

Original Article

Contribution of Thought Control and Believability of Anxious Feelings and Thoughts to Emotional Distress Tolerance: Mediation of Cognitive Flexibility

Kamran Sheivandi Cholicheh¹, Zahra Sohrabi^{2*}, Sahar Sadat Taheri Tafti¹, Reyhaneh Tabesh¹

¹Faculty of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran.

²Faculty of Psychology and Educational Sciences, Tehran University, Tehran, Iran.

Received: 12 Jan 2026; Revised: 23 Feb 2026; Accepted: 14 Mar 2026

Abstract

Background and Aim: Controlling social-mental anxieties and coping with psychological problems are significant for students. The present study investigated the role of thought control and believability of anxious feelings and thoughts in emotional distress tolerance through the mediation of cognitive flexibility in a causal model.

Materials and Methods: The statistical population of this research consisted of all junior, sophomore, and senior students majoring in humanities in the 2021-2022 academic year. A total of 440 students selected through multistage cluster sampling filled out the Thought Control, Cognitive Flexibility, Emotional Distress Tolerance, and Believability of Anxious Feelings and Thoughts questionnaires. Structural equation modeling was performed using SPSS 22 and LIZREL 8.8 software for data analysis.

Results: The results showed that Positive thought control strategies had a positive and significant effect on cognitive flexibility and distress tolerance, whereas negative thought control strategies had a negative and significant effect on cognitive flexibility and distress tolerance. Similarly, the indirect effect of the believability of anxious feelings and thoughts on distress tolerance was negatively and significantly mediated by cognitive flexibility.

Conclusion: It seems that how intrusive thoughts and their associated factors can be managed in students is worth discussing, since positive thought control strategies are significant for controlling attention, emotions, flexibility, and distress tolerance.

Keywords: Cognitive flexibility; Believability of anxious feelings and thoughts; Emotional distress tolerance; Thought control

***Corresponding Author:** Zahra Sohrabi, Faculty of Psychology and Educational Sciences, Allameh Tabataba'i University, Tehran, Iran.

Email: z.sohrabi@atu.ac.ir

ORCID: 0000-0002-7754-3244

Please cite this article as:

Sheivandi Cholicheh, K., Sohrabi, Z., Taheri Tafti, S. S. & Tabesh, R. Contribution of Thought Control and Believability of Anxious Feelings and Thoughts to Emotional Distress Tolerance: Mediation of Cognitive Flexibility. *Int. J. Appl. Behav. Sci.* 2026;13(1):01-10

Introduction

One of the growing concerns worldwide is students' mental health and success after high school (1). The results of a study (2) revealed the high prevalence of mental symptoms among students, thus calling for extensive attention and prompt actions to prevent their consequences at a young age. Another influential dimension in preserving and promoting students' mental health is the ability to regulate emotions (3) and thoughts (4). According to a report on North American students, the sense of fatigue derived from academic work and the observed experience of stress and anxiety endanger mental health, learning, and personal success (5). The tendency toward the direct and literal acceptance of anxious thoughts, feelings, and somatic symptoms is recognized as the "believability of anxious feelings and thoughts." This key construct plays a central role in the etiology and maintenance of anxiety-related disorders (6). In other words, the believability of anxious feelings and thoughts refers to an individual's tendency to become entangled in their internal experiences. Such engagement with thoughts or feelings is a significant factor in the development and maintenance of anxiety disorders (7). Thus, the chronic and persistent aspects of anxiety can be recognized as a source of failure and great disappointment that deprives the individual of a considerable portion of its force (8). Anxious feelings encompass a constellation of negative and distressing emotions, including fear, panic, insecurity, tension, and stress (9).

Repetitive negative thinking, cognitive fusion, and distress intolerance represent shared transdiagnostic processes across anxiety and depressive disorders, playing pivotal roles in the onset and maintenance of these conditions (10).

Furthermore, the believability of anxious feelings and thoughts influences a person's thoughts and emotions. Individuals lacking any skills for controlling their anxious feelings and thoughts behave under the influence of what is significant for them, that is, the cognitive fusion processes and values, and are often trapped in the experiential avoidance hierarchy, which is considered an operational barrier due to triggering mental distress and anxiety disorders (11). Therefore,

psychological interventions (12, 13) are of utmost importance. Furthermore, the findings indicated that cognitive emotion regulation strategies, cognitive flexibility, and distress tolerance were associated with death anxiety; notably, cognitive flexibility emerged as the most potent predictor of death anxiety (14).

Distress tolerance is another variable related to thoughts and emotions, and refers to one's ability to tolerate and resist negative or unpleasant emotional states (15, 16). A helpful multidimensional conceptualization of psychological distress tolerance involves the capacity to tolerate avoidance experiences, assess the admissibility of avoidance experiences, regulate feelings and mental absorption efficiently, and decrease attention sources during distress. In other words, it refers to one's ability to experience and tolerate negative emotions and unpleasant inner states (16) or individual differences in the capacity to experience and resist emotional discomfort (17). It is generally a chief variable that should be considered during depression treatment (18). and a paramount construct leading to new insights into the prevention, initiation, maintenance, and treatment of psychological disorders. Furthermore, research shows that stress and distress tolerance are not associated with quality of life straightforwardly and linearly (19).

