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The Effectiveness of Positive Psychology Therapy on Cognitive Fusion and Emotion Regulation in Military Medical Nurses of the Islamic Republic of Iran with Depressive Symptoms

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ABSTRACT

This study aimed to examine the effectiveness of positive psychology therapy in improving cognitive fusion and emotion regulation among military medical nurses in the Islamic Republic of Iran who exhibited depressive symptoms. The research employed a semi-experimental pre-test–post-test design with a control group. Thirty nurses were selected from seven military hospitals in Tehran using purposive sampling based on elevated scores on a depression questionnaire, followed by clinical interviews to confirm depressive symptoms. Participants were randomly assigned to an experimental group (n = 15) receiving ten sessions of group-based positive psychology therapy, or a control group (n = 15) receiving no intervention. The intervention included structured practices such as mindfulness, gratitude journaling, savoring, and strength identification. Data were collected using the Cognitive Fusion Questionnaire (CFQ) and the Emotion Regulation Questionnaire (ERQ), and analyzed using multivariate analysis of covariance (MANCOVA), following checks for statistical assumptions. The inferential analysis revealed statistically significant improvements in both outcome variables for the experimental group. ANCOVA results for cognitive fusion showed a significant group effect, $F(2, x) = 14.09$, $p < 0.001$, with a large effect size ($\eta^2 = 0.33$). Similarly, results for emotion regulation were also significant, $F(2, x) = 13.90$, $p < 0.001$, indicating a strong impact of the intervention on enhancing adaptive emotional regulation strategies. All statistical assumptions were met, and the intervention demonstrated high power in detecting effects. The findings indicate that positive psychology therapy is an effective intervention for reducing cognitive fusion and enhancing emotion regulation among nurses experiencing depressive symptoms in high-stress military healthcare settings. These results support the broader application of strengths-based psychological approaches to promote resilience and emotional well-being in clinical occupational environments.

Keywords: Positive psychology therapy, cognitive fusion, emotion regulation, military nurses, depressive symptoms, psychological flexibility.

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Introduction

Depression remains one of the most prevalent and debilitating mental health challenges among healthcare professionals, especially nurses, whose job roles inherently involve emotional labor, high workloads, and continuous exposure to suffering and death. Within military medical contexts, such stressors are even more pronounced due to added pressures such as rigid organizational structure, limited autonomy, and exposure to combat-related trauma, which collectively intensify the risk of depressive symptomatology. Empirical studies have underscored the high prevalence of emotional exhaustion, psychological distress, and depressive symptoms among nurses, emphasizing the need for targeted psychological interventions to enhance their resilience and emotional functioning (1). As cognitive processes and emotion regulation mechanisms are intricately linked to both the onset and maintenance of depressive symptoms, modern therapeutic approaches have shifted toward targeting these mediating factors, especially within high-stress occupational populations such as nurses.

One central cognitive process implicated in depression is cognitive fusion, defined as the excessive entanglement of individuals with their thoughts, leading them to treat internal experiences as absolute truths. Cognitive fusion has been found to exacerbate psychological distress by reducing psychological flexibility and reinforcing maladaptive thought patterns (2). In healthcare settings, high levels of cognitive fusion among nurses have been associated with increased stress and reduced job satisfaction, particularly when depressive symptoms are present (1). Relatedly, emotion regulation—the capacity to modulate emotional responses in adaptive ways—has been recognized as another core factor influencing mental health. Maladaptive regulation strategies, such as suppression, are commonly observed in individuals with depressive disorders, while adaptive strategies like cognitive reappraisal have shown protective effects against emotional dysregulation and psychological decline (3, 4). In recent years, there has been a growing interest in integrating therapeutic models that explicitly target both cognitive fusion and emotion regulation capacities to support psychological well-being in vulnerable populations.

