






The Effectiveness of Group Cognitive Behavioral Therapy on Psychological Flexibility and Psychological Hardiness in Female Heads of Household

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of group cognitive behavioral therapy (CBT) on psychological flexibility and psychological hardiness in female heads of household.

Methods and Materials: This research employed a quasi-experimental design with a pretest-posttest setup, including an experimental group and a control group. The study population consisted of 140 female heads of household who referred to the Welfare Organization in Sari during the second half of 2023 and registered their cases. The sample included 30 female heads of household, selected using a non-random purposive sampling method and subsequently randomly assigned to either the experimental group (15 participants) or the control group (15 participants). Data collection was conducted using questionnaires on psychological flexibility and psychological hardiness. The experimental group underwent eight sessions of group CBT, each lasting 120 minutes. Following the completion of group CBT sessions, a posttest was administered to both the experimental and control groups.

Findings: The findings indicated that the mean scores of psychological flexibility and psychological hardiness in the posttest for the experimental group were significantly higher compared to the pretest.

Conclusion: Therefore, group CBT has a positive impact on psychological flexibility and psychological hardiness in female heads of household.

Keywords: group cognitive behavioral therapy, psychological flexibility, psychological hardiness, female heads of household.

1. Introduction

A female head of household is defined as a woman who assumes the responsibility for her family due to factors such as divorce, the death or incapacitation of a spouse, addiction, abandonment by a spouse, or migration of a family member (Pourabdol, 2019). The social challenges faced by female heads of households highlight their vulnerability as a disadvantaged group. These challenges, if not addressed, can escalate into broader social problems requiring significant governmental resources for resolution, such as involvement in criminal activities or victimization due to unmet basic needs (Mohamad Fazli et al., 2021; Sanaeepour et al., 2022).

Despite increasing trends in delayed marriage, rising divorce rates, and greater life expectancy, the population of female heads of households has grown. However, the lack of effective policies and structured regulations has exacerbated the difficulties faced by this group. In cases where these women lose connections with their support networks, their children often face social developmental challenges. Moreover, women who cannot achieve economic stability for themselves and their families tend to experience social isolation, which makes them more vulnerable to social adversities (Ahmadnia & Ghalibaf Kamil, 2017).

Flexibility enables individuals to respond effectively to emotional, social, and environmental pressures and challenges. The ability to adjust cognitive schemata in response to changing environmental stimuli is central to the concept of cognitive flexibility, which researchers define as an individual's evaluation of the controllability of a given situation that varies across contexts (Farzad & Mardani, 2024; Hakimi Dezfouli & Ebrahimpour, 2024). Psychological flexibility helps individuals confront their current circumstances, providing them the ability to evaluate situations and adapt or maintain their behavior accordingly, ensuring effective functioning (Alizadeh et al., 2023; Hakimi Dezfouli & Ebrahimpour, 2024). This construct is grounded in six core processes: acceptance, cognitive defusion, being present, self-as-context, value clarification, and committed action (Doorley et al., 2020).

The term "psychological hardiness" describes individuals who demonstrate greater resilience under stress, are less prone to illness, and typically feel more in control of their lives. These individuals also exhibit openness to new ideas and changes (Rahmati et al., 2024). Hardiness consists of three fundamental components: control (the ability to manage various life situations), commitment (engagement

rather than avoidance), and challenge (perceiving change as a natural part of life). Hardy individuals show enhanced adaptability and resilience to environmental changes (Jafarpour et al., 2023; Moradgholi et al., 2023).

Psychological hardiness acts as a personal resource for coping with stressful and challenging events. Individuals with high hardiness tend to be more committed to their actions, perceive control over their lives, and view limitations and challenges as opportunities for growth (Jarwan & Al-frehat, 2020).

Cognitive behavioral therapy (CBT) is a psychotherapeutic approach aimed at addressing maladaptive thoughts, behaviors, and emotional processes through structured, systematic, and goal-oriented methods. CBT emphasizes problem-solving, with therapists assisting clients in selecting specific strategies to confront challenges. Its primary goal is to modify thought patterns and behaviors to improve emotional well-being. CBT has proven effective in addressing various psychological, social, occupational, and emotional issues by leveraging evidence-based practices and showing that most psychological and emotional disorders stem from individuals' beliefs and thought patterns (Motabi & Fathi, 2018).

