

The Effectiveness of Cognitive-Behavioral Therapy on Psychological Distress in Divorced Women

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Article Info

Article type:

Original Research

How to cite this article:

Rasti, M. S., & Mohammadi, A. (2024). The Effectiveness of Cognitive-Behavioral Therapy on Psychological Distress in Divorced Women. *Journal of Assessment and Research in Applied Counseling*, 6(2), 161-168.

<http://dx.doi.org/10.61838/kman.jarac.6.2.20>



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ABSTRACT

Objective: Divorce can have multiple psychological consequences for divorced women. The present research was conducted to investigate the effectiveness of cognitive-behavioral therapy on psychological distress in divorced women.

Methods and Materials: The research method was a quasi-experimental design with pre-test and post-test with a control group and random assignment. The sample consisted of 30 divorced women from welfare counseling centers in areas 1 and 2 of Tehran, who were selected through convenience sampling and randomly assigned to two groups: experimental (15 individuals) and control (15 individuals). The experimental group participated in 12 sessions of Heimberg and Becker's (2002) cognitive-behavioral therapy, while the control group received no intervention. The Distress Tolerance Questionnaire by Simons and Gaher (2005) was used for data collection. Descriptive statistics followed by multivariate covariance analysis and univariate covariance analysis and SPSS software version 22 were used for data analysis.

Findings: The results indicated that cognitive-behavioral therapy significantly increased psychological distress tolerance ($F = 43.63, p < 0.01$) in divorced women.

Conclusion: Therefore, cognitive-behavioral therapy was effective in increasing psychological distress tolerance among divorced women and is also beneficial in enhancing their mental health and aiding in the improvement of their living conditions.

Keywords: *Cognitive-Behavioral Therapy, Psychological Distress, Divorce, Women.*

1. Introduction

Divorce and the disintegration of life lead to the disruption of the psychological and emotional equilibrium of family members. Given that divorce itself is considered a severe stressor, the incidence of mental

disorders, especially among women—who are characterized by emotional delicacy as a defining trait of their personality—is highly probable. Nowadays, the number of women who have lost their spouses due to divorce and are forced to independently take on the responsibility of life and children is increasing (Navabinejad et al., 2024). Divorced

women are one of the most vulnerable segments of society facing psychological, economic, social, and cultural issues and problems. Due to social and economic pressures, these women feel helpless and, despite financial support from government and non-governmental organizations, often have a restricted and painful life. The negative features of their lives cause unhappiness and feelings of depression and anxiety (Bayat Asghari et al., 2022; Ghezelseflo et al., 2019).

Divorce can have multiple psychological consequences for divorced women. Popoola and Iluobe (2021) showed that divorced women experience more stress and anxiety compared to single and married women (Popoola & Ilugbo, 2010). Weitoft et al. (2019) also demonstrated in their research that psychiatric symptoms and distress are more prevalent in divorced women than in divorced men (Weitoft et al., 2002). Psychological distress is a general term used to describe unpleasant feelings or emotions that negatively affect our level of functioning in life (Chatterji et al., 2007) and lead to a negative attitude towards the environment, others, and even ourselves (Drapeau et al., 2012). It may manifest through a range of psychosomatic and behavioral symptoms such as depression, stress, anxiety, confusion, neuroticism, decreased cognitive ability, sleep disorders, sexual dysfunction, physical pain, inability to regulate emotions, and tension. Researchers believe that depression and anxiety are part of the overall construct of psychological distress (Aliyari Khanshan Vatan et al., 2022; Babaee et al., 2022; Chatterji et al., 2007; Drapeau et al., 2012; Garnefski et al., 2005; Zarabi et al., 2021). Studies indicate that divorce is one of the primary sources of psychological distress, with initiators of divorce experiencing more distress. Since women are more often the initiators of marital tensions and the divorce process, it can be concluded that they experience more distress than men. Furthermore, individuals who divorce for the second or third time exhibit more anxiety, depression, and overall severe distress than those who divorce only once (Clarke-Stewart & Brentano, 2007). Lebow (2018) observed that the first one to two years after divorce are periods when the highest levels of stress, turmoil, and distress are experienced (Lebow, 2008). Additionally, Yeh and colleagues (2016) showed that divorced women, due to experiencing stressful life events such as the loss of a suitable social position, social and emotional support, financial security, and ongoing conflicts and problems with their children, bear the responsibility of life alone and endure society's bitter gaze, significantly showing higher levels of psychological distress, especially in the initial years following the divorce (Yeh et al., 2006).

