IJBS

10.30491/IJBS.2022.279258.1515

International Journal of Behavioral Sciences

Original Paper

Evaluation of the Effectiveness of Dialectical Behavior Therapy on Depressive Symptoms, Irrational Beliefs and Psychological Well-being of Women

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Submitted: 11 December 2021
Accepted: 29 January 2022

Int J Behav Sci. 2022; 15(4): 287-293

Abstract

Introduction: Given the importance and position of women in the family, it seems that measures should be taken for their mental health. Therefore, the aim of this study was to determine the effectiveness of dialectical behavior therapy on depressive symptoms, irrational beliefs and mental psychological well-being of women.

Method: This quasi-experimental study was a pre-test, post-test and follow-up after three months. The statistical population included women who referred to Mehregan Counseling Center in Mashhad who had referred in 2019. Among them, 30 women with depressive symptoms were randomly selected and randomly divided into an experimental group and a control group awaiting treatment. The intervention group was performed under eight group sessions for 90 minutes once a week. To collect data, the Jones Irrational Beliefs Questionnaire, Beck Depression Inventory, and Reef Psychological Well-Being Scale were used. Repeated measures analysis of variance was utilized to analyze data.

Results: The results of repeated measures analysis of variance showed that dialectical behavior therapy is effective in reducing depressive symptoms and irrational beliefs as well as increasing women's psychological well-being ($p<0.05$).

Conclusion: Therefore, dialectical behavior therapy can be effective in reducing depression, irrational beliefs and increasing women's psychological well-being. It is suggested that by using these variables by medical centers, other relevant organs and organizations, an effective step can be taken to improve the mental health status of women.

Keywords: Housewife, Psychological Well-being, Depression, Irrational Beliefs, Dialectical Behavior Therapy

Introduction

Family is the main institution of every society and the most important unit of social behavior, and many social science researches are based on this institution. Today, efforts to promote health and prevent disease have shifted to the family [1]. In the lives of women in both the family and society, there are bottlenecks that, due to gender inequalities, limit the options available to women and do not allow them to choose. The most important field of activity for women has traditionally been the family. Housekeeping may seem obvious at first, but in fact it's the source of many deep psychological, cultural, social, economic, and political challenges. Lack of social activity and financial independence can impair women's psychological well-being and lead to irrational beliefs or depressive symptoms [2]. Also, although women live longer than men [3], they are more likely to suffer from physical and mental illnesses such as depression, decreased mental well-being and quality of life [4].

The meaning of psychological well-being is defined as positive feelings and general satisfaction of life, which includes oneself and others in various areas of family, job, etc. The

feeling of well-being includes the feeling of cohesion and continuity in life, emotional balance and overall satisfaction with life and means the ability to find all the talents of the individual [5]. For example, the results of several studies have shown that housewives experience psychological well-being, lower quality of life, and more irrational beliefs and depressive symptoms than other women [6]. Winnfield, Gill, Taylor & Pilkington [6] points out that the well-being of housewives is affected by their environment and housewives who have no control over their environmental conditions, play a passive role in their interpersonal relationships and lead a life without direction and experience a low level of well-being. The opposite of mental health and well-being is psychological helplessness and especially depressive disorder. Depression is the most common lifelong disorder with a prevalence of 16.6%. Some studies have shown that depression is associated with the inability to acquire the components of psychological well-being [7] .

Depression can be a problem or a disorder. When an emotional problem is unpleasant, it is actually a transient mood that does not interfere much in life. Depression, however, can be a persistent and severe disorder that causes emotional distress or serious impairment in family, social, educational, or occupational functioning [8]. Biological, hormonal, life cycle and social factors are aggravating factors of mental disorders in women. In addition, some women, in addition to doing household chores, face extracurricular activities and employment, which creates issues for themselves. Some researchers have suggested that working women are better off with depression [9]. The lifetime prevalence of depression is 21.3% in women and 12.7% in men and the risk ratio of women to men is 1.7%. For example, according to studies, the prevalence of mental illness, especially depression and anxiety in Iranian women is 2.5 times higher than Iranian men [10]. Undoubtedly, depression is a real problem for women. Women get depressed because they do not get enough payment for their housework, or because they are deprived of socializing with young children. In contrast, women with higher social status and higher research are less likely to suffer from depression [11]. One of the factors that can cause depression in women is irrational beliefs [11].

