Published online 2020 December 30

Original Article

Effect of Distress Tolerance and Emotional Self-Regulation on Complicated Grief with the Mediating Role of Social Support in Survivors of Kermanshah Earthquake

Alireza Daneshvar¹, Mohammad Ebrahim Madahi^{2*}, Hasan Ahadi³

- ¹ Department of health psychology, Kish International Branch, Islamic Azad University, Kish Island, Iran
- ² Department of clinical psychology, Shahed University, Tehran, Iran
- ³ Department of psychology, Karaj Branch, Islamic Azad University, Karaj, Iran

Received 2020 January 09; Accepted 2020 July 30.

Abstract

Background and Objectives: Grief is a natural response to loss that has a physical, psychological, or social aspect. This study aimed to determine the effect of distress tolerance and emotional self-regulation on complicated grief with the mediating role of social support.

Materials and Methods: The present descriptive research used structural equation modeling design. The statistical population consisted of all survivors of the Kermanshah earthquake who were suffering from complicated grief in 2019. The participants were selected using the convenience sampling method. The required data were obtained by the Grief Experience Questionnaire, Social Support Scale, emotional self-regulation questionnaire, and distress tolerance questionnaire. The collected data were analyzed using the Pearson correlation coefficient and structural equation modeling in SPSS (version 22) and SmartPLS (version 2) software.

Results: Based on the results, the relationship between the variables of the study was significant, and it can be said that distress tolerance, self-regulation, and social support have the ability to predict complicated grief (P<0.001). Moreover, it was found that social support had a mediating role between the effects of distress tolerance and emotional self-regulation on complicated grief (P<0.001).

Conclusion: According to the results, earthquake survivors can control their grief after the earthquake by increasing their distress tolerance and emotional self-regulation through social support.

Keywords: Emotional self-regulation, Grief, Survivors, Earthquakes

1. Introduction

Grief is a state of intense inner anguish and discomfort in response to the loss of a particular person or belief (2). It is a person's response to loss that has a physical, psychological, or social aspect. In the past years, different models have explained the phenomenon of grief (3). A number of bereaved people experience abnormal grief, which is called sick, complicated, or prolonged grief (4). Grief is accompanied by maladaptive emotional, cognitive, behavioral, spiritual, and physical reactions and manifestations that have detrimental effects on the well-being and quality of life of the bereaved person (5). Studies have shown that bereavement has adverse effects on the individual and social quality of life of bereaved people (6). Therefore, accurate recognition of problems of a grieving person is the prerequisite of a fruitful

treatment (7).

Distress tolerance is one of these factors and refers to the ability to experience and endure negative psychological situations. Distress may be the result of physical and psychological processes (8). Distress tolerance affects the assessment and consequences of experiencing stressful events and negative emotions; accordingly, people with less distress tolerance show more negative and severe reactions to stress (9). However, people with high distress tolerance try to discover appropriate solutions to prevent negative emotions or distressful states (10). Therefore, distress tolerance has been increasingly observed as an important ability for the development of new insights about the onset and location of psychological injuries and individual reactions to the environment and stressful situations (11).

^{*} Corresponding authors: Mohammad Ebrahim Madahi, Department of clinical psychology, Shahed University, Tehran, Iran. E-mail: azammadhi@yahoo.com. Tel; +989127548973

Another factor that can affect the reduction of grief is emotional self-regulation. Self-regulation is defined as the ability to regulate attention, behavior, and emotions in order to achieve the desired goal and respond to external needs and internal environment (12). In other words, self-regulation refers to a person's capacity to adjust behaviors or emotions with regard to the conditions and changes in the external and internal environment (13). It is also the ability to control one's desires, behaviors, and emotions in the face of external demands to have the best performance in society (14).

Emotional self-regulation is also a process by which people recognize what emotions to show and how and when to express them (15). However, it does not mean to suppress one's emotions and build a defensive wall to protect one's feelings; it rather emphasizes the way emotions are expressed (16).