Positive psychology interventions have emerged as promising modalities that promote well-being by enhancing positive affect, meaning, and engagement. Unlike traditional deficit-focused approaches, positive psychology therapy emphasizes strengths, gratitude, optimism, and purpose as mechanisms for psychological growth and recovery (5). Research has demonstrated that positive interventions not only reduce negative emotions but also build psychological resources such as resilience, self-efficacy, and emotional intelligence (6). The utility of such interventions in clinical contexts is further supported by findings that highlight their effectiveness in enhancing emotional regulation and reducing symptoms of anxiety and depression (7, 8). In particular, positive psychology-based strategies like gratitude journaling, use of signature strengths, and mindfulness-based savoring have shown to significantly lower cognitive fusion and foster flexible emotional responses among clinical and non-clinical populations (2, 9).

Despite the empirical support for positive psychology interventions, their application within high-stress clinical environments such as military healthcare settings remains underexplored. The limited research conducted in these contexts suggests that interventions fostering emotional regulation and defusion from maladaptive thoughts could substantially mitigate depressive symptoms and burnout among nurses (10, 11). Moreover, the military culture—often characterized by stoicism and emotional suppression—may inadvertently reinforce maladaptive regulation strategies, making nurses in such environments particularly

receptive to alternative approaches that prioritize psychological flexibility and strength-based growth (12). In this regard, positive psychology therapy not only aligns with the goals of clinical care but also promotes resilience and adaptive functioning that are critical for professional sustainability in military medical contexts (13, 14).

Existing studies have affirmed the mediating role of emotion regulation strategies—especially cognitive reappraisal—in the link between psychological capital and various outcomes such as hope, work engagement, and life satisfaction (15, 16). Similarly, research has shown that interventions aimed at reducing cognitive fusion tend to enhance emotional self-regulation, optimism, and overall mental health in both clinical and subclinical populations (17, 18). However, most available research has focused on general or student populations, with limited attention to highly demanding occupational groups such as nurses in military health systems. This gap is particularly critical given that unresolved depressive symptoms in this workforce can have significant implications for patient care quality, organizational effectiveness, and public health outcomes (19, 20).

Furthermore, emerging comparative studies have found that positive psychology therapy may be as effective or more effective than cognitive-behavioral or acceptance-based therapies in improving psychological outcomes, including emotion regulation and self-concept in clinical groups (2, 8). A meta-analysis by Thole Hilko and colleagues emphasized that the unique contributions of positive psychology—such as fostering gratitude, savoring, and meaning-making—result in durable increases in psychological well-being and reductions in depressive symptoms over time (5). Such findings reinforce the theoretical rationale for applying positive psychology as a standalone or adjunctive treatment, particularly in populations that may experience chronic exposure to emotional strain and cognitive overload.

Given this backdrop, the present study aims to evaluate the effectiveness of a structured positive psychology intervention on cognitive fusion and emotion regulation among military medical nurses exhibiting depressive symptoms.

Methods and Materials

Study Design and Participants

This study was an applied research project using a semi-experimental design with a pre-test–post-test format and a control group. The statistical population consisted of nurses working in the military medical sector of the Islamic Republic of Iran in Tehran in the year 2023. Through purposive sampling, nurses from seven military hospitals were invited to participate. Among these, those whose scores on the depression questionnaire were above the sample mean were preliminarily selected. From this group, 50 individuals were randomly chosen for a structured clinical interview to confirm the presence of depressive symptoms. Following this diagnostic step, 30 participants were randomly assigned to either the experimental or control group, with each group consisting of 15 individuals.

Inclusion criteria included: being a student or graduate in nursing or midwifery; obtaining a score higher than 17 on the Health Anxiety Questionnaire along with confirmation through a clinical interview; absence of any psychiatric disorders other than health anxiety; no serious physical illnesses such as cancer, multiple sclerosis, or Alzheimer's disease; age range between 18 to 48 years; and provision of written informed consent to participate in the study. Exclusion criteria included: withdrawal of consent; absence from more

than two intervention sessions; and participation in similar psychological treatments either concurrently or within the three months prior to the intervention.

Data Collection

Cognitive fusion was assessed using the Cognitive Fusion Questionnaire (CFQ), developed by Gillanders et al. (2010). This self-report tool comprises 12 items rated on a six-point Likert scale ranging from 1 (never) to 6 (always). It includes two subcomponents: cognitive defusion (items 1, 2, and 9) and cognitive fusion (items 3–8 and 10–12). Scores range from a minimum of 12 to a maximum of 72, with a cutoff score of 36. Scores between 12–24 indicate low fusion, 24–48 moderate fusion, and scores above 48 reflect high psychological fusion. In a study by Zare (2014), the reliability of this tool was reported to be above 0.70, suggesting strong internal consistency.

