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Predicting Mental Health Based on Social Competence and Resilience in Divorced Individuals: The Moderating Roles of Gender and Remarriage

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ABSTRACT

Purpose: This study aimed to predict mental health based on social competence and resilience among divorced individuals and to examine the moderating roles of gender and remarriage status in these relationships.

Methods and Materials: The present applied study employed a descriptive-correlational design. The statistical population consisted of divorced men and women residing in Shiraz, Iran, and the final sample included 200 participants selected through convenience sampling from psychological and counseling centers and welfare service centers. Data were collected using the Connor–Davidson Resilience Scale, the Social Competence Questionnaire based on Felner’s model, and the 14-item Mental Health Continuum–Short Form. Data were analyzed using Pearson correlation coefficients, independent-samples *t* tests, multiple regression analysis, and subgroup regression analyses according to gender and remarriage status. Statistical significance was set at $p < .05$.

Findings: Mental health was positively and significantly correlated with behavioral skills ($r = .740, p < .01$), cognitive skills ($r = .662, p < .01$), emotional competence ($r = .542, p < .01$), and resilience ($r = .611, p < .01$). Social competence and resilience jointly explained 62.3% of the variance in mental health ($R = .789, R^2 = .623, p < .001$), with social competence ($\beta = .601, p < .001$) and resilience ($\beta = .278, p < .001$) both contributing significantly. Behavioral skills ($\beta = .496, p < .001$) and cognitive skills ($\beta = .341, p < .001$) significantly predicted mental health. Men reported significantly higher mental health than women, $t(198) = -3.098, p = .002$, and remarried participants reported significantly higher mental health than non-remarried participants, $t(198) = 3.122, p = .002$. Subgroup analyses showed significant positive predictive relationships for both social competence and resilience across gender and remarriage-status groups.

Conclusion: Social competence and resilience are important positive predictors of mental health among divorced individuals, while gender and remarriage status are associated with differences in mental health and in the strength of these predictive relationships. Strengthening interpersonal competence and resilience may therefore be useful in psychological and counseling interventions designed for divorced populations.

Keywords: Mental Health, Social Competence, Resilience, Divorce, Gender, Remarriage



1. Introduction

Divorce is a major life transition that can substantially alter an individual's psychological, social, economic, and relational functioning. Although divorce may sometimes represent the termination of a chronically conflictual or harmful marital relationship, it is also frequently accompanied by a complex set of stressors, including emotional loss, changes in family roles, financial instability, disruption of social networks, altered parenting responsibilities, and uncertainty about future intimate relationships. The psychological consequences of divorce therefore extend beyond the legal termination of marriage and may involve prolonged processes of adaptation and identity reorganization. Classic research on the consequences of divorce has shown that divorced adults, on average, may experience lower psychological well-being and greater emotional distress than continuously married adults, although considerable variability exists in adjustment outcomes (Amato, 2000). More recent evidence similarly indicates that divorce can affect multiple domains of women's lives, including emotional security, social functioning, economic stability, and perceptions of self and future relationships (Ottakkam Thodukayil et al., 2026). Accordingly, mental health following divorce should be viewed not as a uniform outcome but as the result of a dynamic adaptation process shaped by individual, interpersonal, and contextual resources.

Mental health itself is a multidimensional construct that extends beyond the absence of psychiatric symptoms. Contemporary approaches conceptualize mental health in terms of psychological well-being, emotional regulation, social functioning, adaptive coping, perceived meaning, effective interpersonal relationships, and the ability to respond constructively to environmental demands. From this perspective, individuals may experience different levels of mental health depending on both exposure to stressors and access to protective resources. Gautam et al. emphasized that mental health and mental well-being are determined through the interaction of biological, psychological, social, lifestyle, and environmental factors and that adaptive coping resources play a central role in maintaining well-being under stressful conditions (Gautam et al., 2024). Divorce can challenge several of these dimensions simultaneously because it often disrupts intimate attachment, everyday routines, economic arrangements, social belonging, and family identity. Consequently, identifying psychological and social resources that contribute to better mental health

among divorced individuals is of particular theoretical and practical importance.

