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The Effectiveness of Emotion-Focused Therapy on Emotional Suppression and Distress Tolerance in Divorced Women

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A B S T R A C T

Objective: The aim of the present study was to determine the effectiveness of emotion-focused therapy on emotional suppression and distress tolerance in divorced women.

Methods and Materials: The current study was a quasi-experimental design with pre-test, post-test, and follow-up phases, including a control group. The statistical population consisted of all divorced women residing in Shiraz in 2021, who had been legally divorced for at least 6 months and up to 2 years. A total of 40 individuals were selected from this population based on inclusion criteria using purposive sampling from those who visited the Aban Clinic in Shiraz in 2021. These individuals were randomly assigned to two experimental groups and one control group (20 participants in each group). The experimental group underwent ten 90-minute sessions of emotion-focused therapy, while the control group did not receive any therapeutic intervention. Data were collected using the Weinberger Emotional Suppression Questionnaire (2010) and the Simons and Gaher Distress Tolerance Scale (2005) and analyzed using repeated measures ANOVA via SPSS software version 23.

Findings: The results indicated the impact of emotion-focused therapy on emotional suppression (F=204.1, P=0.001) and distress tolerance (F=48.120, P=0.001), with the persistence of these effects in the follow-up phase.

Conclusion: Based on the findings of this study, emotion-focused therapy can be considered a complementary treatment alongside other therapeutic methods to reduce emotional suppression and increase distress tolerance in divorced women.

Keywords: *Distress Tolerance, Emotional Suppression, Emotion-Focused Therapy, Divorced Women.*

1. Introduction

Divorce is the most significant factor in the disintegration and collapse of the most fundamental part of society, the family (Laursen et al., 2019), and it can be the source of many social harms (Isaac, 2020). By definition, divorce is a process that begins with the emotional crisis experienced by both spouses and ends with attempts to resolve the conflict by entering a new situation with new roles and lifestyles. In Iran, an examination of the "divorce-to-marriage ratio" shows that, on average, in 2006, for every 100 marriages, there were 12 divorces, which increased to 30 in 2020, and to 47.5 divorces in the first two months of 2023 (Khani, 2023). Divorce, as one of the most unfortunate life events, imposes the most stress on an individual, and its adverse effects remain with the person for a long time (Lin & Brown, 2020). One of the factors contributing to vulnerability in divorced women is emotional suppression.

Emotional suppression is a coping style defined as an individual's conscious ability to control the expression of negative emotions, such as anxiety, sadness, grief, and anger. Suppression can occur following a traumatic event. Individuals who have experienced psychological trauma may experience numbness, which involves blocking memories or feelings associated with the event (Swan & Halberstadt, 2021). The concept of emotional suppression, rooted in psychoanalytic theory, is described by Temoshok as the core component of the personality trait of cancer patients (Heshmati et al., 2019). Emotional suppression can sometimes serve a useful or even essential purpose. When the body experiences severe injury, it automatically enters physiological shock, blocking all feelings and awareness, allowing the injured person to begin healing (Baudic et al., 2016).

Previous studies have shown that emotional suppression mediates the relationship between attachment styles and adjustment and is associated with vulnerability to risky social behaviors, mood disorders, and experiential avoidance (Kehtary et al., 2018), communication patterns and marital adjustment, mood and anxiety disorders, and cognitive flexibility after divorce (Preston et al., 2022), as well as psychosocial adaptation in adverse conditions (Hafner et al., 2021) and adaptation after psychiatric disorders (Vennola-Stover, 2021).

In addition to emotional suppression, one other factor affecting how couples respond to conflict resolution is their capacity for distress tolerance. Distress tolerance is defined as the individual's ability to endure negative psychological and emotional states. In general, mental health professionals have found that distress tolerance includes the ability to endure internal negative states, such as emotions, ambiguity, uncertainty, frustration, and physical discomfort (Perez et al., 2020). Distress tolerance refers to the ability to manage real or perceived emotional distress. It also requires the ability to navigate an emotional incident without exacerbating it. Individuals with low distress tolerance are usually more affected by stressful situations and may sometimes resort to unhealthy or even destructive methods to cope with these difficult feelings (Simons et al., 2021). Distress causes individuals to be unable to regulate their emotions effectively when faced with threatening and stressful challenges, leading to negative emotional experiences (Hedayati et al., 2020; Javanmardi et al., 2024). Individuals with low distress tolerance are aware that they cannot tolerate discomfort and believe others have better means of coping with negative emotions, which often leads them to feel ashamed. Research results indicate that distress tolerance affects the evaluation and consequences of experiencing negative emotions, with individuals with lower distress tolerance showing a more severe reaction to stress than others (Simons et al., 2021). Research also shows that distress tolerance is related to marital and family conflicts (Koren et al., 2021) and that the occurrence of divorce can be associated with reduced distress tolerance (Mahmoudpour et al., 2021; Mohammadpour et al., 2020).