Irrational beliefs are beliefs that do not correspond to reality, reduce mental and emotional health and cause emotional disorders [12]. Inconsistent behaviors of people are rooted in irrational beliefs and these beliefs dominate the psyche and are a determining factor in how to interpret, interpret and give meaning to events [13]. Irrational beliefs are goals or desires that become necessary preferences and become forced goals, so that if they are not met, they will cause confusion and depression [14]. People with irrational beliefs usually have more depression and poorer social functioning, their beliefs do not correspond to reality, they have low interpersonal interaction, and they are unsuccessful when facing stressful events [15].

The prevalence of depressive disorders has led to the introduction and study of various treatments for it, including medication. Although research supports the effectiveness of current treatments, it is relatively effective and there is still no definitive treatment for depressive disorder that can be considered as a definitive solution to this disorder [16]. One way to reduce women's psychological problems is dialectical behavior therapy. Dialectical behavior therapy is derived from the third wave of psychotherapy and is one of the methods of cognitive-behavioral therapy that emphasizes behavioral changes [17]. In this method, the orientation of treatment is to control the client's activities, teach behavioral skills (the heart of therapy) and help them to feel better and solve problems in life and achieve a sense of superiority and the pursuit of pleasure [18]. The mentioned method is based on the principle of acceptance and change and has four components of fundamental universal awareness and tolerance of anxiety as components of acceptance and regulation of emotion and interpersonal efficiency as components of change [19]. The ultimate goal of dialectical behavior therapy is to accept the individual and his or her behaviors without judging them, so emotions are genuine and experienced frequently, but the response to them can be modified [20]. Techniques of this method include basic techniques of cognitive-behavioral therapy such as exposure, behavior analysis chain, emotion recording and cognitive reconstruction, and specific techniques of the same method such as validation, dialectical thinking and awareness attention [21]. So far, various research have been done in this field. Dialectical behavior therapy is a technique of accepting the patient as he or she is while helping him or her to change by teaching interpersonal skills, anxiety tolerance skills, emotion regulation skills, and mindfulness-focused skills.

For example, Prisouz et al. [22] investigated the effect of dialectical behavior therapy on marital conflict and interpersonal processing of married women with emotional divorce. Soltani et al. [23] studied the effectiveness of DBT on emotion regulation and quality of life in women with Borderline Personality Disorder in Shahrekord, Iran. Homayounpour et al. [24] explored the effect of DBT on weight loss in obese women with emotional and behavioral disorders. The results of a quasi-experimental study confirmed the effectiveness of these studies. In light of the above points, this therapy was presented as an experimental treatment for patients with borderline personality disorder, which according to previous research, has been effective in alleviating the behavioral symptoms of eating disorders, anxiety, marital conflict and depression. Although much research has been done on depression, in our target population, which may be culturally different from other communities, less research has been done on depression in housewives. Therefore, considering the importance of women's role in strengthening the family structure, it seems that women's mental health is important, which has been less studied. It seems that performing therapeutic interventions in the field of new cognitive-behavioral therapies can, in addition to improving the self-care status of women, change the challenge of coping with the effects of depression to optimize their health and strengthen their

psychological well-being. Therefore, due to the progress of the third wave of cognitive-behavioral therapy, no study was conducted to examine this treatment on mental well-being, depression and irrational beliefs. Therefore, the researchers of this study decided to conduct a study with the hypothesis that "dialectical behavior therapy is effective on women's mental well-being, irrational beliefs and depression".

Method

The method of the present study was quasi-experimental with a pretest, posttest and follow-up along with a control group awaiting treatment. The statistical population of this study consisted of all women who had referred to counseling centers in Mashhad in 2019. In order to select the research sample of the study, out of 35 depressed women who had referred to the Mehregan clinic, 32 of them were estimated according to Cochran's formula, and only 30 of them agreed to participate in the study. The sampling method was convenience sampling and participants were matched and were randomly assigned into experimental and control groups. In quantitative researches, the use of the biggest sample is considered a general rule. However, in many studies time and budget limitations limit the number of subjects in a sample. For this reason, researchers have proposed a rule to determine the minimum sample size required for different methods of research. In experimental studies, 15 people for each group has been suggested that, depending on the availability of participants, the number may change [25-26]. Accordingly, 30 women diagnosed with depressive symptoms were selected using the available sampling method. Depressive symptoms were detected based on a structured clinical interview by a psychiatrist and clinical psychologist together with Beck's Depression Inventory. The subjects were then randomized into experimental and control groups (n=15 in each group).