Emotion regulation strategies were measured using the Emotion Regulation Questionnaire (ERQ), developed by Gross and John (2003). The ERQ consists of 10 items and assesses two major components: cognitive reappraisal and expressive suppression. Each item is scored using a seven-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). The internal consistency of this scale, as measured by Cronbach's alpha, was reported to exceed 0.70. Gross and John (2003) found internal reliability coefficients of 0.79 for cognitive reappraisal and 0.73 for expressive suppression. Additionally, Bigdeli et al. (2013) reported Cronbach's alpha coefficients of 0.83 for reappraisal and 0.79 for suppression in their Persian adaptation, confirming the tool's psychometric soundness for the study population.

Intervention

The intervention protocol for the positive psychology therapy in this study consisted of 10 structured group sessions, each incorporating core therapeutic elements and mindfulness practice. The first session involved introductions, a brief overview of the group format, expectations, a short mindfulness meditation, and a written exercise on self-affirmation and values, followed by the introduction of the "Three Good Things" homework. In session two, participants practiced mindfulness, discussed the previous exercise, explored their VIA-Strengths Inventory results, and were assigned to apply their personal strengths in daily life. The third session focused on the theme of savoring, with continued mindfulness practice and a new homework exercise centered on enhancing pleasure. The fourth session built on this theme by encouraging participants to design and reflect on "a good day," again reinforced by a mindfulness exercise. In session five, the "gratitude visit" activity was introduced, preceded by discussion of the previous task and followed by mindfulness. Session six emphasized constructive responding, encouraging participants to identify and engage in active-positive communication patterns. In session seven, the "hot seat" exercise was introduced to foster emotional expression and personal reflection within a safe group setting. Session eight directed participants to write a personal biography, facilitating deeper self-awareness and narrative integration. In the ninth session, the focus was on prosocial behavior through the "positive service" exercise, accompanied by a discussion on closure and preparing for the final session. The tenth and final session included final mindfulness meditation, group reflections, completion of assessment scales, and a concluding meditative practice. Each session consistently incorporated mindfulness meditation as a grounding and integrative

component, while the sequential structure of the exercises aimed to build psychological resources, foster positive emotion, and enhance emotional flexibility and cognitive defusion.

Data analysis

For the descriptive statistical analysis, frequency tables and distribution charts were used along with central tendency indicators such as the mean and measures of dispersion like standard deviation. For inferential statistics, multivariate analysis of covariance (MANCOVA) was employed to assess the effects of the intervention while controlling for pre-test scores. Prior to conducting MANCOVA, the assumptions of the analysis were evaluated through several statistical tests: Levene's test for homogeneity of variances, the Kolmogorov–Smirnov test for normality of data distribution, the regression homogeneity test, MBox's test for the equality of covariance matrices, and Mauchly's test of sphericity. All analyses were performed using SPSS version 22.

Findings and Results

The results of the descriptive statistics for the variables of cognitive fusion and emotion regulation are presented in the table below, including the mean and standard deviation scores for both the experimental and control groups in the pre-test and post-test phases.

Table 1. Descriptive Statistics for Cognitive Fusion and Emotion Regulation in Pre-Test and Post-Test Phases

Variable	Phase	Experimental Group (Mean)	SD	Control Group (Mean)	SD
Cognitive Fusion	Pre-test	47.733	7.20	45.000	7.425
	Post-test	56.400	6.89	45.000	7.425
Emotion Regulation	Pre-test	45.533	5.91	43.800	6.826
	Post-test	59.333	5.690	43.800	6.826

In terms of cognitive fusion, the experimental group had a mean score of 47.733 (SD = 7.20) in the pre-test, which increased to 56.400 (SD = 6.89) in the post-test, indicating a substantial improvement following the intervention. In contrast, the control group showed no change, maintaining a constant mean score of 45.000 (SD = 7.425) across both phases.