Studies show that one of the treatments that can impact emotional regulation and negative emotions in divorced women is emotion-focused therapy (Nameni et al., 2017). Emotion-focused therapy combines the assumptions and therapeutic approaches of Gestalt therapy and other humanistic therapies. This therapeutic method helps clients reveal and transform their emotional experiences, engaging them with a range of perceptions, emotions, cognitions, bodily experiences, and behavioral responses (Greenman & Johnson, 2022). Some researchers have described emotion-focused therapy's role in enhancing emotional processing, meaning the exploration and overcoming of incomplete emotions, which may result from complex and tragic traumas (Asmari Bardezard et al., 2021).

In this approach, gaining insight and awareness of emotions, followed by direct confrontation, is crucial for moderating the role and influence of problematic emotions on the individual (Khosravi Asl et al., 2018). The reality is that suppressed, denied, and resisted emotions often have significant power to disturb the inner psychological space of

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individuals (Behrang et al., 2022). Therefore, direct confrontation, followed by exploration and gaining insight, can help weaken the influence of these emotions (Goudarzi et al., 2020).

Extensive literature searches did not reveal any studies that examined the effectiveness of emotion-focused therapy on emotional suppression and distress tolerance. However, multiple studies have demonstrated the effectiveness of this therapeutic approach in various areas. Research (Dillon et al., 2018; Naghinasab Ardehaee et al., 2018; Nameni et al., 2017; Suveg et al., 2018) reported the effectiveness of emotion-focused therapy in psychological, emotional, and marital domains.

Although this therapeutic method has been studied in clinical and non-clinical populations and in the context of family and marital relationships, no study has examined its impact, utility, and sustainability on the emotional and behavioral states of divorced women, making the present study innovative. Given the psychological and social harm experienced by divorced women, and considering the efficacy of this therapy in reducing psychological and emotional problems in various populations, the lack of research addressing the effectiveness of this therapeutic approach on the dependent variables in this study, and to fill the knowledge gap regarding the potential impact of emotion-focused therapy on various variables in divorced women, including emotional suppression and distress tolerance, alternative treatments aimed at improving the psychological problems of divorced women, and increasing researchers' interest in this area, are among the most important reasons for this study. At the same time, conducting this study and documenting the evidence regarding the effectiveness of emotion-focused therapy will lay the foundation for the expansion, application, and necessary training for using emotion-focused therapy alongside other treatments. According to the researcher's review, no study has examined the effectiveness of this approach on emotional suppression and distress tolerance in divorced women. Therefore, based on previous findings and research literature, as well as the importance of further scientific investigation, this study aimed to determine the effectiveness of emotion-focused therapy on emotional suppression and distress tolerance in divorced women, in response to the question: "Is emotion-focused therapy effective in reducing emotional suppression and increasing distress tolerance in divorced women?"

2. Methods and Materials

2.1. Study design and Participant

This research employed a quasi-experimental design with a pre-test, post-test, and a two-month follow-up phase, alongside a control group. The statistical population consisted of all divorced women residing in Shiraz in 2021, who had been legally divorced for at least 6 months and up to 2 years. The sample included 40 individuals from this population, selected purposefully based on the inclusion criteria, who visited the Aban Clinic in Shiraz in 2021. These individuals were randomly assigned to two groups: an experimental group receiving emotion-focused therapy and a control group (each consisting of 20 individuals). The inclusion criteria were: the participant's consent and willingness to participate in the research, being divorced (with at least 6 months post-divorce), the ability to attend intervention sessions, literacy for responding to the research instruments, an age range of 25 to 45 years, and residency in Shiraz. The exclusion criteria were: lack of consent or willingness to participate, chronic medical conditions (such as cancer, etc.), psychiatric disorders (e.g., bipolar disorder, schizophrenia, etc.), substance or alcohol abuse, inability to attend therapeutic sessions or more than one absence from the scheduled sessions, participation in psychological or psychotherapy programs in the last six months, and incomplete or invalid responses to the research instruments.