The experimental group underwent DBT but the control group did not receive any treatment. The inclusion criteria of the study included satisfaction for participating in the study, being between 20 and 50 years old, at least a diploma, not taking medication related to the disorder at the same time. The exclusion criteria also included absence from attending a maximum of three sessions, if there were symptoms of depression and anxiety, the initial diagnosis of depressive disorder was based on a clinical interview and Beck Depression Inventory. For ethical considerations, consent was obtained from individuals in the research process and they were assured that all confidential information at any stage of the research could be removed from the research if desired.

The control group was placed on a waiting list to undergo these treatments at the end of data collection. Data were collected in three stages: before the intervention, after the intervention and after three months. Data analysis was performed using SPSS software version 22 and statistical test of repeated measures analysis of variance. Individuals were also demographically analyzed through descriptive statistics (frequency, percentage, mean and standard deviation).

The data collection tools of this study included

Demographic Characteristics Questionnaire: This questionnaire contains information such as age and level of education that was completed by Gert interview.

Irrational Beliefs: This test was developed in 1986 for measuring irrational beliefs by Jonz and consists of 100 items. Each phrase is scored by Likert method in five degrees from strongly disagree to strongly agree. A higher score on the test indicates the irrationality of tomorrow's belief. Jonz and Menzies [27] reported internal consistency of 45% to 72%, test-retest reliability of 92% and concurrent validity for the test of irrational beliefs. As reported by Zurawski and Smith (1987) the correlation between the test of irrational beliefs and the test of rational beliefs was 0.66 and 0.71. The correlation between these two tests with tests such as the Anxiety Status Test, the Beck Depression Test, and the Anger Status Test were 0.70, 0.59, 0.77, 0.70, and 0.50, respectively, all of which were meaningful at the level of 0.99. Woods (1993) estimated the overall validity of this test at 0.59, 0.70 and 0.55. By using Cronbach's alpha, Nielsen and Huron reported the reliability of the irrational beliefs test to be 0.81, 0.71, 0.70, and 0.68, respectively, which suggests the optimal reliability of the test. The average reliability of its components was 0.74 [28]. Motamedin used the Cronbach's alpha method and the ballad method to evaluate the reliability coefficient of this test. These coefficients were 0.75 and 0.76 for the whole scale and 0.80 and 0.82 for the helplessness subscales, respectively. 0.73 and 0.74 for problem avoidance, and 0.75 and 0.72 [29] for emotional irresponsibility.

Depression Inventory: The Beck Depression Inventory Second Edition [30], has been designed to assess the severity of depression and complies with the DSM-IV Depression Inventory. The questionnaire consists of 21 questions, each of which includes four options with a scoring range between 0-1-2-3, with a total score ranging from zero to 63, with a high score indicating a greater severity of depression. The cut-off point in the Beck Depression Inventory is 13. The reliability of the one-week retest is 0.93 and the internal consistency through Cronbach's alpha is 0.91 [31]. Also, the construct validity and convergent validity were estimated to calculate the correlation coefficient of scores obtained from the Beck Depression Inventory- second edition and the Depression Scale (Short form) (0.87) [32]. In the study of Mohammad-Khani et al. [32], the simultaneous validity of the correlation coefficient between the average of the first 20 questions and the question 21 was 0.83 and in the content validity study, the validity coefficient of all the questions of the Depression Questionnaire was calculated to be 0.85. Cronbach's alpha method was used to evaluate internal consistency and the alpha coefficient was 0.90 for the whole questionnaire.

