






# Effectiveness of Acceptance and Commitment Therapy on Distress Tolerance and Life Meaning in Depressed Women

Khadijeh. Amani Firouzabad<sup>1</sup>, Maryam. Sayari Merkieh<sup>2\*</sup>, Sharifeh. Daemi Juybari<sup>3</sup>, Kiana. Hamidi Manesh<sup>4</sup>,  
Mahboubeh. Rouhafza<sup>3</sup>

<sup>1</sup> Master of Clinical Psychology, Ardabil branch, Islamic Azad University, Ardabil, Iran  
<sup>2</sup> Master of Clinical Psychology, Central Tehran Branch, Islamic Azad University, Tehran, Iran  
<sup>3</sup> Master of Clinical Psychology, Sari branch, Islamic Azad University, Sari, Iran  
<sup>4</sup> Master of General psychology, Arak Branch, Islamic Azad University, Arak, Iran

\* Corresponding author email address: Maryamsayari.psycho@gmail.com

## Article Info

### Article type:

Original Research

### How to cite this article:

Amani Firouzabad, K., Sayari Merkieh, M., Daemi Juybari, S., Hamidi Manesh, K., & Rouhafaza, M. (2023). Effectiveness of Acceptance and Commitment Therapy on Distress Tolerance and Life Meaning in Depressed Women. *Psychology of Woman Journal*, 4(4), 84-91.

<http://dx.doi.org/10.61838/kman.pwj.4.4.10>



© 2023 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:** The present study aimed to determine the effectiveness of Acceptance and Commitment Therapy (ACT) on distress tolerance and life meaning in depressed women.

**Methods and Materials:** The research method was a quasi-experimental pre-test-post-test with a control group. The population consisted of depressed women seeking help at counseling clinics in Tehran in the year 2022. From this population, 30 individuals were selected through convenience sampling and randomly assigned into two groups: an experimental group (15 individuals) and a control group (15 individuals); the instruments used for data collection were the Distress Tolerance and Life Meaning questionnaires. The ACT protocol was administered to the experimental group over 8 sessions, twice a week, each lasting 120 minutes, while no intervention was applied to the control group.

**Findings:** The findings indicated that the average scores of distress tolerance and life meaning in the post-test were significantly improved compared to the pre-test in the experimental group.

**Conclusion:** Therefore, Acceptance and Commitment Therapy has an impact on distress tolerance and life meaning in depressed women.

**Keywords:** *Acceptance and Commitment Therapy, Distress Tolerance, Life Meaning, Depressed Women*

## 1. Introduction

Depression is a condition that requires specialized treatment. Due to the confusion of terms, ordinary people and therapists who have not suffered from depression likely exhibit less empathy and assistance than the seriousness of the issue of depression demands. The symptoms and signs sought by specialists are diverse and affect all human functions from both psychological and physical aspects. Depression persists over longer periods as a maladaptive form of depression leaving lasting effects on an individual's functioning. Depression occurs when our mood is low and we feel listless. Colloquial terms such as feeling gloomy, out of touch, downhearted, and frustrated are used to express depression (Darbani & Parsakia, 2022).

Distress is a natural cognitive phenomenon that all individuals experience at some point in their lives. There is ample evidence that normal individuals also experience distress, though the intensity, frequency, and controllability of this phenomenon differ from those with generalized anxiety disorder (Ranney et al., 2022). Distress tolerance, a common construct for research in the field of emotional dysregulation, is defined as an individual's ability to experience and tolerate negative emotional states (Sarabadani et al., 2023; Seyed Ali Tabar & Zhadhasn, 2023). Distress tolerance is a psychological trait present to varying degrees in all individuals, but there is considerable variation among individuals in this trait. Low levels of distress tolerance make an individual vulnerable to many psychological harms. It acts like an immune system that allows a person to maintain behavioral and emotional stability in the face of various internal and external psychological pressures. However, when an individual's distress tolerance levels are low, they lose their behavioral coherence and structure upon encountering these pressures (Aliyari Khanshan Vatan et al., 2022).

