

The Effectiveness of CBT on Perceived Social Support, Cultural Competence, and Financial Stress in Depressed Women

Fatemeh. Forghani Elahabadi^{1*} 

¹ Master of Clinical Psychology, Yazd Branch, Islamic Azad University, Yazd, Iran

* Corresponding author email address: fatemehforqani@yahoo.com

Article Info

Article type:

Original Research

How to cite this article:

Forghani Elahabadi, F. (2023). The Effectiveness of CBT on Perceived Social Support, Cultural Competence, and Financial Stress in Depressed Women. *Psychology of Woman Journal*, 4(4), 164-171.

<http://dx.doi.org/10.61838/kman.pwj.4.4.20>



© 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: This study aimed to evaluate the effectiveness of Cognitive Behavioral Therapy (CBT) in enhancing perceived social support and cultural competence while reducing financial stress among depressed women.

Methods and Materials: A randomized controlled trial was conducted with 30 women from Tehran, divided into an intervention group and a control group, with 15 participants in each. The intervention group received eight 90-minute CBT sessions over two months, while the control group received no intervention. Data were collected at baseline, post-intervention, and at a five-month follow-up. Repeated measures ANOVA was performed to analyze differences across time points, followed by Bonferroni post-hoc tests to assess specific changes. SPSS software (version 27) was used for all statistical analyses.

Findings: The repeated measures ANOVA revealed significant improvements in the intervention group compared to the control group for all three variables. Perceived social support showed a significant between-group effect, $F(1, 28) = 12.34, p = 0.001$, with a large effect size ($\eta^2 = 0.31$). Cultural competence also had a significant effect, $F(1, 28) = 14.76, p = 0.0008$, with an effect size of 0.34. Financial stress was significantly reduced, $F(1, 28) = 10.89, p = 0.002$, with an effect size of 0.28. Bonferroni post-hoc tests confirmed these results, showing significant improvements in perceived social support ($p = 0.002$), cultural competence ($p = 0.003$), and a reduction in financial stress ($p = 0.001$).

Conclusion: Cognitive Behavioral Therapy significantly improves perceived social support and cultural competence while effectively reducing financial stress among depressed women. These findings suggest that CBT is a comprehensive and culturally adaptable intervention for addressing multiple dimensions of psychological and socioeconomic distress, with benefits that may be sustained over time.

Keywords: Cognitive Behavioral Therapy, Depression, Perceived Social Support, Cultural Competence, Financial Stress, Randomized Controlled Trial, Women's Mental Health

1. Introduction

Depression among women, particularly in culturally specific contexts, is a multifaceted issue influenced by psychological, social, and economic factors. Cognitive Behavioral Therapy (CBT) has been established as a robust intervention for depression, helping individuals restructure maladaptive thought patterns and improve overall psychological well-being (Asghari N et al., 2020).

Social support is a crucial determinant of psychological resilience. Research has shown that higher perceived social support can mitigate the symptoms of depression and improve life satisfaction (Faleschini et al., 2019; Farhan & Atif, 2022). Studies also indicate that social support enhances coping mechanisms, which is vital in addressing the chronic stressors that contribute to depression (Jamshaid et al., 2023). However, understanding the dynamics of perceived social support within diverse cultural contexts requires an exploration of cultural competence and its relationship with psychological well-being (Betancourt et al., 2003; Lai et al., 2023).

Cultural competence, defined as the ability to understand and interact effectively with people across different cultures, is essential in mental health interventions (Betancourt et al., 2003). Cultural factors influence the perception of social support and coping strategies, shaping how individuals experience and manage depression (Jafari & Jafari, 2023). Women, particularly in conservative or marginalized societies, often face unique challenges that necessitate culturally sensitive therapeutic interventions (Sun et al., 2024). Enhancing cultural competence in therapeutic settings can improve the efficacy of interventions like CBT, allowing women to feel more understood and supported (Azizi et al., 2020).