The Ryff Psychological Well-Being Scale: Ryff [33] developed a self-report tool for measuring its theoretical model of psychological well-being, which is one of the most important measures of psychological well-being. The first text of this tool had 120 questions. In the following years, based on research on its psychometric

properties, shorter versions of 40, 84, 42, 24, 18, 14, 9 and 3 questions were developed. Reef himself believes that the 84-question version of the test is more capable of determining psychological well-being than other writings. He wrote an 84-question version in 1989. In the article, 84 questions were assigned (14 questions for each factor). These factors include self-control, mastery of the environment, positive relationships with others, personal growth, purpose in life and self-sufficiency, while the sum of the scores of these six factors is calculated as the overall score of psychological well-being [33]]. In Iran, Sadati-Firoozabadi and Moltafat [34] evaluated the validity and reliability of the 84-item version on a sample of students. According to their results, the test-retest reliability was 0.82 for the overall score, 0.71 for self-acceptance, 0.77 for positive relationships with others, 0.78, for self-adherence 0.77 for environmental mastery, 0.70 for life purpose and 0.78 for personal growth. For the assessment of validity, the Life Satisfaction Test, Oxford Happiness Questionnaire and Rosenberg Self-Esteem Questionnaire were used and the correlation between the scores of these tests and psychological well-being was calculated to be 0.47, 0.58 and 0.46, respectively.

In this study, dialectical behavior therapy was used (Linehan, 1993). The treatment program consisted of eight intervention sessions that were performed in 90-minute group sessions at the Mehrgan Counseling Center in Mashhad. A description of the meeting framework is given in Table 1. As mentioned in the introduction, this treatment was initially designed for people with borderline personality disorder, but due to the effectiveness of this approach on depression, this protocol was developed by a consulting physician with 10 years of experience in treating depressive disorder, in accordance with the norms. The Iranian society was normalized [35].

Table 1. Content of Dialectical Behavior Therapy Sessions

Sessions 1	Familiarity with the concept of mindfulness and three mental states (logical mind, emotional mind and rational mind)
Sessions 2	Teaching two categories of skills to achieve mindfulness; the first category of what skills (including observing, describing and participating); And the second category of how skills (including non-judgmental position, comprehensive self-awareness and acting efficiently)
Sessions 3	Teach distraction strategies
Sessions 4	Self-relaxation training with five senses
Sessions 5	Moments improvement skills and profit and loss techniques
Sessions 6	Acceptance of reality (including pure acceptance, mindfulness, and satisfaction)
Sessions 7	Emotional regulation (including teaching the pattern of recognizing emotions and labeling them, which leads to increased emotion control.
Sessions 8	Emotional regulation (training to create positive emotional business by creating positive short-term emotional experiences)

Results

The aim of this study was to investigate the effectiveness of dialectical behavior therapy on women's mental well-being, depression and irrational beliefs. This study was performed on 30 women in two groups of dialectical and control behavior therapy. In the dialectical behavior therapy group, 6.7% were under 30 years old, 66.7% were between 30-39 years old, 26.7% were between 40-49 years old; 80% had a diploma, 13.3% a post-diploma, 6.7% a bachelor's degree. In the control group, 66.7% were between 30-39 years old, 33.3% were between 40-49 years old, 93.3% had a diploma and 6.7% had a bachelor's degree.

As it can be seen in Table 2, in the variables of depression and irrational beliefs, the mean scores of post-test and follow-up after one month of the experimental group were lower than the mean scores of pre-test. In the control group, the mean scores of post-test and follow-up after one month were higher or had not changed. In the mental well-being variable, the average post-test and follow-up scores after a month of the experimental group were higher than the mean of the pre-test scores. In the control group, the mean scores of the post-test and follow-up after a month were less than the pre-test or did not change. Frequent analysis of variance was used to evaluate the effectiveness of dialectical behavior therapy on depression, irrational beliefs and mental well-being. The results of the Leven test in order to measure the equality of variance of groups in the variables of mental well-being, irrational beliefs and depression were more than 0.05. So, it can be said that with 0.95 confidence, it is possible to judge the experimental and control groups. To disperse the scores of depression, mental well-being and irrational beliefs were the same in the pre-test, post-test and follow-up. Also, statistics and F related to Muchli sphericity and M box tests of mental well-being, depression and irrational beliefs were obtained to measure the spherical shape of the variance matrix, respectively (above the alpha level of 0.05). Therefore, all the stated assumptions were made for repeated measurement statistical analysis