Adjustment to divorce is highly heterogeneous. Some individuals show persistent emotional difficulties, whereas others gradually reconstruct their identity and social functioning and eventually achieve stable or even improved well-being. Recent research on psychological adjustment to divorce and separation has demonstrated that individuals may follow distinct adjustment profiles and that these patterns are associated with factors such as attachment insecurity, forgiveness of the former partner, and difficulties in emotion regulation (Guzmán-González et al., 2025). Similarly, qualitative studies examining the lived experience of divorce have shown that separation may initiate a broader process of identity reconstruction in which individuals renegotiate personal meaning, social roles, self-concept, and expectations about future relationships (Tl et al., 2025). These findings suggest that post-divorce mental health cannot be understood solely in terms of exposure to stress. Rather, the quality of adaptation depends substantially on the resources that individuals can mobilize to process emotional demands, navigate social environments, and establish new patterns of functioning.

One important psychosocial resource in this context is social competence. Social competence generally refers to the capacity to behave effectively and appropriately in interpersonal situations, interpret social cues, regulate social-emotional responses, initiate and maintain relationships, solve interpersonal problems, and adapt one's behavior to the expectations and demands of a given social environment. Although the construct has been examined extensively in developmental and educational contexts, its underlying components are highly relevant to adult adaptation because successful social functioning depends on cognitive, behavioral, emotional, and motivational capacities. Crick and Dodge's social information-processing framework emphasized that adaptive social behavior depends on a sequence of processes involving encoding social cues, interpreting social information, clarifying goals, generating possible responses, selecting appropriate responses, and enacting behavior (Crick & Dodge, 1994). Deficits or distortions in these processes may contribute to maladaptive interpersonal interactions, whereas more effective social information processing can facilitate constructive relationships and adjustment.

Contemporary conceptualizations of social competence likewise emphasize that the construct is multidimensional rather than reducible to a single interpersonal skill. Reviews



of assessment approaches indicate that social competence encompasses observable behavior, emotional understanding and regulation, communication abilities, interpersonal problem solving, social cognition, and the ability to respond appropriately to social expectations (Dicataldo et al., 2023). Social skills can also be strengthened through targeted approaches that promote communication, cooperation, self-regulation, problem solving, and adaptive interpersonal behavior (Jacob et al., 2022). These dimensions may be particularly important for divorced adults because divorce frequently requires individuals to renegotiate relationships with former spouses, children, relatives, friends, colleagues, and potential new partners. Effective social competence may therefore reduce interpersonal stress, facilitate access to social support, strengthen social integration, and help individuals rebuild a stable social identity following marital dissolution.

The relevance of social competence to the post-divorce experience has been highlighted more directly in recent studies. Elshahed and Gamal reported that life stress among divorced women was meaningfully related to their level of social competence, suggesting that the ability to function effectively in social contexts may be closely intertwined with the experience and management of post-divorce stress (Elshahed & Gamal, 2026). This relationship is theoretically plausible because individuals with greater social competence may communicate their needs more effectively, seek and maintain supportive relationships, manage interpersonal conflicts with greater flexibility, and adapt more efficiently to altered social roles. Conversely, individuals with weaker social competence may experience greater social isolation, interpersonal misunderstanding, reduced access to support, or difficulty reconstructing their social life after divorce. Such mechanisms provide a basis for expecting social competence to contribute positively to mental health among divorced individuals.

Social adjustment and social well-being also appear to be especially important for divorced women. Izadi et al. proposed a structural model in which social well-being played a mediating role in the relationship between family intimacy and social adjustment among divorced women, highlighting the centrality of relational and social processes in adaptation following divorce (Izadi et al., 2025). These findings support the broader proposition that social resources and adaptive social functioning are not peripheral aspects of post-divorce recovery but core components of psychological adjustment. In a social context where divorced individuals may encounter changes in family expectations,

interpersonal networks, social participation, or perceived social acceptance, competence in managing interpersonal relationships may serve as an important protective factor against psychological deterioration.

Another major protective resource is resilience. Resilience refers to the capacity to maintain or regain adaptive functioning in the face of adversity, stress, trauma, or significant life disruption. Rather than representing an exceptional or rare trait, resilience has been conceptualized as a dynamic process supported by ordinary adaptive systems and resources. Masten described resilience as “ordinary magic,” emphasizing that positive adaptation under adversity often emerges from common psychological and social processes rather than extraordinary personal characteristics (Masten, 2007). In the context of divorce, resilience may allow individuals to manage emotional pain, tolerate uncertainty, reconstruct daily routines, maintain hope, regulate negative affect, mobilize social support, and develop new goals following the dissolution of marriage.