Individuals perform differently in their habitual reactions to psychological distress, such as fear and traumatic memories. Although some can adapt to distress while focusing on their routine responsibilities and valuing social roles, others become so unstable that they give up their current goals and seek immediate emotional relief by resorting to inefficient or inconsistent strategies, such as substance use or social isolation. Individual differences presumably pave the way for sensitivity to various health problems, such as eating disorders, depression, and anxiety (20). In other words, distress tolerance is a general term describing several lower-order structures, such as uncertainty, ambiguity, frustration, negative emotion, and physical discomfort tolerance (21). Distress tolerance is the outcome of cognitive or physical processes, despite being perceived as an emotional state (16). Hence, distress tolerance fundamentally confirms an individual's capacity to encounter emotional states (22).

The occurrence of unpleasant and unwanted intrusive

thoughts (23-25), experienced by >90% of individuals in normal and nonclinical populations, is a typical phenomenon in individuals' daily lives (26). Thought control indicates one's ability to effortlessly prevent or suppress unwanted thoughts and preserve awareness and informed perceptions that conform to current purposes (27).

It is worth noting that individuals can generally maintain mental control through thought suppression, that is, ceasing the retention of unpleasant and improper memories (24, 28). Another significant point tied to the interference and reduced mental well-being of individuals' thoughts is that not only do negative thoughts lead to such a consequence, but also unwanted positive thoughts may be fruitless for cognitive processes. Accentuating cognitive emotion regulation factors and reforming inefficient thought patterns can effectively reduce fear of negative assessments and automatic thoughts (29). For example, Killingworth and Gilbert (30) showed that individuals were happier when focusing on their activities rather than imagining or being preoccupied with positive things. Likewise, the ability to control thoughts correlates with positive results in psychology and personal control, and the ability to control thought patterns may be a possible mechanism through which individuals experience positive mental functions, such as psychological well-being (4). In addition, the results of many studies over the past decade reveal that an increasing number of students suffer from more mental health problems (especially psychologically rooted ones) than previous generations (31, 32). Therefore, humans' ability to think flexibly and adapt their cognitive processing strategies to new or unexpected situations, that is, cognitive flexibility, is significant because, as the main dimension of executive functions, cognitive flexibility refers to one's ability to switch among numerous responsibilities and groups rapidly and flexibly. Executive functioning reflects the capacity to monitor and apply intelligent control over cognitive processes, emotional responses, and behavioral motives (33-35). Cognitive flexibility dimensions include the competence to pay alternative attention to life events and behaviors, perceive difficult situations as controllable, develop alternative solutions for these situations, and adapt thoughts and behaviors in

response to changes in environmental conditions (36, 37). When feeling sad, individuals devoid of cognitive flexibility are oriented toward obsessive rumination because they can hardly find an alternative coping approach to overcome such feelings (38). Individuals with low cognitive flexibility consider all situations controllable or uncontrollable, whereas those with high cognitive flexibility can separate conditions based on their high or low controllability (39, 40).

Past studies on thought control strategies have addressed several concepts, such as state-trait anxiety (41), obsession symptoms in populations (42), students' test anxiety (43), obsessive-compulsive disorder (44), and self-esteem protection (23).

Regarding the believability of thoughts, many studies have focused on the psychometrics of the questionnaire (6, 45), the role of cognitive fusion (6), and depression (46). Distress tolerance has also been discussed in the context of anxiety sensitivity and depression symptoms (47). Some studies have also foregrounded the mediating role of cognitive flexibility in coping strategies and depression tolerance (48), inducing social exclusion through social acceptance (49), and mindfulness in treating obsessive-compulsive disorder (50). However, few studies have examined the relationship between cognitive flexibility and distress tolerance (51), particularly in university students (22). Research findings demonstrate that the believability of anxious feelings and thoughts, along with cognitive flexibility, plays a significant role in predicting individuals' interpersonal sensitivity (52). Some studies have reported that cognitive emotion regulation strategies, cognitive flexibility, and distress tolerance influence and predict mental health (14). In a study conducted in 2019, college students with a higher capacity for distress tolerance exhibited greater cognitive flexibility. Furthermore, individuals with higher cognitive flexibility encounter fewer difficulties in emotion regulation (53). Additionally, distress tolerance is closely associated with lower levels of repetitive negative thinking (54).

Students worldwide encounter many affective, psychological, physical, and social challenges during their academic years (55, 56). Furthermore, mental health has two distinct dimensions: the positive dimension is associated with mental well-being, while the negative dimension is related to mental distress and

disorders (57). Today, the extensive information on students' health conditions is more extensive in Western countries than in Eastern countries, and studies have mainly focused on health and well-being in American and European populations (58). Hence, further investigations encompassing the positive and negative dimensions of the health chain will help fill the knowledge gap in Asian students' health and well-being (59). These variables are significant in improving students' performance and mental health, although there are ambiguities tied to these factors in past research. In addition, it is seemingly imperative to apply the extensive dimensions of information to answer the questions on the contribution of effective factors and efficient strategies to distress tolerance. However, all these variables play roles in psychological trauma and preventive treatments and are inherently related. The present study investigated the contribution of thought control and the believability of anxious feelings and thoughts to emotional distress tolerance through cognitive flexibility mediation.