In this group-based CBT intervention, participants are taught to evaluate irrational and negative thoughts while learning a range of standard cognitive-behavioral coping skills. These strategies promote flexibility in selecting appropriate therapeutic approaches, enhancing motivation, and ultimately improving psychological flexibility and hardiness in female heads of households (Hawton et al., 2018; Lan & Sher, 2019).

This study aims to answer the research question: Does group cognitive behavioral therapy influence psychological flexibility and psychological hardiness in female heads of households?

2. Methods and Materials

2.1. Study design and Participant

The current study employed a quasi-experimental design with a pretest-posttest framework, involving an experimental group and a control group. The statistical population consisted of 140 female heads of household who referred to the Welfare Organization in Sari during the second half of 2023 and registered their cases. The sample included 30 female heads of household, selected through purposive non-random sampling and randomly assigned to one of two groups: an experimental group (15 participants)

and a control group (15 participants). Data were collected using psychological flexibility and psychological hardiness questionnaires. The experimental group participated in eight 120-minute group cognitive behavioral therapy (CBT) sessions. After completing the CBT intervention, a posttest was administered to both groups.

2.2. Measures

2.2.1. Psychological Flexibility

The Psychological Flexibility Questionnaire developed by Dennis and Vanderwal (2010) was used to measure psychological flexibility. This 20-item self-report scale assesses the ability to adapt to changing circumstances and respond flexibly to thoughts and emotions. The items on the questionnaire evaluate three dimensions of psychological flexibility: (a) the willingness to perceive difficult situations as manageable, (b) the ability to generate alternative interpretations for life events and behaviors, and (c) the capacity to find multiple solutions for challenging situations. The responses are rated on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), with reverse scoring for certain items. Higher scores indicate greater psychological flexibility. In the original study by Dennis and Vanderwal (2010), the concurrent validity of the scale was established with a correlation of -0.39 with the Beck Depression Inventory, and a convergent validity coefficient of 0.75 with the Cognitive Flexibility Scale developed by Martin and Robin. The reliability of the scale was assessed using Cronbach's alpha, yielding values of 0.91 for the total scale, 0.84 for the manageability perception subscale, and 0.91 for the alternative options subscale. In Iran, Sharreh and colleagues (2013) reported a test-retest reliability coefficient of 0.71 and a Cronbach's alpha coefficient of 0.90 for the entire scale (Rostami et al., 2016). The current study also demonstrated high internal consistency with a Cronbach's alpha of 0.85 .

2.2.2. Psychological Hardiness

The Psychological Hardiness Scale, developed by Kiamerthi and colleagues (1998), was used to assess psychological hardiness. This scale includes 20 items with four response options: 0 (never), 1 (rarely), 2 (sometimes), and 3 (often). The total score ranges from 0 to 60, with higher scores indicating higher levels of psychological hardiness. The scale evaluates three dimensions of hardiness: commitment, control, and challenge. It has been

widely used to assess individual resilience in stressful situations. Pearson correlation tests between this scale and other measures of psychological hardiness showed statistically significant correlations, with coefficients ranging from 0.46 to 0.61 for male and female participants. The Cronbach's alpha coefficient for the full scale was 0.82 , indicating good internal consistency. The test-retest reliability for the total scale was found to be 0.71 in a sample of Iranian participants (Pouri, 2016; Saeedi et al., 2016). In the current study, the reliability of the scale was also assessed using Cronbach's alpha, which was 0.82 , indicating a good level of internal consistency.

2.3. Intervention

2.3.1. Cognitive Behavioral Therapy

This intervention consists of eight structured group CBT sessions designed to enhance psychological flexibility and psychological hardiness in female heads of household. Each session is 120 minutes long and follows a structured agenda, combining psychoeducation, interactive discussions, and practical exercises. The protocol focuses on developing adaptive cognitive and behavioral strategies, enhancing resilience, and empowering participants to address personal and environmental challenges effectively. Below is an outline of the content covered in each session.

Session 1: Introduction and Orientation

The first session introduces the participants to the group process, therapy objectives, and ground rules. Participants discuss their expectations, and rapport is established among group members. Psychoeducation is provided on the basic principles of CBT, including the relationship between thoughts, emotions, and behaviors. Participants are introduced to the concepts of psychological flexibility and psychological hardiness as foundations for the intervention.