Regarding emotion regulation, the experimental group's mean increased significantly from 45.533 (SD = 5.91) in the pre-test to 59.333 (SD = 5.690) in the post-test. The control group, however, demonstrated no change, with a mean of 43.800 (SD = 6.826) in both the pre-test and post-test phases.

These descriptive results suggest that positive psychology therapy may have led to increased cognitive defusion and improved emotion regulation strategies among participants in the experimental group. Inferential analyses were conducted to examine the statistical significance of these differences.

Before conducting the multivariate analysis of covariance (MANCOVA), the necessary assumptions were thoroughly tested and confirmed. The assumption of normality was assessed using the Kolmogorov–Smirnov test, which indicated that the distribution of the dependent variables did not significantly deviate from normality in either group. Levene's test confirmed the homogeneity of variances across the groups, suggesting that the variance of scores was equal between the experimental and control groups for both cognitive fusion and emotion regulation. The assumption of homogeneity of regression slopes was also satisfied, as the interaction between the covariate and the group variable was not statistically significant.

Moreover, Box's M test confirmed the equality of covariance matrices, and Mauchly's test supported the assumption of sphericity. Taken together, these results validated the use of MANCOVA for inferential analysis in this study.

To assess the effectiveness of positive psychology therapy on cognitive fusion and emotion regulation, univariate analysis of covariance (ANCOVA) was performed while controlling for the pre-test scores. The results of these analyses are presented in the following tables.

Table 2. Univariate ANCOVA Results for the Effect of Positive Psychology Therapy on Cognitive Fusion

Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size (η^2)	Power
Pre-test	747.94	1	747.94	3.47	0.07	0.06	0.45
Group (Post-test)	6080.74	2	3040.37	14.09	0.001**	0.33	0.998

The results indicated that after controlling for the pre-test scores, the difference between groups in the post-test phase was statistically significant for cognitive fusion, $F(2, x) = 14.09$, $p < 0.001$, with a large effect size ($\eta^2 = 0.33$) and high statistical power (0.998). This suggests that positive psychology therapy significantly increased cognitive defusion in the experimental group compared to the control group.

Table 3. Univariate ANCOVA Results for the Effect of Positive Psychology Therapy on Emotion Regulation

Source of Variation	Sum of Squares	df	Mean Square	F	p	Effect Size (η^2)	Power
Pre-test	917.30	1	917.30	4.06	0.05*	0.07	0.51
Group (Post-test)	6296.16	2	3134.58	13.90	0.001**	0.33	0.998

Similarly, the ANCOVA results for emotion regulation showed a significant group effect after controlling for pre-test differences, $F(2, x) = 13.90$, $p < 0.001$, with a large effect size ($\eta^2 = 0.33$) and very high power (0.998). These findings indicate that the intervention had a significant positive impact on participants' use of adaptive emotion regulation strategies.

Overall, the inferential analyses support the effectiveness of positive psychology therapy in improving both cognitive fusion and emotion regulation among nurses with depressive symptoms.

Discussion and Conclusion

The findings of the present study revealed that positive psychology therapy significantly enhanced cognitive defusion and emotion regulation among military medical nurses with depressive symptoms. Specifically, the results showed a significant increase in post-test scores for cognitive fusion and emotion regulation in the experimental group compared to the control group, even after adjusting for pre-test scores. These outcomes support the primary hypothesis that strength-based, positive interventions can effectively reduce maladaptive cognitive entanglement and enhance adaptive emotion management strategies in a high-stress clinical population. The statistical significance, combined with high effect sizes and test power, highlights the robustness of the intervention and its practical relevance in occupational mental health interventions for nurses.

The improvement in cognitive fusion scores suggests that participants in the intervention group were better able to detach from negative internal narratives and thoughts, a core element of psychological flexibility. This finding is consistent with the study by (2), which demonstrated that positive psychology

therapy effectively reduced cognitive fusion in mothers of children with autism. Similarly, (1) found that high levels of cognitive fusion among nurses were closely linked to elevated stress levels and depressive symptoms, reinforcing the relevance of targeting this variable in therapeutic settings. The cognitive exercises used in the intervention, such as value affirmation and narrative writing, likely played a pivotal role in disrupting rigid thought patterns and promoting self-awareness, aligning with the theoretical frameworks proposed by (9) and (18), who emphasized the role of self-determination and meaning-making in cognitive flexibility.

