

# The Efficacy of Emotion-Focused Therapy on Distress Tolerance and Resilience in Female Students with Aggression Symptoms

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## Abstract

**Background:** Given the widespread occurrence of aggression among female students and its associated detrimental effects, investigating effective intervention strategies is crucial. This study examined the impact of emotion-focused therapy (EFT) on distress tolerance and resilience in female students exhibiting aggressive tendencies.

**Methods:** This study employed a quasi-experimental design with a pre-test, post-test, and a one-month follow-up design. The population consisted of female students with aggression symptoms who referred to educational counseling centers in Ahvaz, Iran, in 2023. Fifty female students exhibiting aggressive symptoms were recruited via convenience sampling and subsequently randomized into either an experimental group or a control group (n=25 per group). The study participants in the experimental group underwent eight weekly 90-minute sessions of Emotion-Focused Therapy (EFT). The Distress Tolerance Scale (DTS) and the Connor-Davidson Resilience Scale (CD-RISC) were employed for data collection. Repeated measures analysis of variance (ANOVA) was performed using SPSS version 25 to analyze the data.

**Results:** Our results showed that EFT significantly increased distress tolerance and resilience in female students with aggression symptoms. At pre-test, both groups had similar mean scores on the distress tolerance ( $34.16 \pm 4.03$  for EFT,  $33.80 \pm 4.15$  for control) and the resilience ( $38.00 \pm 6.70$  for EFT,  $38.04 \pm 6.70$  for control). After the EFT intervention, the experimental group showed a significant increase in distress tolerance ( $M=62.40$ ,  $SD=2.00$ ) and resilience ( $M=72.80$ ,  $SD=2.06$ ) as compared with the control group ( $M=32.32$ ,  $SD=4.33$ ;  $M=37.76$ ,  $SD=6.86$ , respectively) ( $P<0.001$ ). The observed effects persisted at the one-month follow-up assessment ( $P<0.001$ ).

**Conclusions:** The study demonstrated that EFT is a highly effective intervention for helping female students with aggression issues. It improves their ability to manage distressing emotions and build resilience. Schools and mental health professionals should consider using EFT as part of their programs to address aggression and promote positive mental health in female students.

**Keywords:** Aggression, Emotions, Resilience, Students

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## 1. Introduction

Adolescent girls are increasingly experiencing mental health challenges, including aggression, which can manifest as verbal or physical outbursts, irritability, and difficulty controlling emotions (1, 2). These behaviors can have significant negative consequences for academic performance, social relationships, and overall well-being (3, 4). Distress tolerance, defined as the capacity to endure negative emotional states without employing maladaptive coping mechanisms, plays a significant role in the development and perpetuation of adolescent aggressive behavior (5). Evidence indicated that individuals with diminished distress tolerance are more prone to engage in impulsive and aggressive actions as a means of managing negative affect (6). Moreover, distress tolerance encompasses

individual variations in the ability to withstand aversive internal experiences, such as pain, negative emotions, and physical sensations, overlapping with constructs like ambiguity tolerance, frustration tolerance, physical tolerance, cognitive tolerance, tolerance of negative emotional states, and uncertainty tolerance (7). Prior research also established a link between reduced distress tolerance and a spectrum of problematic behaviors and psychopathology, including aggression, smoking, substance dependence and abuse, eating disorders, borderline personality disorder, and anxiety disorders (8, 9).

Resilience, defined as the ability to recover from adversity, is a vital determinant in the promotion and preservation of mental health. It also plays a significant role in individuals exhibiting aggression,

identified as a dynamic process through which individuals adapt positively to adverse experiences (10, 11). Research indicated that individuals with high resilience levels are better positioned to manage stress, regulate their emotions, and sustain positive interpersonal relationships (12). This construct reflects an individual's capacity to navigate life experiences, crises, and stressful situations in positive and enduring ways. Furthermore, resilience is not solely about resisting harm or hazardous conditions; rather, it involves active and constructive engagement with one's environment (13). Essentially, resilience serves as a protective factor against the onset and intensification of aggressive behaviors, as it equips individuals with the skills necessary to manage stress effectively, regulate their emotions, and cultivate positive relationships (14). By fostering resilience, individuals may be less inclined to engage in aggressive behaviors as a strategy for coping with challenges.