Studies by Garnefski et al. (2005) also indicate that during psychological distress, divorced women face difficulty in cognitive emotion regulation when encountering stressful life situations. Emotional regulation refers to how individuals deal with a stressful situation and how they express their emotions (Garnefski et al., 2005). High emotional intensity involves the frequent and intense experience of negative affect and emotional reactions that occur intensely, easily, and quickly. While high emotional intensity is not problematic in itself, it reduces the likelihood of successfully managing emotions (Mennin et al., 2007). In cases of intense emotional states, the need for regulation increases, and without the skills to regulate, emotional processes become inefficient and dysfunctional (Mennin et al., 2007).

To improve psychological distress, cognitive emotion regulation, and anxiety in divorced women, various treatments have been employed. One of the common treatments and counseling approaches is cognitive-behavioral therapy. The fundamental premise of cognitive-behavioral approaches is that the meaning individuals assign to events determines how they feel and behave. Oei and Dingle (2008) concluded in their research that cognitive-behavioral therapy is an effective intervention because it teaches individuals to regard their thoughts and beliefs as hypotheses that need to be tested (Oei & Dingle, 2008). This treatment has an educational approach in which cognitive and behavioral techniques are taught through exposure exercises within sessions, cognitive restructuring beforehand, and ultimately homework assignments (Nolen-Hoeksema et al., 2008). This therapy emphasizes the continuity of thoughts, feelings, and behaviors and believes that individuals can cope with psychological pressures by reconstructing their thoughts. In this approach, individuals are encouraged to pay attention to their negative self-views, identify cognitive distortions, challenge them, and then, through reconstructing their thoughts, experience better feelings and display more appropriate behaviors (McHugh et al., 2010).

Research examining the effectiveness of the cognitive-behavioral approach indicates that this approach is effective in managing anxiety, depression, and increasing life satisfaction levels (McHugh et al., 2010), improving mood and anxiety symptoms, increasing tolerance and improving quality of life (Kneebone, 2016), improving relationships with others, reducing depression (Osilla et al., 2009), increasing life satisfaction (Driessen & Hollon, 2011), and enhancing psychological well-being and mental health

(Karlin et al., 2013). Additionally, the effectiveness of this treatment method in improving emotional regulation strategies has been demonstrated (Azimi et al., 2017a; Bagherinia et al., 2015; Ghorbani-Amir et al., 2019). Therefore, considering the topics discussed, the present research was conducted with the aim of examining the effectiveness of cognitive-behavioral therapy on psychological distress in divorced women.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental design with a pre-test and post-test control group and random assignment. The statistical population consisted of divorced women aged 25 to 40 years, who visited welfare counseling centers in areas 1 and 2 of Tehran during the autumn and winter of 2023. The sample included 30 divorced women, conveniently selected from these welfare counseling centers, and randomly assigned to either the experimental or control group, with 15 participants in each. It is noteworthy that in the field of behavioral sciences, sample size is important for the generalizability of results, and typically, experimental and quasi-experimental research recommends a minimum sample size of 15 individuals for each subgroup. Both groups were administered a pre-test (for psychological distress) and, following 12 sessions of cognitive-behavioral therapy, a post-test for psychological distress was also administered to both groups. Entry criteria included having a minimum education of junior high school, completing a form of ethical commitments and participation in all sessions, at least one year having passed since the divorce, not receiving psychological services and individual counseling outside the group sessions, and not having neurosurgery such as brain injury, tumor, or epilepsy. Exit criteria included having a history of hospitalization in psychiatric hospitals, using psychiatric drugs and narcotics, using any kind of sedatives, alcohol and drugs, and absence from therapy sessions (more than two sessions).