Methods

The present study was basic in terms of its purpose and correlational following structural equation modeling, given its data collection method. The statistical population comprised all undergraduate and graduate students majoring in humanities at universities in Tehran during the 2021-2022 academic year who had completed a minimum of two academic semesters. From this population, a sample of 440 individuals was selected using multistage cluster sampling. The inclusion criteria were providing informed consent and minimally passing two academic semesters, and the exclusion criteria were not fully completing the questionnaires, withdrawing from answering the questions, and unwillingness to cooperate during questionnaire completion. After acquiring the necessary licenses for the research and coordinating with the authorities, the researchers provided the participants with explanations about the research, the questions, the answering style, and the distribution of the questionnaires. After the necessary coordination, the questionnaires were delivered to the students. To observe ethical considerations, the researchers assured

the students that they could leave the participation and cooperation at any point in time and that all provided information would be confidential. The questionnaires were then filled out and recorded virtually. The data were analyzed using structural equation modeling with SPSS 22 and LISREL 8.8 software. The participants completed four indices associated with thought control, the believability of anxious feelings and thoughts, distress tolerance, and cognitive flexibility in a time interval.

Instruments

Thought Control Questionnaire (TCQ): Wells and Davis designed the TCQ to measure metacognition and individual differences in controlling unpleasant and intrusive thoughts. The TCQ comprises 29 items and five subscales and generally encompasses positive and negative strategies (25). The Cronbach's alpha coefficient was estimated at 0.82 for positive thought control strategies and 0.88 for negative thought control strategies in this study.

Believability of Anxious Feelings and Thoughts (BAFT) Questionnaire: Developed by Herzberg et al., the BAFT evaluates one's tendency to fuse with anxious feelings and thoughts. It is a self-report 16-item scale reflecting fusion and the subscales of somatic concerns, emotion regulation, and negative evaluation (6). The Cronbach's alpha coefficient was estimated at 0.82 for believability, 0.81 for somatic concerns, 0.76 for emotion regulation, and 0.66 for negative evaluation.

Distress Tolerance Scale (DTS): Designed by Simon and Gaher, the DTS is a 16-item questionnaire with four subscales: emotional distress tolerance (Tolerance), absorbed by negative emotions (Absorption), subjective appraisal of distress (Appraisal), and regulation efforts to alleviate distress (regulation) (16). In this study, the Cronbach's alpha coefficient was 0.87 for distress tolerance, 0.62 for tolerance, 0.76 for absorption, 0.71 for evaluation, and 0.72 for regulation.

Cognitive Flexibility Inventory: Dennis and Vander Wal (36) developed this scale to assess the challenges of achieving success and replacing inefficient thoughts with efficient ones. The Cronbach's alpha coefficient of this scale in this research was 0.72 for flexibility, 0.87 for alternatives, 0.75 for control, and 0.72 for human behavior alternatives.

Results

The research sample consisted of 440 students. 123 (28%) were male and 317 (72%) were female. The mean age and standard deviation (SD) of the total sample were 25.37 ± 5.58 . Among the examined individuals, 254 (57.7%) had bachelor's degrees, 150 (34.1%) had master's degrees, and 36 (8.2%) had PhD degrees.

Table 1 represents the mean, SD, skewness, and kurtosis of the main variables. The skewness and kurtosis of the variables lie in the positive and negative domains of ± 1 , indicating the normal distribution of the variables. The results of correlations have been reported in Table 2.

The bootstrap method was used to investigate the significance of the indirect effects of thought control strategies and the believability of thoughts on distress tolerance (Table 3).

The results have been reported in Table 4. In the bootstrap method, the significance level and the

number of bootstrap resampling were considered at 95 and 5000, respectively. If the values of the upper and lower limits (confidence intervals) do not include zero, the effect of the mediating variable is significant. Various indices were considered for the total fit of the model (Table 5).

The RMSEA index was estimated at 0.039 in the present research. Values close to or smaller than 0.05 indicate the good fit of the model, values equal to or smaller than 0.08 indicate the logical approximation error, and values above 0.10 show that the model should be rejected (60). The fit indices presented in Table 5 reveal the proper fit of the model.

In this model, thought control and the believability of thoughts are exogenous variables whose direct effects on cognitive flexibility and direct and indirect effects on distress tolerance have been examined. The direct effect of cognitive flexibility (mediator) on distress tolerance has also been estimated in the model. Tables 3 and 4 present the coefficients of the variables' interrelationships (Figure 1).

Table 1. Mean, SD, skewness, and Kurtosis of research variables

Variable	Mean	SD	Skewness	Kurtosis
Positive thought control strategy	44.29	8.99	-0.34	0.43
Negative thought control strategy	21.26	6.96	0.85	0.41
Believability of thoughts	75.65	13.52	0.02	-0.23
Cognitive flexibility	58.45	11.31	-0.16	0.44
Distress tolerance	44.96	11.27	-0.27	-0.35

Table 2. Correlation between research variables

Variable	1	2	3	4	5
Positive thought control strategy	-				
Negative thought control strategy	-0.21*	-			
Believability of thoughts	-0.31**	0.41**	-		
Cognitive flexibility	0.34*	-0.31**	-0.43**	-	
Distress tolerance	0.33**	-0.55**	-0.65**	0.38**	-

* $P < 0.05$; ** $P < 0.01$

Table 3. Coefficients of the model explaining distress tolerance based on thought control strategies and believability of thoughts with the mediation of cognitive flexibility