Resilience is especially relevant because divorce often involves cumulative rather than isolated stressors. Emotional separation may coincide with financial pressure, relocation, altered parenting arrangements, legal disputes, social stigma, or reduced social support. Individuals with stronger resilience may be better able to appraise these challenges as manageable, recover from setbacks, and maintain psychological functioning during the adjustment process. Research has also demonstrated that resilience is associated with positive psychological outcomes in other transitional periods. Hanimoğlu, for example, found that resilience and social support were important factors related to life satisfaction during emerging adulthood and also reported gender-related differences in these associations (Hanimoğlu, 2025). Although emerging adulthood differs from post-divorce adjustment, such findings reinforce the broader role of resilience in sustaining positive psychological functioning under conditions of transition and uncertainty.

The concept of resilience also extends from individuals to family systems. Walsh conceptualized family resilience as a set of relational processes that enable families to withstand and rebound from adversity through shared belief systems, flexible organizational patterns, and effective communication and problem solving (Walsh, 2003). Divorce represents a major reorganization of the family system, and the availability of resilient processes may influence how individuals respond to changes in roles, boundaries, parenting structures, and social relationships. Even when the marital unit ends, individuals often remain



embedded in continuing family systems, particularly when children are involved. Therefore, the capacity for resilience may reflect both personal strengths and the ability to make adaptive use of relational and environmental resources.

While resilience and social competence may each contribute independently to mental health, they are also conceptually complementary. Resilience reflects the capacity to adapt to adversity and recover from disruption, whereas social competence concerns the effective management of interpersonal and social demands. A divorced individual may possess strong internal coping resources but still encounter psychological difficulties if interpersonal functioning is severely impaired. Conversely, effective social skills may not be sufficient to maintain mental health when the individual has limited capacity to tolerate stress or recover from major setbacks. Examining these two variables together may therefore provide a more comprehensive explanation of differences in post-divorce mental health than considering either construct in isolation.

Gender may further influence these relationships. Divorce is experienced within social and cultural systems in which men and women may face different expectations, role demands, sources of support, and forms of social pressure. Gender can shape emotional expression, help-seeking behavior, financial consequences, parenting responsibilities, social network changes, and opportunities for establishing new relationships. The systematic review by Ottakkam Thodukayil et al. emphasized that women may experience particularly pronounced social, emotional, and economic consequences following divorce (Ottakkam Thodukayil et al., 2026). At the same time, gender differences in the psychological benefits of resilience and social support have been documented in other populations (Hanimoğlu, 2025). These findings suggest that the association of resilience and social competence with mental health may not necessarily be equivalent for divorced men and women. Gender may therefore function as a moderating condition that changes the strength of these predictive relationships.

Remarriage is another potentially important factor in post-divorce adjustment. Remarriage can provide companionship, emotional support, economic cooperation, a renewed sense of family identity, and opportunities for rebuilding intimate relationships. At the same time, remarriage is itself a complex family transition that may introduce new challenges involving stepfamily roles, loyalty conflicts, parenting boundaries, relationships with former spouses, and adaptation among children and other family members. Ganong and Coleman emphasized that

stepfamilies are characterized by distinctive relational dynamics and developmental processes that differ from those of first-marriage families (Ganong & Coleman, 2004). Consequently, remarriage should not automatically be understood as either uniformly beneficial or uniformly stressful; its psychological effects depend on the quality of the new relationship, family organization, prior experiences, and the individual's adaptive capacities.

Recent evidence concerning marital adjustment in remarriage further demonstrates the complexity of this transition. Santos et al. identified a range of factors associated with adjustment in remarried couples, indicating that successful remarriage depends on relational, family, and contextual processes rather than merely the legal status of entering a new marriage (Santos et al., 2024). Remarriage may alter the relationship between psychosocial resources and mental health because individuals who have remarried may receive new forms of social and emotional support, whereas individuals who remain unmarried after divorce may depend more heavily on personal resilience and broader social competence to manage stress and maintain well-being. For this reason, remarriage status may operate not simply as a demographic characteristic but as a contextual moderator of the relationship between personal resources and mental health.

The importance of examining remarriage is further supported by the broader literature on post-divorce identity reconstruction. Individuals who remain unmarried may continue to reconstruct identity primarily through autonomous, occupational, familial, or friendship-based roles, whereas remarried individuals must integrate a new intimate relationship into an already transformed post-divorce identity (Tl et al., 2025). Similarly, differences in emotion regulation, attachment, and forgiveness may influence how individuals adapt to separation and establish subsequent relationships (Guzmán-González et al., 2025). Thus, the psychological meaning of social competence and resilience may vary according to whether an individual has entered another marriage after divorce.