Resilience, a dynamic process of positive adaptation to adverse experiences, has been identified as a crucial factor influencing individuals with aggression. This construct denotes an individual's capacity to navigate life experiences, crises, and stressful situations constructively and persistently (15). Resilience extends beyond simply resisting adversity, encompassing active interaction with the environment (16). Cultivating resilience empowers individuals to develop skills in stress management, emotional regulation, and positive relationship building, consequently mitigating the probability of aggressive behaviors (17). These skills include problem-solving, social support seeking, and a positive outlook on life (18).

Emotion-Focused Therapy (EFT) has emerged as a highly effective treatment for a range of psychological disorders. This therapeutic approach uniquely empowers individuals to focus on and prioritize their emotions (19). By emphasizing the central role of emotions in shaping our psychological structure, EFT offers a comprehensive framework for understanding and addressing emotional difficulties (20). Notably, EFT is one of the few therapeutic models that integrates elements of person-centered therapy, Gestalt therapy, and cognitive principles (21). Within the EFT process, individuals are encouraged to experience their emotions fully without fear of punishment or retribution, fostering acceptance

of their multifaceted selves (22). Numerous studies demonstrated the efficacy of EFT in treating anxiety disorders (23, 24).

Aggression is a prevalent issue among female students, with significant negative consequences for their academic performance, social relationships, and overall well-being. Understanding the underlying factors contributing to aggression and developing effective interventions is crucial for addressing this problem. Distress tolerance and resilience have been identified as key factors in regulating emotions and coping with challenging situations. Investigating the efficacy of EFT in improving distress tolerance and resilience can contribute to the development of evidence-based interventions for female students exhibiting aggressive symptoms. While prior research has investigated the effectiveness of EFT for diverse psychological disorders (23, 24), there remains a paucity of studies specifically examining its effects on distress tolerance and resilience in female students presenting with aggressive symptoms. This gap in the literature underscores the need for further exploration of the potential benefits of EFT for this population. Therefore, this study aimed to investigate the efficacy of EFT in enhancing distress tolerance and resilience in female students. This study sought to address the following research questions:

Does EFT have a significant impact on distress tolerance in female students with aggression symptoms?

Does EFT have a significant impact on resilience in female students with aggression symptoms?

## 2. Methods

A quasi-experimental pre-test-post-test control group design with a one-month follow-up was employed in this study. The study population consisted of female high school students displaying aggressive behaviors who sought counseling services at educational centers in Ahvaz, Iran, in 2023. A total of fifty female students were recruited through convenience sampling from these centers. A power analysis, performed using G\*Power, determined the necessary sample size to detect a statistically significant difference between the experimental and control groups, setting the alpha level at 0.05. Drawing on prior research (25),

estimated mean aggression scores of  $97.00 \pm 10.10$  and  $106.45 \pm 12.15$  were used for the experimental and control groups, respectively. This analysis indicated that a sample size of  $n=25$  per group would provide sufficient statistical power for the study. The study participants were required to meet specific inclusion criteria, which included being female, providing informed consent, having no severe mental or physical health issues, and scoring above the average on an aggression inventory. Participants were randomly assigned to either the experimental or control group using a random number table to ensure unbiased allocation. A numbered list of participants was generated, and the random number table was used to determine group assignment, resulting in 25 participants in each group.