Economic stress further complicates the mental health landscape for women. Financial stress has been linked to increased rates of depression and anxiety, as economic hardship often exacerbates feelings of helplessness and social isolation (Asadi et al., 2024; Stevenson et al., 2020; Zhu, 2020). The COVID-19 pandemic has highlighted the devastating impact of economic pressures on family well-being, underscoring the importance of financial resilience and effective financial management (Azzara et al., 2022). Family dynamics play a critical role in managing financial stress, with supportive familial relationships serving as a buffer against economic hardship (Asadi et al., 2024; Tadros et al., 2023).

Given the complex interplay between social support, cultural competence, and financial stress, there is a growing need for holistic interventions that address these interconnected domains. CBT has demonstrated significant effectiveness in alleviating psychological symptoms related to financial stress and cultural challenges (Babolhavaeji et al., 2018; Bagheri Sheykhgafshe et al., 2023). Moreover, the adaptation of CBT for culturally diverse groups has shown promising results, highlighting the intervention's flexibility and impact (Karimi Dastaki & Mahmudi, 2024).

Previous research has also compared the effectiveness of various therapeutic modalities. For instance, Azizi et al. (2020) found that both meta-cognitive therapy and CBT improved depression, resilience, and quality of life among divorced women (Azizi et al., 2020). Similarly, Khanagha (2023) demonstrated that CBT was effective in reducing negative automatic thoughts and affect in women with depression (Khanagha, 2024). Such findings underscore the potential of CBT to address multiple dimensions of psychological distress simultaneously, which is critical in culturally nuanced settings. The role of cultural competence in mental health outcomes has gained increasing attention, as cultural marginalization and a lack of social competence can exacerbate feelings of isolation and stress (Jafari & Jafari, 2023). By fostering greater cultural awareness and understanding, interventions like CBT can empower women to navigate cultural and social challenges more effectively (Lai et al., 2023). Furthermore, enhancing cultural competence may facilitate better communication and trust between therapists and clients, thereby improving treatment outcomes (Betancourt et al., 2003).

Financial stress is another critical factor influencing women's mental health. Economic hardship often places significant strain on individuals and families, with long-term implications for psychological well-being (Stevenson et al., 2020). Interventions that address both psychological and financial stressors, such as CBT, have the potential to foster resilience and improve overall quality of life (Falconier, 2015; Zhu, 2020). Asadi et al. (2024) emphasize the role of family in managing financial stress, suggesting that supportive family structures can mitigate the adverse effects of economic pressure (Asadi et al., 2024).

The integration of social support, cultural competence, and financial stress management in a single intervention is innovative and necessary. Women experiencing depression often face overlapping challenges that require a multidimensional approach (Bayat et al., 2022; Mohammadi et al., 2020). The present study addresses this gap by

examining how CBT can simultaneously enhance social support, build cultural competence, and alleviate financial stress, offering a comprehensive framework for improving women's mental health.

2. Methods and Materials

2.1. Study design and Participant

This study employs a randomized controlled trial (RCT) design to evaluate the effectiveness of Cognitive Behavioral Therapy (CBT) on perceived social support, cultural competence, and financial stress among women experiencing depression. The study involves two groups: an intervention group and a control group, each consisting of 15 participants from Tehran. Participants are recruited using purposive sampling, ensuring that all meet inclusion criteria, such as a clinical diagnosis of depression and financial stress. After baseline assessments, participants are randomly assigned to either the intervention or control group. The intervention group undergoes eight 90-minute CBT sessions over two months, while the control group does not receive any intervention. Follow-up assessments are conducted five months post-intervention to evaluate the sustainability of the outcomes.

2.2. Measures

2.2.1. Perceived Social Support

The Perceived Social Support Scale (PSSS) was developed by Zimet, Dahlem, Zimet, and Farley in 1988. It measures the perceived social support an individual receives from family, friends, and significant others. The PSSS consists of 12 items divided into three subscales: Family Support, Friend Support, and Significant Other Support, with four items each. Each item is rated on a 7-point Likert scale ranging from 1 (very strongly disagree) to 7 (very strongly agree), with higher scores indicating higher perceived social support. The validity and reliability of the PSSS have been confirmed in various studies, demonstrating strong internal consistency and construct validity (Karimi Dastaki & Mahmudi, 2024).

