KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 03 August 2024
Revised 16 October 2024
Accepted 26 October 2024
Published online 01 January 2025

KMAN Counseling & Psychology Nexus

Volume 3, pp 1-8

E-ISSN: 3041-9026

The Effectiveness of Psychodynamic Therapy on Frustration Tolerance and Psychological Hardiness in Iranian Immigrants

Solaleh. Kalantari[1], Reyhaneh. Ranjbar[2], Zahra. Fallahian[3*], Homayoun. Kafi Hernashki[4], Nazanin. Haghighat Bayan[5], Soheil. Jafari[6]

[1] M.A., Department of Psychology, Sari Branch, Islamic Azad University, Sari, Iran
[2] M.A., Department of Psychology, Khuzestan Branch, Jahad Daneshgahi Institute of Higher Education, Ahvaz, Iran
[3] M.A., Department of Counseling, Shahid Ashrafi Esfahani University, Isfahan, Iran
[4] Ph.D., Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran.
[5] Ph.D., Department of Psychology, Roudehen Branch, Islamic Azad University, Tehran, Iran.
[6] M.A., Department of Psychology, Ahvaz Branch, Islamic Azad University, Ahvaz, Iran

*** Corresponding author email address**: fallahiancounseling@gmail.com

A r t i c l e I n f o

Article type:
Case Report
Section:
Clinical Psychology

How to cite this article:
Kalantari, S., Ranjbar, R., Fallahian, Z., Kafi Hernashki, H., Haghighat Bayan, N., & Jafari, S. (2025). The Effectiveness of Psychodynamic Therapy on Frustration Tolerance and Psychological Hardiness in Iranian Immigrants. *KMAN Conseling and Psychology Nexus*, *3*, 1-8.
http://doi.org/10.61838/kman.cp.psynexus.3.6

A B S T R A C T

The aim of this study was to examine the effectiveness of intensive short-term psychodynamic therapy on feelings of frustration and psychological hardiness in Iranian immigrants. This study employed a quasi-experimental design with a pre-test, post-test, and two-month follow-up, along with a control group. The statistical population consisted of Iranian immigrants who met the inclusion criteria. A total of 30 participants were randomly assigned to experimental and control groups (15 participants in each group). Research instruments included the Frustration Scale by Gilbert and Allen and the Psychological Hardiness Scale by Kobasa. Data were analyzed using repeated-measures analysis of variance in SPSS version 25. Findings indicated that intensive short-term psychodynamic therapy significantly reduced feelings of frustration and increased psychological hardiness in the experimental group compared to the control group ($P<0.01$). Moreover, these changes remained stable at the follow-up stage. The results of this study suggest that psychodynamic therapy can have a positive impact on reducing feelings of frustration and enhancing psychological hardiness in Iranian immigrants. Accordingly, it is recommended that this therapeutic approach be utilized to improve the mental health of immigrant individuals.

Keywords: *Psychodynamic therapy, frustration tolerance, psychological hardiness, Iranian immigrants.*

1. Introduction

Migration, regardless of its reason or duration, is always accompanied by stress. This stress can lead to psychological problems and increase the likelihood of disorders such as depression and anxiety (Hasheminejad et al., 2024; Storvig et al., 2024). Recent reports indicate that nearly one-third of Afghan residents in Iran suffer from psychological issues such as post-traumatic stress disorder, anxiety, and depression (Hanachi et al., 2023; Khorramabadi, 2023). One of the primary causes of this stress is separation from family and friends, cultural differences, economic challenges, and the need to adapt to a new environment (Mirzaei, 2017; Rasekhei Nejad & Khodabakhshi-Koolaee, 2020). For many migrants, coping with social and cultural changes is challenging. They not only have to adopt a new lifestyle but also sometimes need to conform to laws and values that may differ from their previous beliefs. Alongside these challenges, many adult migrants face discrimination in the host country (Pakravan Charvadeh & Mohammadi-Nasrabadi, 2020; Rasekhei Nejad & Khodabakhshi-Koolaee, 2020), which can have a significant negative impact on their mental health (Khorramabadi, 2023). The feeling of rejection and lack of acceptance by society can lead to decreased self-esteem, increased social anxiety, and even a sense of alienation. This issue is particularly problematic for those seeking employment or education, as legal restrictions and cultural barriers can limit their opportunities.

