

Comparison of the Effectiveness of Reality Therapy, Therapy Based on Acceptance and Commitment and Dialectic Therapy on Resilience, Social Adaptation and Emotional Regulation of Female Heads of Households in Sari City

TALEB ALI POURSHARIEH¹

PhD Student in Clinical Psychology, Lincoln University College, Malaysia

ALI AKBAR RAHMATIAN

PhD Degree from Florida State University, Tallahassee, USA

Abstract

This research has been conducted with the aim of comparing the effectiveness of reality therapy, acceptance and commitment-based therapy, and dialectical therapy on resilience, social adaptation, and emotional regulation of female heads of households in Sari city. The method used in this research is quasi-experimental. The statistical population under study was formed by female heads of households in Sari city in 2018. The statistical sample for the study is 60 people, of which 45 people for three experimental groups (15 people in each experimental group and 15 people in the control group) are female heads of the household, who were selected as a sample by the purposeful sampling method and were randomly replaced in the groups. Data collection tools include Connor Davidson's resilience, Bell's social adjustment and Gratz's emotion regulation questionnaires. After scoring the questionnaire and extracting the data, it was analyzed using SPSS-21 software with the help of covariance statistical test, one-factor analysis of variance and Tukey's post hoc test. The findings showed that reality therapy, therapy based on acceptance and commitment, and dialectic therapy are effective on resilience, social adaptation, and emotional regulation of female heads of households. And the effectiveness of reality therapy and therapy based on acceptance and commitment on resilience and emotional regulation is more than the effectiveness of dialectic therapy; however, no difference was observed in the effectiveness of three treatment methods on women's social adjustment.

Keywords: reality therapy, therapy based on acceptance and commitment, dialectic therapy, resilience, social adaptation, emotional regulation, female heads of the household.

INTRODUCTION

Positive psychological approach has recently been considered by psychologists considering abilities and talents of human being instead of dealing with abnormalities and disorders. This approach knows its ultimate goal as knowing components and methods which precede wellbeing and happiness of human. Thus factors that cause more adaptability of mankind with life needs and threats are most fundamental components under studies in this approach resiliency has special attention in

1. Corresponding author: Taleb Ali Poursharieh

revolutionary psychology district, family psychology and Psychological wellbeing (Samani et all 2002). Resiliency is taken from the Latin word Resilire means turn back to the primary status and consists of a comprehensive concept which refers to individual's positive adaptability while difficulty and description of development at the heart of negative experiences (Mastin &Goyertz 2006, cited in Samani et al, 2002). Emotional regulation is based on internal and external processes of responding against controlling and supervising, evaluating and balancing emotional interactions especially their temporary characteristics to attain goals (Tompson, 1994; cited in Aminabadi, Dehghani & Khodapanahi, 2002).

Successful emotional regulation is along with affirmative outcomes such as developing social competence (Eisenberg, 2000) and in contrast, unjustified emotion accompanies eminent forms of psychological harms. For instance it has been said that lack of regulating emotion can be sign of problematic behaviors such as stricture (Dillon, Ritchey, Johnson & La-Bar, 2007). Researches have shown that a powerful level of regulating emotion consist of cognitive methods, directing motivational emotional information (Oschner & Gross, 2005). Regulating emotion is a permanent component of human being which helps managing or regulating feelings and emotions, give human more power to adjust especially after negative emotional experiences (Morris, Silk, Steinberg, Mayors, & Robinson, 2007). In most studies regulating emotion is supposed same as cognitive opposition and generally refers to cognitive methods of managing feelings using motivated emotional information. Cognitive processes can help us to take the responsibility of managing or regulating emotions or feelings through which be able to control emotions after anxious events (Granovski, Kraji & Spinhaon, 2002).

Choice theory is about human`s behavior and specifies That's we as a human being how to choose our behavior to attain what we want. Based on this theory what we do is a behavior and also all our behaviors are conscious and are motivated from inside us. Choice theory says that based on scientific reasons all we do such an as negative feelings, anger, anxiety, depression and feeling of adversity are our choices. Others cannot make us happy or unhappy. We directly choose what we do and our thinking and almost all our feelings and the great part of physiologic condition of our body indirectly. Whatever our feelings are bad, and a great part of what happens while pain inside us are indirect consequence of what we do or what we think that we have chosen in our everyday life. This thinking is exactly against theories which say we live in a world of external control and they are motivated by external factors (Glasser & Glasser, 1995; Sahebi, 2014). Learning acceptance and commitment based treatment help people to improve fundamental abilities such a as kindness, acceptance, sympathy, respect and live at present even while experiencing powerful emotions (Feizi, 2015).