The results of Table 3 indicate that F variables of depression, irrational beliefs and mental well-being are significant in the experimental group ($P < 0.05$) and this indicates the positive effect of dialectical behavior therapy on depression, mental well-being and irrational beliefs in different stages. Tukey's post hoc test (Table 4) compares the components of mental well-being, depression and irrational beliefs in the three stages of research in dialectical behavior therapy. The results show that in depression and irrational beliefs, the post-test score had a significant decrease compared to the pre-test

(p<0.05). However, in the follow-up, a significant difference with the post-test was observed (p<0.05). As for mental health, the results suggested a significant increase in the post-test score as opposed to the pre-test (p<0.05). Also, in the component of mental well-being, a significant difference was observed between the post-test and follow-up (p<0.05).

Table 2. Mean and Standard Deviation of Depressive Symptoms, Irrational Beliefs and Psychological Well-being of Women

Variable	Dialectical Behavior Therapy Group			Control group		
	T1	T2	T3	T1	T2	T3
	M	M	M	M	M	M
	sd	sd	sd	sd	sd	sd
Depressive symptoms	13.66	10.46	10.40	12.73	12.20	12.80
	1.49	1.64	1.72	1.27	1.26	1.20
Irrational beliefs	65.53	59.86	59.40	60.53	60	60.93
	4.12	4.74	4.37	4.70	4.59	4.36
Psychological well-being	28.06	31.80	31.13	30.60	31.26	31.46
	4.43	4.31	4.42	4.13	4	3.96

*T1= Pre-test, T2= Post-test, T3=Follow-up

Table 3. Results of Intragroup Effect Tests (repeated measurements)

Variable	The third type of squares	Df	F	P
Depressive symptoms	102.94	1	5.42	0.001
Irrational beliefs	3913.34	1	4.45	0.003
Psychological well-being	159.01	1	3.38	0.002

Table 4. Result of Tukey Post Hoc Test, Comparison of Psychological Well-being, Depression and Irrational Beliefs in Three Stages of Research in Dialectical Behavior Therapy

Variable	Stage	MD	SD Error	P
Psychological well-being	Pre-test/Post-test	3.74	4.2	0.001
	Pre-test/ Follow up	3.07	4.3	0.002
	Post-test – Follow up	0.67	3.2	0.001
Depressive symptoms	Pre-test/Post-test	3.2	4.5	0.001
	Pre-test/ Follow up	3.26	5.5	0.002
	Post-test/ Follow up	0.06	6.3	0.07
Irrational beliefs	Pre-test/Post-test	5.57	2.3	0.001
	Pre-test/ Follow up	6.13	3.2	0.002
	Post-test/ Follow up	0.46	0.4	0.001

Discussion

The aim of the present study was to investigate the effectiveness of dialectical behavior therapy on mental well-being, irrational beliefs and depression in women. The findings of this study regarding mental well-being, depression and irrational beliefs showed that dialectical behavior therapy can be effective in reducing irrational beliefs, depression and also increase psychological well-being in the participants of the post-test study compared to the pre-test (p<0.05). However, no significant differences were observed between follow-up and post-test in the component of depression (p>0.05). This study has investigated the effectiveness of dialectical behavior therapy on depressive symptoms, irrational beliefs and psychological well-being of women for the first time. The findings of this study are similar to the research of Parisouz et al. [22], Soltani et al. [23], and Homayounpour et al. [24]. All the mentioned research have been carried out on women. In all cases, dialectical behavior therapy has been effective on marital conflicts, quality of life, emotion regulation and weight loss of these women.

By explaining the effectiveness of dialectical behavior therapy on depressive symptoms, it can be stated that in this treatment, instead of addressing the content of cognition of depressed people, the cognition process is investigated. Actually, the way we look at thoughts is targeted instead of the thoughts themselves. Moreover, in this treatment, using awareness-raising techniques, attempts were made to prevent a recurrence, so that the individuals would be able to monitor their daily thoughts as keen observers. According to Kleiber et al. [36], it can be said that dialectical behavior therapy is a method of therapy that has a clear structure and uses behavioral techniques, and on the other hand, this method facilitates change and improvement by accepting emotional problems. It also incorporates dialectical principles and techniques (such as self-observation) that lead to the stability of change.