Despite the growing literature on divorce, several important gaps remain. Much research has focused on negative consequences such as distress, depression, conflict, economic hardship, or family disruption, while fewer studies have simultaneously examined positive psychological resources that may predict mental health among divorced adults. In addition, social competence has often been studied in children, adolescents, educational settings, or populations with developmental and rehabilitation needs (Dicataldo et

al., 2023; Jacob et al., 2022), leaving its role in adult post-divorce adjustment comparatively underexplored. Similarly, resilience research has established the importance of adaptive capacity under adversity (Masten, 2007; Walsh, 2003), but relatively less attention has been given to whether its association with mental health differs according to gender or remarriage status among divorced adults.

This gap is particularly relevant in cultural contexts where divorce may have consequences extending beyond the individual relationship and into extended family systems, community relationships, economic conditions, and social identity. Social competence may help individuals navigate these environments, while resilience may facilitate recovery from adversity and maintenance of psychological functioning. At the same time, gender and remarriage status may alter access to interpersonal resources, social expectations, and adaptive opportunities. Studying these variables within an integrated predictive framework may therefore provide a more nuanced understanding of why some divorced individuals maintain relatively high levels of mental health while others experience greater psychological difficulty. Such knowledge may also support the development of more targeted psychological and social interventions by identifying the personal resources most strongly associated with positive mental health and determining whether their effects vary across important demographic and relational contexts.

Accordingly, the aim of the present study was to predict mental health based on social competence and resilience among divorced individuals and to examine the moderating roles of gender and remarriage status in these relationships.

2. Methods and Materials

2.1. Study Design and Participants

The present study was applied in terms of purpose and employed a descriptive-correlational research design. The study was designed to investigate social competence and resilience as predictor variables, mental health as the criterion variable, and gender and remarriage status as moderating variables. The statistical population consisted of divorced women and men residing in Shiraz, Iran, whose divorce had been officially registered with the relevant legal authorities and official marriage and divorce registration offices. According to statistical reports from the Civil Registration Organization of Fars Province, a total of 8,706 divorces were registered in Fars Province in 2025. Considering the population distribution of the province and

the concentration of more than half of registered vital events in the provincial capital, more than 4,800 of these divorces were estimated to have occurred in Shiraz. In addition, 3,564 divorces were registered throughout Fars Province during the first five months of 2026. The accessible population of the present study therefore comprised divorced individuals who attended welfare centers, psychological clinics, and counseling centers in Shiraz during 2026.

To determine an adequate sample size for the correlational design and regression analyses, the minimum sample size was initially estimated according to the number of predictor variables included in the model. With two principal predictor variables, namely social competence and resilience, the minimum required sample was estimated at approximately 67 participants. However, to increase statistical power, reduce the potential impact of measurement error, provide sufficient observations for examining moderation effects, and compensate for incomplete or unusable questionnaires, the final sample size was increased to 135 participants. Participants were recruited through convenience sampling from eligible individuals attending psychological and counseling centers and welfare service centers in Shiraz. The sample included both divorced individuals who had remarried and divorced individuals who had not remarried after their divorce, thereby allowing remarriage status to be examined as a potential moderator. Both women and men were included so that the moderating role of gender could also be assessed.

The inclusion criteria were an age between 18 and 45 years, possession of at least basic literacy sufficient to understand and complete the questionnaires, a formally registered history of divorce, provision of written informed consent to participate in the study, and absence of severe and overt psychiatric disorders such as schizophrenia or an acute bipolar episode according to self-report or available clinical records. Participants were excluded if they expressed unwillingness to continue participation at any stage of the study, submitted questionnaires with more than 10% missing responses or evidence of non-serious completion, had experienced a severe and sudden crisis such as a recent bereavement or major unexpected adverse event during the preceding three months, or provided clearly inconsistent or substantially biased response patterns across the study instruments. Eligible individuals received information regarding the objectives and general procedures of the study before completing the questionnaires. Participation was voluntary, and confidentiality of personal information and



questionnaire responses was maintained throughout data collection and analysis.