Frustration is one of the most significant characteristics of human nature and is closely linked to frustration tolerance, which refers to the level of psychological pressure an individual can endure. Another definition of frustration tolerance describes it as the ability to regulate tension arising from unmet instinctual needs and the capacity to endure frustration without losing psychological or biological stability. Thus, frustration tolerance is a capability that helps individuals cope with repeated failures (Mehdipourthani et al., 2022; Taslim & Bahramipour, 2023). When an individual is unable to achieve their desired goal, they experience frustration. Frustration, along with other factors such as depression, sadness, and irritability, is among the key precursors of aggression and anger (Mousavi et al., 2020; Sahebi Bazaz et al., 2019). Frustration is an emotion that emerges when an obstacle prevents an individual from reaching a goal they perceive as beneficial. This goal may be mental, in the sense that the person envisions themselves achieving their desired objective and anticipates its rewards, or it may manifest in outward behavior (Mehdipourthani et al., 2022; Xiao, 2020). Frustration is not limited to humans but is also observed in animals. Numerous studies worldwide have demonstrated that frustration leads to experiences of other emotions such as hopelessness, depression, and even suicidal tendencies. In other words, an inability to tolerate frustration results in psychological distress, maladjustment, and interpersonal relationship difficulties (Taslim & Bahramipour, 2023).

Psychological hardiness is one of the concepts that has gained attention alongside the examination of psychological vulnerabilities resulting from various stressors, including the unique conditions of exceptional children. This trait encompasses a set of personality characteristics that act as a protective factor against life pressures and stress (Rahmati et al., 2024; Yağan & Kaya, 2023). Research has shown that individuals with higher psychological hardiness experience less stress and enjoy better mental and physical health (Abbasi, 2023; Amiri & Shafiee, 2023; Bakhshi et al., 2023; Bekesiene et al., 2023; Jafarpoor et al., 2023; Mansory Jalilian et al., 2023; Najarian & Vahedi, 2023; Rahmati et al., 2024; Yağan & Kaya, 2023). Additionally, studies indicate that psychological hardiness not only has a positive relationship with mental and physical health but also functions as an internal shield, reducing the negative effects of stress and preventing the development of psychological and physical issues. Resilient individuals generally exhibit high flexibility. Instead of focusing on problems and rigid life circumstances, they strive to adapt to changes and find solutions for environmental adjustment (Maleki, 2022; Namazi et al., 2022). This trait enables them to demonstrate greater resistance in the face of various challenges and reduces their susceptibility to psychological harm.

The intensive short-term psychodynamic therapy (ISTDP) approach is derived from Freud's psychoanalytic model and was developed by the Iranian scientist Davanloo at McGill University. In this model, long-term psychoanalytic therapy is transformed into a structured, effective, and clear short-term approach. This therapy helps patients regulate anxiety and emotions while modifying their defenses, ultimately strengthening the individual and enabling them to confront emotions they had previously avoided (Leichsenring & Rabung, 2008). Studies indicated that short-term psychodynamic therapies could be reliably used as treatment methods for somatization disorders (Abbass et al., 2009; Abbass et al., 2014; Abbass et al., 2012; Driessen et al., 2010; Høglend et al., 2006; Leichsenring &

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

Rabung, 2008; Lilliengren et al., 2017; Shedler, 2010; Town et al., 2017).

Thus, the main research question of this study is: Does psychodynamic therapy effectively enhance frustration tolerance and psychological hardiness in Iranian migrants?

2. Methods and Materials

2.1. Study Design and Participants

This study employed a quasi-experimental design with a pre-test, post-test, and two-month follow-up, along with a control group. The target population included all Iranian immigrants living abroad in 2024. The sample size was determined using Cohen's table. At a 95% confidence level, with an effect size of 0.30 and a statistical power of 0.83, the required sample size for each group was determined to be 12. However, to account for potential attrition and enhance the generalizability of the results, the sample size was increased to 15 participants per group.

In the first stage, 30 individuals were voluntarily selected through convenience sampling. In the second stage, these participants were randomly assigned to the experimental (n = 15) and control (n = 15) groups using a simple random method (lottery).

The inclusion criteria were full consent to participate in therapy sessions, absence of any illness other than tension headaches (assessed through self-reporting), a minimum educational level of middle school (to ensure comprehension of psychodynamic therapy), no use of psychiatric medications (e.g., fluoxetine or sertraline), no receipt of psychological services (e.g., treatment for depression or anxiety) in the past three months, and no prior experience with short-term intensive psychodynamic therapy (ISTDP).