It seems that some factors can play a mediating role in this regard, such as social support. Social support is known as an inhibitory or interventional variable regarding stressful life events (17). It is a particular type of social interaction that appears in different ways and can be a psychological and tangible source provided by the social network, including friends, family, or colleagues (18). Social support makes people believe that they are valuable, respectable, and loving and helps them cope with the main life stressors and face everyday challenges (19). Therefore, social support from family, friends, or other sources is an important protective factor that can reduce the severity of the effects of traumatic events (20).

According to the above-mentioned factors, it can be stated that grief is a feeling that everyone experiences during life. If it continues, it can have many unpleasant consequences that can affect a person for a long time. Hence, everyone needs to learn how to cope with it to improve their mental states. There are several factors that can help people in this regard.

Most of the survivors of the Kermanshah earthquake, who have lost their relatives in this disaster, suffer from complicated grief which can lead to psychological issues and have negative impacts on their lives. Hence, it seems necessary to identify the factors that can help them solve this problem. Therefore, the present study aimed to investigate the effects of distress tolerance and emotional self-regulation on complicated grief with the mediating role of social support in survivors of the Kermanshah earthquake. The following conceptual model was used in this study to investigate the research variables:

Materials and Methods

The present descriptive research used a structural equation modeling design. The statistical population consisted of all the survivors of the Kermanshah earthquake who were suffering from complicated grief in 2019. The participants were selected using the convenience sampling method. This study consisted of four variables, and 50 subjects per variable were selected which totaled 200 subjects. The sample size was estimated at more than 300; hence, 400 questionnaires were distributed to achieve this minimum amount. In total, 384 questionnaires were returned, and all the non-probability questionnaires were analyzed.

It should be noted that before distributing the questionnaires, the research was explained to the participants, and they were informed that participation was voluntary. Furthermore, all the distributed questionnaires were anonymous, and the ethical considerations were respected regarding the confidentiality of the collected data. The questionnaires used in this study included four demographic questions about gender, marital status, age, education, and 95 questions about the research variables. The items were scored based on a scale ranging from 1 (completely disagree) to 5 (completely agree). In this study, four questionnaires were used whose content validity had already been confirmed in previous research.

Ethical considerations were respected in the present study which included: 1) provision of oral information about the research, 2) voluntary participation in the

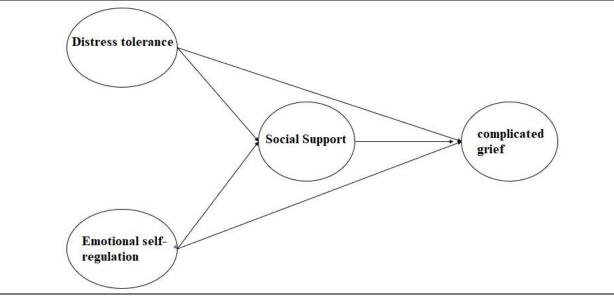


Figure 1. Conceptual model of research

research, 3) confidentiality of all the information, 4) anonymity for the sake of privacy, and 5) conduction of all the questionnaires by the researcher himself to ensure the process.

Grief Experience Questionnaire by Bart and Scott (1998)

This self-report tool was designed and constructed to measure grief. The original version of this questionnaire consists of 55 items; however, the Persian version, which has gone through factor analysis, includes 34 items and seven factors. Factors had internal consistency with acceptable Cronbach's alpha coefficients between 0.86 and 0.40 (21).

Social Support Scale by Sherbourne and Stewart (1991)

This self-report tool was developed by Sherbourne and Stewart in 1991. This test measures the level of social support received by the subject and consists of 19 items. The items are divided into five subscales, namely tangible support, emotional support, informational support, affectionate, and positive social interaction. Reliability coefficients for the subscales of emotional support, informational support, tangible support, positive social interaction, and affectionate as well as the total scale were 0.96, 0.96, 0.92, 0.91, and 0.97, respectively (22).