2.2. Instruments

Connor–Davidson Resilience Scale. Resilience was assessed using the Connor–Davidson Resilience Scale developed by Connor and Davidson in 2003. The instrument was developed on the basis of an extensive review of the resilience literature and was initially evaluated in several clinical and nonclinical populations, including members of the general population, primary care patients, psychiatric outpatients, individuals with generalized anxiety disorder, and patients with posttraumatic stress disorder. The scale was designed to assess individuals' capacity to cope effectively with stress, adversity, change, and challenging life circumstances and has demonstrated an ability to discriminate between individuals with relatively high and low levels of resilience. The original scale contains 25 items rated on a five-point Likert scale ranging from 0 (not true at all) to 4 (true nearly all of the time), resulting in a possible total score ranging from 0 to 100, with higher scores indicating greater resilience. Although different factor structures have been reported across cultural and clinical populations, the total score is commonly used as an overall index of resilience. The Persian version was standardized by Mohammadi in 2005. Item-total correlations, with the exception of one item, ranged approximately from .41 to .64, and factor analytic findings supported the construct validity of the Persian version. The Kaiser–Meyer–Olkin index was reported as .87, indicating adequate sampling adequacy for factor analysis. Subsequent Iranian investigations have also identified dimensions reflecting personal competence and tenacity, trust in one's instincts and tolerance of negative affect, positive acceptance of change and secure relationships, control, and spirituality. Because the stability and replicability of individual subscales have varied across studies, the overall resilience score was used in the present study. Previous Iranian research has demonstrated satisfactory internal consistency, with Cronbach's alpha coefficients of approximately .89 to .93. In the present study, Cronbach's alpha for the total scale was .87, indicating satisfactory internal consistency.

Social Competence Questionnaire. Social competence was assessed using the Social Competence Questionnaire developed and standardized by Parandin in 2006 on the basis of Felner's four-dimensional model of social competence. The questionnaire contains 47 items and evaluates social

competence through four major domains: behavioral skills, motivational orientations and expectations, cognitive skills, and emotional competence. The behavioral skills dimension consists of 34 items, with possible scores ranging from 34 to 238; motivational orientations and expectations are assessed using seven items, with scores ranging from 7 to 49; cognitive skills are measured by three items, with scores ranging from 3 to 21; and emotional competence is assessed by three items, also yielding scores between 3 and 21. Responses are recorded on a seven-point Likert scale ranging from completely disagree to completely agree and are scored from 1 to 7, respectively. Items 3, 6, 8, 9, 11, 12, 15, 16, 21, 25, 26, 28, 32, 36, 37, 38, 43, 44, and 45 are reverse-scored. Total scores can therefore range from 47 to 329, with higher scores indicating greater social competence. According to the proposed interpretive classification, scores from 47 to 109 indicate relatively poor social competence, scores from 110 to 220 indicate a moderate or relatively favorable level, and scores above 220 indicate a favorable level of social competence. Previous Iranian investigations have supported the content, face, and criterion-related validity of the instrument. Piri and colleagues reported satisfactory psychometric characteristics for the questionnaire, and internal consistency coefficients exceeding .70 have been documented. A Cronbach's alpha coefficient of approximately .88 has also been reported for the total social competence score, supporting the reliability of the measure for research purposes.

Mental Health Continuum–Short Form. Positive mental health was measured using the 14-item Mental Health Continuum–Short Form derived from Keyes' model of mental health. The instrument assesses positive mental health as a multidimensional construct rather than defining mental health solely as the absence of psychiatric symptoms. It encompasses three theoretically distinct but related domains of emotional, psychological, and social well-being. Emotional well-being reflects positive affect and satisfaction with life; psychological well-being concerns positive functioning at the individual level, including purpose, personal growth, autonomy, positive relationships, environmental mastery, and self-acceptance; and social well-being addresses positive functioning in relation to society and the wider social environment. The 14 items are rated on a six-point frequency scale ranging from 0 (never) to 5 (every day or almost every day), producing a total score ranging from 0 to 70. Higher scores represent higher levels of positive mental health and psychological flourishing.

Construct validity of the scale has been supported through factor analytic investigations demonstrating the theoretically expected emotional, psychological, and social dimensions. The Persian version has also shown satisfactory psychometric properties. Iranian validation studies have reported significant positive associations between Mental Health Continuum scores and established measures of life satisfaction, supporting convergent validity. Internal consistency coefficients reported in international studies have generally ranged from approximately .80 to .89, while Iranian research has also demonstrated satisfactory temporal stability, including a test–retest reliability coefficient of approximately .83 over a three-week interval. Accordingly, the instrument was considered an appropriate measure of positive mental health among the participants in the present study.