The procedure involved selecting a sample of 30 divorced women (15 in the experimental group and 15 in the control group), who completed the Distress Tolerance Scale as a pre-test. Then, the experimental group underwent cognitive-behavioral therapy in 12 sessions, held weekly for one and a half hours according to the protocol by Heimberg and Becker (2002). Subsequently, participants in both groups completed the Distress Tolerance Scale as a post-test. The control group did not receive any treatment during the

research process and was placed on a waiting list. After completing the 12 sessions of intervention, participants were reassessed using the Distress Tolerance Scale. Data analysis was conducted according to the research objectives using SPSS software version 27, at both descriptive and inferential levels. Participants were allowed to note their names and details on the questionnaires. Results interpretation was done confidentially, avoiding any mention of participants' names for any reason. However, results were privately shared with participants who wished to be informed about the outcome.

2.2. Measures

2.2.1. Distress Tolerance

This test, created by Simons and Gaher (2005), consists of 15 items and 4 subscales: emotional distress tolerance, absorption by negative emotions, mental appraisal of distress, and regulation efforts to alleviate distress. Items are scored on a 5-point scale ranging from 1 (strongly agree) to 5 (strongly disagree). The score range is between 15 to 75, with higher scores indicating greater distress tolerance. Simons and Gaher (2005) reported Cronbach's alpha coefficients for this scale as .72, .82, .78, .70, and .82 for the entire scale, indicating good criterion and convergent validity. Azizi, Mirzaei, and Shams (2010) reported a Cronbach's alpha of .67 for this questionnaire and a test-retest reliability of .79 (Azizi & Ghasemi 2017).

2.3. Interventions

2.3.1. Cognitive-Behavioral Therapy

This study utilized the CBGT model developed by Heimberg and Becker (2002). The program is structured such that the first 15 minutes of each session are dedicated to reviewing the previous session's homework, addressing members' questions and problems, followed by 45 minutes focusing on the cognitive aspect of the session, cognitive restructuring, and practicing it with members. This is followed by 10 minutes of hospitality and the last 20 minutes of each session focus on the specific behavioral part of the session, practicing it, and finally, summarizing and assigning homework for the next session, over a total of twelve sessions. Homework was reviewed at the beginning of all sessions, and assignments for the next session were provided at the end (Ghezelseflo et al., 2019; McHugh et al., 2010; Mollanorouzi et al., 2019; Zarabi et al., 2021).

Session 1: Introduction and Conceptual Framework

The first session introduces participants to CBT, emphasizing its relevance and efficacy for increasing psychological resilience and distress tolerance. Therapists explain the cognitive model, illustrating how thoughts, feelings, and behaviors are interconnected. Participants share their experiences with divorce-related distress, setting the stage for personalized therapy goals. The session concludes with an overview of the therapy process and the commitment required from participants.

Session 2: Identifying Negative Thoughts

Participants learn to identify automatic negative thoughts (ANTs) related to their divorce and subsequent distress. Through interactive exercises, therapists guide participants in recognizing patterns of catastrophic thinking and overgeneralization. The session emphasizes the role of such thoughts in maintaining psychological distress. Homework involves recording ANTs encountered in daily life.

Session 3: Challenging and Restructuring Negative Thoughts

Building on the previous session, participants learn techniques for challenging their ANTs. Therapists introduce cognitive restructuring as a method for replacing irrational thoughts with more balanced and realistic ones. Through role-play and guided imagery, participants practice applying these techniques to divorce-related stressors. Homework includes practicing cognitive restructuring in real-life scenarios.

Session 4: Behavioral Activation

This session introduces behavioral activation to counteract withdrawal and inactivity, common responses to distress. Participants identify activities that were previously enjoyable or meaningful and plan gradual re-engagement. Therapists emphasize the mood-enhancing effects of activity engagement and encourage participants to set realistic and achievable goals for the week.

Session 5: Problem-Solving Skills

Participants learn a structured problem-solving approach to tackle divorce-related challenges. This includes defining problems, generating solutions, evaluating pros and cons, choosing a solution, and planning its implementation. Role-plays facilitate skill acquisition, and participants are tasked with applying problem-solving to a current challenge as homework.

Session 6: Managing Emotions

The focus shifts to emotional regulation strategies to manage intense feelings of anger, sadness, and anxiety stemming from divorce. Techniques such as deep breathing, progressive muscle relaxation, and mindfulness are

practiced in session. Participants are encouraged to employ these strategies when experiencing heightened distress.

