

Prediction of Social Anxiety Based on Distress Tolerance and Emotional Self-Regulation among Adolescents with Divorced Parents

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ABSTRACT

Objective: The current investigation sought to elucidate the predictive relationship between social anxiety and the constructs of distress tolerance and emotional self-regulation among adolescents originating from divorced parental units in Shahr-e-Rey.

Methods: The methodological framework adopted for this inquiry was both descriptive and correlational in nature. The statistical population encompassed all adolescents enrolled in high schools situated in Shahr-e-Rey during the year 2024, who were systematically selected through the technique of cluster random sampling. The instruments employed for data collection included Social Phobia Inventory (SPIN), Distress Tolerance Scale, and Learning Motivated Attention and Regulatory Strategies (MARS). To evaluate the research hypothesis, multiple regression analysis was conducted.

Results: The findings indicated that both distress tolerance and emotional self-regulation exhibited significant predictive capabilities ($P < 0.05$) concerning social anxiety among adolescents with divorced parents in Shahr-e-Rey.

Conclusions: In light of the findings derived from this study, it can be posited that if adolescents from divorced families effectively manage their emotional distress and achieve a satisfactory level of emotional self-regulation, they may experience reduced social anxiety and, in particular circumstances such as parental divorce, enhanced mental health outcomes.

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Introduction

The family serves as the fundamental cornerstone of society and constitutes the essential unit of life; in its most expansive interpretation, it represents the origin of its constituents and their sanctuary ([Motamedi et al., 2019](#)). Typically, a myriad of individual, social, emotional, and psychological factors undermine the stability and cohesion of this time-honored and socially constructive institution ([Günay et al., 2019](#)). Among these detrimental factors is divorce, which engenders numerous psychological and social adversities. This occurrence not only disrupts the psychological equilibrium of the individuals involved but also affects the psychological well-being of children, relatives, friends, and other close associates ([Kleinsorge & Covitz, 2012](#)). Parental divorce influences a range of behavioral, emotional, social, and educational outcomes, resulting in children from divorced families encountering a greater array of challenges ([Lansford, 2009](#)). Numerous studies have corroborated the presence of adverse mental health disorders and symptoms, including anxiety, depression, lack of autonomy, and diminished self-esteem among adolescents with divorced parents ([Miralles et al., 2023](#)). Conversely, it is imperative to recognize that adolescence represents a developmental stage characterized by significant biological, physical, and psychological transformations. Furthermore, it constitutes a critical period for identity formation among adolescents, which holds substantial importance in the development of identity, a secure environment, and social engagement ([Pickering et al., 2020](#)). Interactions with peers and a sense of group belonging facilitate smoother adaptation to adulthood. Consequently, interpersonal relationships emerge as a pivotal variable in the lives of adolescents. Social anxiety constitutes one of the prevalent issues within the realm of relationships during this developmental stage, often manifesting for the first time during this period ([Mohammadi et al., 2020](#)). Adolescence also signifies a phase of social orientation, during which individuals typically transition to junior high school and allocate more time to peer interactions than at any other life stage. The capacity to forge and sustain friendships and integrate within one's peer group becomes crucial, as friends and peer networks significantly contribute to the development of social anxiety ([Fredrick & Luebbe, 2024](#)). Thus, manifestations of social anxiety generally emerge in early adolescence; when social interactions and peer relationships gain prominence. This condition can profoundly disrupt interpersonal relationships and personal lives, potentially leading to additional psychiatric issues such as depression and anxiety ([Dou et al., 2023](#)). Social anxiety is characterized