In terms of emotion regulation, the results indicate a significant increase in the use of adaptive strategies such as reappraisal, coupled with a reduction in reliance on suppression mechanisms. This outcome is supported by (19), who found that positive psychology interventions outperformed mindfulness training in enhancing reappraisal and reducing suppression among students with generalized anxiety symptoms. The structured exercises in the present intervention, including gratitude visits and savoring practices, directly facilitated the reappraisal of positive experiences, thereby fostering emotional resilience. This mechanism is echoed in (4)'s affect-regulation framework, which conceptualizes resilience as a function of repeated exposure to positive affect and intentional regulation strategies. The present findings also align with (21), who documented improved emotional control in female students following anger management training rooted in positive psychology principles.

Additionally, these results extend the findings of (6), who reported that positive interventions improved emotional maturity more effectively than mindfulness-based therapy, especially in populations with pre-existing emotional dysregulation. In our sample, where participants had clinical levels of depressive symptoms, the efficacy of the intervention supports the utility of positive psychology therapy not just as a wellness tool but as a clinically meaningful intervention. The findings are also congruent with the meta-analytic evidence presented by (5), which affirmed that positive psychology interventions consistently yield significant reductions in negative affect and improvements in adaptive functioning across diverse populations.

The current study also sheds light on the specific applicability of positive psychology therapy in military healthcare settings—a context largely underrepresented in psychological intervention research. Nurses in such settings often face structural and cultural barriers to emotional expression, and as (8) noted, emotional suppression is often culturally reinforced in institutional environments. The successful implementation of a group-based intervention that emphasized emotional openness and strengths engagement reflects the adaptability of positive psychology principles within constrained and high-demand professional environments. Furthermore, the findings of (22)—who demonstrated the efficacy of online group-based positive interventions during the COVID-19 pandemic—highlight the versatility of such approaches in addressing emotional needs under crisis conditions, reinforcing the relevance of our findings in both acute and chronic high-stress environments.

Another noteworthy contribution of the current research is its demonstration of the mediating role of psychological capital in improving emotional regulation. As found by (11) and (14), emotional regulation is not only a direct target of intervention but also an outcome shaped by deeper psychological resources such as optimism, hope, and resilience. The present study's results echo these findings and suggest that enhancing these foundational strengths through positive practices may have downstream benefits for emotional

processing and behavioral regulation. This idea is also supported by (13), who found that psychological capital indirectly predicted hope and life quality through cognitive emotion regulation pathways.

The consistency of our results with previous studies across different clinical and cultural populations emphasizes the universal applicability of positive psychology principles. For instance, (10) demonstrated that psychological capital and emotion regulation were significant predictors of reduced craving among individuals with substance use disorders. While the contexts differ, the underlying mechanisms—emotion regulation and cognitive flexibility—are shared, reinforcing the notion that targeted emotional skill-building can be beneficial across a wide spectrum of psychological challenges. Moreover, (20) illustrated that positive and negative meta-emotions strongly predict perfectionism dimensions, suggesting the deep interconnection between emotional insight and broader personality constructs. These links further affirm the role of interventions like the one used in our study in fostering comprehensive psychological growth.

The findings are also theoretically aligned with the work of (15), who emphasized the mediational role of cognitive regulation strategies in women adjusting to infertility. Although the demographic and condition differ, the shared relevance of cognitive regulation indicates that similar mechanisms are at play in populations experiencing chronic emotional distress. Our study contributes to this literature by demonstrating that structured interventions targeting emotion regulation and cognitive fusion can facilitate psychological adaptability even in highly demanding, emotionally taxing environments.