Dialectical behavioral therapy is a special kind of cognitive-behavioral psychotherapy that has been defined in the late 80's by Marsha Linhan. Codification of this treatment helps better treatment of borderline personality disorder. From the beginning this method of treatment has been used for treating different types of psychological disorders (Lynhan, 1992). Situations that are mostly found in emotional, family or friendly relationship. DBT theory says that arousal level of some people in such situations and in contrast with medium people increases faster, they reach to a higher level of emotional incitement and it takes a long time to come back to the basics level of motivation (Lynhan, 1992). In present research considering above mentioned cases it has been tried to investigate and contrast the efficiency of three psychological

treatment methods such as reality therapy, acceptance and commitment based treatment and dialectical treatment on resiliency, social adaptation and emotional adjustment of female-headed household.

STATEMENTS OF THE PROBLEM

Today with improvement of human society and women's greater presents out of home, this responsibility is generalized to members of the society. It seems that those are high in expect up because of their physical and sentimental nature which cause increasing social- psychological pressure on woman and effects all health dimensions (physical, psychological and social) on this group (Taheri et al, 2013).

Increasing the number of couples are in trouble, imbalanced families, couple's disturbed relations and increase the rate of divorce in recent years in Iran worry all psychologist and sociologists. Psychologically studies in couples show that less than half of them are satisfied (Christensen 2004; Razeghi, 2013). Some women because often unsuitable conditions that happens for them as a result of different reasons after marriage take the responsibility of their children and work for a living. Social adjustments is an issue for women-headed house hold. Adjustment is a developing and dynamic process which consists a balance between what people want and what is accepted by the Society. In other word adjustments is a mutual process, from one hand person is effectively connected with Society and on the other hand Society makes situations in which people's potential abilities come true. In this case social adjustment is a reflection of person's interaction with others, satisfying with his role and how to perform it that are mostly under the effect of previous personality, culture and family's expectations (Weissman, 2008). Eslobi & Goara have defined social adjustment synonymous with social skill which consists of the ability to have mutual interaction with others in a special way that is acceptable in the society (Wallas, 2010; cited in Mirarab, 2015).

Resiliency is the other issue under investigation in these people. Resiliency is recognized by person's response to stressful events in life or continues facing with stress (Perkins, 2004). Resiliency is a factor which helps people while facing and adopting with difficult and stressful situations in life and protect them against psychological disorders and life problems (Izadian, 2011). Resilient people have high level of individual adjustment with stressful factors around them. Competencies or adjustment in human being is a combination of interaction between ecology and organism development. However resiliency has multi dimension nature. Thus the person may be resilient in a dimension but not in the other one (Masten 2004). Emotional adjustment in house hold headed women is under investigation in this study too. Emotional adjustment is defined as a getaway or, protection, balance or modification in emerging, intensity or continuity process of internal feeling and related emotion with psychological-social, physical processes in individual's attaining goal. They can be done automatically or controllably, consciously or unconsciously. This developed concept entails many regulatory processes and strategies which consist of cognitive, physical, social and behavioral dimensions. Reassessment, mind rumination, self-declaration, avoidance and prohibition can be referred as some of these strategies (Garneski, Kraaij, Espinhoven, 2008). Women head household in most psychological cases mentioned in this study (such as resiliency, adjustment and emotional

regulation) have some shortcomings, in order to remove them and use their abilities to improve them among other people in the Society performing psychological treatments will be necessary. Indeed reality therapy, acceptance and commitment based treatment and dialectical treatment are some of psychological treatments under investigation in this study. Reality therapy consists of mind basis methods based and sentimental involvement that William Glasser has turned to as a result of unsatisfactory of psychological results. Identity is a collection of personal characteristics which is known as “ego”. Identity has physical, social and psychological dimensions in which formation family, society and inherit and physical factors have great effect (Glasser, Sahebi, 2015).

Acceptance and commitment based treatment is a behavioral treatment of third generation about treating mood and anxiety disorders. In these treatments it is tried to increase individual’s psychological connection with his thoughts and feelings instead of modifying cognitions (Hynz et al, 2010). Acceptance and commitment treatment is originated from a philosophical theory called functional landscaping and is based on research program about language and cognition which mental connections framework theory has 6 central processes known as acceptance and commitment based treatment ACT and results in psychological flexibility (Hynz et al, 2006). Concentrating on accepting patient’s experience as a way for therapists to make a balance in treatment for changing negative behaviors is an exclusive dimensions of DBT (Alavi, 2016). Considering mentioned cases present research is looking for answering this question that whether the degree of reality therapy, acceptance and commitment based therapy and dialectical treatment efficacy is different in social adjustment, resiliency and emotional adjustment of house headed women.