Session 7: Assertiveness Training

This session empowers participants to communicate their needs and boundaries effectively without aggression or passivity. Through discussion and role-play, therapists model and practice assertive communication techniques, particularly in the context of co-parenting and interacting with ex-partners. Homework involves practicing assertiveness in daily interactions.

Session 8: Enhancing Self-Esteem

Participants explore the impact of divorce on self-esteem and engage in exercises to identify their strengths, accomplishments, and values. The session introduces self-compassion practices to foster a more positive self-view. Participants create personal affirmations to boost self-esteem and are encouraged to integrate them into their daily routines.

Session 9: Building Support Networks

Recognizing the importance of social support, this session guides participants in mapping their current support network and identifying gaps. Strategies for strengthening existing relationships and forming new connections are discussed. Participants set goals for social engagement and identify community resources for support.

Session 10: Relapse Prevention and Coping with Setbacks

Participants discuss potential relapse triggers and develop personalized coping strategies for managing future distress. The session emphasizes the normalcy of setbacks and the importance of self-compassion and adaptive coping mechanisms in maintaining progress.

Session 11: Integrating and Practicing Skills

This session reviews the skills and techniques covered in previous sessions. Participants share their progress, challenges, and insights. Therapists facilitate a group problem-solving discussion to address any difficulties in applying the skills learned. Participants are encouraged to continue practicing their skills in preparation for the final session.

Session 12: Closure and Future Planning

The final session celebrates the participants' progress and resilience. Discussions focus on maintaining gains, planning for continued growth, and strategies for self-care. Participants reflect on their journey, share their plans for the future, and discuss how to continue using CBT principles to manage distress and enhance well-being post-therapy.

2.4. *Data analysis*

Descriptive methods, the central tendency index, dispersion index for assessing the normal distribution of data the Kolmogorov-Smirnov test, the Levene's test for homogeneity of variances, and multivariate and univariate covariance analysis were used for hypothesis testing. Efforts were made to schedule therapy sessions without interfering with participants' work and personal lives.

3. **Findings and Results**

In the current research, 15 divorced women were selected as the experimental group and another 15 divorced women as the control group.

The demographic distribution of the sample population in a study shows that both the experimental and control groups consisted of 15 divorced women each, with their ages and education levels evenly distributed across both groups. Specifically, 60% of women in each group were aged 25-30, 26.7% were aged 30-35, and 13.3% were aged 35-40, totaling 100%. Regarding education levels, 66.7% of women in both groups had high school education or lower, 20% had some form of diploma, and 13.3% held a bachelor's degree, again summing up to 100% in each group. This distribution indicates a diverse yet balanced demographic makeup concerning age and education within the sample, ensuring a representative comparison between the experimental and control groups in the study.

Table 1

Descriptive Statistics of Pre-test and Post-test Distress Tolerance Scores in Control and Experimental Groups

Variable	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Tolerance	Experiment	5.73	1.53	8.53	1.42
	Control	9.86	1.12	7.80	1.84
Absorption	Experiment	6.26	1.12	10.60	1.80
	Control	9.80	2.17	10.26	1.83
Appraisal	Experiment	9.13	1.96	11.73	2.08
	Control	10.14	1.35	11.33	2.49
Regulation	Experiment	8.00	1.81	8.20	2.24
	Control	9.09	1.09	8.95	2.13
Total Scale	Experiment	29.12	4.32	39.06	5.55
	Control	38.89	5.44	38.89	5.23

Initially, the Kolmogorov-Smirnov test was conducted to check the normality of the frequency distribution of each item, presented in the table below. According to the results shown in the table, the significance level of the calculated statistic is greater than 0.05 ($p > 0.05$), meaning the curve of the observed data does not significantly differ from the normal curve. Therefore, the assumption of normal distribution of scores is accepted. Another assumption of the analysis of covariance test, the homogeneity of variances, was examined using the Levene's test. Given the F-value and the obtained significance level, it can be stated that the assumption of homogeneity of variances for the variables of

distress tolerance, anxiety, and cognitive regulation is maintained. In other words, since the significance level obtained for all variables is greater than 0.05 ($p > 0.05$), we cannot reject the hypothesis of homogeneity of variances, and we can accept that the error variances are equal and homogeneous. The significance level of Box's test is 0.220. Since this value is greater than the significance level required (0.05) to reject the null hypothesis, our null hypothesis regarding the equality of covariance matrices is confirmed. Thus, the assumption of homogeneity of covariance matrices, as one of the assumptions of the analysis of covariance test, is established.