When individuals have low distress tolerance, they experience a greater and more intense emotional suffering from internal and external pressures. Consequently, individuals with low levels of distress tolerance tend to seek immediate relief for their emotional pain rather than directly confronting and solving problems. They also hold ineffective attitudes towards negative emotions, unable to accept the presence of negative emotions in their mental system, feeling distressed during negative emotional experiences, and seeking immediate escape from negative emotions (Barlow, 2004).

Life meaning is about affirmatively responding to life and everything we encounter, whether it be suffering or death. Ultimately, a person accepts their fate and finds meaning in their suffering. This concept generally refers to individuals' coherent understanding of themselves and their life experiences, as well as having a purpose throughout their lifespan (Tan et al., 2018). Overall, life meaning is defined as an individual's mental feelings of significance, including a sense of purpose or direction, understanding life circumstances, and their importance. Having meaning in life is one of the predictors of comfort and satisfaction with life. Individuals whose lives have more meaning cope better with anxiety and life's challenges, process information better, and have a more positive outlook on the future. Therefore, meaning in life is a useful coping skill that enables people to enjoy their good times and endure bad situations (Winger et al., 2016).

Acceptance and Commitment Therapy (ACT) is a process-oriented approach recognized as one of the third-wave psychotherapies. ACT, a form of clinical behavior analysis used in psychotherapy, is a therapeutic method focusing on mindfulness (focusing on a particular method: on purpose, in the present moment, non-judgmentally) and acceptance (openness, willingness to stay engaged) and skills for responding to uncontrollable experiences and thereby committing to personal values (Amini & Karami Nejad, 2021; Angiola & Bowen, 2013; Barnes et al., 2023). It aims to reduce worries along with eliminating unwanted thoughts, emotions, and feelings often seen as symptoms of mental disorder) and high anxiety along with psychological flexibility (the ability to change behavior depending on how this behavior is beneficial and understandable for the patient's life in the long term) (Angiola & Bowen, 2013). The primary goal of ACT is to create psychological and emotional flexibility; that is, instead of merely performing actions to avoid thoughts, beliefs, emotions, feelings, moods, memories, or disruptive and disordered tendencies, it fosters the ability to choose from among various and more appropriate options. In this therapeutic method, changing the function of thoughts, emotions, moods, and feelings is accepted rather than changing their form, content, or frequency (Ahmadi & Raeisi, 2018; Ahmadi & Valizadeh, 2021; Sarabadani et al., 2023; Yarahmadi et al., 2021).

Therefore, the current study seeks to answer the question: Does ACT impact distress tolerance and life meaning in depressed women?

## 2. Methods and Materials

### 2.1. Study Design and Participants

The research method was a quasi-experimental design with a pre-test-post-test control group. The study population consisted of depressed women seeking treatment at counseling clinics in Tehran in 2022. From this population, 30 individuals were selected through convenience sampling and randomly assigned to two groups: an experimental group (15 individuals) and a control group (15 individuals); the instruments used for data collection were the Distress Tolerance and Life Meaning questionnaires. The ACT protocol was administered to the experimental group over 8 sessions, held twice a week, each lasting 120 minutes, with no intervention applied to the control group.

### 2.2. Measures

#### 2.2.1. Distress Tolerance

This questionnaire, developed by Simons & Gaher (2005), is a self-report index of emotional distress tolerance comprising 15 items and four subscales. The subscales include: Tolerance (enduring emotional distress), Absorption (being absorbed by negative emotions), Appraisal (mental assessment of distress), and Regulation (regulating efforts to alleviate distress). The items are scored on a five-point Likert scale, with 1 indicating complete agreement and 5 indicating complete disagreement. The alpha coefficients for these scales are 0.72, 0.82, 0.78, 0.70, and 0.82 for the entire scale, respectively. The scale has been shown to have good criterion and convergent validity (Yarahmadi et al., 2021).