by an excessive fear of negative evaluation, manifesting as a specific and enduring apprehension regarding social situations or performances that may result in embarrassment or humiliation. Such fears predominantly encompass concerns about shame, rejection, humiliation, appearing inept or awkward, being the focus of attention, or being negatively appraised by others. The most prevalent triggers for these fears include encountering new individuals, public speaking, engaging with peers, classroom presentations, participating in social activities, and interacting with others. This is due to the fact that individuals often harbor negative and distorted perceptions of themselves, leading them to evade environments and social contexts that might expose them to scrutiny, humiliation, or unfavorable evaluations by others ([Morgan et al., 2024](#); [Zebhi Zarchi et al., 2023](#)). The aforementioned material has elucidated the ramifications and characteristics of social anxiety; however, to avert the emergence and manifestation of this disruptive variable within adolescent behavior, it is imperative to identify its precursors. Identifying the predictors of social anxiety will, firstly, facilitate the intervention strategies for the treatment of this disorder, and secondly, it will elucidate the trajectory for subsequent research endeavors. In this context, the variables of distress tolerance and emotional self-regulation will be discussed in the ensuing discourse.

A number of studies have posited that distress tolerance serves as a foundational factor influencing and forecasting social anxiety ([Afshari & Taghinejad, 2023](#)). Distress tolerance is frequently conceptualized as the subjective capacity of individuals to withstand negative or aversive emotional states, as well as the behavioral capability to endure the internal distress elicited by various stressful circumstances ([Slabbert et al., 2022](#)). Distress tolerance may influence, or be influenced by, an array of processes pertinent to self-regulation, encompassing attentional focus and cognitive evaluations of distressing emotional or physical contexts. Individuals exhibiting lower levels of distress tolerance are predisposed to respond inappropriately during distressing scenarios, whereas those with elevated levels of distress tolerance tend to react in a more constructive and adaptive manner ([Naemi & Faghihi, 2021](#)).

A salient concept associated with anxiety is the self-regulation construct ([Koole, 2009](#); [Samavi, 2022](#)). Self-regulation is intricately linked to health promotion and holds particular significance in the management of mental health; therefore, self-regulation can be regarded as a pivotal determinant of an individual's overall health ([Bandura, 2005](#)). Self-regulation has been articulated as the psychological endeavors undertaken to govern internal states, processes, and functions to

attain higher-order objectives ([Kari et al., 2015](#)). Individuals with compromised self-regulation frequently experience feelings of self-deprecation and exhibit apprehensions regarding failure and loss of control ([Hashemi et al., 2012](#)). Conversely, self-regulated individuals possess a belief in their capabilities and are confident in their ability to employ the requisite metacognitive skills to implement these strategies and manage the resources essential for the effective execution of a task ([Adeola, 2012](#)). In their investigation, [Tashkeh and Bazani \(2015\)](#) concluded that certain components of cognitive emotion regulation are capable of predicting social anxiety. Additionally, [Moghaddam Poor and Sepahvand \(2018\)](#) indicated that challenges in emotion regulation serve as a relatively robust predictor of social anxiety among children. Conversely, [Afshari and Taghinejad \(2023\)](#) demonstrated a significant correlation between social anxiety and distress tolerance in their study. Furthermore, [de Lafontaine et al. \(2023\)](#) corroborated the association between anxiety and distress tolerance in their research. In light of the aforementioned considerations, the present study aimed to investigate the predictive capacity of social anxiety based on distress tolerance and emotional self-regulation among adolescents with divorced parents residing in Shahr-e Ray from a scientific and analytical standpoint.

Material and Methods

The methodological approach employed in this research is characterized as descriptive regarding the collection of data. The current investigation is grounded in an applied framework and falls within the category of field studies utilizing a specific implementation methodology. The statistical sample for this inquiry consisted of all adolescents aged between 13 and 18 years who are enrolled in high schools located in the city of Shar e Rey during the academic year 2024.

In light of the absence of accurate demographic data pertaining to the statistical population, the size of the population was estimated utilizing the Cochran formula for unlimited populations. Consequently, the minimum sample size, assuming a variance of 1 and a margin of error set at 0.1, was determined to be 384 individuals, which was employed for the purposes of this study.