2.3. Data Analysis

Following data collection, all questionnaires were screened for completeness, response quality, coding errors, and eligibility for statistical analysis. Questionnaires with more than 10% missing responses or evidence of non-serious or substantially inconsistent responding were excluded according to the predetermined criteria. The remaining data were coded and entered into the statistical software package for analysis. Descriptive statistics were first calculated to characterize the study sample and the principal research variables. Frequencies and percentages were used to describe demographic characteristics, including gender and remarriage status, whereas means and standard deviations were calculated for social competence, resilience, and mental health scores.

Before conducting inferential analyses, the assumptions underlying parametric correlation and regression procedures were examined. The approximate normality of continuous variables was evaluated using skewness and kurtosis indices. Linearity of the relationships between predictor variables and mental health was assessed, and multicollinearity between social competence and resilience was examined using tolerance statistics and variance inflation factor values. Homogeneity of variance and the distribution and independence of regression residuals were also examined before interpretation of the regression models. Pearson's product–moment correlation coefficient was subsequently used to determine the direction and magnitude of the

bivariate relationships among social competence, resilience, and mental health.

Multiple regression analysis was used to determine the independent contribution of social competence and resilience to the prediction of mental health. To examine the moderating effects of gender and remarriage status, moderation analyses were conducted within the regression framework. Gender and remarriage status were coded as categorical moderator variables, whereas social competence and resilience were treated as continuous predictors. Continuous predictor variables were mean-centered before construction of interaction terms in order to facilitate interpretation and reduce nonessential multicollinearity between lower-order predictors and their interaction terms. The main effects of social competence, resilience, gender, and remarriage status were entered into the regression models, followed by the relevant interaction terms between the continuous predictors and each moderator. A statistically significant interaction coefficient was interpreted as evidence that the strength or direction of the association between the respective predictor and mental health differed according to gender or remarriage status. Where significant moderation effects were identified, conditional effects were examined separately across the relevant categories to clarify the form of the interaction. The coefficient of determination (R^2), change in R^2 associated with the interaction terms, unstandardized and standardized regression coefficients, standard errors, t statistics, and corresponding probability values were used to evaluate and report the regression models. All statistical tests were two-tailed, and the level of statistical significance was set at $p < .05$.

3. Findings and Results

The study included 200 divorced individuals. Of the participants, 110 (55.0%) were women and 90 (45.0%) were men. Regarding remarriage status, 86 participants (43.0%) had remarried after divorce, whereas 114 (57.0%) had not remarried. In terms of age, 37 participants (18.5%) were between 18 and 30 years of age, 96 (48.0%) were between 30 and 40 years, and 67 (33.5%) were aged 40 years or older. Thus, the largest proportion of participants belonged to the 30–40-year age group, women constituted a slightly larger proportion of the sample than men, and participants without remarriage experience were more frequent than those who had remarried.

Table 1

Descriptive Statistics and Pearson Correlations among the Study Variables

Variable	M	SD	Min	Max	1	2	3	4	5	6
1. Behavioral Skills	110.79	14.36	82	145	1					
2. Motivational Orientation	20.06	2.45	14	28	.011	1				
3. Cognitive Skills	10.26	2.22	6	15	.560**	.046	1			
4. Emotional Competence	10.10	2.18	5	15	.572**	.042	.420**	1		
5. Resilience	57.06	13.12	30	89	.492**	.123	.534**	.465**	1	
6. Mental Health	48.92	7.12	34	66	.740**	.093	.662**	.542**	.611**	1

As shown in Table 1, participants obtained a mean mental health score of 48.92 (SD = 7.12) and a mean resilience score of 57.06 (SD = 13.12). Among the dimensions of social competence, the mean scores were 110.79 (SD = 14.36) for behavioral skills, 20.06 (SD = 2.45) for motivational orientation, 10.26 (SD = 2.22) for cognitive skills, and 10.10 (SD = 2.18) for emotional competence. Pearson correlation analysis showed that mental health was positively and significantly associated with behavioral skills ($r = .740, p < .01$), cognitive skills ($r = .662, p < .01$), emotional competence ($r = .542, p < .01$), and resilience ($r = .611, p < .01$). The association between motivational orientation and mental health was small and statistically nonsignificant ($r = .093, p > .05$). Behavioral skills were also positively correlated with cognitive skills ($r = .560, p < .01$), emotional competence ($r = .572, p < .01$), and resilience ($r = .492, p < .01$). Cognitive skills were positively related to emotional competence ($r = .420, p < .01$) and resilience ($r = .534, p < .01$), while emotional competence was positively correlated with resilience ($r = .465, p < .01$). Overall, the correlation pattern indicated that higher behavioral, cognitive, and emotional dimensions of social competence and greater resilience were associated with higher levels of mental health among divorced individuals.

