., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the self-esteem of marital conflicted women. *Psychology of Woman Journal*, 3(1), 46-55.
- Edwards, J. K., Young, A., & Nikels, H. (2016). *Handbook of Strengths-Based Clinical Practices: Finding Common Factors*. Taylor & Francis. https://books.google.com/books?id=PM_mDAAAQBAJ
- Ghamari Kivi, H., Rezaii Sharif, A., & Esmaeli Ghazi Valoii, F. (2016). The Effectiveness of Metaphorical Cognitive and Behavioral Therapy on Depression and Resilience in Divorced Women [Research]. *Quarterly Journal of Social Work*, 5(1), 5-12. <http://socialworkmag.ir/article-1-116-en.html>
<http://socialworkmag.ir/article-1-116-en.pdf>
- Gilmore, H. (2020). Strengths-based intervention: identify and use strengths with your client to improve well-being. *Psych Central Professional*. <https://psychcentral.com/pro/child-therapist/2020/01/strengths-based-intervention-identify-and-use-strengths-with-your-clients-to-improve-well-being>
- Harrington, N. (2005). DIMENSIONS OF FRUSTRATION INTOLERANCE AND THEIR RELATIONSHIP TO SELF-CONTROL PROBLEMS. *Journal of Rational-Emotive and Cognitive-Behavior Therapy*, 23(1), 1-20. <https://doi.org/10.1007/s10942-005-0001-2>
- Holeman, V. T. (2004). *Reconcilable Differences: Hope and Healing for Troubled Marriages*. InterVarsity Press. <https://books.google.com/books?id=5B31i2hFMhQC>
- McGinty, E. E., Presskreischer, R., Han, H., & Barry, C. L. (2020). Psychological Distress and Loneliness Reported by US Adults in 2018 and April 2020. *JAMA*, 324(1), 93-94. <https://doi.org/10.1001/jama.2020.9740>
- Moradi, S. (2022). The effectiveness of realistic acceptance and commitment therapy (RACT) on distress tolerance and resilience of divorced women. *Applied Family Therapy Journal (AFTJ)*, 3(5), 581-596. <https://doi.org/10.61838/kman.afjt.3.5.34>
- Navidi Poshtiri, S., Hassanzadeh, R., & Olia Emadian, S. (2022). The effectiveness of acceptance and commitment therapy on tolerance failure and health anxiety in nursing and midwifery students with health anxiety. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, 3(1), 222-231. <https://doi.org/10.61838/kman.jayps.3.1.18>
- Nazari, A., Saedi, S., & Abdi, M. (2022). Comparing the effectiveness of schema therapy and acceptance and commitment therapy on the tolerance of emotional distress, sexual dysfunction and psychological capital of patients with multiple sclerosis. *Journal of Applied Family Therapy*, 3(1), 461-485. <https://doi.org/10.22034/afjt.2022.313070.1240>
- Parsakia, K., & Darbani, S. A. (2022). Effectiveness of strength-based counseling on self-worth of divorced women. *Applied Family Therapy Journal (AFTJ)*, 3(1), 687-700. <https://journals.kmanpub.com/index.php/afjt/article/view/938>
- Parsakia, K., Darbani, S. A., Rostami, M., & Saadati, N. (2022). The effectiveness of strength-based training on students' academic performance. *Journal of Adolescent and Youth Psychological Studies*, 3(3), 194-201. <http://dx.doi.org/10.52547/jspnay.3.3.194>
- Parsakia, K., Farzad, V., & Rostami, M. (2023). The mediating role of attachment styles in the relationship between marital intimacy and self-differentiation in couples. *Applied Family Therapy Journal (AFTJ)*, 4(1), 589-607. <https://doi.org/10.61838/kman.afjt.4.1.29>
- Proctor, C., Tsukayama, E., Wood, A. M., Maltby, J., Eades, J. F., & Linley, P. A. (2011). Strengths Gym: The impact of a character strengths-based intervention on the life satisfaction and well-being of adolescents. *The Journal of Positive Psychology*, 6(5), 377-388. <https://doi.org/10.1080/17439760.2011.594079>
- Saadati, N., Rostami, M., & Darbani, S. A. (2021). Comparing the effectiveness of Acceptance and Commitment Therapy (ACT) and Compassion Focused Therapy (CFT) on improving self-esteem and post-divorce adaptation in women. *Journal of Family Psychology*, 3(2), 45-58. https://www.ijfpjournal.ir/article_245517_28641af9cbb5eb6f444fe78cdd2d5de8.pdf
- Seligman, M. E. P. (1991). *Learned Optimism*. A.A. Knopf. <https://books.google.com/books?id=ftgQgAACAAJ>
- Shafeinia, A., Farzad, V., Hoseinian, S., & Abolmaali Alhosseini, K. (2021). The Living Experience of Divorced Women with Unexpected Divorces: A Qualitative Study. *Journal of Applied Family Therapy*, 2(4), 192-214. <https://doi.org/10.22034/afjt.2021.305286.1204>
- Shahidi, S., Hassanzadeh, R., & Mirzaian, B. (2021). The effectiveness of acceptance and commitment therapy on psychological hardness and distress tolerance in female patients with psoriasis. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, 2(2), 164-173. <http://journals.kmanpub.com/index.php/jayps/article/view/513>
- Simons, J. S., & Gaher, R. M. (2005). The Distress Tolerance Scale: Development and Validation of a Self-Report Measure. *Motivation and Emotion*, 29(2), 83-102. <https://doi.org/10.1007/s11031-005-7955-3>
- Smith, E. J. (2006). The Strength-Based Counseling Model. *The counseling psychologist*, 34(1), 13-79. <https://doi.org/10.1177/0011000005277018>
- Wong, Y. J. (2006). Strength-Centered Therapy: A social constructionist, virtues-based psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 43(2), 133-146. <https://doi.org/10.1037/0033-3204.43.2.133>
- Xie, H. (2013). Strengths-based approach for mental health recovery. *Iranian journal of psychiatry and behavioral sciences*, 7(2), 5. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3939995/>