The effect of DBT on reducing the symptoms of irrational beliefs in depressed people can be better explained by referring to the concept of irrational beliefs (i.e., inflexible beliefs that people hold as a way of protecting themselves). In fact, high-intensity emotions lead to inefficient problem-solving strategies, such as these irrational beliefs. In dialectical behavior therapy, through the existing techniques, the depressed person learns to accept the turmoil and, as part of this therapy, becomes aware of and manage of his/her emotions. Also, by using communication skills, one learns to experience less emotions such as fear and does not need to develop strategies such as irrational beliefs and rules. According to Linehan [37], it can be said that dialectical behavior

therapy has two principles of acceptance and change. The principle of acceptance helps to see and accept emotions and phenomena clearly, and the principle of change helps to change emotions and phenomena. As a result, dialectical behavior therapy reduces irrational beliefs in women with depression through the described mechanisms.

In explaining the effectiveness of dialectical behavior therapy on women's psychological well-being, it can be said that in this treatment, the concept of acceptance is emphasized. In fact, acceptance means accepting destructive emotions, which is a normal process in a person. By observing emotions like a specialist, a person can experience a better feeling that this process can have a positive effect on a person's psychological well-being. Also, with the formation of a new way of thinking, feeling and acting, it will promote the necessary resources to achieve their goals in life. Actually, it seems that the observed changes have been resulted from the training and interventions based on multiple components of behavior therapy dialectical [38].

Conclusion

Sometimes teaching dialectical behavior therapy skills creates the misconception that one cannot feel any emotion in the face of life's problems and troubles. Emotional pain is a natural reaction to life's problems. The problem starts when women do not want and cannot accept this natural emotional pain and want to fight it and get rid of it quickly, and in this situation, emotional pain suffers.

One of the limitations of the present study was the limited sample size, which could not be increased according to the inclusion criteria as it was conducted only on women in Mashhad. Also, in this study, like other human research, family environment and social and economic conditions of individuals are among the factors affecting the results of the study. So, the generalization of the results to the whole society should be done with sufficient caution and knowledge. Finally, according to the results of this study, it is suggested that specialists and therapists working with women with depression, pay attention to the dialectical behavior therapy approach. Also, this study is only a cross-sectional study and examines the positive effects of this program over a period of only a few months. It is suggested that appropriate longitudinal research be conducted to evaluate the long-term effects of this intervention program and the amount of components over the next few years.

Conflict of Interest

The authors declare that they have no conflicts of interest and no financial benefits from this study.

Ethical Approval

The participants willingly filled out the questionnaires and signed a written informed consent. This study is taken from the doctoral dissertation of the first author.

Acknowledgment

The authors would like to thank the Islamic Azad University of Bojnourd for the approval of this research. They also appreciate all those who participated in present study for their patience.