The sampling technique utilized in this research was a cluster random sampling method. High schools in the city of Shahr e Rey were bifurcated into two distinct regions, namely the west and the east, from which 192 male and female students were randomly selected from each institution to form the sample cohort.

In this investigation, Social Phobia Inventory (SPIN) by [Connor et al. \(2000\)](#) was employed to quantify the variable of social anxiety. The Social Phobia Inventory is a self-administered scale comprising 17 items, categorized into three subscales: fear (6 items), avoidance (7 items), and physiological discomfort (4 items). The scoring of this scale is based on a five-point Likert format (ranging from 0 = not at all to 4 = very much). The interpretation of scores yielded a cutoff point of 40, which demonstrates an efficiency of 80% in accuracy, and a cutoff point of 50 that reflects an efficiency of 89%, serving to differentiate individuals with social phobia from those who are not affected. This questionnaire exhibits substantial validity and reliability, with test-retest reliability for groups diagnosed with social phobia ranging from 0.78 to 0.89, while the internal consistency coefficient (Cronbach's alpha) for a normative group has been reported at 0.94. Additionally, the subscales of fear, avoidance, and physiological discomfort have been reported to have reliability coefficients of 0.89, 0.91, and 0.80, respectively. The construct validity of the instrument was assessed through comparative analysis between individuals diagnosed with social phobia disorder and a control group of individuals without psychiatric diagnosis, which indicated a significant difference, thereby affirming its high validity ([Ranta et al., 2007](#)). The overall reliability of this scale in the current study was determined through Cronbach's alpha, yielding a value of 0.76.

To assess the variable of distress tolerance, the Distress Tolerance Scale conceived by [Simons and Gaher \(2005\)](#) was utilized. The Distress Tolerance Scale (DTS) serves as a self-report instrument designed to assess emotional distress tolerance and comprises 15 items categorized into four distinct subscales: tolerance (3 items), absorption (3 items), appraisal (6 items), and regulation (3 items). The items within this assessment tool are evaluated using a five-point Likert scale (ranging from 1 = strongly agree to 5 = strongly disagree), where the respective scoring for each response option is 1, 2, 3, 4, and 5. Notably, Item 6 is scored in a reverse manner. Elevated scores on this scale are indicative of a higher level of distress tolerance. [Simons and Gaher \(2005\)](#) documented alpha coefficients for this scale as 0.72, 0.82, and 0.70, with an overall coefficient for the entire scale recorded at 0.82. Furthermore, they asserted that this questionnaire demonstrates satisfactory criterion validity alongside initial convergent validity. [Mahmoudpour et al. \(2021\)](#) administered it to a cohort of 48 students and reported that the total scale exhibited high internal consistency reliability ($\alpha = 0.71$), while the subscales displayed moderate reliability (specifically for tolerance

0.54, absorption 0.42, evaluation 0.56, and regulation 0.58). The overall reliability of this scale in the current study was determined utilizing Cronbach's alpha, yielding a value of 0.69.

In order to assess the variable of emotional self-regulation, the Learning Motivated Attention and Regulatory Strategies (MARS) was employed ([Gani et al., 2024](#)). This instrument comprises 44 questions. The scoring of the questionnaire is based on a 7-point Likert scale (ranging from 0 = never to 6 = always). The minimum attainable score is 0, while the maximum score is 264. [Gani et al. \(2024\)](#) reported the validity of this Scale to be 0.67, which underscores the substantial validity of this scale within the Indonesian cultural context. The reliability of this questionnaire, as assessed using the split-half method on a sample of 60 individuals, was reported as 0.75, while the application of Cronbach's alpha yielded a reliability estimate of 0.80. The overall reliability of this scale in the present investigation was calculated through Cronbach's alpha, resulting in a value of 0.74.

In this study, data description was conducted using frequency, mean, and standard deviation, while Pearson's correlation coefficient and multiple regression analysis were employed to evaluate the research hypothesis. Additionally, the statistical software utilized for this analysis was SPSS version 26.