Session 2: Identifying Automatic Thoughts and Cognitive Distortions

This session focuses on helping participants recognize their automatic thoughts and common cognitive distortions that contribute to emotional distress and maladaptive behaviors. Exercises are conducted to increase self-awareness and identify thought patterns. Participants practice distinguishing between helpful and unhelpful thinking.

Session 3: Challenging and Restructuring Negative Thoughts

Participants are taught techniques to challenge and reframe negative or irrational thoughts. Cognitive

restructuring exercises are introduced, enabling participants to replace dysfunctional thoughts with more realistic and adaptive alternatives. Role-playing and guided practice enhance skill acquisition.

Session 4: Developing Problem-Solving Skills

This session emphasizes problem-solving strategies to address challenges in participants' daily lives. Participants learn to define problems clearly, brainstorm potential solutions, evaluate options, and implement effective strategies. Real-life examples are used to practice these skills.

Session 5: Stress Management and Emotional Regulation

Psychoeducation on the impact of stress on psychological and physical health is provided. Participants learn stress management techniques, including relaxation exercises, mindfulness practices, and emotional regulation strategies. They practice these skills during the session and are encouraged to apply them in their daily routines.

Session 6: Building Resilience and Hardiness

This session focuses on the components of psychological hardiness: commitment, control, and challenge. Participants engage in activities to strengthen their sense of control over life events, develop a commitment to their values, and view challenges as opportunities for growth. Group discussions provide support and shared learning.

Session 7: Enhancing Interpersonal Relationships

Participants explore strategies for improving interpersonal relationships, including effective communication, boundary-setting, and conflict resolution.

Emphasis is placed on rebuilding or strengthening support networks and fostering connections that enhance psychological resilience.

Session 8: Consolidation and Relapse Prevention

The final session reviews the skills and strategies learned throughout the intervention. Participants discuss their progress, share success stories, and identify areas for continued growth. A relapse prevention plan is developed to help participants maintain and apply the skills in the future. Feedback is gathered to assess the overall effectiveness of the intervention.

2.4. Data Analysis

Data were analyzed using SPSS version 26. Descriptive statistics, including means and standard deviations, were calculated for all variables. The Kolmogorov-Smirnov test was used to assess the normality of data distribution. To examine the effects of group cognitive behavioral therapy, a univariate analysis of covariance (ANCOVA) was conducted, controlling for pretest scores. Statistical significance was set at $p < .05$.

3. Findings and Results

Table 1 demonstrates that the mean and standard deviation of psychological flexibility and psychological hardiness in the experimental group increased in the posttest compared to the pretest.

Table 1

Descriptive Statistics for Variables in Experimental and Control Groups

Variable	Group	N	Pretest M (SD)	Posttest M (SD)
Psychological Flexibility	Experimental	15	63.60 (6.78)	78.53 (8.58)
	Control	15	61.41 (6.24)	63.68 (6.47)
Psychological Hardiness	Experimental	15	24.38 (6.64)	32.12 (8.87)
	Control	15	25.42 (6.58)	23.27 (6.89)

The results of the Kolmogorov-Smirnov test confirmed that the distribution of the variables was normal. Since the distributions were normal in both the pretest and posttest,

and the measurement scale for the variables was interval, parametric analysis of covariance (ANCOVA) was employed for data analysis.

Table 2

Results of Univariate ANCOVA for Psychological Flexibility

Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size (Eta)
Pretest (Psychological Flexibility)	3251.475	1	3251.475	25.53	.001	.55
Group	12395.358	2	6197.679	49.86	.001	.56
Error	3921.378	27	145.236			
Total	59328.985	29				

As shown in Table 2, the calculated F value is significant since the p-value is less than the alpha level of .05. Therefore, it can be concluded that group cognitive

behavioral therapy (CBT) significantly affects the psychological flexibility of female heads of household.

Table 3

Results of Univariate ANCOVA for Psychological Hardiness

Variable	Source of Variation	Sum of Squares	df	Mean Square	F	p-value	Effect Size (Eta)
Psychological Hardiness	Pretest	1259.495	1	1259.495	9.86	.001	.49
	Group	1256.387	1	1256.387	22.34	.001	.52
	Error	1926.412	27	71.348			
	Total	32815.258	29				

The results of ANCOVA in Table 3 indicate that, after controlling for pretest scores, the effect of the group on posttest scores of psychological hardiness is significant. Specifically, after group CBT, the psychological hardiness scores in the intervention group increased significantly compared to the control group. Therefore, group CBT has a significant impact on the psychological hardiness of female heads of household.