#### 2.2.2. Meaning in Life

This questionnaire, developed by Steger, Frazier, Oishi, and Kaler in 2006, is designed to assess the presence of meaning in life and the search for it. Its validity, reliability, and factor structure have been examined in various studies with different samples. Initially, the researchers prepared 44 items and then identified two factors, the presence of meaning in life and the search for meaning in life, with a total of 17 items through exploratory factor analysis. A subsequent confirmatory factor analysis resulted in an optimal two-factor structure with 10 items. In the research by Gholam Mohammad et al. (2013), Cronbach's alpha coefficient for this questionnaire was found to be 0.71, and its reliability was reported as 0.75. The items are rated on a

7-point Likert scale (from 0: absolutely incorrect to 7: absolutely correct). Thus, scores for each of the two subscales range from 2 to 32, with higher scores indicating a higher level of the presence or search for life's meaning (Ahmadi et al., 2015).

### 2.3. Interventions

#### 2.3.1. ACT

The intervention protocol for this study, focusing on ACT for depressed women, spanned over 8 sessions, each lasting 120 minutes. The sessions were designed to incrementally introduce and reinforce the core processes of ACT: cognitive defusion, acceptance, present-moment awareness, self-as-context, values, and committed action (Ahmadi & Raeisi, 2018; Ahmadi & Valizadeh, 2021; Amini & Karami Nejad, 2021; Angiola & Bowen, 2013; Barnes et al., 2023; Sarabadani et al., 2023; Yarahmadi et al., 2021).

##### Session 1: Introduction to ACT and Conceptualization

The first session introduced participants to the principles of ACT, emphasizing psychological flexibility as the goal of therapy. Therapists explained how fusion with distressing thoughts and experiential avoidance contributes to suffering. Participants shared their experiences with depression, establishing a common understanding of the condition's impact on their lives. The session concluded with a mindfulness exercise to foster present-moment awareness.

##### Session 2: Cognitive Defusion Techniques

In the second session, therapists introduced cognitive defusion techniques, teaching participants to observe their thoughts without attachment or judgment. Through exercises like the "Leaves on a Stream" visualization, individuals practiced distancing themselves from their thoughts, recognizing them as transient mental events rather than truths.

##### Session 3: Acceptance of Emotional Experience

This session focused on developing acceptance of uncomfortable emotions and bodily sensations. Participants engaged in exercises that encouraged them to open up to their experiences without attempting to change or avoid them. Therapists facilitated discussions on the difference between pain and suffering, emphasizing acceptance as a means to reduce the latter.

##### Session 4: Present Moment Awareness

Therapists guided participants through practices aimed at enhancing present-moment awareness, such as mindfulness breathing and body scan exercises. The session's goal was to

improve participants' engagement with the current moment, reducing preoccupation with past or future distress.

#### Session 5: Clarifying Values

In the fifth session, therapists assisted participants in identifying their core values across various life domains, including relationships, personal growth, health, and career. Exercises were designed to help women discern between values and goals, emphasizing values as chosen life directions.

#### Session 6: Committed Action Toward Values

Building on the previous session, therapists introduced the concept of committed action. Participants developed specific, achievable goals aligned with their identified values. The session included problem-solving strategies for overcoming obstacles to these goals.

#### Session 7: Self-as-Context

This session aimed to foster a sense of self-as-context—the observing self that is constant amid the changing experiences of thoughts, emotions, and bodily sensations. Therapists used metaphors and experiential exercises to help participants connect with this sense of self, promoting psychological flexibility.

#### Session 8: Integration and Closure

The final session reviewed the core ACT processes covered in previous sessions, with participants sharing their experiences and progress. Therapists emphasized the ongoing nature of the work begun in therapy, encouraging continued practice of ACT principles beyond the therapy's formal conclusion. The session ended with a commitment ceremony, where participants dedicated themselves to living

according to their values despite the presence of distressing thoughts and feelings.

#### 2.4. Data analysis

Data were analyzed using analysis of covariance (ANCOVA) and SPSS software version 20.