Emotional self-regulation questionnaire by Gross and John (2003)

This questionnaire includes 28 items and seven subscales and is divided into two categories of emotional experience and emotional expression. the items are scored based on a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Validity of this questionnaire was reported to be favorable by Hosni and Kadivar in Iran with Cronbach's alpha coefficients between 0.73 and 0.89 (23).

Distress Tolerance Questionnaire by Simons and Gaher (2005)

This self-report instrument was developed by Simons and Gaher in 2005. This scale includes 15 items and four subscales, including tolerance of emotional distress, absorption by negative emotions, subjective appraisal of distress, and regulation of efforts to locate the persuasion. Items of this scale are scored based on a five-point Likert scale, and high scores indicate a high tolerance of anxiety. Alpha coefficients for the tolerance of emotional distress, absorption by negative emotions, subjective appraisal of distress, regulation of efforts to locate the persuasion, and whole scale were 0.72, 0.82, 78, 80, 0.70, and 0.82, respectively (24).

Descriptive statistics were used to categorize the individual characteristics of subjects in order to calculate

Table 1. Descriptive status of research variables							
Variable	Component	Mean	Standard Deviation	Skewness	Kurtosis		
	Emotional distress tolerance	3.44	0.52	-0.34	-0.98		
[<u>D</u>	Absorption by negative emotions	3.32	0.77	043	-0.84		
Distress tolerance	Subjective appraisal of distress	3.37	0.62	-0.32	-0.95		
	Regulation of distress relief efforts	3.44	0.52	-0.47	-0.59		
()	Total score	3.39	0.36	-0.41	-0.99		
Ξ	Select position	3.37	0.76	-058	90		
	Adjustment of position	3.36	0.23	45	-0.89		
mo re	Expand attention	3.40	0.50	-0.42	-0.88		
gu	Cognitive change	3.39	0.42	-0.35	-0.78		
Emotional self- regulation	Experimental adjustment	3.31	0.24	-0.42	-0.10		
	Behavioral adjustment	3.34	0.89	-0.38	-0.79		
	Biodegradation	3.32	0.87	-0.36	-0.95		
	Total score	3.36	0.83	-0.46	-0.84		
Social support	Tangible support	3.34	0.84	-0.56	-0.77		
	Emotional support	3.43	0.40	-0.44	-0.91		
<u>a</u>	Information support	3.35	0.45	-0.35	-0.95		
duŝ	Affectionate support	3.39	0.40	-0.41	-0.45		
po	Positive social interaction	3.55	0.67	-0.47	-0.86		
<u> </u>	Total score	3.40	0.83	0.44	-0.36		
Complicated grief	Sense of Guilt	2.89	0.80	0.13	-0.57		
	Attempt to justify and cope	2.82	0.41	0.39	-0.57		
	Bodily Reactions	2.81	0.45	0.04	-0.97		
	Sense of abandonment	2.90	0.90	-0.10	-0.21		
	Judgment of the person or others about the cause of death	2.76	0.24	-0.23	-0.57		
	Embarrassment and Shame	2.73	0.92	-0.34	-0.43		
ef	Bad reputation	2.86	0.52	0.12	-0.86		
	Total score	2.83	0.86	0.15	-0.85		

frequency, percentage, mean, and standard deviation. Kolmogorov-Smirnov test was also used to determine the normality of data, and the Pearson correlation coefficient and path analysis model were used to analyze the data. In order to fit the proposed model, the degree of freedom in the Chi-square test, comparative fit index, goodness of fit index, adjusted goodness of fit index, and root mean square error of approximation were investigated. The data were analyzed in SPSS (version 22) and SmartPLS (version 2) software. Moreover, it should be noted that a p-value of 0.05 was considered statistically significant.

Results

Based on the results, 295 (76%) of participants were male and the rest were female. In addition, regarding education level, 132 (35%), 178 (47%), 38 (10%), 24 (7%), and 12 (1%) subjects had below high school education, high school education, associate's degree, bachelor's degree, and master's degree and above, respectively. Besides, 87 (22%), 151 (40%), 63 (17%), and 83 (21%) cases were 20-30, 30-40, 40-50, and over 50 years old, respectively. Regarding marital status, 293 (77%) subjects were married, and the number of female respondents was 91 (23%). Descriptive findings related to mean, standard deviation, skewness, and kurtosis of research variables are summarized in Table 1.