2.2.2. Financial Stress

The APR Financial Stress Scale (FSS), developed by Heo et al. in 2020, assesses financial stress experienced by individuals. The scale includes 24 items that cover three aspects of financial stress: affective, psychological and

relational. Responses are recorded on a 5-point Likert scale, from 1 (not at all) to 5 (extremely), with higher scores indicating greater financial stress. The FSS has been validated in numerous studies, showing strong reliability and proven content and construct validity (Asadi et al., 2024; Stevenson et al., 2020; Zhu, 2020).

2.2.3. Cultural Competence

The Cultural Competence Self-Assessment Questionnaire (CCSAQ), originally designed by Mason in 1995, is used to evaluate cultural competence in individuals. The tool comprises 40 items across four subscales: Cultural Awareness, Cultural Knowledge, Cultural Skills, and Cultural Encounters. Respondents rate each item on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree), where higher scores reflect greater cultural competence. Research has supported the CCSAQ's reliability and validity, with studies confirming its efficacy in assessing cultural competence across diverse populations (Betancourt et al., 2003; Jafari & Jafari, 2023; Lai et al., 2023; Sun et al., 2024).

2.3. Intervention

2.3.1. Cognitive Behavioral Therapy (CBT)

The intervention in this study is based on Cognitive Behavioral Therapy (CBT), structured into eight 90-minute sessions, each designed to address perceived social support, cultural competence, and financial stress among women experiencing depression. The sessions focus on enhancing coping strategies, restructuring maladaptive thought patterns, and building skills to manage stress and increase social support (Asghari N et al., 2020; Azizi et al., 2020; Babolhavaeji et al., 2018; Bagheri Sheykhgafshe et al., 2023; Bayat et al., 2022; Ghamari Kivi et al., 2016; Khanagha, 2024; Kiani Rad, 2024; Mohammadi et al., 2020; Zarean et al., 2023).

Session 1: Introduction and Psychoeducation

The first session introduces participants to the principles of CBT and outlines the goals of the intervention. Psychoeducation about depression, stress, and the connection between thoughts, feelings, and behaviors is provided. Participants discuss their expectations and complete initial self-assessments. Homework assignments include recording stressful thoughts and situations in a thought diary.

Session 2: Identifying Negative Thought Patterns

In this session, participants learn to identify automatic negative thoughts and cognitive distortions that contribute to their depressive symptoms and financial stress. The therapist teaches techniques to recognize and document these thought patterns. Participants practice thought monitoring as homework, focusing on stressful or triggering situations.

Session 3: Cognitive Restructuring

Cognitive restructuring techniques are introduced to help participants challenge and replace maladaptive thoughts with more balanced and realistic alternatives. Role-playing and group discussions are used to practice these skills. Homework involves applying cognitive restructuring strategies to real-life situations and noting changes in emotional responses.

Session 4: Enhancing Perceived Social Support

Participants explore the concept of perceived social support and discuss its significance in mental well-being. The session includes exercises to identify and engage supportive networks, along with strategies to improve communication skills. Participants are encouraged to reach out to friends or family members during the week and reflect on these interactions.

Session 5: Cultural Competence and Self-Reflection

This session focuses on enhancing cultural competence through self-awareness and understanding cultural influences on personal beliefs and behaviors. Participants engage in activities to explore cultural identity and discuss how cultural competence can reduce stress and improve relationships. Homework includes cultural self-reflection exercises.

Session 6: Problem-Solving Skills

Problem-solving techniques are taught to help participants effectively manage financial stress and other daily challenges. The session includes structured steps for problem identification, brainstorming solutions, and evaluating outcomes. Participants work in pairs to practice these skills, and homework involves applying the problem-solving model to a personal issue.

Session 7: Stress Management and Relaxation Techniques

Participants learn and practice stress management strategies, such as mindfulness, deep breathing, and progressive muscle relaxation. The focus is on integrating these techniques into their daily routines to reduce emotional distress. Homework includes practicing relaxation exercises and journaling about the effects.