Results

Of the total 384 adolescents participating in the study, 190 were girls and 194 were boys. The average age of male participants was 15.92 and the average age of female participants was 16.01. Table 1 describes the descriptive indicators related to the variables included in the study.

Table 1. Descriptive indicators of research variables

Variable	Min.	Max.	Mean	SD	Skewness	Kurtosis
Social anxiety	16	63	34.76	15.43	0.309	-1.35
Distress tolerance	27	69	51.07	13.68	-0.238	-1.33
Emotional self-regulation	39	241	159.26	69.52	0.219	-1.44

In the present study, the variables of distress tolerance and emotional self-regulation were considered as predictor variables and the social anxiety variable was considered as the criterion variable. In order to use the regression analysis test, it is necessary to examine and confirm its underlying assumptions, which are discussed below.

The Shapiro-Wilk test was employed to assess the normality of the dataset. The Shapiro-Wilk statistics for the social anxiety variable ($w=0.942$), distress tolerance ($w=0.918$), and emotional self-regulation variable ($w=0.911$) did not achieve statistical significance ($p>.05$). Consequently, the hypothesis regarding the normality of the data was validated for all examined variables. This assertion is further corroborated in the descriptive statistics section, particularly in relation to the skewness and kurtosis of the scores, as the skewness and kurtosis values for all variables fall within the range of -2 to 2. Hence, the application of parametric tests in the analysis of research hypotheses is deemed permissible.

To elucidate the significance of the relationships among all research variables, the Pearson moment correlation matrix was utilized. The findings from this analysis revealed an inverse correlation between the variables of distress tolerance and emotional self-regulation in relation to social anxiety.

The current investigation was conducted over a predetermined and limited duration, with data collected from a statistical sample within a specified timeframe. Given the minimal likelihood of temporal factors influencing cross-sectional data, the assumption of independence remains valid, suggesting that time-related factors are unlikely to exert significant effects on the relationships and predictions. Furthermore, the Durbin-Watson statistic was calculated to be 1.724, which is markedly distanced from the theoretical bounds of 0 and 4, thereby confirming the assumption of independence of the residuals. Consequently, regression analysis is deemed appropriate.

To evaluate the assumption of multiple non-collinearities, the variance inflation factor was employed. The computed value of this statistic for the predictor variables was established at 1.246, and in light of its considerable deviation from the threshold value of 5, the assumption of multiple non-collinearities among the predictor variables is upheld, indicating that no variables need to be excluded from the regression model.

In light of the validation of the pertinent assumptions, multiple regression analysis—indicative of the existence of multiple predictor variables and a criterion variable—was executed. In this analysis, the predictor variables were incorporated into the model concurrently. This approach was deemed appropriate as the researcher aimed to explore a comprehensive model of predictor variables, thereby facilitating the interactive and simultaneous examination of these variables.

Table 2 presents the standard and non-standard regression coefficients, standard error, T-statistic, and the probability of Type I error associated with the predictor variables.

Table 2. Results of regression analysis for predicting social anxiety

Predictors	B	B	SE	T	P
Distress tolerance	*0386	-0.342	0.058	-6.61	0.001
Emotional self-regulation	-0.32	-0.144	0.011	-2.77	0.006

Table 3 shows the results of analysis of variance related to the regression model.

Table 3. Results of analysis of variance related to the regression model

Source	SS	DF	MS	F	P
Regression	16532.309	2	8266.154	42.15	0.001
Residual	74712.598	381	196.096		
Total	91244.906	353			

The coefficient of determination (R^2) for the present model was calculated to be 0.181. In light of the results obtained, it has been ascertained that the regression model employed in this investigation operates at an acceptable standard. The R^2 value suggests that 18 percent of the variability in the social anxiety variable (criterion variable) can be elucidated by the distress tolerance and emotional self-regulation variables (predictor variables). Consequently, the research hypothesis is substantiated.