References

1. Parke RD, Ladd GW. Family-Peer Relationships: Modes of Linkage: Taylor & Francis; 2016. https://books.google.com/books?id=jAa4CwAAQBAJ.
2. Paquin JD, Coleman MN. Introduction to the Special Issue on Women and Group Work. International Journal of Group Psychotherapy. 2021;71(1):1-12. doi: 10.1080/00207284.2020.1798667.
3. Hersey JC, Khavjou O, Strange LB, Atkinson RL, Blair SN, Campbell S, et al. The efficacy and cost-effectiveness of a community weight management intervention: A randomized controlled trial of the health weight management demonstration. Preventive Medicine. 2012;54(1):42-9, doi: https://doi.org/10.1016/j.ypmed.2011.09.018.
4. Khazaei A, Shamsipour H, Davazdah Emamy MH. The effectiveness of Group well-being Therapy on marital satisfaction and psychological well- being among housewives. Shenakht. 2018;5(5):43-52. doi: 10.29252/shenakht.5.5.43.
5. Twenge JM, Martin GN, Campbell WK. Decreases in psychological well-being among American adolescents after 2012 and links to screen time during the rise of smartphone technology. Emotion. 2018;18(6):765-80. doi: 10.1037/emo0000403.
6. Winefield HR, Gill TK, Taylor AW, Pilkington RM. Psychological well-being and psychological distress: is it necessary to measure both? Psychology of Well-Being: Theory, Research and Practice. 2012;2(1):3. doi: 10.1186/2211-1522-2-3.
7. Moradi M, Cheraghi A. The relationship of social supports to psychological well-being and depression: The mediating roles of self-esteem and basic psychological needs. Developmental Psychology: Journal of Iranian Psychologists. 2015.
8. Robb S. Distinct forms of depression and somatization following head injury: A neuropsychological framework and exploratory treatment paradigm for somatic symptoms and executive dysfunction following mild head injury. Brock University.
9. Soomro R, Riaz F, Naved S, Soomro F. Comparative analysis of depression among housewives and working women in Bilal colony of Kornagi area Karachi. Interdisciplinary Journal of Contemporary Research in Business. 2012;3(11):354-9.
10. Sadeghi R, Zareipour MA, Akbari H, Khan-Beygi M. Mental health and associated factors amongst women referred to health care centers. Journal of Health and Care. 2011;13(4):0-.
11. Afshar a, rostami c, Afshar A, Karimi A, Ardalan A. The study of Acceptance and Commitment Therapy (ACT) on the Depression in housewives. JJUMS. 2020;6(2):244-52, http://journal.jmu.ac.ir/article-1-259-en.html.
12. Outar L, Turner MJ, Wood AG, Lowry R. "I need to go to the gym": Exploring the use of rational emotive behaviour therapy upon exercise addiction, irrational and rational beliefs. Performance Enhancement & Health. 2018;6(2):82-93. doi.org/10.1016/j.peh.2018.05.001.
13. Crumpei I. Secondary Traumatic Stress and Irrational Beliefs in Medical Students Seen as Premises of Sensitivity to Therapy Training. Procedia - Social and Behavioral Sciences. 2014;142:296-9. doi:org/10.1016/j.sbspro.2014.07.635.
14. Osberg TM, Eggert M. Direct and indirect effects of stress on bulimic symptoms and BMI: The mediating role of irrational food beliefs. Eating Behaviors. 2012;13(1):54-7. doi:org/10.1016/j.eatbeh.2011.09.008.
15. Allen MS, El-Cheikh S, Turner MJ. A longitudinal investigation of irrational beliefs, hedonic balance and academic achievement. Learning and Individual Differences. 2017;58:41-5. doi:org/10.1016/j.lindif.2017.07.003.
16. Modares M. Effectiveness of group dialectical behavior therapy (based on core mindfulness, distress tolerance and emotion regulation components) on depressive symptoms in university students. Journal of Fundamentals of Mental Health. 2011;13(50):35-124. doi: 10.22038/jfmh.2011.881.
17. Herschell AD, Lindhiem OJ, Kogan JN, Celedonia KL, Stein BD. Evaluation of an implementation initiative for embedding Dialectical Behavior Therapy in community settings. Evaluation and Program Planning. 2014;43:55-63. doi.org/10.1016/j.evalprogplan.2013.10.007.
18. McCay E, Carter C, Aiello A, Quesnel S, Howes C, Johansson B. Toward Treatment Integrity: Developing an Approach to Measure the Treatment Integrity of a Dialectical Behavior Therapy