### 2.1. Procedure

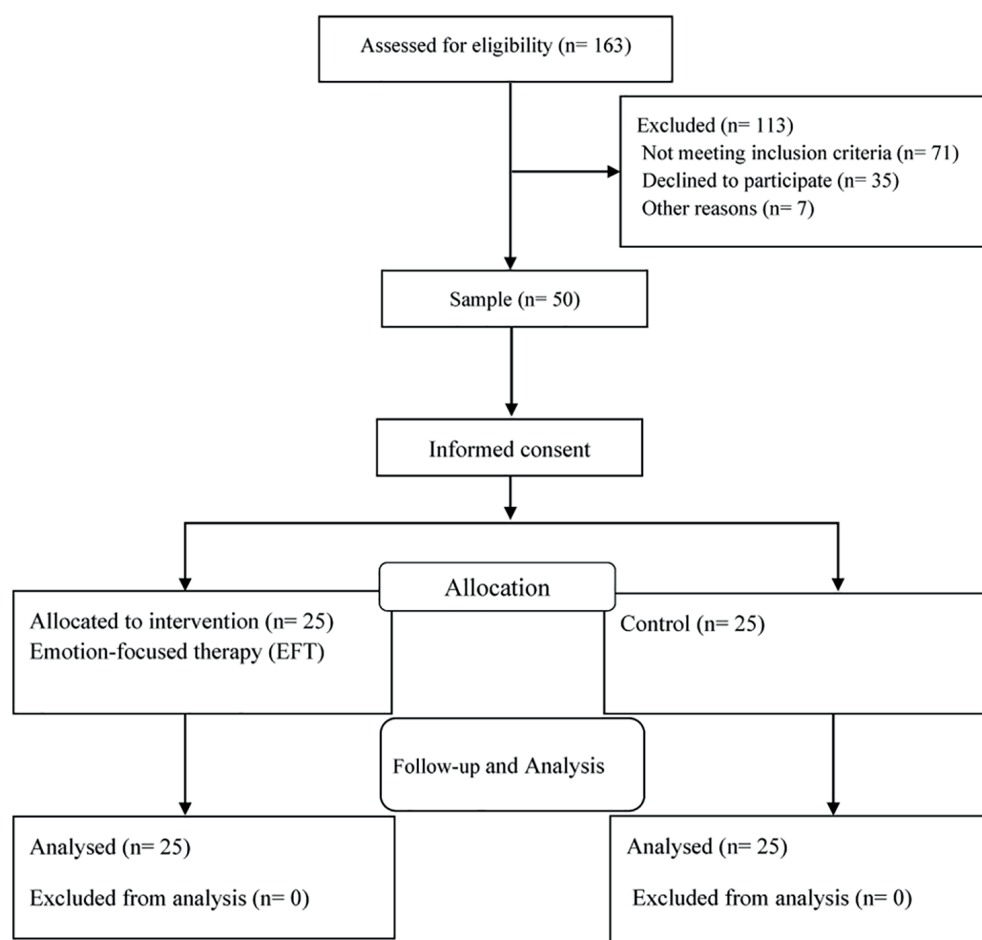
After obtaining research approval, the researcher contacted the educational counseling centers in Ahvaz, Iran to obtain a list of female students exhibiting aggression symptoms. Following a

review of the students' files and initial contact, they were invited to participate in an interview and complete an aggression inventory. After selecting the research sample, the pre-test phase was conducted using the research questionnaires. The experimental group participated in eight 90-minute sessions of EFT, facilitated by the first author, who had undergone two months of specialized training in EFT therapeutic modality. The control group remained untreated throughout the duration of the intervention phase. Both groups were administered a post-test immediately following the intervention. A follow-up assessment was conducted one month after the post-test (Figure 1). A summary of the EFT session content is provided in Table 1.

### 2.2. Measures

#### 2.2.1. Distress Tolerance Scale (DTS)

The Distress Tolerance Scale (DTS), a self-report instrument developed by Simons and Gaher (26), was employed to assess the participants' capacity to tolerate distress. This 15-item scale comprises four



**Figure 1:** The figure shows the CONSORT flow diagram of the study.

**Table 1:** A summary of the emotion-focused therapy (EFT) sessions

Sessions	Content
1	Establishing rapport and commitment to therapy, explaining the nature of obsessive-compulsive disorder (OCD), its causes and symptoms, conceptualizing EFT and observing and assessing participants based on their ability to focus on internal experiences.
2	Identifying the maladaptive interaction cycle and identifying the underlying basic emotions in interactive situations. Identifying contradictory, dual, and critical feelings about oneself and significant people in life, distributing emotion logs, emotion enhancement sheets, and emotionally ineffective thought record sheets.
3	Explaining the impact of irrational thinking on emotional disturbance, introducing four error-prone styles, and extracting information related to OCD.
4	Mindfulness and awareness, identifying underlying cognitive-emotional processes, identifying the conditions that create the problem.
5	Muscle relaxation, identifying emotional schemas, emphasizing experiential acceptance, imaginal exposure, and conducting the "hot seat" exercise (resolving OCD-related issues).
6	Session six continues with descriptions and discussions about the participants' levels of distress, anger, and pain. The feelings of helplessness that were prominent in the initial sessions are likely to minimize in this session as participants learn to express the voice that promotes acceptance and positive feelings more strongly. Additionally, acceptance of emotions and positive criticism increases. This leads to a decrease in the activation of negative emotions.
7	Strengthening emotional processing, tracking unresolved emotions, reprocessing emotions, recalling and re-arousing negative emotions, providing support for emotions, and reprocessing emotions in relation to the individual's specific obsessions.
8	Creating new solutions for previous problems, teaching the process of transforming participants' feelings of hopelessness, guilt, and anger into increased ability to cope with challenges and changes in important aspects of life.