Discussion

The results derived from the current investigation indicate that distress tolerance and emotional self-regulation serve as significant precursors to social anxiety among adolescents. These findings align with the research conducted by [Tashkeh and Bazani \(2015\)](#), [Moghaddam Poor and Sepahvand \(2018\)](#), [Afshari and Taghinejad \(2023\)](#), and [de Lafontaine et al. \(2023\)](#). The initial segment of the results from this research illustrates that distress tolerance can negatively predict alterations in social anxiety levels within adolescent populations. In elucidating this observation, it can be posited that; considering that distress tolerance is correlated with confidence, clarity, hope, positive affect, and diminished discomfort, individuals possessing this characteristic demonstrate an enhanced capacity to navigate adverse emotional states and regulate their negative

moods and stress in light of their ability to endure negative emotional experiences. The capacity to withstand distress empowers individuals to process their emotions and endure psychological turmoil and stress during crises, thereby facilitating their ability to confront and resolve challenges. Conversely, individuals who struggle with emotional distress may find it challenging to regulate their emotions effectively in adverse life circumstances, consequently exacerbating social anxiety levels ([Afshari & Taghinejad, 2023](#)). Theoretically, distress tolerance may influence or be influenced by various mechanisms associated with self-regulation, including attentional focus and cognitive evaluations of distressing emotional or physical contexts. For instance, individual variances in emotional experiences—encompassing both intensity and frequency—might impact the characteristics of distress tolerance. Individuals exhibiting lower levels of distress tolerance may be susceptible to maladaptive reactions in response to distress and distress-inducing situations. Consequently, these individuals may engage in avoidance of negative emotions and/or associated distressing conditions. In contrast, those with elevated levels of distress tolerance may possess a greater propensity to respond adaptively to distress and distress-inducing circumstances ([Bernstein et al., 2009](#)). The incapacity to respond adaptively heightens anxiety symptoms in individuals, particularly among adolescents. Additionally, researchers have advanced beyond the mere correlation between these two constructs, affirming the significant role of distress tolerance in the context of anxiety disorders.

The subsequent segment of the findings derived from this study elucidates that emotional self-regulation possesses the capacity to inversely predict fluctuations in social anxiety among adolescents. In elucidating this observation, it is pertinent to note that deficiencies in emotional self-regulation competencies are substantiated at both the intrapersonal and interpersonal dimensions ([Naemi & Faghihi, 2021](#)). Conversely, cognitive competencies (such as the ability to adopt multiple perspectives and to reconstruct the significance of thoughts and situations) are instrumental in the accurate evaluation of social contexts ([Heimberg, 2002](#)). Consequently, individuals who exhibit impairments in both cognitive and emotional faculties tend to catastrophize potential threats emanating from interpersonal interactions, thereby experiencing elevated levels of social anxiety. Individuals characterized by low self-regulation lack the capacity to modulate their responses to environmental stimuli within volatile and emotionally charged situations; thus, when subjected to such conditions, they manifest heightened stress and anxiety,

which is exacerbated in the presence of social entities. Accordingly, individuals with diminished emotional self-regulation are likely to endure escalated levels of social anxiety.

Adolescents inhabit a developmental stage characterized by preparation for the transition into adulthood, wherein the integration into a broader community emerges as a pivotal aspect of this phase. The experience of being part of a larger cohort inherently exacerbates their social anxiety, while concurrently, this investigation substantiated that a deficient level of distress tolerance and emotional self-regulation correlates with an amplification of this particular anxiety. In light of these findings, stakeholders in education and training—including educators, school administrators, educational counselors, and child and adolescent psychologists—should endeavor to identify strategies aimed at enhancing distress tolerance and emotional self-regulation, thereby establishing a conducive foundation for adolescents to navigate societal integration with diminished anxiety.