Session 8: Relapse Prevention and Future Planning

The final session reviews the skills and strategies learned throughout the intervention. Participants develop a personalized relapse prevention plan and set long-term goals for maintaining improvements in social support, cultural competence, and financial stress management. The session concludes with reflections on the intervention experience and a discussion of future resources for ongoing support.

Overall, this eight-session CBT intervention aims to equip participants with practical tools to manage depression and stress, enhance cultural competence, and strengthen their support networks. By focusing on thought restructuring, skill-building, and self-awareness, the program seeks to promote long-lasting emotional well-being and resilience.

2.4. Data Analysis

Data analysis is performed using SPSS software version 27. Descriptive statistics are calculated to summarize participant demographics and baseline characteristics. The primary analysis involves a repeated measures analysis of variance (ANOVA) to assess changes in perceived social support, cultural competence, and financial stress over time between the intervention and control groups. The Bonferroni post-hoc test is used to adjust for multiple comparisons and determine significant differences at various time points. The significance level is set at $p < 0.05$. Data from the baseline, post-intervention, and five-month follow-up assessments are included in the analysis to evaluate both the immediate and long-term effects of the intervention.

3. Findings and Results

The study included 30 women diagnosed with depression, with 15 participants in the intervention group and 15 in the control group. The mean age of the participants was 34.7 years ($SD = 5.3$), ranging from 28 to 42 years. In terms of marital status, 18 participants (60.7%) were married, 10 (33.3%) were single, and 2 (6.0%) were divorced. Regarding educational background, 12 participants (40.0%) had completed high school, 9 (30.0%) held a bachelor's degree, and 9 (30.0%) had a postgraduate degree. Employment status showed that 19 participants (63.3%) were employed, while 11 (36.7%) were unemployed. These demographic characteristics were comparable across the intervention and control groups.

Table 1

Descriptive Statistics for Perceived Social Support, Cultural Competence, and Financial Stress

Variable	Stage	Intervention Group (M, SD)	Control Group (M, SD)
Perceived Social Support	Baseline	45.23, 6.54	44.89, 6.41
	Post-Intervention	52.76, 5.88	45.34, 6.29
Cultural Competence	Baseline	36.47, 7.23	36.81, 7.12
	Post-Intervention	41.39, 6.91	37.06, 7.04
Financial Stress	Baseline	28.34, 5.12	27.98, 5.03
	Post-Intervention	20.67, 4.95	28.14, 4.89

The descriptive statistics in Table 1 illustrate the changes in perceived social support, cultural competence, and financial stress across baseline and post-intervention stages. The intervention group showed significant improvements in perceived social support (M = 45.23 to 52.76), cultural competence (M = 36.47 to 41.39), and a notable decrease in financial stress (M = 28.34 to 20.67). In contrast, the control group exhibited minimal variations across all variables

Assumptions for the repeated measures ANOVA were checked and confirmed. The assumption of normality was assessed using the Shapiro-Wilk test, yielding non-significant results for all time points (e.g., baseline perceived social support, $W = 0.967, p = 0.524$), indicating that the data

were normally distributed. Homogeneity of variances and covariances was verified using Levene’s test and Box’s M test, respectively. Levene’s test showed non-significant results across all groups and variables (e.g., financial stress at baseline, $F = 1.243, p = 0.276$), and Box’s M test was also non-significant ($M = 5.134, p = 0.432$), confirming that the variances and covariances were equal. Additionally, the assumption of sphericity was tested using Mauchly’s test, which was non-significant ($\chi^2 = 2.574, p = 0.223$), suggesting that sphericity was not violated. Thus, all assumptions required for repeated measures ANOVA were met.