subscales: emotional distress tolerance, absorption in negative emotions, cognitive appraisal of distress, and regulation of efforts to alleviate distress. Items are rated on a 5-point Likert scale ranging from 1 (strongly agree) to 5 (strongly disagree), yielding possible scores between 15 and 75, with higher scores indicating greater distress tolerance. DTS has demonstrated satisfactory internal consistency, with a reported Cronbach's alpha of 0.77 (27). The reliability of DTS has been further supported by Azizi (28), who reported a CVI of 0.96 and a CVR of 0.93. In the present study, DTS also exhibited good internal consistency, with a Cronbach's alpha of 0.80.

### 2.2.2. The Connor-Davidson Resilience Scale (CD-RISC)

The Connor-Davidson Resilience Scale (CD-RISC), developed by Connor and Davidson (29), was used to measure resilience. Its developers assert that CD-RISC effectively distinguishes between more and less resilient individuals in both clinical and non-clinical populations, rendering it suitable for research and clinical settings. This 25-item scale uses a 5-point Likert scale ranging from 0 (not at all true) to 4 (true nearly all the time), resulting in a total score ranging from 0 to 100, with higher scores reflecting greater resilience. CD-RISC has demonstrated acceptable internal consistency with a reported Cronbach's alpha of 0.77 (30). Keyhani

and co-workers (30) further validated CD-RISC, reporting a CVI of 0.97 and a CVR of 0.95. In the present study, CD-RISC also exhibited strong internal consistency, with a Cronbach's alpha of 0.80.

### 2.3. Data Analysis

Data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS version 25. Independent samples t-tests were performed to compare the experimental and control groups at each assessment point (pre-test, post-test, and follow-up). The Kolmogorov-Smirnov test was used to assess the normality of data distribution. Chi-square tests were employed to compare demographic characteristics between the groups. The alpha level for statistical significance was set at  $\alpha=0.05$ .

## 3. Results

The sample for this investigation comprised 50 female adolescents displaying symptoms of aggression, with an average age of  $14.65 \pm 1.47$  years. The mean age of the participants in the EFT and control groups was  $14.29 \pm 1.26$  years and  $15.71 \pm 1.68$  years, respectively ( $P=0.093$ ). In the EFT group, 9 participants (36.0%) were in the seventh grade, 7 participants (28.0%) were in the eighth grade, and 9 participants (36.0%) were in the ninth grade. In the control group, the distribution was as follows:

6 participants (24.0%) in the seventh grade, 8 participants (32.0%) in the eighth grade, and 11 participants (44.0%) in the ninth grade ( $P=0.846$ ). There were no significant differences between the groups regarding demographic variables such as age and grade level.

Table 2 presents the descriptive statistics, including mean and standard deviation (SD) values of distress tolerance and resilience, for both the EFT and control groups at pre-test, post-test, and follow-up stages. At pre-test, both the EFT and control groups exhibited similar mean scores on distress tolerance ( $M=34.16$ ,  $SD=4.03$  for EFT;  $M=33.80$ ,  $SD=4.15$  for control,  $P=0.757$ ) and resilience ( $M=38.00$ ,  $SD=6.70$  for EFT;  $M=38.04$ ,  $SD=6.70$  for control,  $P=0.983$ ). Following the EFT intervention, the experimental group demonstrated significantly higher levels of distress tolerance ( $M=62.40$ ,  $SD=2.00$  for EFT;  $M=32.32$ ,  $SD=4.33$  for control,  $P<0.001$ ) and resilience ( $M=72.80$ ,  $SD=2.06$  for EFT;  $M=37.76$ ,  $SD=6.86$  for control,  $P<0.001$ ) compared with the control group at the post-test. These significant differences persisted at the one-month follow-up assessment ( $P<0.001$  for both distress tolerance and resilience). Within-group comparisons revealed that the EFT group experienced significant improvements in

both distress tolerance ( $P<0.001$ ) and resilience ( $P<0.001$ ) from the pre-test to the post-test, while the control group showed no significant changes. In conclusion, these findings suggested that EFT is an effective intervention for enhancing distress tolerance and resilience in female students with aggression symptoms.