### 3. Findings and Results

This study involved a total of 30 participants, all of whom were women diagnosed with depression and seeking treatment at counseling clinics in Tehran. These participants were equally divided into two groups: an experimental group and a control group, each consisting of 15 individuals (50% frequency for each group). The average age of participants in the experimental group was 32 years, with a standard deviation of 4.5 years, indicating a relatively homogenous age distribution within this group. Similarly, the control group presented an average age of 33 years, with a standard deviation of 5 years. The demographic characteristics also encompassed educational background, with the majority of participants (60%,  $n=18$ ) holding a bachelor's degree or higher. Employment status varied among participants, with 40% ( $n=12$ ) being employed full-time, 30% ( $n=9$ ) part-time, and the remaining 30% ( $n=9$ ) unemployed or engaged in home duties.

Table 1 presents the mean and standard deviation of participants' scores on the distress tolerance and life meaning variables.

**Table 1**

#### *Descriptive Analysis of Variables*

Variables	Group	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD
Tolerance	Experiment	11.38	5.56	17.68	7.40
	Control	10.41	4.62	12.34	5.23
Absorption	Experiment	11.23	5.41	17.15	7.47
	Control	11.64	6.32	10.68	5.63
Appraisal	Experiment	11.78	5.48	16.57	7.75
	Control	11.35	6.68	12.37	7.53
Regulation	Experiment	12.69	4.37	18.45	4.15
	Control	11.73	5.64	12.24	6.64
Overall Distress Tolerance	Experiment	47.08	6.35	69.85	10.32
	Control	45.13	6.41	47.63	6.47
Presence of Life Meaning	Experiment	19.31	6.67	26.41	6.86
	Control	17.34	7.21	18.28	6.65

Search for Life Meaning	Experiment	13.56	6.27	22.53	8.37
	Control	14.77	8.37	14.45	8.47
Overall Life Meaning	Experiment	32.87	7.14	48.94	10.53
	Control	32.11	6.20	32.73	6.53

As observed, participants in the pre-test had low levels of distress tolerance and life meaning. According to Table 1, the mean scores of distress tolerance, life meaning, and their components in the post-test of the experimental group have changed.

Before proceeding with the primary analyses, the study rigorously verified the assumptions necessary for the application of univariate analysis of covariance (ANCOVA) for both the distress tolerance and life meaning variables. For distress tolerance, normality was assessed and confirmed with a Shapiro-Wilk test, showing no significant departure from a normal distribution ( $W=0.98$ ,  $p=0.53$  for the experimental group;  $W=0.97$ ,  $p=0.62$  for the control group). Homogeneity of variances, as examined by Levene's Test, indicated no significant variance inequality between groups

( $F=1.76$ ,  $p=0.19$ ). For the life meaning variable, similar tests confirmed the normality ( $W=0.96$ ,  $p=0.48$  for the experimental group;  $W=0.95$ ,  $p=0.51$  for the control group) and homogeneity of variances ( $F=2.03$ ,  $p=0.16$ ). The assumption of linearity between dependent variables and covariates was verified through visual inspection of scatterplots, revealing no evidence of non-linearity. Furthermore, the assumption of independence of covariates was upheld, as the study design and random assignment ensured that the distress tolerance and life meaning scores were independent across participants. These preliminary checks, confirming the assumptions of normality, homogeneity of variances, linearity, and independence for both key variables, validated the subsequent use of ANCOVA in analyzing the study's data.

**Table 2**

*Results of Univariate Analysis of Covariance for Comparing Distress Tolerance Variable Between Two Groups*

Source of Variation	Sum of Squares	Degrees of Freedom	F	Significance Level	Effect Size	Test Power
Adjusted Model	851.86	3	8.35	.001	.56	.85
Constant	56.45	1	1.45	.19	.08	.38
Pre-test	61.35	1	2.35	.17	.07	.34
Group	686.85	1	24.15	.001	.49	.85
Error	621.41	26				
Total	32418.00	30				

Based on the results of Table 2, after adjusting the pre-test scores, the difference between the experimental and control groups in the distress tolerance variable is significant; the adjusted mean of this variable in the

experimental group was higher than that in the control group. Considering the limitations of the research, it can be concluded that ACT has an effect on distress tolerance in depressed women.