Table 2

Results of Multivariate Analysis of Covariance for Cognitive-Behavioral Therapy on Psychological Distress

Variable	Source of Change	Sum of Squares	Degrees of Freedom	Mean Square	F-value	p-value	Eta Squared
Tolerance	Between Groups	59.56	1	59.56	17.77	0.002	0.32
	Within Groups	80.43	24	3.35			
Absorption	Between Groups	32.31	1	32.31	13.2	0.001	0.24
	Within Groups	58.75	24	2.44			
Appraisal	Between Groups	45.44	1	45.44	17.81	0.001	0.34

Regulation	Within Groups	61.22	24	2.55			
	Between Groups	43.64	1	43.64	17.14	0.001	0.28
Psychological Distress	Within Groups	55.50	19	2.52			
	Between Groups	43.63	1	43.63	43.63	0.001	0.58
	Within Groups	31.146	25	1.24			

According to the results presented in [Table 2](#), the obtained F-value for the subscales of psychological distress in the post-test is significant at the level of $p < 0.01$. Therefore, there was a significant difference between psychological distress and its components in the post-test between the experimental and control groups. Given the higher mean scores of the experimental group in the post-test on the scales of psychological distress, it can be concluded that cognitive-behavioral therapy was effective and led to an increase in the tolerance of psychological distress in divorced women.

4. Discussion and Conclusion

This research was conducted to examine the effectiveness of cognitive-behavioral therapy on the psychological distress of divorced women. The results showed that cognitive-behavioral therapy was effective and led to an increase in the distress tolerance of divorced women. Considering the research literature, the findings of this study are somewhat consistent with prior studies ([Aliyari Khanshan Vatan et al., 2022](#); [Azimi et al., 2017b](#); [Azizi & Ghasemi 2017](#); [Babae et al., 2022](#); [Bayat Asghari et al., 2022](#); [Driessen & Hollon, 2011](#); [Ghezelseflo et al., 2019](#); [Hyun et al., 2014](#); [Karlin et al., 2013](#); [Kneebone, 2016](#); [Marker et al., 2020](#); [McHugh et al., 2010](#); [Mollanorouzi et al., 2019](#); [Nolen-Hoeksema et al., 2008](#); [Oei & Dingle, 2008](#); [Osilla et al., 2009](#); [Sugarman et al., 2010](#); [Zarabi et al., 2021](#)), which found that cognitive-behavioral therapy improves psychological distress, positive emotional regulation, and reduces negative emotional regulation and anxiety in women.

In explaining the findings of this hypothesis, it can be said that cognitive-behavioral therapy makes divorced women aware that although they cannot change the definite events of their lives, they can learn to change the way they cope with them. Cognitive-behavioral therapy, by teaching behavioral techniques such as relaxation, helps divorced women reduce their psychological tensions using these techniques. Furthermore, by learning communication skills, divorced women improve and expand their relationships and social activities, which helps increase their distress tolerance. In other words, cognitive-behavioral therapy

taught divorced women to avoid exaggerated and catastrophic thoughts and replace them with positive thoughts ([Marker et al., 2020](#); [McHugh et al., 2010](#)). Challenging distorted beliefs fosters resilience in them, making them more determined to improve their conditions after divorce and to confront life's issues, thereby increasing their capacity to tolerate adverse psychological events and states. Cognitive-behavioral therapy sessions also employ cognitive-behavioral techniques such as thought stopping, interpersonal coping skills, problem-solving skills, and positive self-talk, transforming negative self-views of divorced women into goal-oriented thoughts more aligned with objective reality over several therapy sessions. Their cognitive processing becomes more logical, the definitiveness of faulty cognitive processes fades, their reality-testing system is revitalized, and they are equipped with coping skills such as problem-solving, behavior management, assertiveness, self-expression, and interpersonal skills. In such an environment, divorced women achieve cognitive competence and behavioral sufficiency, displaying logical behaviors appropriate to environmental conditions, i.e., their distress tolerance in the face of divorce and life challenges increases ([Marker et al., 2020](#)).