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by the ethics committee of Allameh Tabataba'i University. The patients/participants provided their written informed consent to participate in this study.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection, and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

- Adeola, R. G. (2012). Perception of shea nut tree as an economic tree among farmers in Oyo State, Nigeria. *International Journal of Agricultural Management and Development (IJAMAD)*, 2(2), 85-89.

- Afshari, A., & Taghinejad, N. (2023). The Study of the Causal Model of Social Anxiety Based on Distress Tolerance Mediated by Social Intelligence Among Jiroft City Therapeutic Staff during the Prevalence of Covid-19 Pandemic [Research]. *Journal of Jiroft University of Medical Sciences*, 9(4), 1121-1128. <http://journal.jmu.ac.ir/article-1-664-fa.html>
- Bandura, A. (2005). The primacy of self-regulation in health promotion. *Applied Psychology: an international review*, 54(2).
- Bernstein, A., Zvolensky, M. J., Vujanovic, A. A., & Moos, R. (2009). Integrating anxiety sensitivity, distress tolerance, and discomfort intolerance: A hierarchical model of affect sensitivity and tolerance. *Behavior therapy*, 40(3), 291-301.
- Connor, K. M., Davidson, J. R., Churchill, L. E., Sherwood, A., Weisler, R. H., & Foa, E. (2000). Psychometric properties of the Social Phobia Inventory (SPIN): New self-rating scale. *The British Journal of Psychiatry*, 176(4), 379-386.
- de Lafontaine, M.-F., Turcotte, S., Denis, I., & Foldes-Busque, G. (2023). Investigating the relationship between the five-factor model of distress tolerance, anxiety and anxiety sensitivity. *Anxiety, Stress, & Coping*, 36(3), 353-365.
- Dou, Q., Chang, R., & Xu, H. (2023). Body dissatisfaction and social anxiety among adolescents: a moderated mediation model of feeling of inferiority, family cohesion and friendship quality. *Applied Research in Quality of Life*, 18(3), 1469-1489.
- Fredrick, J. W., & Luebke, A. M. (2024). Prospective associations between fears of negative evaluation, fears of positive evaluation, and social anxiety symptoms in adolescence. *Child Psychiatry & Human Development*, 55(1), 195-205.
- Gani, S. A., Danardana Murwani, F., Hitipeuw, I., & Radjah, C. L. (2024). The Indonesian Version of the Online Learning Motivated Attention and Regulatory Strategies (OL-MARS v. 2) Scale. *Jurnal Psikologi*, 51(3).
- Günay, G., Ersoy, A. F., & Özduran, O. A. (2019). DIVORCE AS A SOCIAL PROBLEMS AND IT'S CAUSES: FAMILY COURT EXAMINATIONS FROM KARABUK SAMPLE. *Turkish Journal of Applied Social Work*, 2(1), 48-55.
- Hashemi, T., Mostafavi, F., Mashinchi Abbasi, N., & Badri, R. (2012). Role of goal orientation, self-efficacy of self-regulation and personality in procrastination. *Contemporary Psychology, Biannual Journal of the Iranian Psychological Association*, 7(1), 73-84.