Exclusion criteria included absence from more than two therapy sessions, presence of psychiatric disorders such as depression, simultaneous participation in other psychological training workshops, and withdrawal from the study. Ethical considerations adhered to in this study included obtaining informed consent, explaining the study's methodology and objectives to participants, maintaining confidentiality, and ensuring participants' freedom to withdraw at any time.

Data collection involved a demographic information form (including age, gender, education level, and marital status) and self-report questionnaires assessing psychological hardiness and frustration. These assessments were conducted at three stages: pre-test (before therapy), post-test (after therapy), and follow-up (two months after therapy completion). Sampling took place in February 2022, with the intervention starting in April 2022 and continuing until the end of June. The follow-up phase was completed by late September 2022.

The intervention was conducted individually by a trained clinical psychologist on Sundays and Tuesdays from 17:00 to 20:00 at the Ham-Afarini Taghir Psychological Clinic (the researchers' workplace). No participant dropped out of the study, and the therapy sessions were provided free of charge. Participants were informed that they could withdraw from the study at any time and seek psychological services. After the study concluded, participants in the control group received free psychological services from a clinical psychologist.

2.2. Measures

2.2.1. Psychological Hardiness

This questionnaire was developed by Kobasa, Maddi, and Kahn (1982) and consists of 20 statements. Each statement is rated on a Likert scale ranging from 0 to 3. Higher scores indicate greater psychological hardiness. The reliability of this scale was reported by Kobasa et al. (1982) using Cronbach's alpha at 0.81. Additionally, in a study by Esmaeilkhani, Ahadi, Mazaheri, and Mehrabi Zadeh (2010), test-retest reliability was found to be 0.85 for female participants and 0.84 for male participants. Furthermore, Cronbach's alpha values for this questionnaire have consistently been above 0.70, demonstrating high internal consistency and statistical suitability (Rahmati et al., 2024).

2.2.2. Frustration Tolerance

This questionnaire was developed by Gilbert and Allen (1998) based on social rank theory. Extensive research has confirmed its association with hopelessness, depression, suicide, and post-traumatic stress disorder (PTSD). In most studies, the Frustration Questionnaire has been used alongside the Defeat Questionnaire. It consists of 16 items and includes two subscales: internal frustration ($\alpha = 0.89$) and external frustration ($\alpha = 0.90$). In Iran, the overall reliability coefficient was calculated using Cronbach's alpha at 0.93 (2015) (Mehdipourthani et al., 2022; Taslim & Bahramipour, 2023), while in this study, the reliability coefficient was 0.91.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

2.3. Intervention

2.3.1. Psychodynamic Therapy

The experimental group received psychodynamic therapy for 15 sessions, each lasting 90 minutes, whereas the control group received no intervention. Both groups were assessed using the Psychological Hardiness and Frustration Questionnaires at three stages. The psychodynamic intervention followed the structured short-term ISTDP model, which includes the seven stages of questioning regarding problems, pressure, challenge, transference resistance, and direct access to unconscious material, as outlined in Davanloo's psychotherapy manual (Davanloo, 2001).

Session 1: The first session focused on introducing the structure and rules of therapy sessions and conducting an initial interview using the psychodynamic sequence known as "trial therapy" to assess the participants' core issues. This process involved observing their emotional responses, defenses, and unconscious conflicts to establish a therapeutic framework.

Session 2: Based on the identified patterns of defenses, appropriate and effective interventions for each type were implemented. Common tactical defenses were introduced, and targeted interventions were applied to challenge and modify these maladaptive coping mechanisms.

Session 3: This session addressed tactical defenses such as vague language, indirect speech, and generalizations. The intervention strategy involved techniques such as questioning, challenging defensive patterns, and confronting avoidance behaviors to encourage direct emotional expression.

Session 4: The focus was on analyzing specialized vocabulary used by participants, identifying indirect speech and maladaptive cognitive patterns. Effective interventions included challenging defensive speech, clarifying ambiguities, and promoting emotional awareness through direct questioning.

Session 5: Rumination and rationalization as defensive mechanisms were explored. Effective interventions included clarifying emotional avoidance, requesting direct responses, challenging justifications, and blocking the use of intellectualization to encourage emotional processing.

Session 6: Defenses such as intellectualization, overgeneralization, and cognitive abstraction were addressed. Interventions included clarification techniques, blocking defense mechanisms, and direct confrontation to encourage participants to engage with their core emotions rather than distancing themselves through abstract reasoning.