Additionally, cognitive-behavioral therapy can help by challenging inefficient thoughts and misinterpretations to clarify and unveil these thoughts and misinterpretations, enabling divorced women to effectively deal with emotional stresses and problematic behaviors in life after divorce. Through increasing the sense of self-worth and self-esteem in life and enhancing divorced women's ability to use effective coping strategies, cognitive-behavioral therapy can improve their distress tolerance. Divorced women harbor irrational thoughts and beliefs about various aspects of their lives, perceive their problems as uncontrollable, and underestimate their problem-solving abilities. Thus, cognitive-behavioral therapy helps these women identify the connection between irrational thoughts and beliefs with undesirable and inefficient emotions and behaviors, become aware of post-divorce life challenges and the evasion of irrational emotions and thoughts, and then through cognitive restructuring and challenging thoughts, aids them in predicting their emotions, employing effective emotion

regulation strategies, and using effective coping strategies, thereby enhancing their self-efficacy in facing life's challenges and problems. Therefore, cognitive-behavioral therapy can aid in improving the distress tolerance of divorced women (Sugarman et al., 2010).

5. Limitations & Suggestions

This research was conducted on all divorced women aged 25 to 40 years visiting welfare counseling centers in areas 1 and 2 of Tehran in 2023. Therefore, its generalizability to the entire population of divorced women aged 25 to 40 years is limited. The findings may have been influenced by respondent bias. Using questionnaires as a measurement tool, which yields different results under varying conditions and times of measurement, and the repeated answering of questions in both the pre-test and post-test stages may have created effects such as familiarity with the questions and boredom in responding, affecting the results. Due to time constraints in conducting this intervention research, it was not possible to follow up on the results. It is suggested that future research be conducted on divorced women in other areas of Tehran, provinces, and other cities of the country for comparability. To achieve more accurate results and present a clearer picture, it is recommended to use other assessment tools such as in-depth interviews, semi-open questionnaires, etc., in addition to questionnaires. Further research with long-term follow-ups should be conducted to determine the lasting effects of cognitive-behavioral therapy on psychological distress. Future studies should also examine the effectiveness of cognitive-behavioral therapy on other psychological constructs in the field of divorced women, such as psychological well-being, quality of life, life satisfaction, etc.

Acknowledgments

We would like to express our appreciation and gratitude to all those who cooperated in carrying out this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

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

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

Funding

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

Authors' Contributions

All authors equally contributed in this article.

References

- Aliyari Khanshan Vatan, F., Ahadi, H., Kalthornia Golkar, M., & Sedaghat, M. (2022). The Effectiveness of Cognitive-Behavioral Therapy in Anxiety and Distress Tolerance in Patients with Coronary Heart Diseases [Research]. *Iranian Journal of Rehabilitation Research in Nursing*, 8(3), 54-65. <https://doi.org/10.22034/IJRN.8.3.54>
- Azimi, M., Moradi, A., & Hasani, J. (2017a). Effectiveness of cognitive behavioral therapy (Face to face and Internet-based) on Emotional Regulation Strategies of individuals with Comorbidity of insomnia and depression. *rph*, 11(1), 49-61. <https://doi.org/10.29252/rph.11.1.49>
- Azimi, M., Moradi, A., & Hasani, J. (2017b). Effectiveness of cognitive behavioral therapy (Face to face and Internet-based) on Emotional Regulation Strategies of individuals with Comorbidity of insomnia and depression [Research]. *Journal title*, 11(1), 49-61. <https://doi.org/10.29252/rph.11.1.49>
- Azizi, A., & Ghasemi, S. (2017). Comparison the Effectiveness of Solution-Focused Therapy, Cognitive-Behavior Therapy and Acceptance and Commitment Therapy on Depression and Quality of Life in Divorced Women. *Counseling Culture and Psychotherapy*, 8(29), 207-236. <https://doi.org/10.22054/qccpc.2017.18777.1443>
- Babae, Z., Mansoobifar, M., Sabet, M., Borjali, M., & Mashayekh, M. (2022). Comparison of the effectiveness of cognitive-behavioral therapy and mindfulness treatment on distress tolerance and suicidal ideation in adolescents with suicidal thoughts. *Journal of Clinical Psychology*, 13(4), 41-52. <https://doi.org/10.22075/jcp.2021.23039.2123>
- Bagherinia, H., Yamini, M., Javadielmi, L., & Nooradi, T. (2015). Comparison of the Efficacy of Cognitive Behavior Therapy and Mindfulness-based Therapy in Improving Cognitive Emotion Regulation in Major Depressive Disorder. *yums-armaghan*, 20(3), 210-219. <http://armaghanj.yums.ac.ir/article-1-626-en.html>
- Bayat Asghari, A., Javaheri, J., Manzari tavakoli, A., & Mollayi Zarandi, H. (2022). The effectiveness of cognitive behavioral therapy and motivational interviewing on symptoms of anxiety sensitivity in divorced women [Research]. *Journal of Jiroft University of Medical Sciences*, 9(3), 1018-1026. <http://journal.jmu.ac.ir/article-1-645-en.html>
- Chatterji, P., Alegria, M., Lu, M., & Takeuchi, D. (2007). Psychiatric disorders and labor market outcomes: evidence from the National Latino and Asian American Study. *Health*