2.2. Measures

2.2.1. Emotional Suppression

This self-report tool, designed by Weinberger in 2010, assesses emotional suppression. The original questionnaire contains 84 items with three subscales: distress, self-control, and defensiveness. The short form was developed by Patchoro et al. in 2022 to assess emotional suppression, containing 37 items. Scoring is based on a 5-point Likert scale ranging from 1 to 5 (completely true = 5, true = 4, unsure = 3, false = 2, completely false = 1). The possible score range for emotional suppression is between 37 and 185, with higher scores indicating greater levels of emotional suppression, and lower scores indicating lower levels (Baudic et al., 2016). Cronbach's alpha coefficients reported by Weinberger were 0.91 for distress, 0.87 for self-control, 0.75 for denial of distress, and 0.79 for suppression defense. In the study by Kehtary et al. (2018), Cronbach's alpha for this instrument was 0.85 (Kehtary et al., 2018).

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2.2.2. *Distress Tolerance*

This scale, designed by Simons and Gaher (2005), assesses distress tolerance. It contains 15 items with four subscales: tolerance, absorption, evaluation, and regulation. Scoring is based on a 5-point Likert scale ranging from (1 = strongly agree to 5 = strongly disagree). Lower scores indicate lower distress tolerance, and higher scores indicate higher distress tolerance. The possible score range is between 15 and 75. The Cronbach's alpha for this scale was reported as 0.82, and it was found to have good initial convergent and criterion validity, with a validity coefficient of 0.61 (Simons & Gaher, 2005). In Iran, this questionnaire was first used by Alavi et al. (2011), who reported a high internal consistency for the overall scale (0.71) and moderate reliability for the subscales (tolerance 0.54, absorption 0.42, evaluation 0.56, regulation 0.58). In the study by Mahmoudpour et al. (2020), the scale demonstrated acceptable internal consistency, with subscale reliability coefficients ranging from 0.64 to 0.82. The overall reliability of the questionnaire was reported as 0.89 (Mohammadpour et al., 2020).

2.3. *Intervention*

2.3.1. *Emotion-Focused Therapy*

The emotion-focused therapy (EFT) intervention, based on the model developed by Johnson (2019), is designed to help individuals process and regulate their emotional experiences by exploring underlying feelings and attachment patterns. The therapy focuses on identifying and resolving past and present emotional conflicts, promoting emotional awareness, and developing healthier interpersonal relationships. Over the course of ten sessions, the client is guided through various exercises and discussions aimed at uncovering suppressed emotions, understanding interpersonal dynamics, and fostering emotional healing. Each session builds upon the previous one, gradually deepening the therapeutic process and facilitating the client's ability to manage their emotions more effectively (Greenberg & Goldman, 2019; Greenman & Johnson, 2022).

Session 1: Establishing Connection and Therapeutic Alliance

In the first session, the primary goal is to build rapport and establish a strong therapeutic alliance. The therapist works on creating a safe, trusting environment for the client by actively listening and showing empathy. This session also involves the formalization of a therapeutic contract, where the client and therapist agree on the objectives of therapy, the number of sessions, and the framework of the intervention. The therapist explains the process and introduces the idea of exploring emotions, encouraging the client to begin considering their emotional experiences as valuable for understanding their personal struggles.

Session 2: Exploring Suppressed Emotions and Pre-test Administration

During the second session, the therapist explains the rules, goals, and number of sessions for the intervention. The pre-test is administered to assess the baseline emotional suppression and distress tolerance levels of the client. The therapist then begins to guide the client in recalling and becoming aware of suppressed emotions. By asking reflective questions, the therapist encourages the client to explore emotions that may have been repressed, helping them to access and verbalize these feelings. The session emphasizes the importance of open emotional expression, which is critical for therapeutic progress.