Session 7: The focus was on distraction tactics and forgetfulness as defenses against emotional distress. Interventions involved clarification, challenging avoidance patterns, and confronting cognitive distortions to prevent further emotional detachment.

Session 8: Denial and minimization as psychological defenses were explored. The therapist used clarification techniques, direct challenges, and reality testing to help participants recognize and confront their avoidance of distressing emotions.

Session 9: Externalization and ambiguity in emotional expression were analyzed. Interventions included confrontation and clarification strategies to help participants take ownership of their emotions rather than attributing them to external factors.

Session 10: Avoidance and obsessive doubt were the main defensive strategies examined in this session. The therapist implemented interventions such as direct questioning, reality testing, and confrontation to address participants' tendency to overanalyze and avoid emotional engagement.

Session 11: Somatization and acting out as defenses against emotional distress were addressed. The therapist used clarification techniques to help participants understand how their physical symptoms or impulsive behaviors were linked to suppressed emotions.

Session 12: Regressive defenses such as defiance, resistance, passive-aggressive behaviors, and emotional outbursts were examined. Interventions involved direct confrontation, challenging maladaptive responses, and encouraging emotional processing to facilitate healthier coping mechanisms.

Session 13: Participants who used verbal communication to avoid directly experiencing emotions were guided toward recognizing their nonverbal emotional expressions. Interventions included clarification, challenging passive compliance, and encouraging emotional engagement through direct confrontation.

Sessions 14 and 15: The final two sessions focused on consolidating therapeutic gains, developing a follow-up plan, and scheduling the post-test assessment. Participants were thanked for their participation, and the conclusion of the therapy program was formally announced.

KMAN-CPN KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

2.4. Data Analysis

Data analysis was performed using SPSS version 26. The statistical method applied was two-way repeated-measures analysis of variance (ANOVA). To analyze demographic characteristics, Fisher's exact test was used. The assumption of normality was checked using the Kolmogorov-Smirnov test, the assumption of sphericity was examined using Mauchly's test, and homogeneity of variances was tested using Levene's test. The significance level for all tests was set at 0.05.

3. Findings and Results

The mean and standard deviation of age in the experimental and control groups were 43.40 ± 3.92 and 44.07 ± 4.49 years, respectively (P = 0.669). The results of the independent samples t-test for age and Fisher's exact test for gender, education level, and marital status indicated no statistically significant differences between the experimental and control groups (P > 0.05).

Table 1

Descriptive Statistics of Iranian Immigrants

Variables	Group	Pre-test Mean ± SD	Post-test Mean ± SD	Follow-up Mean ± SD	Minimum	Maximum
Psychological Hardiness	Experimental	44.56 ± 3.67	75.40 ± 3.70	75.40 ± 3.70	19	32
	Control	45.80 ± 2.16	46.48 ± 3.38	46.12 ± 3.19	15	30
Frustration	Experimental	44.56 ± 3.67	75.40 ± 3.70	75.40 ± 3.70	78	97
	Control	45.80 ± 2.16	46.48 ± 3.38	46.12 ± 3.19	84	103

The analysis of variance (ANOVA) with repeated measures was used to test the hypotheses related to psychological hardiness and frustration. Before conducting the two-way repeated-measures ANOVA, its assumptions were examined. The Kolmogorov-Smirnov test results indicated that the data distribution was normal at a 95% confidence level (P > 0.05). The Levene's test results exceeded 0.05, confirming the homogeneity of variances between the two groups. Mauchly's sphericity test showed that the assumption of sphericity was met for all three components: psychological hardiness ($\chi^2 = 3.56$, P = 0.358) and frustration ($\chi^2 = 16.05$, P = 0.055). Therefore, the sphericity assumed test was applied.

Table 2

Results of Two-Way Repeated Measures ANOVA for the Effect of the Independent Variable on Psychological Hardiness and Frustration

Variable	Source of Variation	Sum of Squares	df	Mean Square	F Value	P Value	Effect Size
Psychological Hardiness	Group	205.589	1	205.589	4.688	0.033	0.27
	Time	96.572	2	48.286	24.416	<0.001	0.67
	Group * Time	120.001	2	60.000	30.888	<0.001	0.71
Frustration	Group	98.822	1	98.822	15.703	0.024	0.204
	Time	92.822	2	46.411	36.997	<0.001	0.785
	Group * Time	132.022	2	66.011	18.206	<0.001	0.653

To assess the equality of covariance matrices, Box's M test was used. The results indicated that the assumption was satisfied for psychological hardiness (Box's M = 3.051, F = 1.572, P = 0.514) and frustration (Box's M = 4.179, F = 3.260, P = 0.508).