Based on Table 1, the results indicate that the average observation (experience) obtained from the point of view of subjects is above the theoretical mean for distress tolerance, emotional self-regulation, and social support. Moreover, the mean values of three variables of distress tolerance, emotional self-regulation, and social support were higher than three, while the mean values of the complicated grief variable and its components were lower than three. Values of the skewness coefficient (-2) and kurtosis coefficient (-2) were also within the normal range, indicating the normality of the data distribution for all variables. Therefore, the assumption of normality of data distribution was confirmed. Hence, parametric statistics and structural equation modeling were used to test the hypotheses. The relationship between variables and the Pearson correlation test was investigated, and the results

are tabulated in Table 2.

According to Table 2, the results of the Pearson correlation test indicated that distress tolerance had a negative relationship with social support (r=-0.64, P<0.001) and complicated grief (r=-0.46, P<0.001). Moreover, it was found that emotional self-regulation had positive and negative relationships with social support (r=0.57, P<0.001) and complicated grief (r=-0.57, P<0.001), respectively. Furthermore, social support had a negative relationship with complicated grief (r=-0.68, P<0.001).

Fit of the measurement model and the fit of the structural model were tested to investigate the quality of the model. Equivalent or consistent reliability is an internal evaluation criterion of measurement models and is evaluated based on the correlation between a factor and its indicators. Cronbach's alpha as a traditional criterion and combined reliability (CR) as a modern criterion are equivalent for the evaluation of reliability. The appropriate value for Cronbach's alpha and CR is 0.7, indicating the acceptable equivalent reliability for the measurement models.

Another measure of evaluation is the average variance extracted (AVE) models. For this index, a minimum value of 0.5 is considered, meaning that the latent variable evaluates at least 50% of the variance of the observable variables. Coefficient of determination (R²) is the first criterion for structural model analysis and indicates the effect of an exogenous variable on endogenous variables. It should be noted that the three R² values of 0.19, 0.33, and 0.67 are considered as criteria for small, medium, and large values. Moreover, the R² index (Q²) and cv.com values were 0.20, 0.15, and 0.35 which are considered weak, medium, and strong, respectively. The model quality results are tabulated in Table 4.

According to Table 3, Cronbach's alpha and CR values are higher than 0.7; therefore, equivalent reliability is confirmed which indicates the high compatibility of the indicators of each of the research variables within the measurement models. Amount of AVE was higher than 0.5, indicating the importance of the role of measurability of research variables based on the indicators of each of them. The R² of influential variables was strong while

Table 2. Pearson correlation test results			
Components	1	2	3
Distress tolerance	1		
Emotional self-regulation	0.72**	1	
Social support	-0.64**	0.57**	1
Complicated grief	-0.46**	-0.57**	-0.68**
**P<0.001			

Table 3. Results of the goodness of fit (quality) of latent variables						
Variable	Cronbach's	Combined	AVE	\mathbb{R}^2	\mathbf{Q}^2	cv.com
	Alpha	reliability				
Distress tolerance	0.87	0.87	0.60	-	0.70	0.72
Emotional self-regulation	0.88	0.88	0.71	-	0.71	0.82
Social support	0.87	0.88	0.74	0.61	0.67	0.71
Complicated grief	0.84	0.86	0.69	0.50	0.69	0.85
AVE: average variance extracted						

Table 4. Results of effect size test				
Variable	Construct	Social support	Complicated grief	
Distress	Included R ²	0.61	0.50	
tolerance	Excluded R ²	0.56	0.48	
_	f^2	0.13	0.03	
Emotional self-	Included R ²	0.61	0.50	
regulation	Excluded R ²	0.59	0.42	
_	f^2	0.05	0.16	
Social support	Included R ²	-	0.50	
	Excluded R ²	-	0.45	
	f ²	_	0.09	