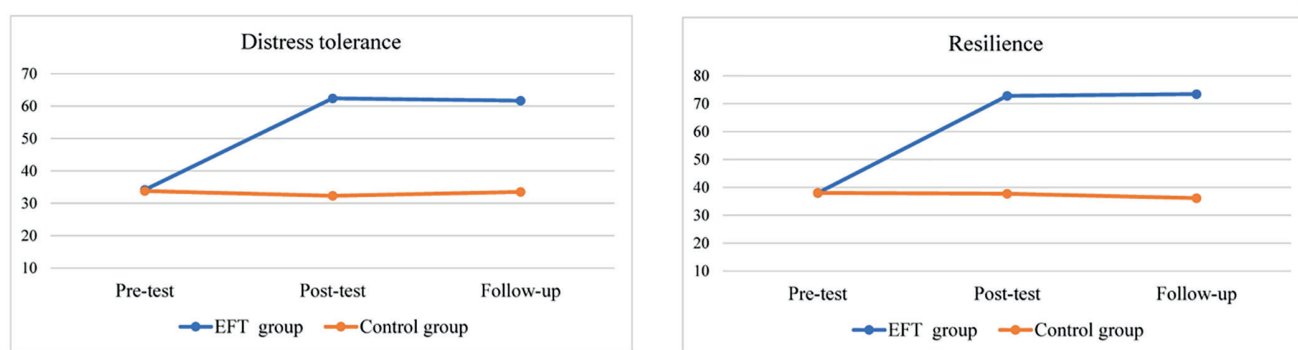
The repeated measures ANOVA revealed statistically significant main effects of time and group for both distress tolerance and resilience ( $P<0.001$ ). Specifically, significant improvements in both constructs were observed over time ( $P<0.001$ ). Significant group differences were also found for both distress tolerance and resilience ( $P<0.001$ ), indicating that the experimental group exhibited significantly greater improvements as compared with the control group. Furthermore, significant time  $\times$  group interaction effects were observed for both variables ( $P<0.001$ ), demonstrating that improvements in distress tolerance and resilience in the experimental group were significantly greater than those of the control group over time. These results strongly support the efficacy of EFT in enhancing distress tolerance and resilience in female students experiencing aggressive symptoms.

Figure 2 illustrates the changes in distress

**Table 2:** Descriptive statistics of distress tolerance and resilience in the participants

Groups	Stage	EFT group		Control group		P (between-group)
		Mean	SD	Mean	SD	
Distress tolerance	Pre-test	34.16	4.03	33.80	4.15	0.757
	Post-test	62.40	2.00	32.32	4.33	0.001
	Follow-up	61.68	1.55	33.52	4.65	0.001
	P (within-group)	0.001		0.223		-
Resilience	Pre-test	38.00	6.70	38.04	6.70	0.983
	Post-test	72.80	2.06	37.76	6.86	0.001
	Follow-up	73.44	2.02	36.16	6.83	0.001
	P (within-group)	0.001		0.885		-

EFT: Emotion-focused therapy; SD: Standard Deviation



**Figure 2:** The figure shows the changes in distress tolerance and resilience scores over time.

tolerance and resilience scores over time for female adolescents with aggression symptoms in both the EFT and control groups across pre-test, post-test, and follow-up stages. As illustrated in Figure 1, EFT resulted in a significant increase in both distress tolerance and resilience scores among female adolescents exhibiting aggressive symptoms. Compared with the control group, the EFT group demonstrated substantially higher scores at both the post-test and follow-up assessments. These findings suggested that EFT is an effective intervention for improving distress tolerance and resilience in this population, highlighting its potential to mitigate the negative consequences of aggression symptoms.

#### 4. Discussion

This study investigated the efficacy of EFT in enhancing distress tolerance and resilience in female adolescents exhibiting high levels of aggression. The findings demonstrated a statistically significant difference between the EFT group and the control group in both distress tolerance and resilience. Specifically, EFT exerted a significant positive effect on increasing both constructs, with these effects maintained at the one-month follow-up assessment. These results were consistent with previous research, including Ameri and Marashian (20), who demonstrated EFT's effectiveness in reducing marital and psychological distress in women who had experienced betrayal trauma; Timulak and colleagues (24), who highlighted EFT's potential as a transdiagnostic treatment for various mental health conditions; and Mousavi and colleagues (31), who found EFT effective in improving emotional autonomy and emotion regulation in individuals with depressive symptoms.