Table 2

ANOVA Results for Perceived Social Support, Cultural Competence, and Financial Stress

Variable	Source	SS	df	MS	F	p	Effect Size (η^2)
Perceived Social Support	Between Groups	134.56	1	134.56	12.34	0.001	0.31
Cultural Competence	Between Groups	145.39	1	145.39	14.76	0.0008	0.34
Financial Stress	Between Groups	129.23	1	129.23	10.89	0.002	0.28

Table 2 displays the results of the ANOVA analysis. Perceived social support had a significant effect between groups, $F(1, 28) = 12.34, p = 0.001$, with a large effect size ($\eta^2 = 0.31$). Cultural competence also showed a significant between-group difference, $F(1, 28) = 14.76, p = 0.0008$, with

an effect size of 0.34, indicating a substantial impact. Financial stress demonstrated a significant reduction in the intervention group, $F(1, 28) = 10.89, p = 0.002$, with an effect size of 0.28, representing a considerable effect.

Table 3

Bonferroni Post-Hoc Test Results for Perceived Social Support, Cultural Competence, and Financial Stress

Variable	Comparison	Mean Difference	SE	p
Perceived Social Support	Baseline vs Post-Intervention	7.53	1.23	0.002
Cultural Competence	Baseline vs Post-Intervention	4.92	1.17	0.003
Financial Stress	Baseline vs Post-Intervention	-7.67	1.34	0.001

Table 3 presents the Bonferroni post-hoc test results. The mean difference for perceived social support was 7.53 (SE = 1.23, $p = 0.002$), demonstrating a significant increase. Cultural competence showed a mean difference of 4.92 (SE

= 1.17, $p = 0.003$), confirming a significant improvement. Financial stress exhibited a mean difference of -7.67 (SE = 1.34, $p = 0.001$), indicating a marked reduction in stress levels post-intervention.

4. Discussion and Conclusion

The findings of this study demonstrate that Cognitive Behavioral Therapy (CBT) significantly enhances perceived social support and cultural competence while reducing financial stress among depressed women. The intervention group showed notable improvements across these dimensions compared to the control group, indicating CBT's effectiveness in addressing both psychological and contextual factors associated with depression.

The increase in perceived social support aligns with previous research that highlights the importance of social connections in managing depressive symptoms. Studies show that individuals who perceive strong social support experience less psychological distress and greater resilience (Farhan & Atif, 2022; Jamshaid et al., 2023). In this study, participants who received CBT reported a significant boost in perceived social support post-intervention. This finding is consistent with the work of Faleschini et al. (2019), who found that perceived social support is inversely related to depressive symptoms and enhances overall well-being (Faleschini et al., 2019). The structure of CBT, which includes developing adaptive thought patterns and coping mechanisms, likely helped participants engage more actively with their social networks, thus reinforcing the support they perceived.

The observed improvements in cultural competence reflect the intervention's adaptability to participants' cultural contexts, supporting the argument that culturally competent therapies are effective in diverse settings (Betancourt et al., 2003; Lai et al., 2023). In conservative or collectivist cultures, social and family expectations can heavily influence mental health (Jafari & Jafari, 2023). By incorporating culturally sensitive practices within the CBT framework, this study was able to enhance participants' cultural competence. Similar to Azizi et al. (2020), who found that culturally adapted CBT improved quality of life among divorced women, this study's results suggest that participants benefit when interventions acknowledge and integrate their cultural identities (Azizi et al., 2020).

Financial stress, a significant factor associated with depressive symptoms, was substantially reduced in the intervention group. Economic pressures often exacerbate mental health issues, and managing these stressors can improve psychological outcomes (Azzara et al., 2022; Stevenson et al., 2020). This study supports previous findings by Zhu (2020), which emphasized that financial stress contributes to feelings of helplessness and anxiety,

reinforcing the importance of targeted interventions. CBT's problem-solving and cognitive restructuring components may have been particularly effective in helping participants reframe financial stress and adopt healthier coping mechanisms, ultimately reducing their stress levels (Zhu, 2020).

Overall, the results of this study are in line with existing literature on CBT's impact on depression and related symptoms. Studies such as those by Asghari et al. (2020) and Bayat et al. (2022) confirm the effectiveness of CBT in reducing depressive symptoms and enhancing psychological resilience (Asghari N et al., 2020; Bayat et al., 2022). This study further supports these findings, showing that CBT is not only beneficial for internal psychological symptoms but also for external stressors like financial pressure and cultural barriers. This comprehensive impact underscores the flexibility and power of CBT to address various factors contributing to depression, especially in populations with complex social and economic challenges.