RESEARCH DESIGN

Research method was semi-experimental with pretest-posttest and experimental and control group. Statistical population of the research were female headed household of Sari city in 2019 who were referred to wellbeing organization and Baran social work clinic in Sari, in the first half of 2019. Sample under study are 60 individuals, 45 of them for three experimental group (15 for experimental and 15 for control group) from female headed household who are selected through purposeful sampling method and are in groups through simple random sampling. In this research data are collected through three standard questionnaire.

Bell’s social adjustment inquiry: This test measures individual and social adjusting half of the person and was published in 1939 for the first time by Bell (cited in Khodayari et al, 2002) and in 1953 was reviewed. Test has five age levels, preschool, and elementary school, secondary, school and high school. It high school level was used in this study. Giving response to 90 questions of California personality social adjusting sub-test is in the form of yes/no questions. Based on test correction key of all six scales correct responses take score 1 and incorrect responses take score 0. Then scores are added to obtain test score. Cronbach’s alpha for total test is $\alpha = 0.98$ which indicates suitable internal consistency of this test.

1) Conner-Davidson`s resiliency inquiry

This questionnaire had 25 questions. In order to obtain total score of the questionnaire, total scores of all questions are added up. This score is from 0 to 100. Higher score indicates more resiliency of responder and vice versa. Questionnaire cut-off point is score 50. In other words, higher score than 50 indicates people who have resiliency and whatever this score is more than 50, resiliency in people is higher and vice versa. Validity and reliability: in Besharat et al (2007) research validity and reliability of this questionnaire is confirmed. $\alpha = 0.84$ is obtained for this questionnaire and it has good reliability.

2) Gratz`s emotion regulation inquiry

This questionnaire was made by Gross and John. It is a self-reporting multi-dimension 10 items questionnaire which evaluates problem in emotion regulation in addition to evaluate emotion regulation but is mostly focused on problems. Reliability of emotion regulation questionnaire was calculated through two methods of Cronbach`s α and split-half are respectively 0.86 and 0.80 which indicates acceptable coefficient of emotion regulation questionnaire. In Gross and John research internal consistency for reevaluation of is 0.79 and repression is 0.73. In Iran Hosseini has reported Cronbach`s α coefficient 0.79 for reevaluation. This questionnaire is in a scale of 7 degrees (completely disagree to completely agree), its scoring is respectively from 1 to 7. Score between 10 to 27: degree of emotion regulation is weak. Score between 27 to 40: degree of emotion regulation is medium. And score above 40: degree of emotion regulation is strong.

PROCEDURE

In order to do the research negotiations have been done with female-headed household who referred to Baran social work center. Before the task begins samples gave an interview to get familiar with each other and the purpose of the research. After selecting sample, considering mentioned criteria, participants were divided into three experimental and three control groups through simple random sampling. Pretest was held in all three experimental groups. Then for first experimental group, independent variable, reality therapy, second experimental group interference relevant to acceptance and commitment based treatment and third experimental group, group dialectical treatment in eight, 1.5 hour and twice a week has been done. There was no interference for control group. After finishing these sessions, posttest was held in all three experimental and control group. Very research had entering and exiting criteria. Entering exiting criteria in current research are:

Entering conditions: female-headed household, under the protection of Baran social work center in Sari. **Exiting conditions:** get out of supervising family while doing the research.

DATA ANALYSIS PROCEDURES

Data are analyzed in two parts of descriptive and inferential statistics. In descriptive analysis mean, standard deviation, tables and graphs have been used. And in

inferential statistics covariance analysis statistical method and one way analysis of variance and Tukey post hoc test have been used. It should be mentioned that these analysis have been done with SPSS software, version 22.

FINDING OF STUDY

First hypothesis: *Reality therapy has an effect on female-headed household's resiliency.*

Table 1: Results of covariance analysis between control and experimental group with controlling resiliency scores

Eta coefficient	significance level	F	Mean square	Degree of freedom	Total square	Variance resource
0/70	0/000	66/15	6049/20	1	6049/20	Reformed model
0/94	0/000	477/09	43624/53	1	43624/53	Pretest
0/70	0/000	66/15	6049/20	1	6049/20	Group
			91/43	28	52234	Error
				30		Total

As it is observed in table 1, in addition to control the effect of pretest variable, there is a meaningful difference between posttest scores of participants' resiliency in experimental and control group. As the effect of reality therapy in resiliency is reported as ($p < 0.000$ and $F = 66.15$ and $df = 1$) and the degree of effect in reality therapy is (70), it means that 70% of increase in resiliency is related to the effect of reality therapy.