Session 3: Identifying Conflict Areas and Listening to Personal Narratives

In this session, the therapist focuses on identifying interpersonal conflicts that are contributing to the client's emotional distress. By listening carefully to the client's narrative, the therapist helps them articulate their emotional pain points and understand how unresolved conflicts with others may be linked to their suppressed emotions. The session aims to uncover the client's personal story and how their emotional experiences have shaped their current behavior and relationships.

Session 4: Exploring Attachment History and Current Interpersonal Relationships

The fourth session delves into the client's attachment history, particularly early attachment patterns with caregivers, and how these may influence their current relationships. The therapist works with the client to explore how their attachment style affects their ability to form and maintain healthy interpersonal relationships. This session helps the client recognize how past attachment experiences contribute to present emotional difficulties and provides insight into their relational patterns.

Session 5: Understanding Underlying Emotions and Negative Interaction Cycles

In this session, the therapist helps the client gain a deeper understanding of the emotions underlying their distress. The focus is on identifying emotionally charged situations and the negative interaction cycles that the client may be trapped in. By recognizing these cycles, the client can begin to

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understand how certain emotions trigger maladaptive reactions, both within themselves and in their interactions with others. The therapist encourages the client to reflect on these patterns and how they perpetuate emotional suppression.

Session 6: Addressing Painful Life Experiences and Emotional Processing Styles

This session focuses on identifying painful life experiences that have shaped the client's emotional world. The therapist observes how the client processes these emotional issues, helping them to recognize patterns of avoidance, suppression, or overreaction. By bringing these emotional experiences to the surface, the therapist encourages the client to confront and process their feelings in a healthy and adaptive way.

Session 7: Exploring Intrapersonal and Interpersonal Issues

In the seventh session, the focus shifts to both intrapersonal and interpersonal issues from the client's past. The therapist helps the client develop greater acceptance of how others perceive them and encourages them to reflect on how their emotional responses have influenced their relationships. This session is crucial for increasing self-awareness and fostering emotional acceptance, both for oneself and for others.

Session 8: Facilitating New Perceptions and Solutions

In this session, the therapist works with the client to facilitate a restructuring of their emotional needs and perceptions. By encouraging the client to articulate their needs and desires more clearly, the therapist helps them develop new ways of understanding and addressing their problems. This session also involves brainstorming new solutions to old problems, particularly those related to past relationships. The goal is to help the client adopt healthier patterns of interaction.

Session 9: Reconstructing Interactions and Accepting New Realities

In the ninth session, the therapist helps the client reconstruct their interactions and reframe key emotional events. The client is encouraged to acknowledge suppressed desires and engage more deeply with important figures in their life. This session focuses on embracing new emotional realities, fostering closeness and intimacy in relationships, and accepting new emotional experiences as part of the healing process.

Session 10: Concluding Therapy and Empowering Independence

The final session focuses on concluding the therapeutic process. The therapist helps the client reflect on the progress made during therapy and identifies how past emotional patterns have influenced current behaviors. The session also emphasizes that the client no longer needs the therapist to maintain emotional well-being, empowering them to continue thriving independently. The therapist reinforces the client's ability to manage their emotions and maintain the progress they have made, highlighting that emotional resilience can be sustained without ongoing therapy.

2.4. Data Analysis

In this study, divorced women who had visited the Aban Clinic in Shiraz, and who had been legally divorced for at least 6 months to 2 years, were randomly assigned to an experimental group and a control group (each consisting of 20 participants). Participants completed the Emotional Suppression and Distress Tolerance questionnaires. The experimental group received emotion-focused therapy in 10 sessions, each lasting 90 minutes, while the control group did not receive any intervention. After the therapy sessions, both groups completed the post-test using the same questionnaires. A two-month follow-up was conducted to assess the lasting effects of the intervention. To adhere to ethical standards, the control group received the same therapeutic intervention after the study was completed. The collected data were analyzed using repeated measures ANOVA with SPSS version 26.

3. Findings and Results

The mean age in the experimental group was 39.1 ± 7.13, and in the control group, it was 41.05 ± 3.54. The comparison of mean age between the two groups using an independent t-test showed no significant difference (t = 1.78, sig = 0.097). In the experimental group, 13 participants (65%) had education levels below or equal to a high school diploma, 5 participants (25%) had associate or bachelor's degrees, and 2 participants (10%) had a master's degree. In the control group, 12 participants (60%) had education levels below or equal to a high school diploma, 7 participants (35%) had associate or bachelor's degrees, and 1 participant (5%) had a master's degree. The results of the chi-squared test examining the differences in educational levels between the two groups indicated no significant differences (chi^2 = 0.707, sig = 0.702).