The results of the between-group test showed a significant difference between the experimental and control groups in terms of the mean scores of psychological hardiness (P = 0.008) and frustration (P = 0.024). The results of the within-group (time) test indicated a significant difference in the mean scores of psychological hardiness (P < 0.001) and frustration (P < 0.001). In other words, the difference in the mean scores of psychological hardiness and frustration across the three phases—pre-test, post-test, and follow-up—was statistically significant at 67% and 78%, respectively.

Furthermore, the results in Table 2 show that the interaction effect of group and time on psychological hardiness and frustration was significant (P < 0.001), indicating that the intervention led to increased mean scores of psychological hardiness and frustration in the post-test

KMAN-CPN
KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

and follow-up phases in the experimental group compared to the control group.

The effect size of inter-group, intra-group (time), and interaction effects for psychological hardiness was 77%, meaning that 77% of the variance in psychological hardiness scores could be explained by inter-group, intra-group, and interaction effects. Similarly, the effect size for frustration was 71%, meaning that 71% of the variance in frustration scores could be attributed to these effects.

4. Discussion and Conclusion

This study aimed to examine the effectiveness of intensive short-term psychodynamic therapy (ISTDP) on frustration and psychological hardiness in Iranian immigrants. The findings of the study indicated that this therapeutic approach led to improved psychological hardiness and reduced frustration among immigrants. These results are consistent with the findings of prior studies (Balali Dehkordi & Fatehizade, 2022; Hajrezaei et al., 2024; Heshmati, 2023; Klippel, 2019; Nakhaei Moghadam et al., 2024; Rezaei et al., 2023; Ziapour et al., 2023).

To explain the impact of ISTDP on reducing frustration and enhancing psychological hardiness in immigrants, it can be noted that this therapeutic approach initially confronts individuals with unwanted emotions and hidden anxieties, which may temporarily intensify symptoms. However, as therapy sessions progress and emotional catharsis occurs, individuals become capable of processing and managing these emotions, ultimately leading to symptom reduction and improved mental health. Through the use of active techniques and exposure strategies, the therapist assists individuals in identifying and understanding their deep emotions and thoughts (Abbass et al., 2014; Town et al., 2017).

In the ISTDP process, immigrants, by deeply experiencing and expressing their emotions, enhance their ability to regulate cognitive and emotional processes. This process enables them to gain a more accurate understanding of themselves and their capabilities, improve their coping skills, and refine their interpersonal relationships. With reduced emotional inhibition and increased expressiveness, individuals can more effectively confront life challenges. During therapy sessions, as the unconscious is accessed and emotions are externalized, deeply repressed emotions decrease, and more adaptive defense mechanisms are adopted. This process facilitates better emotional regulation and greater awareness of positive emotions (Abbass et al., 2012; Driessen et al., 2010; Shedler, 2010). In this therapeutic approach, by strengthening ego capacities, individuals learn to face negative emotions without resorting to maladaptive defense mechanisms (Abbass et al., 2012; Høglend et al., 2006; Town et al., 2017). This process leads to an increased sense of control over emotions and an improvement in psychological hardiness.

Difficulties in emotional regulation often stem from early life experiences and failures in internalizing parental self-care attributes. This psychological capacity, which includes reality testing, anxiety control, and logical reasoning, develops through supportive parent-child interactions in early childhood. Immigrants, who frequently face identity and cultural challenges, may struggle with emotional regulation and maintaining self-esteem. Psychodynamic therapy enhances ego functioning and self-care, helping individuals confront painful and confusing emotions in a more adaptive manner.

Through the psychodynamic therapy process, individuals become more aware of their unconscious emotions and conflicts, learning how these conflicts affect their lives. This awareness enables individuals to adapt to new situations and avoid maladaptive behaviors. Based on the results of this study, it is recommended that therapists and counselors utilize ISTDP to enhance psychological hardiness and reduce frustration in immigrants. Additionally, further research involving diverse populations and new variables is encouraged.

Among the limitations of this study is the lack of control over variables such as personality type, personality organization, and motivation for seeking therapy. Moreover, the psychodynamic approach may not be suitable for all individuals, particularly those with psychosis or severe impulse control disorders. Future studies should consider long-term follow-ups and be conducted in diverse populations.