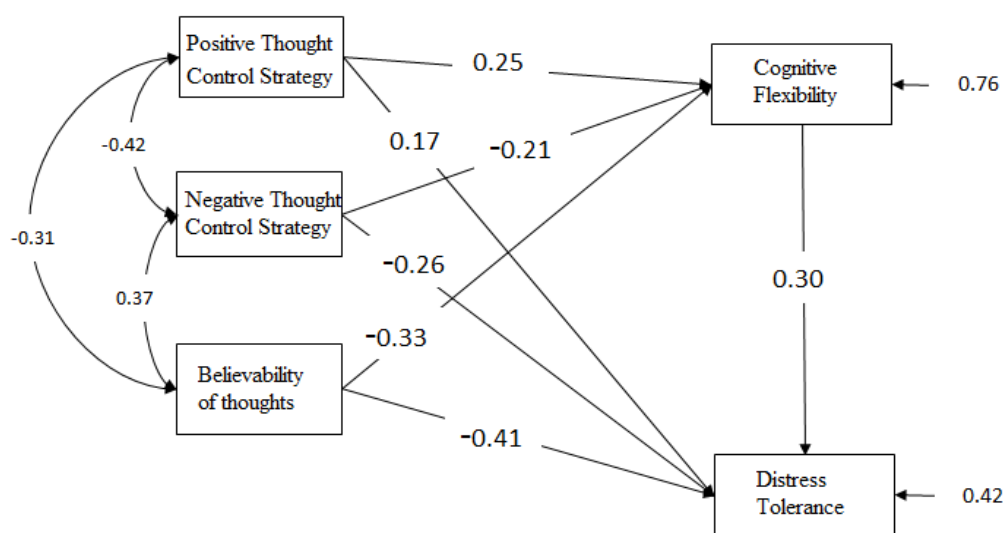
Path	Direct effect	Standard error	T statistic	Sig. level
Effect of positive thought strategy on flexibility	0.25	0.17	5.18	0.001
Effect of negative thought strategy on flexibility	-0.21	0.12	-3.88	0.001
Effect of believability of thoughts on flexibility	-0.33	0.24	-7.46	0.001
Effect of positive thought strategy on distress tolerance	0.17	0.07	2.93	0.001
Effect of negative thought strategy on distress tolerance	-0.26	0.20	-5.39	0.001
Effect of believability of thoughts on distress tolerance	-0.41	0.29	-9.62	0.001
Effect of flexibility on distress tolerance	0.30	0.21	6.67	0.001

Table 4. Examining the indirect effects of thought control strategies and believability of thoughts on distress tolerance

Path	Standard coefficient	Standard error	Lower limit of standard coefficient	Upper limit of standard coefficient
Indirect effect of positive thought control strategy on distress tolerance	0.07	0.013	0.018	0.162
Indirect effect of negative thought control strategy on distress tolerance	-0.06	0.009	-0.004	0.036
Indirect effect of believability of thoughts on distress tolerance	-0.10	0.021	0.041	0.187

Table 5. Fit indices of developed model

Fit indices of model	RMSEA	CFI	IFI	GFI	X ² / df	df	X ²
Acceptance range	<0.08	>0.9	>0.9	>0.9	<3	-	-
Obtained values	0.039	0.96	0.97	0.94	1.64	76	124.72

**Figure 1.** Standard coefficients of relationships of thought control and believability of thoughts with distress tolerance through the mediation of cognitive flexibility.

Discussion

The present study investigated the contribution of thought control and believability of anxious feelings and thoughts to emotional distress tolerance through the mediation of cognitive flexibility. The data analysis results showed that the effects of positive thought control strategies on cognitive flexibility and distress tolerance were positive and significant, while the effects of negative thought control strategies on cognitive flexibility and distress tolerance were negative and significant. These results are consistent with the findings of previous studies (61-63). According to Wells' metacognition model, anxiety disorders are directed toward intrusive thoughts,

demotivated thought-related beliefs, and their significance through cognitive attention bias, leading to the adoption of maladaptive coping strategies to nullify distress. These strategies, with their contradictory effects, intensify overt cognitive distress due to the increased influence of assessment, failure to cope with intrusive thoughts, and the resulting distress. Past studies have shown that higher levels of cognition, such as metacognitive beliefs and thought control strategies, are effective in maintaining and intensifying the symptoms of anxiety disorders, such as Obsessive-Compulsive Disorder (OCD) (62-64). Studies have also shown that individuals employ various strategies to resist or control negative thoughts or influences, some of which correlate with emotional distress (61).

Individuals with psychological disorders stay in their negative recurrent thought styles, that is, anxiety/active rumination in response to stress, to control influences and avoid threats due to carrying metacognitive beliefs regarding the benefits of such strategies or opinions that give rise to fruitless mind regulation strategies (65) and maladaptive thought control. Anxiety and thought rumination are always tendentious and make individuals focus on negative information and reach a distorted image of themselves and the world. This is because anxiety concentrates on potential risks in the future while weakly associating with the actual possibility of risky events (66).

The data analysis results revealed that the believability of anxious feelings and thoughts had a negative and significant effect on distress tolerance. This finding is consistent with theoretical frameworks based on cognitive fusion, which suggest that the more individuals perceive the content of their anxious thoughts and feelings as literal and valid, the more vulnerable they become to negative emotional experiences (67). When individuals over-validate their anxious thoughts, they become fused with them. This limits psychological distance, leading to excessive engagement with negative thoughts and the activation of rumination cycles, which consequently intensifies the severity of anxiety symptoms (68). These processes emphasize that fusion transforms transient anxious experiences into persistent barriers to distress tolerance.