- Heimberg, R. G. (2002). Cognitive-behavioral therapy for social anxiety disorder: current status and future directions. *Biological psychiatry*, 51(1), 101-108.
- Kari, F., GhafariNouran, O., & Moosazade, T. (2015). On the Comparison of Self-Perception, Emotional Self-Regulation, and Attachment Styles between Normal People and Drug-Dependent People [Research]. *Research on Addiction*, 8(32), 105-117. <http://etiadjohi.ir/article-1-763-fa.html>
- Kleinsorge, C., & Covitz, L. M. (2012). Impact of divorce on children: developmental considerations. *Pediatrics in review*, 33(4), 147-155.
- Koole, S. L. (2009). The psychology of emotion regulation: An integrative review. *Cognition and emotion*, 23(1), 4-41.
- Lansford, J. E. (2009). Parental divorce and children's adjustment. *Perspectives on Psychological Science*, 4(2), 140-152.
- Mahmoudpour, A., Shariatmadar, A., Borjali, A., & Shafiabadi, A. (2021). Psychometric Properties of the Distress Tolerance Scale (DTS) in the Elderly. *Quarterly of Educational Measurement*, 12(46), 49-64. <https://doi.org/10.22054/jem.2022.65915.3341>
- Miralles, P., Godoy, C., & Hidalgo, M. D. (2023). Long-term emotional consequences of parental alienation exposure in children of divorced parents: A systematic review. *Current Psychology*, 42(14), 12055-12069.
- Moghaddam Poor, N., & Sepahvand, T. (2018). The Explanation of Social Anxiety in Primary School Children based on Difficulties in Emotional Regulation and Cognitive Flexibility of Mothers [Research]. *Quarterly Journal of Child Mental Health*, 5(2), 14-24. <http://childmentalhealth.ir/article-1-298-fa.html>
- Mohammadi, M. R., Salehi, M., Khaleghi, A., Hooshyari, Z., Mostafavi, S. A., Ahmadi, N., . . . Amanat, M. (2020). Social anxiety disorder among children and adolescents: A nationwide survey of prevalence, socio-demographic characteristics, risk factors and co-morbidities. *Journal of Affective Disorders*, 263, 450-457.
- Morgan, J. K., Conner, K. K., Fridley, R. M., Olino, T. M., Grewen, K. M., Silk, J. S., . . . Forbes, E. E. (2024). Adolescents' hormonal responses to social stress and associations with adolescent social anxiety and maternal comfort: a preliminary study. *Child Psychiatry & Human Development*, 55(6), 1701-1711.

- Motamedi, H., Samavi, A., & Fallahchai, R. (2019). Investigating and Comparing the Effectiveness of Cognitive-Behavioral Therapy and Acceptance and Commitment Therapy on Emotional Self-efficacy of Family Headed Women. *Iranian Evolutionary Educational Psychology Journal*, 1(2), 123-134.
- Naemi, A. M., & Faghihi, S. (2021). The effectiveness of cognitive self-compassion on resiliency, psychological well-being and distress tolerance of female teachers of elementary schools in Sabzevar. *Journal of School Psychology*, 10(3), 134-147. <https://doi.org/10.22098/jsp.2021.1347>
- Pickering, L., Hadwin, J. A., & Kovshoff, H. (2020). The role of peers in the development of social anxiety in adolescent girls: A systematic review. *Adolescent research review*, 5(4), 341-362.
- Ranta, K., Kaltiala-Heino, R., Rantanen, P., Tuomisto, M. T., & Marttunen, M. (2007). Screening social phobia in adolescents from general population: The validity of the Social Phobia Inventory (SPIN) against a clinical interview. *European Psychiatry*, 22(4), 244-251.
- Samavi, S. A. (2022). Positive psychology studies in education. In (Vol. 13, pp. 845199): Frontiers Media SA.
- Simons, J. S., & Gaher, R. M. (2005). The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and emotion*, 29(2), 83-102.
- Slabbert, A., Hasking, P., Notebaert, L., & Boyes, M. (2022). The role of distress tolerance in the relationship between affect and NSSI. *Archives of suicide research*, 26(2), 761-775.
- Tashkeh, M., & Bazani, M. (2015). Prediction of social anxiety by cognitive emotional regulation and emotional schema in female and male students [Research]. *Zanko Journal of Medical Sciences*, 16(50), 72-83. <http://zanko.muk.ac.ir/article-1-95-fa.html>
- Zebhi Zarchi, M. H., Jalayer, F., Gholamzadeh Bafghi, T., Hajiyousefi, E., Hatamikia, B., & Amirmahmoudi, F. (2023). Effectiveness of Acceptance and Commitment Therapy on the Marital Satisfaction and Sexual Performance in Couples with Emotional Divorce. *Iranian Journal of Educational Research*, 2(4), 47-57.