Second hypothesis: *Acceptance and commitment based treatment has an effect on female-headed household's resiliency.*

Table 2: Results of covariance analysis between experimental and control group with controlling resiliency scores

Eta coefficient	significance level	F	Mean square	Degree of freedom	Total square	Variance resource
0/69	0/000	64/84	4762/80	1	4762/80	Reformed model
0/95	0/000	545/12	40040/53	1	40040/53	Pretest
0/69	0/000	64/84	4762/80	1	4762/80	Group
			73/45	28	2056/66	Error
				30	46860	Total

As it is observed in table 2, in addition to control the effect of pretest variable, there is a meaningful difference between scores of experimental and control groups members' resiliency posttest. As the effect of acceptance and commitment based treatment in resiliency has been reported as ($p < 0.000$ and $F = 64.84$ and 28 and $df = 1$) and the degree of effect in resiliency is (69), it means that 69% of increasing in resiliency is related to the effect of acceptance and commitment based treatment.

Third hypothesis: *Dialectical treatment has an effect on female-headed household's resiliency.*

Table 3: Results of covariance analysis between experimental and control group with controlling resiliency scores

Eta coefficient	significance level	F	Mean square	Degree of freedom	Total square	Variance resource
0/47	0/000	24/90	986/13	1	986/13	Reformed model
0/96	0/000	666/91	26403/33	1	26403/33	Pretest
0/47	0/000	24/90	986/13	1	986/13	Group
			39/59	28	1108/53	Error
				30	28498	Total

As it is observed in table 3, in addition to control the effect of pretest, there is a meaningful difference between scores experimental and control group members` resiliency score. As the effect of dialectical treatment in resiliency is reported as ($p \leq 0.000$ and $F=24.90$ and 28 and $df=1$) and the degree of effect in resiliency is (47), it means that 47% or increasing in resiliency is related to the effect of dialectical treatment.

Forth hypothesis: *Reality therapy has an effect on female-headed household`s social adjustment.*

Table 4: Results of covariance analysis between experimental and control groups with controlling social adjustment scores

Eta coefficient	significance level	F	Mean square	Degree of freedom	Total square	Variance resource
0/84	0/000	157/79	4662/53	1	4662/53	Reformed model
0/95	0/000	621/10	18352/13	1	18352/13	Pretest
0/84	0/000	157/79	4662/53	1	4662/53	Group
			29/54	28	827/33	Error
				30	23842	Total

As it is observed in table 4, in addition to control the effect of pretest, there is a meaningful difference between scores of experimental and control group members` social adjustment scores. As the effect of reality therapy on social adjustment is reported as ($p \leq 0.000$ and $F=157.79$ and $df=1$ and 28) and the degree of effect in social adjustment is (84), it means that 84% of increasing in social adjustment is related to the effect of reality therapy.

Fifth hypothesis: *Acceptance and commitment based treatment has an effect on female-headed household`s social adjustment.*

Table 5: Results of covariance analysis between experimental and control groups with controlling social adjustment scores

Eta coefficient	significance level	F	Mean square	Degree of freedom	Total square	Variance resource
0/88	0/000	214/55	3392/03	1	3392/03	Reformed model
0/97	0/000	995/11	15732/30	1	15732/30	Pretest
0/88	0/000	214/55	3392/03	1	3392/03	Group
			15/81	28	442/66	Error
				30	19567	Total

As it is observed in table 5, in addition to control the effect of pretest, there is a meaningful difference between scores of experimental and control group members`

social adjustment scores. As the effect of acceptance and commitment based treatment on social adjustment is reported as ($p \leq 0.000$ and $F = 214.55$ and $df = 1$ and 28) and the degree of effect in social adjustment is (88), it means that 88% of increasing in social adjustment is related to the effect of acceptance and commitment based treatment.