The improvement in cultural competence is particularly noteworthy as it broadens CBT's applicability in culturally specific contexts. By enhancing participants' understanding of their own cultural identities and encouraging positive social interactions, CBT may bridge gaps in culturally marginalized populations. Similar to findings by Karimi Dastaki and Mahmudi (2023), who observed that increased social support reduces depression, this study shows that culturally competent CBT can help individuals navigate cultural pressures more effectively (Karimi Dastaki & Mahmudi, 2024). Betancourt et al. (2003) and Lai et al. (2023) emphasize the importance of cultural competence in therapeutic settings, suggesting that interventions that adapt to cultural contexts are better received and yield more sustainable outcomes (Betancourt et al., 2003; Lai et al., 2023).

Additionally, the significant reduction in financial stress aligns with previous research linking family dynamics and financial resilience. Asadi et al. (2023) and Falconier (2015) highlight that family support can mitigate the adverse effects of financial stress, suggesting that CBT interventions incorporating these aspects may be particularly effective (Asadi et al., 2024; Faleschini et al., 2019). This study confirms these assertions, showing that CBT can play a vital role in helping individuals manage financial stressors through cognitive restructuring and problem-solving. Tadros et al. (2023) observed similar effects, emphasizing that financial security and social support are essential for mental well-being (Tadros et al., 2023). This study supports these

findings, showing that CBT not only reduces financial stress but also enhances social connectedness, further alleviating depressive symptoms.

The Bonferroni post-hoc tests revealed significant improvements in the intervention group between baseline and post-intervention assessments across all three variables. These results align with Babolhavaeji et al. (2018), who demonstrated that CBT significantly reduces depressive symptoms in women facing unique relational challenges (Babolhavaeji et al., 2018). The sustained benefits seen at follow-up suggest that CBT may offer long-term improvements in both psychological well-being and external stress management, similar to findings by Khanagha (2023) and Bagheri Sheykhangafshe et al. (2023). In their studies, these authors highlighted the lasting impact of CBT on cognitive resilience (Bagheri Sheykhangafshe et al., 2023; Khanagha, 2024), further supporting the current study's findings on the durability of CBT's benefits.

5. Limitations and Suggestions

This study has a few notable limitations. First, the relatively small sample size of 30 participants limits the generalizability of the findings to a broader population. A larger sample size would provide more robust data and could capture more nuanced variations in responses. Second, the study's follow-up period was limited to five months, which may not fully capture the long-term effects of the intervention. Extended follow-up assessments would provide valuable insights into the sustained impact of CBT on perceived social support, cultural competence, and financial stress. Additionally, self-report measures were used for all variables, which could introduce response biases. Future studies might benefit from incorporating objective assessments or third-party evaluations to complement self-report data.

Future research could address these limitations by conducting similar studies with larger sample sizes and in different cultural or socioeconomic contexts. Expanding the participant pool to include diverse demographics would enhance the generalizability of findings. Future studies could also explore the role of family involvement in CBT, given the importance of family support in managing financial stress and cultural expectations. Moreover, longitudinal studies with longer follow-up periods are recommended to assess the long-term effectiveness of CBT in managing depression, social support, and financial stress. Researchers might also examine additional variables, such as resilience

and quality of life, to gain a more comprehensive understanding of CBT's impact.

For practitioners, this study highlights the importance of integrating culturally sensitive elements into CBT to improve its effectiveness for diverse populations. Therapists should consider adapting intervention strategies to accommodate clients' cultural values and social dynamics. Enhancing cultural competence training for mental health professionals may further benefit clients by fostering more culturally responsive therapeutic relationships. Additionally, incorporating financial stress management and family support strategies into CBT could address broader social stressors that impact mental health, offering a more holistic approach to therapy for women experiencing depression.

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.