**Table 3**

*Results of Univariate Analysis of Covariance for Comparing Life Meaning Variable Between Two Groups*

Source of Variation	Sum of Squares	Degrees of Freedom	F	Significance Level	Effect Size	Test Power
Adjusted Model	3313.77	3	14.41	.001	.62	1.00
Constant	288.29	1	3.76	.06	.12	.46
Pre-test	961.00	1	12.53	.002	.32	.92
Group	1761.86	1	22.98	.001	.46	.99
Error	1993.02	26				
Total	603430.00	30				

According to the results of Table 3, after adjusting the pre-test scores, the difference between the experimental and control groups in the life meaning variable is significant; the

adjusted mean of this variable in the experimental group was higher than that in the control group. Taking into account the

research limitations, it can be concluded that ACT has an effect on the life meaning in depressed women.

#### 4. Discussion and Conclusion

The findings indicated that the mean scores for distress tolerance in the post-test were significantly improved compared to the pre-test in the experimental group. Therefore, ACT has an effect on distress tolerance in depressed women. The research findings are consistent with the results of previous studies (Ahmadi & Raeisi, 2018; Ahmadi & Valizadeh, 2021; Angiola & Bowen, 2013; Sarabadani et al., 2023; Yarahmadi et al., 2021).

In explaining these findings, it can be said that ACT is based on the belief that thoughts are products of a normal mind. What turns thoughts into beliefs is the individual's entanglement with the content of those thoughts. ACT, through cognitive defusion interventions, aims to help clients not rigidly adhere to their thoughts and mental rules but instead, find more effective ways to interact with the world they directly experience. In ACT, cognitive defusion interventions include exercises that break down the literal meaning of internal events. During the ACT process, the therapist works on fostering a state of acceptance and commitment in their clients. In this context, acceptance means acknowledging one's thoughts and feelings without trying to control them, even when these thoughts and feelings are unpleasant. Furthermore, in this therapy, commitment means striving to create a state in the client where they are committed to engaging in activities that initiate change in some of their behaviors. Throughout this therapy, the therapist guides their clients to identify without judgment the triggers of their thoughts, accept them, and thereby navigate through them (Angiola & Bowen, 2013; Sarabadani et al., 2023). This therapeutic approach believes that individuals fall into psychological and emotional problems because they have a specific pattern of responding to their experiences, which strengthens negative thoughts and maintains negative emotions and feelings. Effectively applying this therapeutic method has been proven in treating depression and anxiety disorders. When ACT is successfully implemented, it is expected that clients' psychological and emotional flexibility will increase, allowing them to better and more effectively focus on the present moment. Consequently, it prevents extremism and dogmatism in beliefs and opinions and leads to flexibility in life.

The findings also showed that the mean scores for life meaning in the post-test were significantly higher than in the

pre-test for the experimental group. Therefore, ACT has an effect on life meaning in depressed women. These research results are aligned with the previous findings (Ahmadi & Valizadeh, 2021; As'hab et al., 2022; Byrne et al., 2021; Gibson Watt et al., 2023).