DISCUSSION AND CONCLUSION

In the first hypothesis reality therapy has an effect on resiliency of women headed household family. Results have shown that there is a meaningful difference between posttest scores of individuals in resiliency of experimental and control group through controlling the effect of pretest. As the effect of reality therapy on resiliency is (70), it means that 70% of increasing in resiliency is related to the effect of reality therapy. These findings are in line with Jamasian and Doganehiefard (2017) and Sharf (2016). In fact, resiliency can be defined as the ability to getting out of difficult conditions or moderating it. Resiliency is individual's capacity to stay healthy, resist and tolerate difficult and risky conditions, to which not only the person conquer but also through which he will be more stronger. Thus resiliency refers to the ability of being successful, living and improving yourself in difficult conditions, at the presence of risky factors. Reality therapy is a branch of cognitive psychology and positive psychology. Families need protective connections to make their abilities more powerful to return to previous conditions from critical situations, on way of making resiliency is self-protection and making protective connection with friends and peers through a way in which self-value and sense of belonging are made. It gets meaning when a tragic event happens. Talking with family or friends can help while we need resiliency and provide necessary emotional protection through intimacy between us and others (Nejat, 2014). In order to specify this, it can be said that, sine teaching group reality therapy can cause suitable ideology and individuals can test how to recognize their illogic and unreasonable evaluations, it naturally gives power to individuals to have healthy contrast against upcoming problems, conquer difficulties and move along with life current or in other word, their resiliency will be increased. Teaching can possibly be the source of changes, such as change in attitudes and believes and this increases resiliency.

In second theory, acceptance and commitment based treatment has an effect on resiliency of women headed household. Consequences have shown that in addition to control the effect of pretest, there is a meaningful difference between posttest scores of individuals in experimental and control groups resiliency. As the effect of acceptance and commitment based treatment on resiliency is (69), it means that 69% of increasing in resiliency is related to the effect of acceptance and commitment based treatment. These findings are in line with the results of Khanjani et al (2017) research. Acceptance and commitment based treatment uses mindfulness skills, acceptance and cognitive fault for increasing psychological flexibility and the result of psychological flexibility is nothing but increasing ability of customers to make connection with their experience at present and what is possible at the moment for them and act through methods which adjust selected values. This experience at present helps customers to experience changes as they are not as mind make. In fact, increases ability of household women's ability in adjustment and resilient responses to events in life at the presence of thoughts and threatening feelings which cause psychological flexibility and non-resiliency of them while facing problems of life without husband. In order to specify this

finding, it can be said that in acceptance and commitment based treatment, life conditions are awareness increase are emphasized and individual determines purposes to himself to apply his effort to reach them while group therapy with suitable treatment techniques and the help of group members.

In third theory, dialectical treatment has an effect on resiliency of women headed household. Results have indicated that there is a meaningful difference between posttest scores of individuals in experimental and control groups members` resiliency while controlling the effect of pretest. As the effect of dialectical treatment on resiliency is (47), it means that 47% of increasing in resiliency is relevant to the effect of dialectical treatment. This finding is in line with the results of Eskandari & Ghaderi (2018) and Heidarian & Zia (2017) researches. In justifying this finding, it can be said that one of fundamental problems and factors of women headed household is lacking necessary and fundamental connecting abilities while facing with everyday life problems, many of them lack necessary and fundamental abilities while facing with life problems and this make them vulnerable to face everyday life problems, hence; considering the results of this theory we can declare that this treatment could have a desirable effect on women`s resiliency. Dialectical treatment is able to increase hopeful and purposeful thoughts and through applying connecting skills, self-consciousness, problem solving, controlling behavior, asking for help, optimistic, removing incorrect believes, sympathy and decision making power and thus helps raising mental health and improving resiliency skill.

In forth theory, reality therapy has an effect on social adjustment of women headed household. Results have indicated that there is a meaningful difference between individuals` social adjustment posttest score in experimental and control group in addition to control the effect of pretest. As the effect of reality therapy on social adjustment is (84), it means that 84% of increasing in social adjustment is related to the effect of reality therapy. This finding is in line with results of A`latavakolli et al`s (2016) research. In specifying this theory, it can be said that group reality therapy has a benefit. As Chen has shown in his findings that those who have received Glasser`s group consultation have had more responsibly behavior to their primary needs and had positive self-concept which implicitly confirm this research findings, its result is increasing social adjustment of participants. Since choice theory teaches a comprehensive concept of human behavior and invites individuals to internal control psychology and leave external control, experimentally, when we are able to change our believe about external control and impulsion to a correct consciousness and cognition, we are greatly in an effective and long term change path.