- Economics*, 16(10), 1069-1090. <https://doi.org/10.1002/hec.1210>
- Clarke-Stewart, A., & Brentano, C. (2007). *Divorce: Causes and Consequences*. Yale University Press. <https://books.google.com/books?id=9L7cAssKMLcC>
- Drapeau, A., Marchand, A., & Beaulieu-Prévost, D. (2012). Epidemiology of Psychological Distress. In. <https://doi.org/10.5772/30872>
- Driessen, E., & Hollon, S. D. (2011). Motivational Interviewing From a Cognitive Behavioral Perspective. *Cognitive and Behavioral Practice*, 18(1), 70-73. <https://doi.org/10.1016/j.cbpra.2010.02.007>
- Garnefski, N., Baan, N., & Kraaij, V. (2005). Psychological distress and cognitive emotion regulation strategies among farmers who fell victim to the foot-and-mouth crisis. *Personality and individual differences*, 38(6), 1317-1327. <https://doi.org/10.1016/j.paid.2004.08.014>
- Ghezelseflo, M., Saadati, N., & Rostami, M. (2019). Effectiveness of trauma-based cognitive-behavioral therapy on adjustment after divorce [Research]. *Family Pathology*, 4(2), 89-106. <http://fpcej.ir/article-1-189-en.html>
- Ghorbani-Amir, H.-A., Moradi, O., Arefi, M., & Ahmadian, H. (2019). The Effectiveness of Cognitive Behavioral Components Training on Emotional Cognitive Adjustment, Resilience and Self-Controlling Strategies among Divorced Women. *SALĀMAT-I LJTIMĀĪ (Community Health)*, 7(2), 166-174. <https://doi.org/10.22037/ch.v7i2.25857>
- Hyun, M.-S., Chung, H.-I. C., Gagne, J. C. D., & Kang, H. S. (2014). The Effects of Cognitive-Behavioral Therapy on Depression, Anger, and Self-Control for Korean Soldiers. *Journal of Psychosocial Nursing and Mental Health Services*, 52(2), 22-28. <https://doi.org/10.3928/02793695-20130930-05>
- Karlin, B. E., Trockel, M., Brown, G. K., Gordienko, M., Yesavage, J., & Taylor, C. B. (2013). Comparison of the Effectiveness of Cognitive Behavioral Therapy for Depression among Older Versus Younger Veterans: Results of a National Evaluation. *The Journals of Gerontology: Series B*, 70(1), 3-12. <https://doi.org/10.1093/geronb/gbt096>
- Kneebone, I. I. (2016). A Framework to Support Cognitive Behavior Therapy for Emotional Disorder After Stroke. *Cognitive and Behavioral Practice*, 23(1), 99-109. <https://doi.org/10.1016/j.cbpra.2015.02.001>
- Lebow, J. (2008). Separation and divorce issues in couple therapy. <https://psycnet.apa.org/record/2008-09621-015>
- Marker, I., Corbett, B. E., Drummond, S. P. A., & Norton, P. J. (2020). Intermittent Motivational Interviewing and Transdiagnostic CBT for Anxiety: A Randomized Controlled Trial. *Journal of anxiety disorders*, 75, 102276. <https://doi.org/10.1016/j.janxdis.2020.102276>
- McHugh, R. K., Hearon, B. A., & Otto, M. W. (2010). Cognitive Behavioral Therapy for Substance Use Disorders. *Psychiatric Clinics of North America*, 33(3), 511-525. <https://doi.org/10.1016/j.psc.2010.04.012>