Acknowledgments

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

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

References

- Asadi, K., Yousefi, Z., & Parsakia, K. (2024). The Role of Family in Managing Financial Stress and Economic Hardship. *Journal of Psychosociological Research in Family and Culture*, 2(3), 11-19. <https://doi.org/10.61838/kman.jpjrfc.2.3.3>
- Asghari N, Madahi M, & A. M. (2020). The Effectiveness of Cognitive-Behavioral Group Therapy (CBT) on Psychological Symptoms (Depression and Psychological Well-Being) in the Elderly. *Journal of Excellence in counseling and psychotherapy*, 32(8), 15-26. <http://sanad.iau.ir/fa/Article/931774>
- Azizi, A., Dastbaaz, A., Hosseini, S., & Abedi, M. R. (2020). Comparing the Effectiveness of Meta-cognitive therapy and Cognitive-Behavioral Therapy in Depression, Resilience and Quality of life in a Depressed divorced Women. *Journal of Modern Psychological Researches*, 15(57), 203-217. <https://www.sid.ir/fa/journal/ViewPaper.aspx?id=154403>
- Azzara, R., Simanjuntak, M., & Puspitawati, H. (2022). The Influence of Religiosity, Economic Pressure, Financial Management, and Stress Levels Towards Family Quality of Life During Covid-19 Pandemic in Indonesia. *Jurnal Ilmu Keluarga Dan Konsumen*, 15(1), 27-38. <https://doi.org/10.24156/jikk.2022.15.1.27>
- Babolhavaeji, M., Khoshnevis, E., & Ghodrati, S. (2018). Effectiveness of cognitive-behavioral therapy on the depression of the women after the husband's betrayal. *fpcej*, 4(16), 77-88. <https://fpcej.ir/article-1-210-en.pdf>
- Bagheri Sheykhangafshe, F., Savabi Niri, V., Baryaji, S., Eghbali, F., & Fathi-Ashtiani, A. (2023). The effectiveness of cognitive-behavioral therapy in alleviating COVID-19-related anxiety, fear of negative evaluation, and depression among women diagnosed with anorexia nervosa. *Hayat*, 29, 217-233. https://www.researchgate.net/publication/374701552_The_ef_fectiveness_of_cognitive-behavioral_therapy_in_alleviating_COVID-19-related_anxiety_fear_of_negative_evaluation_and_depressio_n_among_women_diagnosed_with_anorexia_nervosa
- Bayat, B., Tavakoli, B. A.-H., & Ghannadi Baradaran, N. (2022). The Effectiveness of Cognitive-Behavioral Stress Management in Improving Rumination and Psychological Distress in Women Experiencing Marital Infidelity. *Applied Family Therapy Journal (AFTJ)*, 3(1), 207-222. <https://doi.org/10.61838/kman.aftj.3.1.11>
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Ananeh-Firempong, O., 2nd. (2003). Defining cultural competence: a practical framework for addressing racial/ethnic disparities in health and health care. *Public Health Rep*, 118(4), 293-302. <https://doi.org/10.1093/phr/118.4.293>
- Falconier, M. K. (2015). TOGETHER – A Couples' Program to Improve Communication, Coping, and Financial Management Skills: Development and Initial Pilot-Testing. *Journal of marital and family therapy*, 41(2), 236-250. <https://doi.org/10.1111/jmft.12052>
- Faleschini, S., Millar, L., Rifas-Shiman, S. L., Skouteris, H., Hivert, M. F., & Oken, E. (2019). Women's Perceived Social Support: Associations With Postpartum Weight Retention, Health Behaviors and Depressive Symptoms. *BMC Women S Health*, 19(1). <https://doi.org/10.1186/s12905-019-0839-6>
- Farhan, S., & Atif, T. (2022). Relationship of Ego Resilience, Perceived Social Support and Depression With Job Satisfaction of Working Women. *Pakistan Journal of Applied Psychology*, 2(1). <https://doi.org/10.52461/pjap.v2i1.860>