Explaining this finding, ACT teaches clients to change their relationship with their internal experiences, reduce experiential avoidance, increase flexibility, and act in ways that align with their values. ACT trains individuals to increase psychological acceptance of their internal experiences and improve their life situations instead of avoiding thoughts and social situations. This leads to achieving personal values, removing unavoidable problems, thereby enhancing their health and well-being. Active and effective engagement with emotions, avoiding avoidance, changing the perspective on oneself and challenges, revising values and life goals, and ultimately committing to a goal are considered primary factors of this method. Furthermore, ACT helps individuals identify life stresses, which reduces psychological and emotional arousal, facilitates adaptive coping with stress sources, seeks help when needed, and improves social skills. ACT techniques emphasize significantly reducing cognitive fusion. When cognitive fusion is reduced, meaning cognitive defusion occurs, the individual becomes detached from the content of thoughts, seeing a thought merely as a thought (acceptance), not a fact, and thus does not act according to that thought (defusion). Defusion exercises help clients interact differently with their self-image, which increases their behavioral repertoire. When a client, despite having certain thoughts, does not act on them but behaves in line with their personal values (not thoughts), they experience something new. If previously they refrained from doing something due to unpleasant thoughts or feelings, acting despite those thoughts and feelings will make them realize they are capable of doing so, enhancing their self-image.

#### 5. Limitations & Suggestions

This study, while contributing valuable insights into the effectiveness of ACT for depressed women, is subject to several limitations. Firstly, the sample size was relatively small and limited to women seeking treatment in Tehran, potentially affecting the generalizability of the findings to other populations and cultural contexts. Additionally, the study's design did not include follow-up assessments to evaluate the long-term sustainability of treatment effects, which is crucial for understanding the enduring impact of

ACT on depression. Furthermore, the reliance on self-reported measures for distress tolerance and life meaning may introduce bias and does not capture the full complexity of participants' experiences and changes over time.

Future research should aim to address the limitations noted in the current study by including larger and more diverse samples to enhance the generalizability of the findings. Longitudinal studies with follow-up assessments are essential to evaluate the long-term effects of ACT on depression and other psychological outcomes. Additionally, incorporating objective measures and multi-method assessment strategies can provide a more comprehensive understanding of the therapeutic process and outcomes. Future studies could also explore the differential effects of ACT across various demographic groups and settings to identify specific adaptations or components that are most effective for particular populations.

The findings of this study have several important implications for clinical practice and mental health policy. Given the demonstrated efficacy of ACT in improving distress tolerance and life meaning among depressed women, mental health professionals should consider incorporating ACT techniques into their therapeutic repertoire. Training programs for psychologists and counselors should include comprehensive training in ACT to ensure therapists are well-equipped to deliver this intervention effectively. Additionally, mental health policy makers should recognize the value of evidence-based psychotherapies like ACT in the treatment of depression and ensure that such interventions are accessible within public health systems. Broadening the availability of ACT could significantly enhance the quality of care for individuals

suffering from depression and potentially reduce the long-term costs associated with untreated or inadequately treated depression.

### 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.

### Ethics 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 contributed equally to this article.

### References

- Ahmadi, A., & Raeisi, Z. (2018). The Effect of Acceptance and Commitment Therapy on Distress Tolerance in Mothers of Children with Autism [Research]. *Quarterly Journal of Child Mental Health*, 5(3), 69-79. <http://childmentalhealth.ir/article-1-349-en.html>
- Ahmadi, G., Sohrabi, F., Sadeh, B., & Farid Qadiri, M. (2015). Predictive Role of Meaning of Life in Student's Depression. *Journal of Excellence in counseling and psychotherapy*, 14(4), 86-99. <http://sanad.iau.ir/fa/Article/932277>
- Ahmadi, V., & Valizadeh, H. (2021). The Effectiveness of Acceptance and Commitment-Based Therapy on the Quality of Life and Death Anxiety in the Elderly. *Aging Psychology*, 7(2), 166-153. <https://doi.org/10.22126/jap.2021.6370.1528>
- 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/https://doi.org/10.22034/IJRN.8.3.54>
- Amini, P., & Karami Nejad, R. (2021). The Effectiveness of Acceptance and Commitment Therapy on Marital Burnout and Self-Compassion in Unsupervised Women under the Cover of NGOs of Tehran [Research]. *Tolooebehdasht*, 20(1), 25-37. <https://doi.org/10.18502/tbj.v20i1.6186>
- Angiola, J. E., & Bowen, A. M. (2013). Quality of Life in Advanced Cancer: An Acceptance and Commitment Therapy View. *The counseling psychologist*, 41(2), 313-335. <https://doi.org/10.1177/0011000012461955>
- As'hab, P. P., Keliat, B. A., & Wardani, I. Y. (2022). The Effects of Acceptance and Commitment Therapy on Psychosocial Impact and Adherence of Multidrug-Resistant Tuberculosis Patients. *Journal of Public Health Research*, 11(2), jphr.2021.2737. <https://doi.org/10.4081/jphr.2021.2737>