Authors' Contributions

Authors contributed equally to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

KMAN-CPN
KMAN-Counseling & Psychology Nexus
E-ISSN: 3041-9026

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

References

Abbasi, M. E. (2023). Enhancing Psychological Hardiness and Distress Tolerance in Mothers of Hard of Hearing Children: The Efficacy of Mindfulness Integrated With Spiritual Therapy. *Journal of Clinical Research in Paramedical Sciences*, *12*(2). https://doi.org/10.5812/jcrps-138109

Abbass, A., Kisely, S., & Kroenke, K. (2009). Short-Term Psychodynamic Psychotherapy for Somatic Disorders: Systematic Review and Meta-Analysis of Clinical Trials. *Psychother Psychosom*, *78*(5), 265-274. https://doi.org/10.1159/000228247

Abbass, A., Nowoweiski, S., Bernier, D., Tarzwell, R., & Beutel, M. (2014). Review of psychodynamic psychotherapy neuroimaging studies. *Psychother Psychosom*, *83*(3), 142-147. https://doi.org/10.1159/000358841

Abbass, A., Town, J. M., & Driessen, E. (2012). Intensive Short-Term Dynamic Psychotherapy: A Systematic Review and Meta-analysis of Outcome Research. *Harv Rev Psychiatry*, *20*(2), 97-108. https://doi.org/10.3109/10673229.2012.677347

Amiri, Z., & Shafiee, M. (2023). A Study of Relationship between Self-Efficacy and Psychological Hardiness with Entrepreneurial Behavior among New Entrepreneurs of Fars Science and Technology Park. *Journal of work psychology*, *1*(4), 25-38. https://www.magiran.com/paper/2624659

Bakhshi, A., Normiq, K. N., Hossein Zahi, H., & Zare Tajabadi, M. (2023). The Effectiveness of Spiritual therapy on psychological Hardiness and psychological Distress of Students. *Islamic Lifestyle Centered on Health*, *7*(2), 359-366. https://www.magiran.com/paper/2620733

Balali Dehkordi, N., & Fatehizade, M. (2022). Comparison of the effectiveness of Emotion-focused Therapy and Intensive short-term dynamic psychotherapy on marital adjustment of married women with experience of complex childhood trauma. *Counseling Culture and Psycotherapy*, *13*(51), 31-57. https://doi.org/10.22054/qccpc.2022.65682.2871

Bekesiene, S., Smaliukienė, R., & Kanapeckaitė, R. (2023). The Relationship between Psychological Hardiness and Military Performance by Reservists: A Moderation Effect of Perceived Stress and Resilience. *Healthcare*, *11*(9), 1224. https://www.mdpi.com/2227-9032/11/9/1224

Davanloo, H. (2001). *Intensive short-term dynamic psychotherapy: Selected papers of Habib Davanloo, MD*. John Wiley & Sons. https://books.google.com/books?hl=en&lr=&id=gHuKEAAAQBAJ&oi=fnd&pg=PA1&dq=-Davanloo,+H.+(2000).+Intensive+short-term+dynamic+psychotherapy:+Selected+papers+of+Habib+Davanloo,+MD.+Wiley-Blackwell.&ots=t0A9Z0qztN&sig=eZaLNyykfIOb92LzCMMJ2WwhF-s

Driessen, E., Cuijpers, P., de Maat, S. C. M., Abbass, A. A., de Jonghe, F., & Dekker, J. J. M. (2010). The efficacy of short-term psychodynamic psychotherapy for depression: a meta-analysis. *Clin Psychol Rev*, *30*(1), 25-36. https://doi.org/10.1016/j.cpr.2009.08.010

Hajrezaei, M. R., Sazesh Rahbarjou, S. S., & Shamsaldini, A. (2024). Effectiveness of Short-term Intensive Dynamic Psychotherapy on the Severity of Gastrointestinal Symptoms and Depression in Patients with the Diarrhea Subtype of Irritable Bowel Syndrome. *Journal of Assessment and Research in Applied Counseling (JARAC)*, *6*(2), 56-63. https://doi.org/10.61838/kman.jarac.6.2.7

Hanachi, N., Khademian, T., & Adhami, A. (2023). Sociological Investigation of Cultural-Social Influence of Afghanistan Immigrant Families from Iran (Case study of Tehran city) [Research Article]. *Iranian Journal of Educational Sociology*, *6*(2), 122-130. https://doi.org/10.61186/ijes.6.2.122