It is believed that the efficacy of EFT in treating adolescent girls with aggression symptoms is grounded in emotion theory. Emotions serve as the foundation for adaptation, enabling individuals to process complex situational information repeatedly and to automatically engage in behaviors that align with their essential needs (31). Furthermore, EFT is an experiential-process approach that integrates Gestalt therapy and other humanistic techniques within the framework of person-centered relationships (20). One of the primary goals of EFT is to address the underlying processes and thoughts associated with unpleasant emotions through awareness and accurate expression of

internal emotional experiences. This fosters the development of emotional tolerance and regulation, allowing individuals to label these experiences with words, meanings, and symbolic representations. By relabeling these emotions, healthier emotions can be activated, linking them to relevant needs and actions (19).

A fundamental assumption of EFT is that emotions are inherently adaptive and provide valuable information. Furthermore, through learning, emotions become organized within emotional schemas, cognitive networks, bodily sensations, and actions that are triggered by internal and external drives (23). The primary goal of EFT is to increase awareness of and experience emotions authentically, thereby modifying maladaptive emotional schemas and promoting the development of adaptive emotional regulation. Techniques employed in EFT include educating clients about positive and negative emotions, encouraging reappraisal, and fostering unconditional acceptance (31). By cultivating these skills, clients can reprocess their emotions rather than suppressing them, leading to increased self-awareness through deep experiencing and acceptance (20).

Throughout the therapy sessions, the adolescent girls came to understand that emotions are neither inherently frightening nor enduring. Instead of avoiding or getting overwhelmed by their emotions, they learned to listen to the underlying messages. Increased emotional awareness, expression of new emotions, coping with the challenges of emotional regulation, and appropriate emotional expression were integrated, leading to a renewed self-perception (23). The "empty chair" technique facilitated the exploration of suppressed aspects of the self and the resolution of conflicting inner voices, allowing the compassionate self to overcome the critical and suppressing self. Moreover, increased self-compassion through this technique and self-soothing skills fostered emotional resilience (31). In EFT, the modulation and regulation of emotions through emotion regulation training can significantly enhance resilience, as emotions serve as coping mechanisms for life's challenges, stressors, and problems (20).

##### 4.1. Limitations

The study sample was drawn from a specific

population of female students exhibiting aggressive symptoms in Ahvaz, Iran, potentially restricting the generalizability of the results beyond this particular context. While the quasi-experimental design included a control group, the lack of additional comparison groups makes it difficult to determine whether the observed changes were solely due to EFT or other factors. It is important to acknowledge that reliance on self-report instruments, namely DTS and CD-RISC, in this study may introduce inherent biases that could potentially influence the observed results. To mitigate these limitations, future research could employ a larger sample size, diverse populations, and a randomized controlled trial design. Furthermore, incorporating multiple data sources, including clinician ratings and behavioral observations, could enhance the validity of the findings.

## 5. Conclusions

The findings of this study provided robust empirical evidence for the efficacy of EFT in addressing distress tolerance and resilience in a population of female students characterized by aggressive symptomatology. The results demonstrated that EFT can significantly enhance the ability of these individuals to manage distressing emotions and develop adaptive coping strategies. This suggests that EFT may be a promising intervention for reducing aggressive behaviors and promoting positive mental health outcomes in this vulnerable population. This study underscored the potential value of implementing EFT-based programs within educational settings and in clinical practice to equip female students with effective emotion regulation skills and healthier coping mechanisms. Future research should investigate the long-term efficacy of EFT in mitigating aggressive behaviors and explore its applicability to other clinical populations. Furthermore, elucidating the specific mechanisms through which EFT exerts its therapeutic benefits is crucial for enhancing our understanding of the therapeutic process and informing the development of more targeted and personalized interventions.

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## Authors' Contribution

Saeide Hasani Rad: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work, drafting the work. Sasan Bavi: Substantial contributions to the conception and design of the work, the acquisition, analysis, and interpretation of data for the work, drafting the work and reviewing it critically for important intellectual content. Alireza Heidari: Substantial contributions to the design of the work, drafting the work and reviewing it critically for important intellectual content. All authors have read and approved the final manuscript and agree to be accountable for all aspects of the work, such that the questions related to the accuracy or integrity of any part of the work.

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## Ethical Approval

The research was approved by the Ethics Committee of the Islamic Azad University-Ahvaz Branch with the code of IR.IAU.AHVAZ.REC.1403.215. Also, written informed consent was obtained from the participants.

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