4. Discussion and Conclusion

The findings related to the first hypothesis indicated that the mean scores of psychological flexibility among female heads of household in the experimental group were significantly higher in the posttest compared to the pretest. Therefore, group cognitive behavioral therapy (CBT) positively impacts the psychological flexibility of female heads of household. These results align with previous research findings (Banisafar et al., 2023; Farzin Bagheri et al., 2023; Mosalanejad et al., 2012; Sheykhangafshe et al., 2023; Taghipour et al., 2020).

One component of group CBT is role-playing, which is used as a method to help clients confront and experience their fears. For example, group members can act out the roles of a depressed individual and a confident person. Instead of merely discussing their problems, thoughts, and beliefs, engaging in role-playing allows emotional involvement. Role-playing not only involves the cognitive evaluation and restructuring of experienced feelings and beliefs but also provides emotional release and an opportunity to act in new ways. Consequently, role-playing effectively modifies group members' thinking, emotions, and behaviors.

Psychological flexibility encompasses dimensions such as experiential avoidance and cognitive fusion. Experiential avoidance involves efforts to control or minimize the impact

of distressing experiences. While this can provide immediate short-term relief, it negatively reinforces behaviors and becomes problematic when it interferes with daily functioning and achieving life goals.

The findings related to the second hypothesis revealed that the mean scores of psychological hardiness among female heads of household in the experimental group were significantly higher in the posttest compared to the pretest. Therefore, group CBT has a significant effect on the psychological hardiness of female heads of household. These findings are consistent with previous studies.

CBT reduces psychological issues such as stress, anxiety, and depression by employing behavioral exercises, identifying dysfunctional core beliefs, and promoting logical and emotional thinking. According to CBT principles, positive and logical thoughts replace negative and irrational thinking and cognitive distortions. The intervention emphasizes teaching clients how to challenge dysfunctional thoughts effectively and replace them with positive ones, thereby improving their thinking and perception. Positive thoughts, in turn, foster optimism and constructive behaviors.

Psychological hardiness, as a prominent personality trait, plays a crucial role in recognizing humans as autonomous and valuable beings. This trait enables individuals to be efficient and capable, even in the most critical situations, by engaging in logical and effective coping mechanisms to maintain both mental and physical well-being. Psychological hardiness is guided by internal motivation, providing it with a high degree of stability and durability.

5. Limitations and Suggestions

This study had several limitations. The sample size was relatively small and limited to female heads of household in

a specific geographic area, which may restrict the generalizability of the findings. Additionally, the study relied on self-report measures, which are susceptible to social desirability and response biases. The quasi-experimental design, while robust, does not completely rule out the possibility of unmeasured confounding variables. Finally, the intervention was relatively short-term, and the study did not include follow-up assessments to evaluate the long-term effects of the therapy.

Future research could include a larger and more diverse sample to enhance the generalizability of the findings across different populations and cultural contexts. Longitudinal studies are recommended to assess the durability of the effects of group cognitive behavioral therapy over time. Additionally, exploring the impact of other therapeutic approaches, such as acceptance and commitment therapy (ACT) or mindfulness-based interventions, on psychological flexibility and hardiness could provide comparative insights. Incorporating qualitative methods to capture participants' lived experiences during therapy would also enrich the understanding of the mechanisms underlying the observed changes.

The findings of this study suggest that group cognitive behavioral therapy can be an effective tool for improving psychological flexibility and hardiness among female heads of household. Mental health practitioners and welfare organizations should consider implementing group CBT programs as part of their services for this vulnerable population. Training for facilitators could include specific modules on role-playing and cognitive restructuring techniques to enhance the intervention's effectiveness. Policymakers should also consider allocating resources to integrate such evidence-based interventions into community support systems to foster resilience and mental well-being in disadvantaged groups.

Authors' Contributions

This article is derived from the doctoral dissertation of the first author, who conducted the research and wrote the manuscript. The second author supervised the study, and the third author provided consultation on the research process.

Declaration

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

Transparency Statement

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

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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