Hasheminejad, F., Salehi, M., & Sharifi, N. (2024). Modeling the general health of Iranian immigrants based on cognitive flexibility and perfectionism with the mediation of acculturation stress. *Journal of Adolescent and Youth Psychological Studies (JAYPS)*, *5*(1), 78-86. https://doi.org/10.61838/kman.jayps.5.1.10

Heshmati, R. (2023). The Effects of Intensive Short-Term Dynamic Psychotherapy on Depressive Symptoms, Negative Affect, and Emotional Repression in Single Treatment-Resistant Depression: A Randomized Controlled Trial. *Psychotherapy*, *60*(4), 497-511. https://doi.org/10.1037/pst0000500

Høglend, P., Amlo, S., Marble, A., Bøgwald, K. P., Sørbye, Ø., Sjaastad, M. C., & Heyerdahl, O. (2006). Analysis of the patient-therapist relationship in dynamic psychotherapy: an experimental study of transference interpretations. *Am J Psychiatry*, *163*(10), 1739-1746. https://doi.org/10.1176/ajp.2006.163.10.1739

Jafarpoor, S. S., GhaseminiZhad, S., & Molaei, M. (2023). The role of Frustration and Psychological Hardiness in predicting the of High-risk Behaviors of Students. *Iranian Journal of Neurodevelopmental Disorders*, *2*(3), 42-49. https://maherpub.com/jndd/article/view/35

Khorramabadi, F. Z. (2023). Access to Health Care for Afghan Immigrants and Refugees: An Ethico-Legal Analysis Based on the Iranian Health Law System. *Journal of Medical Ethics and History of Medicine*. https://doi.org/10.18502/jmehm.v16i12.14307

Klippel, A. (2019). Effectiveness of intensive short-term dynamic psychotherapy on psychological distress of patients with atopic dermatitis. *Journal of Modern Psychological Researches*, *17*(68), 287-295. https://psychologyj.tabrizu.ac.ir/article_15341.html?lang=en

Leichsenring, F., & Rabung, S. (2008). Effectiveness of long-term psychodynamic psychotherapy: a meta-analysis. *JAMA*, *300*(13), 1551-1565. https://doi.org/10.1001/jama.300.13.1551

Lilliengren, P., Johansson, R., Town, J. M., Kisely, S., & Abbass, A. (2017). Intensive Short-Term Dynamic Psychotherapy for generalized anxiety disorder: A pilot effectiveness study. *Clin Psychol Psychother*, *24*(6), 1317-1327. https://doi.org/10.1002/cpp.2101

Maleki, M. (2022). The Role of Sensation Seeking and Psychological Hardiness in Predicting Drug Addiction in Adolescents. *Journal of Advances in Psychology, Educational Sciences, and Training*, *5*(5), 245-251. https://www.jonapte.ir/fa/showart-5256d400125919bb09d89d701b747797

Mansory Jalilian, H., Momeni, K., & Karami, J. (2023). The Relationship of Psychological Hardiness and Psychological Capital with Quality of Life through Psychological Empowerment in Iranian Female Heads of Households. *The American Journal of Family Therapy*, *51*(5), 642-658. https://doi.org/10.1080/01926187.2022.2028592

Mehdipourthani, M., Aghaz, A., & Ghasedi, M. (2022). Predicting Frustration Tolerance and Irrational Beliefs of Female Students Based on Social Media Use. *Behavioral Sciences Research*, *20*(2), 243-254. http://rbs.mui.ac.ir/article-1-1360-fa.html

Mirzaei, H. (2017). An Investigation of the Educational Integration of Afghan Immigrants in Iran. *Journal of Social Work Research*, *4*(11), 43-84. https://doi.org/10.22054/rjsw.2017.9650

Mousavi, R., Fatemi, F. s., & Shanazi, Y. (2020). The Relationship Between Frustration Tolerance and Approval Motivation with Emotional Adjustment of Female Students. *counseling_journal*, *19*(73), 170-189. https://doi.org/10.29252/jcr.19.73.170

Najarian, Z., & Vahedi, S. (2023). The Relationship of Perseverance, Psychological Hardiness, and Resilience With Academic Engagement in Students: A Path Analysis Model. *Educational Psychology Quarterly*, *18*(66), 169-192.