Another key pathway in this relationship is threat magnification and diminished attentional control. "According to Attentional Control Theory (69), when anxious thoughts are perceived as believable, the attentional system becomes excessively focused on threat cues. This shift in attentional orientation hinders the employment of effective cognitive strategies for inhibition and attentional shifting; consequently, individuals experience a heightened sense of powerlessness and helplessness when facing distress. Additionally, the role of experiential avoidance warrants further consideration. When individuals fully believe in their anxious thoughts and feelings, their tendency to avoid these experiences increases. While avoidance may reduce discomfort and distress in the short term, it deprives individuals of opportunities to confront and tolerate tension in the long run (70).

Consequently, the capacity for distress tolerance gradually declined.

Consistent with the outcomes of previous studies (71, 72), our results showed that the indirect effect of the believability of thoughts on distress tolerance, mediated by cognitive flexibility, was negative and significant. It can be argued that maladaptive emotional responses to unpleasant events lead to short-term emotional distress. Moghbeli, Omid, and Zanjani (71) showed the predictability of anxiety by distress tolerance. Indeed, we can assert that distress tolerance capacity enables individuals to relieve their emotions, endure mental stress in critical conditions, and encounter and solve problems. In other words, individuals with emotional distress cannot control their emotions in traumatic circumstances or solve problems (72).

The results also showed that cognitive flexibility had a positive and significant effect on distress tolerance. These findings align with some dimensions of previous studies (23, 48, 73-76). We can claim that overthinking threatening or negative problems raises access to negative memories and leads to negative moods or depression (77, 78). Since individuals with low self-esteem are more willing to pay attention to negative information and chronically complain, the cessation of negative thoughts can potentially be a mechanism for preventing the defective cycle of negative thoughts, poor well-being, and a negative self-concept (79). Keeping negative or threatening thoughts low can help regulate feelings and emotional reactions (73, 74), and suppressing unwanted thoughts is a significant protective mechanism for maintaining concentration, cognitive flexibility, a positive emotional state, and self-esteem (23, 74-76).

Thus, failure to tolerate distress is accompanied by increased vulnerability to anxiety symptoms, such as fear, generalized anxiety, social anxiety, and OCD (80). Furthermore, cognitive flexibility and distress tolerance play significant roles in the development of anxiety disorders (14). As Soltani *et al.* (48) found, cognitive flexibility mediates the correlation between coping styles and resilience in depression. Likewise, cognitive flexibility is negatively correlated with depression and somatic and emotional control strategies, while positively correlated with strategies associated with problem-solving, social support attraction, and cognitive assessment.

Conclusion

The results of this study indicate that the conceptual model on the mediation of cognitive flexibility in the relationships of thought control and believability with DT among students is suitable. Considering the findings, it seems that students can examine various life events from a different angle and provide themselves with the opportunity to reflect on problems and discover alternative solutions by applying positive thought control strategies and accepting anxious thoughts and feelings. Therefore, they can control their emotions and attempt to alleviate their distress. They will also be able to efficiently cope with crises and solve conflicts because being aware of and employing strategies controlling somatic concerns, emotional regulation, and negative evaluation reduces distress and leads to flexibility and adaptation to various conditions.

Acknowledgment

We hereby appreciate the participants and all individuals who assisted with the conduction of this research.

Compliance with ethical guidelines

All research protocols were executed in adherence to the ethical principles, which encompassed apprising participants about the overarching aim of the investigation, affording them the opportunity to partake or abstain, and safeguarding the secrecy of the data disclosed.

Conflict of Interest

The authors declare that they have no conflict of interest.

References

1- Davis SK, Hadwin AF. Exploring differences in psychological well-being and self-regulated learning in university student success. *Frontline Learning Research*. 2021;9(1):30-43.