Intervention With Homeless Youth in the Community. Archives of Psychiatric Nursing. 2016;30(5):568-74. doi:org/10.1016/j.apnu.2016.04.001.
19. Barnicot K, Gonzalez R, McCabe R, Priebe S. Skills use and common treatment processes in dialectical behaviour therapy for borderline personality disorder. Journal of Behavior Therapy and Experimental Psychiatry. 2016;52:147-56. doi:org/10.1016/j.jbtep.2016.04.006.
20. Eisner L, Eddie D, Harley R, Jacobo M, Nierenberg AA, Deckersbach T. Dialectical Behavior Therapy Group Skills Training for Bipolar Disorder. Behavior Therapy. 2017;48(4):557-66. doi:org/10.1016/j.beth.2016.12.006.
21. Lang CM, Edwards AJ, Mittler MA, Bonavitacola L. Dialectical Behavior Therapy With Prolonged Exposure for Adolescents: Rationale and Review of the Research. Cognitive and Behavioral Practice. 2018;25(3):416-26. doi.org/10.1016/j.cbpra.2017.12.005.
22. Parisouz A, Najarpoorian S, Mohammadi K. Effectiveness of Dialectical Behavioral Therapy on Marital Conflict and Interpersonal Processing of Married Women with Emotional Divorce. mui-jbs. 2019;17(2):253-64. doi: 10.52547/rbs.17.2.253.
23. Soltani Z, Alipour G, Ghasemi Jobaneh R, Salimi H. Efficacy of Dialectical Behavior Therapy on Emotion Regulation and Quality of Life among Women with Borderline Personality Disorder in Shahr-e-Kord, Iran, in 2015. Ilam-University-of-Medical-Sciences. 2018;26(3):47-55. doi: 10.29252/sjimu.26.3.47.
24. Homayounpour P, Seirafi M, Ghare S. Efficacy of Dialectical Behavior Therapy on Decreasing Weight in Obese Women with Emotional and Behavioral Disorders: A Quasi Experimental Study. Iranian journal of diabetes and obesity. 2021.
25. Amiri M, Behpajooh A. The effect of behavior parent training to mothers of children with Attention Deficit Hyperactivity Disorder. International Journal of Behavioral Sciences. 2016;9(4):6-12.
26. Borg WR, Gall MD. Educational Research: An Introduction. British Journal of Educational Studies. 1984;32(3):274-.
27. Jones MK, Menzies RG. Danger ideation reduction therapy (DIRT) for obsessive–compulsive washers. A controlled trial. Behaviour Research and Therapy. 1998;36(10):959-70. doi.org/10.1016/S0005-7967(98)00057-6.
28. Narimani M, Bagiyankoulemarz M, Mehdinejad Moghadam B. The comparison of unlogicul believes and self-skilfullness and psychological best lining in patients who are affected to migraine and healthy person. Quart J Health Psychol. 2015;4:7-20.
29. Gh E, Motamedin M. Investigation of factor structure Jones Irrational Beliefs Test in Ahvaz City. Knowledge and Research in Psychology. 2005;23:73-94.
30. Beck A, Steer R, Brown G. Manual for the Beck depression inventory-II. 1996. San Antonio, TX: Psychological Corporation. 1996;2.
31. Dabson KS, Mohammad Khani P. Psychometric Characterastics of Beck Depression Iventory – II In Patients with Major Depressive Disorder. Archives of Rehabiliation (Journal of Rehabilitation). 2007;8(Supplement (29)):82-8, https://www.sid.ir/en/Journal/ViewPaper.aspx?ID=93317.
32. Mohammad-Khani P, Dabsoun K, Hosseini F, Momeini F. Comparison of the Effectiveness Mindfulness-Based Cognitive Therapy and Cognitive-Behavior Therapy and Treatment as Usual on Depression and Additional Symptoms and Other Psychiatric Symptoms. Journal of Clinical Psychology. 2011;3(1):19-26.
33. Ryff CD. Happiness is everything, or is it? Explorations on the meaning of psychological well-being. Journal of personality and social psychology. 1989;57(6):1069.
34. Sadati Firoozabadi S, Moltafet G. Investigate Psychometric Evaluation of Ryffe's Psychological Well-Being Scale in Gifted High School Students: Reliability, Validity and Factor Structure. Training Measurement. 2017;7(27, A00268):103-19, https://www.sid.ir/en/Journal/ViewPaper.aspx?ID=606753.
35. Lynch TR, Morse JQ, Mendelson T, Robins CJ. Dialectical Behavior Therapy for Depressed Older Adults: A Randomized Pilot Study. The American Journal of Geriatric Psychiatry. 2003;11(1):33-45. doi.org/10.1097/00019442-200301000-00006.
36. Kleiber BV, Felder JN, Ashby B, Scott S, Dean J, Dimidjian S. Treating Depression Among Adolescent Perinatal Women With a Dialectical Behavior Therapy–Informed Skills Group. Cognitive and Behavioral Practice. 2017;24(4):416-27. doi.org/10.1016/j.cbpra.2016.12.002.
37. Linehan M, Bohus M, Lynch T. How dialectical behavior therapy changes emotion dysregulation in borderline personality disorder. Eur Psychother. 2010;9(1):141-66.
38. Lall SS. Applying a Multicomponent Framework to Manage School Refusal: A Case Report. International Journal of Behavioral Sciences. 2020;14(3):116-21. doi: 10.30491/ijbs.2020.211632.1174.