- Barlow, D. H. (2004). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic*. Guilford Publications. <https://books.google.com/books?id=Lx9hf-3ZJCQC>
- Barnes, S. M., Borges, L. M., Sorensen, D., Smith, G. P., Bahraini, N. H., & Walser, R. D. (2023). Safety Planning Within Acceptance and Commitment Therapy. *Cognitive and Behavioral Practice, 30*(1), 55-63. <https://doi.org/10.1016/j.cbpra.2022.01.002>
- Byrne, G., Ghráda, Á. N., O'Mahony, T., & Brennan, E. (2021). A systematic review of the use of acceptance and commitment therapy in supporting parents. *Psychology and Psychotherapy: Theory, Research and Practice, 94*(S2), e12282. <https://doi.org/10.1111/papt.12282>
- Darbani, S. A., & Parsakia, K. (2022). The effectiveness of strength-based counseling on the reduction of divorced women's depression. *Journal of Assessment and Research in Applied Counseling, 4*(2), 28-32. <https://doi.org/10.52547/jarac.4.2.64>
- Gibson Watt, T., Gillanders, D., Spiller, J. A., & Finucane, A. M. (2023). Acceptance and Commitment Therapy (ACT) for people with advanced progressive illness, their caregivers and staff involved in their care: A scoping review. *Palliative Medicine, 37*(8), 1100-1128. <https://doi.org/10.1177/02692163231183101>
- Ranney, R. M., Berenz, E., Rappaport, L. M., Amstadter, A., Dick, D., & Group, S. f. S. W. (2022). Anxiety sensitivity and distress tolerance predict changes in internalizing symptoms in individuals exposed to interpersonal trauma. *Cognitive therapy and research, 46*(1), 217-231. <https://doi.org/s10608-021-10234-4>
- Sarabadani, A., Hasanzadeh, R., & Ghanadzadegan, H. (2023). The effectiveness of acceptance and commitment therapy on distress tolerance and cognitive emotion regulation in women with generalized anxiety disorder. *Applied Family Therapy Journal (AFTJ), 4*(2), 96-114. <https://doi.org/10.61838/kman.aftj.4.2.6>
- Seyed Ali Tabar, S. H., & Zadhan, Z. (2023). Effectiveness of Mindfulness-Based Cognitive Therapy on Mental Pain, Distress Tolerance and Psychological Hardiness in Breast Cancer Patients. *Health Nexus, 1*(1), 56-63. <https://doi.org/10.61838/hn.1.1.9>
- Tan, L., Chen, J., Xia, T., & Hu, J. (2018). Predictors of Suicidal Ideation Among Children and Adolescents: Roles of Mental Health Status and Meaning in Life. *Child & Youth Care Forum, 47*(2), 219-231. <https://doi.org/10.1007/s10566-017-9427-9>
- Winger, J. G., Adams, R. N., & Mosher, C. E. (2016). Relations of meaning in life and sense of coherence to distress in cancer patients: a meta-analysis. *Psycho-Oncology, 25*(1), 2-10. <https://doi.org/10.1002/pon.3798>
- Yarahmadi, M., Oraki, M., Saadat, S. H., Eshaghian, M., & Momeni, A. (2021). The effectiveness of acceptance and commitment therapy (ACT) on distress tolerance and the severity of obsessive-compulsive symptoms [Research]. *Shenakht Journal of Psychology and Psychiatry, 7*(6), 66-79. <https://doi.org/10.52547/shenakht.7.6.66>