- 2- Alizadeh-Navaei R, Hosseini SH. Mental health status of Iranian students until 2011: A systematic review. *Clinical Excellence*. 2014;2(1):1-10.
- 3- Machado TS, Pardo A, editors. Emotional regulation & adaptive learning strategies in Portuguese adolescents: A study with the regulation emotion questionnaire-2. *International Psychological Applications Conference and Trend*; 2013.
- 4- Massar K, Bělostřiková P, Sui X. It's the thought that counts: Trait self-control is positively associated with well-being and coping via thought control ability. *Current Psychology*. 2022;41(4):2372-81.
- 5- Association, A.C.H., American College Health Association-National College Health Assessment II: Undergraduate Student Reference Group Data Report Fall 2018. Silver Spring, MD: American College Health Association. Retrieved from., 2018. 132.
- 6- Herzberg KN, Sheppard SC, Forsyth JP, Credé M, Earleywine M, Eifert GH. The Believability of Anxious Feelings and Thoughts Questionnaire (BAFT): a psychometric evaluation of cognitive fusion in a nonclinical and highly anxious community sample. *Psychological assessment*. 2012;24(4):877.
- 7- Lee SW, Seo HS, Choi M, Lee SJ. Psychometric Properties of the Korean Version of the Believability of Anxious Feelings and Thoughts Questionnaire (K-BAFT). *Anxiety and Mood*. 2024;20(1):27-34.
- 8- Agahheris M, Goodarzi G, Rahravi G. The efficacy of Music for the mind applying on anxiety sensitivity among females with uterine, ovary, and breast cancer. *International Journal of Applied Behavioral Sciences*. 2021;8(2):70-80.
- 9- BAZMI N, NERSI M. The effect of play therapy techniques on reduction of anxiety and increasing of positive feeling as well as general adjustment level in children suffering blood cancer in Tehran city. 2013.
- 10- Akbari M, Mohamadkhani S. Transdiagnostic processes of cognitive, behavioral and emotional in depression and anxiety disorders. *Counseling Culture and Psychotherapy*. 2018;9(35):117-46.
- 11- Luciano C, Valdivia-Salas S, Ruiz F. The self as the context for rule-governed behavior. The self and perspective taking: Research and applications. 2012:143-60.
- 12- Hayes SC, Luoma JB, Bond FW, Masuda A, Lillis J. Acceptance and commitment therapy: Model, processes and outcomes. *Behaviour research and therapy*. 2006;44(1):1-25.
- 13- Ruiz FJ. Acceptance and commitment therapy versus traditional cognitive behavioral therapy: A systematic review and meta-analysis of current empirical evidence. *International journal of psychology and psychological therapy*. 2012;12(3):333-58.
- 14- Ganjari MG, Khanmohammadzadeh Z, Nobakht H, Kenarsari HE. The role of cognitive emotion regulation strategies, cognitive flexibility, and distress tolerance in death anxiety among women with hypertension: A descriptive correlation study. *Jundishapur Journal of Chronic Disease Care*. 2020;9(4).
- 15- Rogers ML, Stanley IH, Hom MA, Chiurliza B, Podlogar MC, Joiner TE. Conceptual and empirical scrutiny of covarying depression out of suicidal ideation. *Assessment*. 2018;25(2):159-72.
- 16- Simons JS, Gaher RM. The Distress Tolerance Scale: Development and validation of a self-report measure. *Motivation and emotion*. 2005;29(2):83-102.
- 17- O'Leirigh C, Ironson G, Smits JA. Does distress tolerance moderate the impact of major life events on psychosocial variables and behaviors important in the management of HIV? *Behavior therapy*. 2007;38(3):314-23.
- 18- Williams AD, Thompson J, Andrews G. The impact of psychological distress tolerance in the treatment of depression. *Behaviour research and therapy*. 2013;51(8):469-75.