Table 5. Results of direct and indirect coefficients				
Relationships between variables	Direct coefficient	Indirect coefficient	t	p- value
Distress tolerance and complicated grief with the mediating role of social support	-0.22	0.23	2.20	0.001
Emotional self-regulation and complicated grief with the mediating role of social support	-0.28	0.16	2.81	0.001
Distress tolerance and social support	0.57	-	11.11	0.001
Distress tolerance and complicated grief	-0.22	-	2.20	0.001
Emotional self-regulation and social support	0.40	-	7.71	0.001
Emotional self-regulation and complicated grief	-0.28	-	2.81	0.001
Social support and complicated grief	-0.41	=	3.22	0.001

the predicted strength between Q^2 cv.com variables was moderate and strong.

The f² was used for the calculation of effect size in the structural section of the structural equation model. The f² indicates the predicted value of behavior of an endogenous variable by one or more exogenous variables. Higher values of this criterion for the endogenous variables of the structural model indicate the appropriate selection of the variables of the model. Effect size of each work in the path model can be evaluated using Cohen's f². The f² for the effect size is a relative proportion of R² changes on the part of the endogenous constant variance that remains unexplained in the model. Values of 0.02, 0.15, and 0.35 for f² show the small, medium, and large effects of the exogenous variable, respectively.

Size of the exogenous effect of distress tolerance on endogenous constructs of social support is 0.131 (near average effect), 0.032 (weak effect) and also size is 0.032 (weak effect) and also size is The effect of emotional self-regulation exogenous construct on endogenous constructs is social support 0.056 (poor effect), 0.160 complication grief (effect higher than average). In addition, the size of the exogenous construct of social support on endogenous structures of grief was 0.096 (weak effect).

The criterion for evaluation of the overall structural model, known in research as the goodness of fit (GOF) index, is calculated through the following formula. This index was investigated for each variable with values of 0.20, 0.15, and 0.35, which are considered weak, moderate, and strong, respectively. The obtained value for the GOF was 0.619 which means that it is confirmed. Structural model of the research was reported in the state of path coefficients and the significance level.

Discussion

The present study aimed to investigate the effect of distress tolerance and emotional self-regulation on complicated grief by explaining the mediating role of social support. Based on the results, complicated grief has a significant relationship with distress tolerance and emotional self-regulation. Moreover, it was found that social support could play a mediating role in this relationship. These results were in line with those of the studies conducted by Kiani et al. (1), Aslipoor et al. (25), and Irom et al. (26).

Distress tolerance refers to the ability to experience and tolerate negative situations in life. Bereavement has been defined as one of the negative situations in life. However, controlling such situations and facing them in a proper way will reduce their negative impacts and make it easier to face complicated grief and take fundamental steps to improve it. In other words, if people do not know how to deal with bereavement, their grief will turn into a complication that can be very difficult to control. Therefore, it can be stated that distress tolerance can have a negative and significant effect on complicated grief (16).

Regarding the effect of emotional self-regulation on complicated grief, it can be stated that emotional self-regulation is a process by which people recognize what emotions to show and how and when to express them. When people can control their emotions, it is easier for them to deal with unpleasant situations. In other words, by mastering their emotions, such people can easily solve their problems and forget them sooner than others; accordingly, the negative situations will affect their lives less than others. Therefore, it can be stated that emotional self-regulation has a negative and significant relationship

with complicated grief (19).

Regarding the effect of social support on complicated grief, it can be stated that social support instills the belief that it is valuable, respectable, and loving. To live in an environment that gives people such feelings can affect their moods and provide them with appropriate psychological conditions. When a person is bereaved or goes through unfortunate experiences, they may not be able to solve their problems on their own. Therefore, it is necessary for them to be supported by people who can understand them and provide the right conditions for them to overcome their problems. Hence, social support is a very important and effective factor in the reduction of grief and discomfort among individuals, and the higher its level, the easier it can be to solve problems (17).