- Mennin, D. S., Holaway, R. M., Fresco, D. M., Moore, M. T., & Heimberg, R. G. (2007). Delineating Components of Emotion and its Dysregulation in Anxiety and Mood Psychopathology. *Behavior therapy*, 38(3), 284-302. <https://doi.org/10.1016/j.beth.2006.09.001>
- Mollanorouzi, H., Issazadegan, A., & soleymany, E. (2019). The Comparison of Adlerian Treatment and Cognitive-Behavioral Therapy (CBT) on Clinical Symptoms in Generalized Anxiety Disorder (GAD). *Journal of Sabzevar University of Medical Sciences*, 25(6), 865-873. https://jsums.medsab.ac.ir/article_1149_4410ecd148b59b25465e2f1be300d4a9.pdf
- Navabinejad, S., Rostami, M., & Parsakia, K. (2024). Influences of Family Structure and Intimacy on Emotional Divorce: A Cross-Sectional Analysis. *Journal of Psychosociological Research in Family and Culture*, 2(1), 23-30. <https://journals.kmanpub.com/index.php/jprfc/article/view/2193>
- Nolen-Hoeksema, S., Wisco, B. E., & Lyubomirsky, S. (2008). Rethinking Rumination. *Perspectives on Psychological Science*, 3(5), 400-424. <https://doi.org/10.1111/j.1745-6924.2008.00088.x>
- Oei, T. P. S., & Dingle, G. (2008). The effectiveness of group cognitive behaviour therapy for unipolar depressive disorders. *Journal of affective disorders*, 107(1), 5-21. <https://doi.org/10.1016/j.jad.2007.07.018>
- Osilla, K. C., Hepner, K. A., Muñoz, R. F., Woo, S., & Watkins, K. (2009). Developing an integrated treatment for substance use and depression using cognitive–behavioral therapy. *Journal of Substance Abuse Treatment*, 37(4), 412-420. <https://doi.org/10.1016/j.jsat.2009.04.006>
- Popoola, B. I., & Ilugbo, E. A. (2010). Personality traits as predictors of stress among female teachers in Osun state teaching service. *Edo Journal of Counselling*, 3(2), 173-188. <https://doi.org/10.4314/ejc.v3i2.63598>
- Sugarman, D. E., Nich, C., & Carroll, K. M. (2010). Coping strategy use following computerized cognitive-behavioral therapy for substance use disorders. *Psychology of Addictive Behaviors*, 24(4), 689-695. <https://doi.org/10.1037/a0021584>
- Weitof, G. R., Haglund, B., Hjern, A., & Rosén, M. (2002). Mortality, severe morbidity and injury among long-term lone mothers in Sweden. *International journal of epidemiology*, 31(3), 573-580. <https://academic.oup.com/ije/article-abstract/31/3/573/629774>
- Yeh, H.-C., Lorenz, F. O., Wickrama, K. A. S., Conger, R. D., & Elder Jr, G. H. (2006). Relationships among sexual satisfaction, marital quality, and marital instability at midlife. *Journal of Family Psychology*, 20(2), 339-343. <https://doi.org/10.1037/0893-3200.20.2.339>
- Zarabi, S., Tabatabaei Nejad, F. S., & Latifi, Z. (2021). Comparison of the Effectiveness of Cognitive-Behavioral Therapy and Self-Healing Therapy on the Distress Tolerance of Women with Bulimia Nervosa [Research]. *Journal of Research in Behavioural Sciences*, 19(2), 369-380. <https://doi.org/10.52547/rbs.19.2.369>