- 19- Husseini AA, Mami S, Ahmadi V. Quality of Life Model Based on Perceived Stress and Distress Tolerance of the Elderly in Ilam with the Mediating Role of Hope. *International Journal of Applied Behavioral Sciences*. 9(2):23-31.
- 20- Leyro TM, Zvolensky MJ, Bernstein A. Distress tolerance and psychopathological symptoms and disorders: a review of the empirical literature among adults. *Psychological bulletin*. 2010;136(4):576.
- 21- Zvolensky MJ, Vujanovic AA, Bernstein A, Leyro T. Distress tolerance: Theory, measurement, and relations to psychopathology. *Current directions in psychological science*. 2010;19(6):406-10.
- 22- Ozcan NA. The Mediator Role of Cognitive Flexibility and Mindfulness in Relationship between Perceived Stress and Distress Tolerance among University Students. *Online Submission*. 2019;6(9):316-32.
- 23- Göbel K, Niessen C. Thought control in daily working life: How the ability to stop thoughts protects self-esteem. *Applied Cognitive Psychology*. 2021;35(4):1011-22.
- 24- Streb M, Mecklinger A, Anderson MC, Lass-Hennemann J, Michael T. Memory control ability modulates intrusive memories after analogue trauma. *Journal of affective disorders*. 2016;192:134-42.
- 25- Wells A, Davies MI. The Thought Control Questionnaire: A measure of individual differences in the control of unwanted thoughts. *Behaviour research and therapy*. 1994;32(8):871-8.
- 26- Radomsky AS, Alcolado GM, Abramowitz JS, Alonso P, Belloch A, Bouvard M, et al. Part 1—You can run but you can't hide: Intrusive thoughts on six continents. *Journal of Obsessive-Compulsive and Related Disorders*. 2014;3(3):269-79.
- 27- Ma A, Landau MJ, Narayanan J, Kay AC. Thought-control difficulty motivates structure seeking. *Journal of Experimental Psychology: General*. 2017;146(8):1067.
- 28- Catarino A, Küpper CS, Werner-Seidler A, Dalgleish T, Anderson MC. Failing to forget: Inhibitory-control deficits compromise memory suppression in posttraumatic stress disorder. *Psychological science*. 2015;26(5):604-16.
- 29- Sohrabi Z, Dortaj F. The Effectiveness of Mindfulness Training on the Fear of Negative Evaluation and Automatic Thoughts in Female Students. *International Journal of Applied Behavioral Sciences*. 2020;7(1):11-23.
- 30- Killingsworth MA, Gilbert DT. A wandering mind is an unhappy mind. *Science*. 2010;330(6006):932-.
- 31- Galatzer-Levy IR, Burton CL, Bonanno GA. Coping flexibility, potentially traumatic life events, and resilience: A prospective study of college student adjustment. *Journal of Social and Clinical Psychology*. 2012;31(6):542-67.
- 32- Tavoracci MP, Ladner J, Grigioni S, Richard L, Villet H, Dechelotte P. Prevalence and association of perceived stress, substance use and behavioral addictions: a cross-sectional study among university students in France, 2009–2011. *BMC public health*. 2013;13(1):1-8.
- 33- Zhu J, Zhu D-m, Zhang C, Wang Y, Yang Y, Yu Y. Quantitative prediction of individual cognitive flexibility using structural MRI. *Brain imaging and behavior*. 2019;13:781-8.
- 34- Diamond A. Executive functions. *Annual review of psychology*. 2013;64:135-68.
- 35- Lee K, Bull R, Ho RM. Developmental changes in executive functioning. *Child development*. 2013;84(6):1933-53.
- 36- Dennis JP, Vander Wal JS. The cognitive flexibility inventory: Instrument development and estimates of reliability and validity. *Cognitive therapy and research*. 2010;34:241-53.
- 37- Dickstein DP, Nelson EE, McClure EB, Grimley ME, Knopf L, Brotman MA, et al. Cognitive flexibility in phenotypes of pediatric bipolar disorder. *Journal of the American Academy of Child & Adolescent Psychiatry*. 2007;46(3):341-55.
- 38- Davis RN, Nolen-Hoeksema S. Cognitive inflexibility among ruminators and nonruminators. *Cognitive therapy and research*. 2000;24:699-711.
- 39- Cheng C, Chiu Cy, Hong Yy, Cheung JS. Discriminative facility and its role in the perceived quality of interactional experiences. *Journal of personality*. 2001;69(5):765-85.
- 40- Cheng C. Cognitive and motivational processes underlying coping flexibility: a dual-process model. *Journal of personality and social psychology*. 2003;84(2):425.
- 41- Mohammadkhani S, Farjad M. The relationship of the metacognitive beliefs and thought control strategies with obsessive-compulsive symptoms in nonclinical population. *Journal of clinical psychology*. 2009;1(3):35-51.
- 42- Mohammadkhani S, Mazloom M. The relationship of metacognitive beliefs and thought control strategies with trait anxiety. *Contemporary psychology*. 2011;5(2):23-32.
- 43- Nouri Ghasmabadi R, Hasani J. The role of metacognitive beliefs and thought control strategies in test anxiety. *Journal of Cognitive Psychology*. 2017;4(4):21-30.
- 44- Saeidpoor S, Kazemi-Rezai S, Karbalaei-Esmaeil E, Kazemi-Rezai S, Ahmadi F. Diagnostic role of cognitive emotion regulation strategies, cognitive fusion and thought control strategies in Obsessive-Compulsive disorder. *Journal of Clinical Psychology*. 2017;9(3):1-12.
- 45- Soltani E, Bahrainian SA, Masjedi Arani A, Farhoudian A, Gachkar L. Psychometric properties of the Believability of Anxious Feelings and Thoughts Questionnaire (BAFT). *Pajoohandeh Journal*. 2015;20(5):273-82.
- 46- Marian M, Oprea I, Dărăbăneanu D. Determining the relationship between socio-cognitive factors and interpersonal sensitivity. *Journal of Psychological and Educational Research*. 2020;28(2):186-94.
- 47- Lass AN, Winer ES, Collins AC, Rokke PD. The associations among distress tolerance, unhelpful coping behaviors, and symptoms of depression: A network analysis. *Cognitive Therapy and Research*. 2020;44:1077-90.
- 48- Soltani E, Shareh H, Bahrainian SA, Farmani A. The mediating role of cognitive flexibility in correlation of coping styles and resilience with depression. *Pajoohandeh Journal*. 2013;18(2):88-96.
- 49- Mortezaazadeh M, Rafezi Z, Eskandari H. Comparison of the Effect of Experimental Induction of Social Exclusion with Social Acceptance on Cognitive Flexibility. *Social Cognition*. 2021;10(1):9-25.
- 50- Chalmeh r, Abdolahi f. Investigating the mediating role of cognitive flexibility and cognitive control in the relationship between mindfulness and obsessive-compulsive symptoms in women. *Research of Womens*. 2021;3(2):67-80.
- 51- Sheykholeslami A, Kiani A-R, Ahmadi S, Soleimani E. On the prediction of tendency to drug use based on behavioral activation and inhibition systems, cognitive flexibility, and distress tolerance among students. *Scientific Quarterly Research on Addiction*. 2016;10(39):109-28.
- 52- Sohrabi Z, Taheri Tafti SS, Mashhadi M. Predicting Interpersonal Sensitivity Based on Believability of Anxious feelings and Thoughts: The Mediating Role of Cognitive Flexibility. *Rooyesh-e-Ravanshenasi Journal (RRJ)*. 2023;11(11):173-84.
- 53- Arici-Ozcan N, Cekici F, Arslan R. The relationship between resilience and distress tolerance in college students: The mediator role of cognitive flexibility and difficulties in emotion regulation. *International Journal of Educational Methodology*. 2019;5(4):525-33.
- 54- Naragon-Gainey K, McMahon TP, Chacko TP. The structure of common emotion regulation strategies: A meta-analytic examination. *Psychological bulletin*. 2017;143(4):384.