The descriptive findings of the study variables are presented in Table 1.

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Table 1

Descriptive Statistics of Research Variables by Group and Three Stages of the Study

Variable	Group	Pre-test	Post-test	Follow-up
Emotional Suppression	Experimental	145.55 ± 12.15	115.55 ± 8.11	110.85 ± 7.63
	Control	150.50 ± 8.68	157.15 ± 10.14	159.45 ± 10.23
Distress	Experimental	46.25 ± 6.34	35.20 ± 4.60	33.40 ± 3.60
	Control	46.40 ± 8.26	49.65 ± 7.10	50.45 ± 6.90
Self-Control	Experimental	54.90 ± 10.90	45.10 ± 9.60	43.45 ± 8.85
	Control	57.40 ± 11.55	58.10 ± 12.13	58.75 ± 11.95
Defensiveness	Experimental	44.40 ± 5.23	35.25 ± 4.79	34.00 ± 4.57
	Control	46.70 ± 7.76	49.40 ± 6.56	50.25 ± 6.18
Distress Tolerance	Experimental	35.30 ± 4.07	50.90 ± 4.86	55.20 ± 5.54
	Control	36.40 ± 2.50	33.65 ± 4.68	32.55 ± 4.43

As shown in Table 2, the mean scores of emotional suppression and its dimensions in the intervention group (emotion-focused therapy) decreased more than in the control group, while the mean scores of distress tolerance and its dimensions increased more in the post-test and follow-up stages compared to the pre-test.

The normality assumption was examined to assess whether the distribution of scores was consistent with the population. The Shapiro-Wilk test was used for this purpose, and the results indicated that the null hypothesis of normal distribution was retained for all research variables across the pre-test, post-test, and follow-up stages in both groups (all significance levels were greater than 0.05).

The homogeneity of variances was tested using Levene's test. The results indicated that the assumption of equal variances was upheld for the emotional suppression variable in the pre-test (F = 3.78, sig = 0.067), post-test (F = 1.21, sig = 0.278), and follow-up (F = 1.67, sig = 0.204), as well as for the distress tolerance variable in the pre-test (F = 1.63, sig = 0.210), post-test (F = 0.528, sig = 0.472), and follow-up (F = 3.12, sig = 0.085). Overall, these results confirm the assumption of equal variances for both variables and their dimensions across the three stages.

The Mauchly's test of sphericity was conducted to examine the homogeneity of covariances. For emotional suppression (Mauchly's W = 0.581, chi^2 = 20.11, sig = 0.001) and distress tolerance (Mauchly's W = 0.720, chi^2 = 12.15, sig = 0.001), the results indicated that the assumption of sphericity was violated for both variables. Therefore, a conservative correction using Greenhouse-Geisser was applied in the repeated measures ANOVA.

The results of the between-subjects and within-subjects effects for the research variables are presented in Table 2.

Table 2

Results of the Analysis of Between-Subjects and Within-Subjects Effects for Research Variables

Variable	Source	Sum of Squares	df	Mean Square	F	Sig	Effect Size	Power
Emotional Suppression	Group	30178.408	1	30178.408	134.98	0.001	0.780	1.000
	Time	4046.817	1.41	2782.04	75.11	0.001	0.664	1.000
	Time × Group	10991.817	1.409	7800.938	204.01	0.001	0.843	1.000
Distress	Group	3339.075	1	3339.075	31.64	0.001	0.454	1.000
	Time	464.267	1.56	297.133	31.32	0.001	0.452	1.000
	Time × Group	1656.2	1.56	1059.977	111.68	0.001	0.746	1.000

Based on the findings in Table 2, the between-subjects analysis revealed significant differences between the experimental (emotion-focused therapy) and control groups in the mean scores of emotional suppression and distress tolerance and their dimensions ($p < 0.01$). The within-subjects analysis also showed a significant main effect of time for emotional suppression and distress tolerance and their dimensions ($p < 0.001$), indicating significant differences in mean scores across the pre-test, post-test, and follow-up stages for both variables. Moreover, the interaction effect of time and group membership was significant for emotional suppression and distress tolerance and their dimensions ($p < 0.05$), indicating significant changes across the stages for both groups. The amount of change between the stages in the groups was 84.3% for emotional suppression and 76% for distress tolerance.