Despite the strength of these findings, certain limitations should be acknowledged. First, the sample size was relatively small and restricted to military medical nurses in Tehran, which may limit the generalizability of the results to other populations and healthcare contexts. The homogeneity of the sample in terms of occupation, environment, and gender may also have influenced the outcomes. Second, the follow-up duration was limited, and thus the long-term sustainability of the intervention effects remains unknown. Third, the reliance on self-report measures, although validated, introduces the possibility of response bias, especially in a hierarchical and structured organizational context such as military healthcare. Additionally, the group nature of the intervention may have introduced peer influence or social desirability effects that could not be controlled.

For future research, it is recommended that larger-scale studies be conducted across multiple hospitals and diverse occupational groups within the healthcare system, including both military and civilian settings. Longitudinal designs with extended follow-up periods would be valuable in evaluating the durability of therapeutic gains. Future research could also explore the comparative effectiveness of positive psychology interventions against other third-wave therapies, such as acceptance and commitment therapy or compassion-focused therapy. Qualitative studies could further enrich the understanding of participants' lived experiences and perceptions of the intervention, shedding light on which elements of the program are most impactful.

From a practical perspective, the findings of this study support the integration of positive psychology modules into occupational mental health programs for nurses, particularly in high-stress environments like military healthcare institutions. Training modules could be adapted for ongoing professional development and delivered in both face-to-face and online formats to increase accessibility. Organizational policies should also support the psychological well-being of medical personnel by embedding emotional regulation skills and strengths-based practices into workplace routines, supervision sessions, and team-building efforts. By

equipping healthcare workers with tools that foster psychological resilience and flexibility, institutions can not only improve individual well-being but also enhance the overall quality of patient care.

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Authors' Contributions

All authors equally contributed to this study.

Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. Written consent was obtained from all participants in the study.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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References

1. Al-Hammouri MM, Rababah JA, Dormans J. The Impact of Cognitive Fusion on Stress Among Nurses: Exploring Gender as a Moderator Controlling for Depressive Symptoms. International Nursing Review. 2024. doi: 10.1111/inr.13027.

2. Amini S, Torkan H, Yousefi Z. Comparing the Effectiveness of Healthy Human Theory-Based Intervention and Positive Psychotherapy on Self-Compassion and Cognitive Fusion in Mothers of Children with Autism Spectrum Disorder. Quarterly of Applied Family Therapy. 2023;4(3):158-81. doi: 10.61838/kman.aftj.4.3.11.

3. Malik S, Wells A, Wittkowski A. Emotion regulation as a mediator in the relationship between attachment and depressive symptomatology: A systematic review. Journal of Affective Disorders. 2015;172:428-44. doi: 10.1016/j.jad.2014.10.007.

4. Troy AS, Willroth EC, Shallcross AJ, Giuliani NR, Gross JJ, Mauss IB. Psychological Resilience: An Affect-Regulation Framework. Annual Review of Psychology. 2023;74(Volume 74, 2023):547-76. doi: 10.1146/annurevpsych-020122-041854.

5. Thole Hilko H, Nexhmedin, Morina. Efficacy of positive psychotherapy in reducing negative and enhancing positive psychological outcomes: a meta-analysis of randomised controlled trials. BMJ Open. 2021;11(9):e046017. doi: 10.1136/bmjopen-2020-046017.

6. Mashhadi R, Arab A, Jenaabadi H. Comparing the Impact of Positive Intervention and Mindfulness-Based Cognitive Therapy Intervention on the Emotional Maturity. Research in Cognitive and Behavioral Sciences. 2022;12(1):17-38. doi: 10.22108/cbs.2022.131777.1605.