Finally, the obtained model in this study can be explained by stating that the complication of grief is a fundamental and natural problem that every person experiences during their lifetime. Moreover, this problem can have negative effects on the individuals; hence, it is necessary to take basic measures to reduce its complications. Among the factors affecting it, as mentioned above, are distress tolerance and emotional self-regulation. Besides, some factors can play a mediating role, such as social support. If people control their emotions and express them in a proper manner, it can be easier for them to control their social relationships and communications with others. This increases the level of social support among these people which reduces their level of complicated grief.

Furthermore, distress tolerance can have a similar effect which means that when a person can manage their distress and problems properly, it is easier for them to attend social events and establish positive relationships with others. Therefore, distress tolerance is a fundamental factor in the development of social support which also reduces grief. Hence, according to the above-mentioned factors, it can be stated that social support plays a mediating role in the relationship of complicated grief with distress tolerance and emotional self-regulation (20).

Conclusion

According to the results, earthquake survivors can control their grief by increasing their distress tolerance and emotional self-regulation through social support.

Ethical Considerations

This study was confirmed by the Ethics Committee of Hormozgan University of Medical Sciences (code: IR.HUMS. REC.1399.099). All ethical considerations were respected in this research. The participants were informed about the purpose of the research and its stages, and informed consent was obtained from them. They were also assured of the confidentiality of their information. Moreover, the participation in the study was voluntary hence, the subjects were free to withdraw from the study. They were also informed that they would be provided with the results of the research.

Funding

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Authors' contributions

Conceptualization: Alireza Daneshvar; methodology: Mohammad Ebrahim Madahi; investigation: Hasan Ahadi; writing of the original draft: Alireza Daneshvar; writing, reviewing, and editing: all authors; funding acquisition: all authors; resources: all authors; Supervision: Mohammad Ebrahim Madahi.

Conflict of interest

The authors declare that there were no conflicts of interest in this study.

Acknowledgments

The authors would like to thank the participants who cooperated with them in this research project.

References

- 1. Kiani A, Fathi D, Honarmand P, Abdi S. The relationship between attachment styles, social support and copping styles with psychological resiliency in groups with grief experience: Path analysis. Counseling Culture and Psycotherapy. 2020 Mar 20;11(41):157-80.
- 2. Chamani Ghalandari R, Dokaneifard F, Rezaei R. The effectiveness of semantic therapy training on psychological resilience and psychological well-being of mourning women. Shenakht Journal of Psychology and Psychiatry. 2019; 6 (4):26-36
- 3. Freedy J. 9 Understanding Trauma and Grief Complications. Understanding Child and Adolescent Grief: Supporting Loss and Facilitating Growth. 2017 Oct 12.
- 4. Sidaway JD. Deathscapes: Spaces for death, dying, mourning and remembrance. Routledge; 2016 May 13.
- 5. Robben AC, editor. Death, mourning, and burial: a cross-cultural reader. John Wiley & Sons; 1991 Jan 16.
- 6. Alipour Dehaghani, F. An Investigation into the Impact of Group Counseling and Treatment of Grief with an Islamic Approach on the Improvement of the Quality of Life of the Holy Shrine Defender Martyrs' Wives. *Military Psychology*, 2020; 11(41): 5-16.
- 7. Ysefpoor N, Ahi, Nasri. Investigation of the effect of psychotherapy based on life quality improvement on the anxiety of those suffering from complicated grief. J Birjand Univ Med Sci.. 2015; 22 (2):145-153
- 8. Chowdhury N, Kevorkian S, Hawn SE, Amstadter AB, Dick D, Kendler KS, Berenz EC. Associations between personality and distress tolerance among trauma-exposed young adults. Personality and individual differences. 2018 Jan 1;120:166-70.
- 9. Rabani Z. Comparison of Coping Styles, Distress Tolerance and Religious Adherence in Mothers of Children with Physical-Motor Disabled and Normal. IJRN. 2020; 6 (4):10-18.
- 10. Peraza N, Smit T, Garey L, Manning K, Buckner JD, Zvolensky MJ. Distress tolerance and cessation-related cannabis processes: The role of cannabis use coping motives. Addictive behaviors. 2019 Mar 1;90:164-70.
- 11. Schoenefeld SJ, Webb JB. Self-compassion and intuitive eating in college women: Examining the contributions of distress tolerance and body image acceptance and action. Eating Behaviors. 2013 Dec. 1:14(4):493-6.
- 12. Mohammadverdi O, Sharifi M, Fathabadi J, Nejati V. The Effect of Self-regulation Strategies on Math and Memory Performance of High School Students. Educ Strategy Med Sci. 2019;12(1):144-151.
- 13. Slonim T. The polyvagal theory: Neuropsychological