- 55- Mahmoud JSR, Staten RT, Hall LA, Lennie TA. The relationship among young adult college students' depression, anxiety, stress, demographics, life satisfaction, and coping styles. *Issues in mental health nursing*. 2012;33(3):149-56.
- 56- Yorgason JB, Linville D, Zitzman B. Mental health among college students: do those who need services know about and use them? *Journal of American college health*. 2008;57(2):173-82.
- 57- Franzen J, Jermann F, Ghisletta P, Rudaz S, Bondolfi G, Tran NT. Psychological distress and well-being among students of health disciplines: The importance of academic satisfaction. *International journal of environmental research and public health*. 2021;18(4):2151.
- 58- Sawhney M, Kunen S, Gupta A. Depressive symptoms and coping strategies among Indian university students. *Psychological reports*. 2020;123(2):266-80.
- 59- Calderon Jr R, Pupanead S, Prachakul W, Kim G. Happiness, perceived stress, psychological well-being, and health behaviors of Thai university students: Preliminary results from a multinational study on well-being. *Journal of American College Health*. 2021;69(2):176-84.
- 60- Homan HA. Analysis of structural equations using Lisrel software. Tehran: Samt2005.
- 61- Clark DM. Developing new treatments: On the interplay between theories, experimental science and clinical innovation. *Behaviour research and therapy*. 2004;42(9):1089-104.
- 62- Irak M, Tosun A. Exploring the role of metacognition in obsessive-compulsive and anxiety symptoms. *Journal of anxiety disorders*. 2008;22(8):1316-25.
- 63- Bacow TL, Pincus DB, Ehrenreich JT, Brody LR. The metacognitions questionnaire for children: Development and validation in a clinical sample of children and adolescents with anxiety disorders. *Journal of anxiety disorders*. 2009;23(6):727-36.
- 64- Cartwright-Hatton S, Mather A, Illingworth V, Brocki J, Harrington R, Wells A. Development and preliminary validation of the Meta-cognitions Questionnaire—Adolescent Version. *Journal of anxiety disorders*. 2004;18(3):411-22.
- 65- Wells A. Emotional disorders and metacognition: Innovative cognitive therapy: Chichester, UK: Wiley.; 2000.
- 66- Wells A, Carter KE. Maladaptive thought control strategies in generalized anxiety disorder, major depressive disorder, and nonpatient groups and relationships with trait anxiety. *International Journal of Cognitive Therapy*. 2009;2(3):224-34.
- 67- Hayes SC, Levin ME, Plumb-Villardaga J, Villatte JL, Pistorello J. Acceptance and commitment therapy and contextual behavioral science: Examining the progress of a distinctive model of behavioral and cognitive therapy. *Behavior therapy*. 2013;44(2):180-98.
- 68- Guo L. The Correlation Between Mindfulness, Decentering, and Psychological Problems: A Structural Equation Modeling Meta-Analysis. *Mindfulness*. 2024;15(8):1873-95.
- 69- Eysenck MW, Moser JS, Derakshan N, Hepsomali P, Allen P. A neurocognitive account of attentional control theory: how does trait anxiety affect the brain's attentional networks? *Cognition and Emotion*. 2023;37(2):220-37.
- 70- Bagheri M, Tajik Esmaeili A, Farzad V, Abdollahi MH, Raiisi F. The role of experiential avoidance with the mediation of distress tolerance in predicting corona anxiety in the period of covid-19 outbreak: structural equation model. *Shenakht Journal of Psychology and Psychiatry*. 2023;10(1):116-27.
- 71- Moghbeli-Hanzaii M, Omidi A, Zanjani Z. The comparison of distress tolerance and experiential avoidance in people with health anxiety and normal people. *KAUMS Journal (FEYZ)*. 2019;23(6):689-97.
- 72- Salari M, Bakraei S, Sharifnejad Nemat Abadi MA, Alizadeh N, Mohseni F. Prediction of coronavirus anxiety based on anxiety tolerance and cognitive emotion regulation in employed women. *Journal of Applied Family Therapy*. 2020;1(4):38-52.
- 73- Anderson MC, Hanslmayr S. Neural mechanisms of motivated forgetting. *Trends in cognitive sciences*. 2014;18(6):279-92.
- 74- Engen HG, Anderson MC. Memory control: A fundamental mechanism of emotion regulation. *Trends in Cognitive Sciences*. 2018;22(11):982-95.
- 75- Fawcett JM, Hulbert JC. The many faces of forgetting: Toward a constructive view of forgetting in everyday life. *Journal of Applied Research in Memory and Cognition*. 2020;9(1):1-18.
- 76- Niessen C, Göbel K, Siebers M, Schmid U. Time to Forget. *Zeitschrift für Arbeits-und Organisationspsychologie A&O*. 2019.
- 77- Lyubomirsky S, Caldwell ND, Nolen-Hoeksema S. Effects of ruminative and distracting responses to depressed mood on retrieval of autobiographical memories. *Journal of personality and social psychology*. 1998;75(1):166.
- 78- Morrow J, Nolen-Hoeksema S. Effects of responses to depression on the remediation of depressive affect. *Journal of personality and social psychology*. 1990;58(3):519.
- 79- Tafarodi RW, Swann Jr WB. Two-dimensional self-esteem: Theory and measurement. *Personality and individual Differences*. 2001;31(5):653-73.
- 80- Keough ME, Riccardi CJ, Timpano KR, Mitchell MA, Schmidt NB. Anxiety symptomatology: The association with distress tolerance and anxiety sensitivity. *Behavior therapy*. 2010;41(4):567-74.