Before conducting the regression analyses, the principal assumptions underlying parametric analysis were examined. The Kolmogorov–Smirnov test indicated no statistically significant departure from normality for behavioral skills ($Z = .564, p = .399$), motivational orientation ($Z = .993, p = .067$), cognitive skills ($Z = .889, p = .099$), emotional competence ($Z = .789, p = .127$), resilience ($Z = .298, p = .679$), or mental health ($Z = .748, p = .156$); therefore, the distributions of the study variables were considered sufficiently normal for parametric analyses. Multicollinearity was also assessed using tolerance and variance inflation factor indices. Tolerance values ranged from .396 to .633, while VIF values ranged from 1.581 to 2.526. Specifically, the tolerance/VIF values were .402/2.488 for behavioral skills, .396/2.526 for motivational orientation, .633/1.581 for cognitive skills, .598/1.672 for emotional competence, and .415/2.411 for resilience. These values were within acceptable limits and indicated that problematic multicollinearity was not present among the predictors. Examination of linearity and variance homogeneity likewise indicated no substantial violation of the assumptions required for the subsequent analyses.

Table 2

*Independent-Samples *t* Tests for Mental Health According to Gender and Remarriage Status*

Grouping Variable	Group	n	M	SD	t	df	p
Gender	Women	110	47.54	6.89	-3.098	198	.002
	Men	90	50.61	7.08			
Remarriage status	Remarried	86	50.69	6.79	3.122	198	.002
	Not remarried	114	47.58	7.10			

As presented in Table 2, mental health differed significantly according to gender, $t(198) = -3.098, p = .002$. Men reported a higher mean level of mental health ($M = 50.61, SD = 7.08$) than women ($M = 47.54, SD = 6.89$).

Mental health also differed significantly according to remarriage status, $t(198) = 3.122, p = .002$. Participants who had remarried reported higher mental health scores ($M = 50.69, SD = 6.79$) than participants who had not remarried



($M = 47.58$, $SD = 7.10$). These findings indicated that both gender and remarriage status were significantly associated with differences in mental health scores in the study sample.

Table 3

Regression Analyses Predicting Mental Health from Social Competence and Resilience and Stratified Analyses by Gender and Remarriage Status

Analysis	Predictor/Group	R	R ²	F	β	t	p
Overall model	Social Competence	.789	.623	162.849	.601	11.422	<.001
	Resilience				.278	5.287	<.001
Social competence dimensions	Behavioral Skills	.806	.650	90.580	.496	8.659	<.001
	Motivational Orientation				.080	1.879	.062
	Cognitive Skills				.341	6.580	<.001
	Emotional Competence				.095	1.818	.071
Resilience only	Resilience	.611	.374	118.052	.611	10.865	<.001
Social competence by gender	Women	.713	.508	111.484	.713	10.559	<.001
	Men	.776	.602	133.377	.776	11.549	<.001
Resilience by gender	Women	.682	.466	94.158	.682	9.704	<.001
	Men	.551	.304	38.376	.551	6.195	<.001
Social competence by remarriage	Remarried	.664	.440	66.062	.664	8.128	<.001
	Not remarried	.812	.659	216.126	.812	14.701	<.001
Resilience by remarriage	Remarried	.622	.387	53.123	.622	7.289	<.001
	Not remarried	.562	.316	51.728	.562	7.192	<.001

The multiple regression results presented in Table 3 showed that social competence and resilience jointly predicted mental health significantly, with $R = .789$ and $R^2 = .623$, $F = 162.849$, $p < .001$. Accordingly, approximately 62.3% of the variance in mental health was explained collectively by social competence and resilience. Social competence was the stronger predictor of mental health ($\beta = .601$, $t = 11.422$, $p < .001$), while resilience also made a significant independent positive contribution ($\beta = .278$, $t = 5.287$, $p < .001$). When the dimensions of social competence were entered simultaneously, the overall model explained 65.0% of the variance in mental health ($R = .806$, $R^2 = .650$, $F = 90.580$, $p < .001$). Behavioral skills significantly and positively predicted mental health ($\beta = .496$, $t = 8.659$, $p < .001$), as did cognitive skills ($\beta = .341$, $t = 6.580$, $p < .001$). In contrast, motivational orientation ($\beta = .080$, $t = 1.879$, $p = .062$) and emotional competence ($\beta = .095$, $t = 1.818$, $p = .071$) did not independently predict mental health after the other dimensions were considered simultaneously. In the univariate model, resilience alone explained 37.4% of the variance in mental health ($R = .611$, $R^2 = .374$, $F = 118.052$, $p < .001$) and was a significant positive predictor ($\beta = .611$, $t = 10.865$, $p < .001$).