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The post-hoc test results for comparing the experimental and control groups across the research stages for the variables are presented in Table 3.

Table 3

Post-hoc Test Results for Comparing the Two Groups on Emotional Suppression and Distress Tolerance Across the Three Stages

Variable	Stage	Mean Difference	Sig	Effect Size
Emotional Suppression	Pre-test	-4.95	0.147	0.055
	Post-test	-41.6	0.001	0.844
	Follow-up	-48.6	0.001	0.884
Distress	Pre-test	-0.15	0.949	0.001
	Post-test	-14.45	0.001	0.605
	Follow-up	-17.05	0.001	0.716
Distress Tolerance	Pre-test	-1.1	0.310	0.027
	Post-test	17.25	0.001	0.775
	Follow-up	22.65	0.001	0.843

The results in Table 3 show that the differences between the experimental and control groups for emotional suppression and its dimensions (distress, self-control, defensiveness) and distress tolerance and its dimensions (tolerance, absorption, evaluation, regulation) were not significant in the pre-test ($p > 0.05$). However, significant differences were found between the experimental and control groups in the post-test and follow-up stages ($p < 0.001$), indicating the substantial impact of emotion-focused therapy on improving emotional suppression and its dimensions, with effect sizes of 84.4% for emotional suppression, 60.5% for distress, 27% for self-control, and 61.4% for defensiveness in the post-test. In terms of distress tolerance and its dimensions, the effect sizes were 77.5% for distress tolerance, 54.4% for tolerance, 42.9% for absorption, 30.1% for evaluation, and 62.6% for regulation in the post-test.

Additionally, the impact of emotion-focused therapy in the follow-up stage for emotional suppression and its dimensions was 88.4% for suppression, 71.6% for distress, 35.8% for self-control, and 70.1% for defensiveness, while for distress tolerance and its dimensions, the impact was 84.3% for distress tolerance, 66.3% for tolerance, 59.1% for absorption, 45.6% for evaluation, and 71.6% for regulation.

In conclusion, emotion-focused therapy had a significant effect on reducing emotional suppression and its dimensions, as well as on increasing distress tolerance and its dimensions in divorced women in the post-test stage. The therapeutic effects were sustained across all variables in the follow-up stage.

4. Discussion and Conclusion

Regarding the effectiveness of emotion-focused therapy on emotional suppression and distress tolerance in divorced women, the results of repeated measures analysis of variance indicated that emotion-focused therapy significantly reduced emotional suppression and its dimensions while increasing distress tolerance and its dimensions in divorced women. There were significant differences in the post-test mean scores compared to the control group, and these effects remained stable during the follow-up phase. In comparing the results of this study with similar research, no previous study specifically addressed the impact of emotion-focused therapy on emotional suppression and distress tolerance in divorced women. However, the findings align with the results of previous studies (Conway et al., 2020; Dillon et al., 2018; Hedayati et al., 2020; Zohrabniya et al., 2021).

In explaining the effectiveness of emotion-focused therapy on emotional suppression and its dimensions, including distress, self-control, and defensiveness, it can be stated that this therapy helps clients identify, experience, and regulate their emotions, ultimately accepting and finding new meaning in them. As a result, individuals become more capable of facing emotions they previously avoided (Greenberg & Goldman, 2019). In this therapy, the "empty chair" technique is used as the primary method for resolving unfinished emotional issues. By engaging in dialogues with an imagined person who has caused harm and expressing imaginary retaliation, clients experience emotional release, leading to a reduction in emotional suppression. Moreover, by validating their experiences, divorced women can rely less on negative coping strategies, which in turn contributes to reducing emotional suppression. Through the therapeutic process, these women learn to become aware of their emotions instead of suppressing or being overwhelmed by

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them and are encouraged to deeply engage with their emotional experiences. Over time, they realize that emotions are neither necessarily frightening nor permanent; thus, they can listen to the hidden messages of their emotions rather than avoiding or being consumed by them. This awareness, combined with expressing emotions and managing the difficulties of emotional regulation, leads to a fresh understanding of themselves. In other words, emotion-focused group therapy empowers divorced individuals by enhancing emotional awareness, allowing them to manage negative emotions such as anxiety, depression, and unresolved past issues, ultimately reducing emotional suppression (Timulak & Keogh, 2020).