Nakhaei Moghadam, R., Bahrainian, S. A., & Nasri, M. (2024). The effectiveness of intensive and short-term dynamic psychotherapy on attachment styles, somatization and health anxiety in patients with chronic pain. *Journal of Assessment and Research in Applied Counseling (JARAC)*, *6*(1). https://journals.kmanpub.com/index.php/jarac/article/view/1287

Namazi, R., Sahragard, S. B., Pourkaveh, H., Homayoon, S., Mirniyam, S. K., & jafari, j. s. (2022). Effectiveness of Acceptance and Commitment Therapy on Psychological Hardiness, Social Isolation and Loneliness of Women With Breast Cancer. *Journal of Clinical and Basic Research*. https://doi.org/10.52547/jcbr.6.1.1

Pakravan Charvadeh, M., & Mohammadi-Nasrabadi, F. (2020). The association between social welfare, food security and diet diversity among Afghan immigrant households in the Southern areas of Tehran province. *Iranian Journal of Nutrition Sciences and Food Technology*, *15*(1), 11-24. http://nsft.sbmu.ac.ir/article-1-2923-en.html

Rahmati, F., Safaei Rad, I., & KhorramAbadi, Y. (2024). Structural Relationship of Teachers' Interaction Styles Based on Social Adaptability, Psychological Hardiness, and Academic Achievement Motivation with Mental Health Mediation in Eighth Grade Female Students. *iase-idje*, *7*(1), 103-112. https://doi.org/10.61838/kman.ijes.7.1.10

Rasekhei Nejad, M., & Khodabakhshi-Koolaee, A. (2020). Effectiveness of psychodrama on Increasing Social Skills and Reducing Aggression in Afghan Immigrant Labor Children. *Iranian Journal of Pediatric Nursing (JPEN)*, *6*(2), 62-68. http://jpen.ir/article-1-370-en.html

Rezaei, S., Mojtabaei, M., & Shomali Oskoei, A. (2023). Comparison of the Effectiveness of Intensive Short-Term Dynamic Psychotherapy and Schema Therapy on Depression, Anxiety in Mothers with Autistic Children. *Journal of Applied Psychology*, *17*(4), 143-168. https://www.magiran.com/paper/2658910

Sahebi Bazaz, L., Soudani, M., & Mehrabizadeh Honarmand, M. (2019). Effectiveness of Emotionally Focused Therapy on frustration tolerance and marital adjustment in couples referring to the Oil Company's counseling center. *Advances in Behavioral Sciences*, *4*(34), 59-83. http://ijndibs.com/browse.php?a_id=338&slc_lang=fa&sid=1&printcase=1&hbnr=1&hmb=1

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *Am Psychol*, *65*(2), 98-109. https://doi.org/10.1037/a0018378

Storvig, E., Harstad, I., Iversen, V. C., & Ehrnström, B. (2024). Healthcare Workers' Perspectives on Psychosocial Needs of Immigrant Patients With Drug Resistant Tuberculosis. https://doi.org/10.21203/rs.3.rs-5289532/v1

Taslim, M., & Bahramipour, M. (2023). Effectiveness of Burman Training on High Irritability, Frustration Tolerance, Peer Relationships, and Self-Confidence in Gifted Students Aged 10 to 12. *Quarterly Journal of Teaching and Learning Research of Islamic Azad University, Bojnourd Branch*, *18*(76). https://doi.org/10.30495/educ.2023.1981112.2958

Town, J. M., Abbass, A., Stride, C., & Bernier, D. (2017). A randomised controlled trial of Intensive Short-Term Dynamic Psychotherapy for treatment resistant depression: The Halifax Depression Study. *J Affect Disord*, *214*, 15-25. https://doi.org/10.1016/j.jad.2017.02.035

Xiao, W. (2020). The Frustration Tolerance, Self-Efficacy and Mental Health of College Students. *Advances in Psychology*, *10*(2), 101-108. https://doi.org/10.12677/AP.2020.102013

Yağan, F., & Kaya, Z. (2023). Cognitive flexibility and psychological hardiness: Examining the mediating role of positive humor styles and happiness in teachers. *Current Psychology*, *42*(34), 29943-29954. https://doi.org/10.1007/s12144-022-04024-8

Ziapour, A., Hajiazizi, A., Ahmadi, M., & Dehghan, F. (2023). Effect of short-term dynamic psychotherapy on sexual function and marital satisfaction in women with depression: Clinical trial study. *Health Science Reports*, *6*(6), e1370. https://doi.org/10.1002/hsr2.1370