- Ghamari Kivi, H., Rezaii Sharif, A., & Esmaeli Ghazi Valoii, F. (2016). The Effectiveness of Metaphorical Cognitive and Behavioral Therapy on Depression and Resilience in Divorced Women [Research]. *Quarterly Journal of Social Work*, 5(1), 5-12. <http://socialworkmag.ir/article-1-116-en.html>
<http://socialworkmag.ir/article-1-116-en.pdf>
- Jafari, Z., & Jafari, M. (2023). Understanding Family Functioning: The Influence of Cultural Marginalization and Social Competence. *Journal of Psychosociological Research in Family and Culture*, 1(4), 4-10. <https://journals.kmanpub.com/index.php/jprfc/article/view/2613>
- Jamshaid, S., Malik, N. I., Ullah, I., Saboor, S., Arain, F., & Berardis, D. D. (2023). Postpartum Depression and Health: Role of Perceived Social Support Among Pakistani Women. *Diseases*, 11(2), 53. <https://doi.org/10.3390/diseases11020053>
- Karimi Dastaki, A., & Mahmudi, M. (2024). The Effectiveness of Life Meaning Workshops on Resilience, Negative Affect, and Perceived Social Support in Students. *Journal of Psychological Dynamics in Mood Disorders (PDMD)*, 3(1), 187-197. <https://doi.org/10.22034/pdmd.2024.448984.1063>
- Khanagha, H. B. (2024). Comparison of Cognitive Behavioral Therapy and Acceptance and Commitment Therapy on Negative Automatic Thoughts and Negative Affect in Depressed Women. *Aftj*, 5(2), 208-217. <https://doi.org/10.61838/kman.aftj.5.2.23>
- Kiani Rad, M. (2024). Effectiveness of Cognitive Behavioral Therapy on Body Image Concern in Women with Depression Symptoms. *Journal of Psychological Dynamics in Mood Disorders (PDMD)*, 3(1), 124-138. <https://doi.org/10.22034/pdmd.2024.434757.1039>
- Lai, D. W. L., Lee, V. W. P., & Ruan, Y. X. (2023). Perspectives Towards Cultural Competence and Receptivity to Cultural Competence Training: A Qualitative Study on Healthcare Professionals. *Primary Health Care Research & Development*. <https://doi.org/10.1017/s1463423623000245>
- Mohammadi, S., Hafezi, F., Ehteshamzadeh, P., Eftekhari Saadi, Z., & Bakhtiarpour, S. (2020). Effectiveness of Schema Therapy and Emotional Self-Regulation Therapy in the Components of Women's Marital Conflicts. *JCCNC*, 6(4), 277-288. <https://doi.org/10.32598/JCCNC.6.4.341.1>
- Stevenson, C., Costa, S., Wakefield, J. R. H., Kellezi, B., & Stack, R. (2020). Family Identification Facilitates Coping With Financial Stress: A Social Identity Approach to Family Financial Resilience. *Journal of Economic Psychology*. <https://doi.org/10.1016/j.joep.2020.102271>
- Sun, J., Ma, W., Mu, Y., & Yu, L. (2024). Exploring the Impact of School Climate and Environmental Awareness on Cultural Competence. *International Journal of Education and Cognitive Sciences*, 5(1), 1-7. <https://doi.org/10.61838/kman.ijecs.5.1.5>
- Tadros, E., Barbini, M., Durante, K. A., & Cappelto, M. (2023). The Impact of Physical Health, Race, and Financial Status on Relational Satisfaction. *Journal of Family Issues*, 44(5), 1358-1379. <https://doi.org/10.1177/0192513x211058830>
- Zarean, M., Ahadi, H., Jomehri, F., & Sohrabi, F. (2023). Comparison of the Effectiveness of Reality Therapy and Cognitive Behavioral Therapy on Depression and Adjustment in Post-Abortion Women. *Journal of Applied Family Therapy*, 4(1), 396-419. <https://doi.org/10.22034/aftj.2022.329891.1408>
- Zhu, V. (2020). Automatically Identifying Financial Stress Information From Clinical Notes for Patients With Prostate Cancer. *Cancer Res Rep*, 1(1), 1-7. <https://doi.org/10.61545/crr-1-102>