Regarding the finding that emotion-focused therapy is effective in improving distress tolerance and its dimensions—tolerance, absorption, evaluation, and regulation—in divorced women, it can be explained that emotion-focused therapy, as a transdiagnostic therapy, is based on the assumption that emotions are essentially adaptive resources for healthy human functioning. Accessing, activating, and productively processing emotions is crucial for successful psychotherapy outcomes (Shahar, 2014). The approach is structured around three stages: connection and awareness, arousal, and emotional discovery and restructuring (Timulak & Keogh, 2020). Another fundamental assumption of emotion-focused therapy is that preventing the expression of primary emotions can damage healthy boundaries, self-respect, and grieving when necessary (Greenman & Johnson, 2022). The main mechanism of change in emotion-focused therapy is emotional processing and meaning-making processes. According to this approach, change occurs when an individual's emotions are meaningfully transformed through awareness, expression, regulation, reflection, and emotional transformation (Greenberg & Goldman, 2019; Greenman & Johnson, 2022). All these factors, in the context of an empathic and validating relationship, contributed significantly to increasing distress tolerance in divorced women. By utilizing techniques such as exploring interpersonal relationships, focusing on emotions, and tracking recognized emotions, this therapy positively impacts relational difficulties and, consequently, increases distress tolerance.

Furthermore, the core issue in emotion-focused therapy is that emotion is a fundamental component of the individual's structure and a key factor in organizing the self. At its most basic level, emotion serves as an adaptive form of processing information and preparing the individual for action, guiding behavior and promoting psychological well-being. Thus, emotion-focused therapy can reduce negative emotions such as depression and anxiety. Divorced women who received this therapy were able to improve their emotional regulation skills, demonstrate improved emotional management, and consequently enhance their distress tolerance. Ultimately, these individuals were able to navigate through the emotional challenges and discover new paths for themselves.

5. Limitations and Suggestions

This study faced several limitations that should be acknowledged. First, the sample was limited to divorced women in Shiraz, which may reduce the generalizability of the findings to other populations or regions. Additionally, the study relied on self-reported measures, which are subject to potential biases such as social desirability or inaccurate recall. The relatively short follow-up period (two months) limits the ability to assess the long-term effects of emotion-focused therapy. Moreover, the study did not account for other factors such as socioeconomic status or support systems, which may influence emotional suppression and distress tolerance. Lastly, the control group did not receive any alternative intervention, which might have influenced the comparative results.

Future research should focus on expanding the sample to include diverse populations, such as men or individuals from different cultural and socioeconomic backgrounds, to improve the generalizability of the findings. Longitudinal studies with extended follow-up periods would provide more insight into the long-term effects of emotion-focused therapy on emotional regulation and distress tolerance. Additionally, future studies could compare the effectiveness of emotion-focused therapy with other therapeutic interventions, such as cognitive-behavioral therapy (CBT), to explore which method is more effective in addressing emotional suppression and distress tolerance. Researchers should also consider investigating the role of social support and economic factors in influencing therapy outcomes.

The findings of this study suggest several practical implications for mental health professionals. Emotion-focused therapy can be an effective intervention for reducing emotional suppression and increasing distress tolerance in divorced women, and it can be integrated into therapeutic programs aimed at this population. Therapists working with divorced individuals could use emotion-focused techniques, such as the "empty chair" method, to help clients confront and process unresolved emotional issues. Furthermore,

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incorporating emotion-focused therapy into group therapy settings may provide additional emotional support for clients, fostering both individual and collective emotional healing. Finally, training mental health practitioners in emotion-focused therapy could enhance their ability to address emotional regulation challenges in various clinical populations.

Authors' Contributions

Authors contributed equally to this article.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

This study adhered to all ethical principles. Initially, participants were informed about the research's objectives and procedures. All participants provided written informed consent. The study complied with all APA ethical standards and the Helsinki Declaration guidelines. Moreover, the Islamic Azad University, Qom Branch, registered this study under the identifier IR.IAU.QOM.REC.1401.017.

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