foundations of emotions, attachment, communication, & self-regulation. International Journal of Group Psychotherapy. 2014 Oct 1;64(4):593-600

- 14. DeLisi M. Low self-control is a brain-based disorder. The nurture versus biosocial debate in criminology: On the origins of criminal behavior and criminality. 2014 Jan 31:172-84.
- 15. Li D, Li D, Wu N, Wang Z. Intergenerational transmission of emotion regulation through parents' reactions to children's negative emotions: Tests of unique, actor, partner, and mediating effects. Children and Youth Services Review. 2019 Jun 1;101:113-22.
- 16. Fathi Azar E, Taghipour K, Haj Agaie Khiabani A. The effectiveness of Teaching Philosophy for Children on emotional self-regulation in labor children. Thinking and Children. 2020 Feb 20;10(2):1-30.
- 17. Henry A, Tourbah A, Camus G, Deschamps R, Mailhan L, Castex C, Gout O, Montreuil M. Anxiety and depression in patients with multiple sclerosis: The mediating effects of perceived social support. Multiple sclerosis and related disorders. 2019 Jan 1;27:46-51.
- 18. Yoo SJ, Ryu S, Kim S, Han HS, Moon C. Reference module in neuroscience and biobehavioral psychology. Elsevier; 2017.
- 19. Yosefi N, Sharifi HP, Sharifi N. Structural model of academic burnout based on perceived social support, educational justice, and academic motivation variables of students. Quarterly of Applied Psychology. 2018 Jan 1;12(3):418-38.
- 20. Steine IM, Winje D, Krystal JH, Milde AM, Bjorvatn B, Nordhus IH, Grønli J, Pallesen S. Longitudinal Relationships between

- Perceived Social Support and Symptom Outcomes: Findings from a sample of Adult Survivors of Childhood Sexual Abuse. Child Abuse & Neglect. 2020 Sep 1;107:104566.
- 21. Molaie A, Abedin A. Effectiveness of Group movie therapy (GMT) on reduction of grief experience intensity in bereaved adolescent girls. Iranian Journal of Psychiatry and Behavioral Sciences. 2011 Jan 15:5(1):25-32.
- 22. Holden L, Lee C, Hockey R, Ware RS, Dobson AJ. Validation of the MOS Social Support Survey 6-item (MOS-SSS-6) measure with two large population-based samples of Australian women. Quality of Life Research. 2014 Dec 1;23(10):2849-53.
- 23. Gómez-Ortiz O, Romera EM, Ortega-Ruiz R, Cabello R, Fernández-Berrocal P. Analysis of emotion regulation in Spanish adolescents: Validation of the Emotion Regulation Questionnaire. Frontiers in psychology. 2016 Jan 7;6:1959.
- 24. Simons JS, Gaher RM. The Distress Tolerance Scale: Development and validation of a self-report measure. Motivation and emotion. 2005 Jun 1;29(2):83-102.
- 25. Aslipoor A, Kalantari M, Samavatyan H, Abedi A. The Lived Experience of Mothers in the Field of Affective Factors in Emotional Behavioral Problems of Grief Children. Clinical Psychology Studies. 2019 Oct 23;9(36):83-116.
- 26. Irom M, ZAREI A, TOJARI F. Relationship between Social Support and Self-Regulation with Leisure Time Physical Activities (LTPA) of Iranian Workers. Journal of Strategic Studies in Sports and Youth, 40:115-105.