In fifth theory, acceptance and commitment based treatment has an effect on social adjustment of women headed household. Results have indicated that there is a meaningful difference between individuals` social adjustment posttest score in experimental and control group in addition to control the effect of pretest. As the effect of acceptance and commitment based treatment on social adjustment is (88), it means that 88% of increasing in social adjustment is related to the effect of acceptance and commitment based treatment. This finding is in line with results of Najjari et al`s (2017), Dohrest et al (2018) and Masouda et al (2011) research. Since human`s life survival condition is its social aspect, individuals` social development is formed in interaction with others and accepting social responsibility. Thus making social adjustment problems can affect individual and social commitments and cause problems

in individual and social health. While social connections separates, ability of adjusting and behavior management is removed too, deficiency or lack of social connections which happens as a result of undesired social adjustment, can affect individual's inspiration and mental health and cause weak mental function such as feeling guilty, negative self-concept, hopelessness, low self-confidence, solitude and low satisfaction of life. In specifying this finding, it can be declared in acceptance and commitment based treatment, active and conscious acceptance of unsatisfied experiences in life, without individual try to change his life conditions or try to tolerate unsatisfied conditions. Since the purpose of this treatment is increasing individual's psychological freedom, he makes himself free from his past unsatisfied experiences, since increasing attention and consciousness to thoughts, is practical tendencies and emotions of acceptance and commitment based treatment positive dimensions and coordinate adjusting behaviors and positive psychological conditions, individual's adjustment and consequently improves life quality (Hays, 2012). Generally acceptance and commitment based treatment helps women headed household to inform of their thoughts and emotions.

RESOURCES:

1. Aminabadi, Z.; Dehghani, M.; & Khodapanahi, M.K. (2011). Investigating factor structure and validity of cognitive emotion regulation. *Behavioral science*, 5(4), 365-371.
2. Jamasian, A; Doganeifard, F. (2017). Efficacy of group reality therapy on increasing resiliency, hope to life and improving quality of infertile women's life, Sarem infertility center. *Psychotherapy and consulting culture*, 8(10), 237-262.
3. Chapman, G. (2011). Marriage contract (5 languages of love) (Movahed, S.). *Tehran: Vida*.
4. Heidarian, M.; Zia, F.S. (2017). Efficacy of dialectical behavioral therapy on psychological wellbeing, hope to life and psychological resiliency in mothers who have intellectually disabled children in Kermanshah. First national conference of women, civil recreation and stable development.
5. Khanjani, S.; Donyavi, V.; Asmari, Y. & Rajabi, M. (2017). Efficacy of group acceptance and commitment based treatment on moral distress and resiliency of nurses, an experimental study. *Doctor and nurse in war*, 5(16), 50-58.
6. Khodayarifar, M. Religious orientation with leaning toward Islam. Am MA thesis of clinical psychology in Qom, University and Seminary faculty (2007).
7. Samani, S.; Joukar, B. & Sahragard, N. (2011). Resiliency, mental health and satisfaction of life. *Iran psychiatry and clinical psychology*, 13(3), 290-295.
8. Sharf, R.S. (2012). Psychotherapy and consulting theories (Firousbakht, M. 2014). *Tehran: Rasa cultural services*.
9. Sahebi A. (2013). Glasser, W. (Founder of reality therapy and choice theory). *Tehran: Danjeh pub*.
10. Feizi, A. (2013). Familiarity with dialectical behavioral therapy. *Tehran: Danjeh*.
11. Glasser, W. (2014). Choice theory (Sahebi A.). *Tehran: Sayeh Sokhan*.
12. Lynhan, M. M. (2015). Guidance for dialectical behavioral therapy (Alavi, Kh.). *Tehran: Arjmand pub*.
13. Nejat, R. (2014). Investigating the efficacy of group reality therapy on self-efficacy and resiliency of high school female students in Mashhad. An MA thesis of Payam Noor University in Tehran province.
14. Dillon, D. G., Ritchey, M. Johnson, B. D., La-Bar, K. S. (2007). Dissociable effects of conscious emotion regulation strategies on explicit and implicit memory. *Emotion*, 7(2), 345-62.
15. Gross, J. J. (1998). The emerging field of emotion regulation: An integrative review. *Review of General Psychology*, 2, 271-299.
16. Masten, A. S. (2004). Ordinary magic: Resilience processes in development. *American Psychology*, 56, 227-238.
17. Morris, A. S., Silk, J. S., Steinberg, L., Mayors, S., & Robinson, L. R. (2007). The role of the family context in the development of emotion regulation. *Social Development*, 16(2), 361-88.