7. Jalal A, Bagher S. The Effectiveness of Positive Psychotherapy on Improving Cognitive Emotion Regulation Strategies in Male Secondary High School Students with Anxiety Symptoms. Positive Psychology Research. 2019;5(2):31-46.
8. Siafi S, Sotoudeh Asl N, Ebrahimi Varkiani M. Comparing the Effectiveness of Acceptance and Commitment-Based Therapy and Positive Psychotherapy on Emotional Self-Regulation and Self-Care in Coronary Heart Patients: Islamic Azad University, Semnan Branch; 2020.
9. Ashok Seshadri, M.D. ,, Scott S. Orth, D.O. ,, Akuh Adaji, M.B.B.S., Ph.D. ,, Balwinder Singh, M.D. ,, Matthew M. Clark, Ph.D. ,, Mark A. Frye, M.D .,, et al. Mindfulness-Based Cognitive Therapy, Acceptance and Commitment Therapy, and Positive Psychotherapy for Major Depression. American Journal of Psychotherapy. 2021;74(1):4-12. doi: 10.1176/appi.psychotherapy.20200006. PubMed PMID: 32985916.
10. Golestaneh A, Tajeri B, Barj Ali M, Sobhi Gharamaleki N, Sarrami Foroushani G. Determining Drug Craving Based on Emotion Regulation Behavior, Psychological Capital, and Problem-Solving Style in Addicted Men Aged 20 to 45 Years. Journal of Disability Studies. 2021;7(11):1-12.
11. Guo Z, Cui Y, Yang T, Liu X, Lu H, Zhang Y, et al. Network Analysis of Affect, Emotion Regulation, Psychological Capital, and Resilience Among Chinese Males During the Late Stage of the COVID-19 Pandemic. Frontiers in Public Health. 2023;11. doi: 10.3389/fpubh.2023.1144420.
12. Nourian L, Golparvar M, Aghaie A. Comparison of the Effectiveness of Acceptance and Commitment Therapy and Positive Psychotherapy on Depression and Emotional Capital of Depressed Women. Journal of Nursing Psychology. 2021;9(4):12-23.
13. Moradi F, Salehi M, Kochak Entezar R, Eizanlou B. Developing a Predictive Model for Hope Based on Psychological Capital and Cognitive Emotion Regulation Mediated by Quality of Life in Women with Heart Failure. Social Psychology Journal. 2021;Fall 2020(56).
14. Ma Y. Boosting Teacher Work Engagement: The Mediating Role of Psychological Capital Through Emotion Regulation. Frontiers in Psychology. 2023;14. doi: 10.3389/fpsyg.2023.1240943.
15. Teimourpour N, Besharat MA, Rahiminezhad A, Rashidi BH, Lavasani MG. The mediational role of cognitive emotion regulation strategies in the relationship of ego-strength and adjustment to infertility in women. Journal of family & reproductive health. 2015;9(2):45.
16. Tang Y, He W. Emotion Regulation and Psychological Capital of Chinese University Students During the COVID-19 Pandemic: The Serial Mediation Effect of Learning Satisfaction and Learning Engagement. International Journal of Environmental Research and Public Health. 2022;19(20):13661. doi: 10.3390/ijerph192013661.
17. Badanfiroz A, Boogar IR, Najee A, Shaikhe M. Cognitive Emotion Regulation in Students: The Predictive Role of Ego Strength and Personality Organization. Qom University of Medical Sciences Journal. 2017;11(8):37-45.
18. Champ RE, Adamou M, Tolchard B. Seeking connection, autonomy, and emotional feedback: A self-determination theory of self-regulation in attention-deficit hyperactivity disorder. Psychological Review. 2023;130(3):569-603. doi: 10.1037/rev0000398.
19. Nasiri Karbasdehi Z, Fakhri M, Ghanadzadegan H. Comparing the Effectiveness of Mindfulness and Positive Psychology Training on Reappraisal and Suppression in Students with Generalized Anxiety Disorder Symptoms. Journal of Assessment and Research in Applied Counseling (JARAC). 2024;6(1).
20. Ghorbannezhad A. Prediction of perfectionism dimensions based on positive and negative meta-emotions in students. Journal of Psychological Dynamics in Mood Disorders (PDMD). 2022;1(3):42-9.
21. Mahmoodi T, Bassak Nejad S, Mehrabizadeh Honarmand M. The effectiveness of anger management based on positive psychology on cognitive emotion regulation and aggression rumination in female students. Psychological Achievements. 2016;23(2):137-56. doi: 10.22055/psy.2017.12584.
22. Brouzos A, Vassilopoulos SP, Baourda VC, Tassi C, Stavrou V, Moschou K, et al. “Staying Home – Feeling Positive”: Effectiveness of an on-line positive psychology group intervention during the COVID-19 pandemic. Current Psychology. 2023;42(4):2749-61. doi: 10.1007/s12144-021-01613-x.