The stratified regression analyses further showed that the predictive association between social competence and mental health was statistically significant in both women and

men, although its magnitude differed across the two groups. Among women, social competence explained 50.8% of the variance in mental health ($R = .713$, $R^2 = .508$, $\beta = .713$, $p < .001$), whereas among men it explained 60.2% of the variance ($R = .776$, $R^2 = .602$, $\beta = .776$, $p < .001$), indicating a descriptively stronger relationship among men. The association between resilience and mental health was also significant in both gender groups. Resilience explained 46.6% of the variance in mental health among women ($R = .682$, $R^2 = .466$, $\beta = .682$, $p < .001$) compared with 30.4% among men ($R = .551$, $R^2 = .304$, $\beta = .551$, $p < .001$), suggesting a descriptively stronger predictive association among women.

A similar pattern emerged when the analyses were stratified according to remarriage status. Social competence significantly predicted mental health among participants who had remarried ($R = .664$, $R^2 = .440$, $\beta = .664$, $p < .001$) and among those who had not remarried ($R = .812$, $R^2 = .659$, $\beta = .812$, $p < .001$), with a stronger predictive association observed in the non-remarried group. Resilience also significantly predicted mental health in both remarriage groups. Among remarried participants, resilience explained 38.7% of mental health variance ($R = .622$, $R^2 = .387$, $\beta = .622$, $p < .001$), whereas among participants who had not remarried it explained 31.6% ($R = .562$, $R^2 = .316$, $\beta = .562$, $p < .001$). Thus, social competence and resilience were

consistently associated with better mental health across gender and remarriage-status subgroups, although the magnitude of these associations varied across groups. Because these latter analyses were conducted as separate subgroup regressions, the observed differences in coefficients should be interpreted as descriptive evidence of variation across groups; a formal conclusion regarding statistical moderation would require direct testing of the corresponding predictor $\times$ gender and predictor $\times$ remarriage interaction terms within a unified regression model.

4. Discussion and Conclusion

The present study examined the prediction of mental health based on social competence and resilience among divorced individuals and also explored the roles of gender and remarriage status in these relationships. The findings showed that social competence and resilience jointly explained a substantial proportion of the variance in mental health. Social competence emerged as the stronger predictor, whereas resilience also made a significant and independent contribution. At the dimensional level, behavioral skills and cognitive skills significantly predicted mental health, whereas motivational orientation and emotional competence did not retain statistically significant independent effects when the social competence dimensions were entered simultaneously into the regression model. Resilience alone also significantly predicted mental health. In addition, men reported significantly higher mental health scores than women, and remarried participants reported higher mental health than those who had not remarried. The subgroup regressions further showed that social competence and resilience were positively associated with mental health in both gender groups and in both remarriage-status groups, although the magnitude of these relationships differed across subgroups.

The positive relationship between social competence and mental health is theoretically consistent with the view that effective social functioning represents an important psychological resource in the aftermath of marital disruption. Divorce frequently requires individuals to renegotiate interpersonal boundaries, communicate with former spouses, maintain or reconstruct relationships with children and family members, seek social support, and establish new patterns of social participation. Individuals with stronger social competence may be better able to manage these demands through more effective communication, social problem solving, interpretation of

interpersonal cues, and regulation of behavior across changing social contexts. Crick and Dodge emphasized that successful social adjustment depends on the ability to encode and interpret social information accurately, generate appropriate responses, and select adaptive interpersonal behaviors (Crick & Dodge, 1994). In the present study, the strong association between social competence and mental health may therefore reflect the protective value of efficient interpersonal processing and behavior during the complex social reorganization that follows divorce.

This interpretation is also supported by contemporary conceptualizations of social competence as a multidimensional construct involving behavioral, cognitive, emotional, and motivational capacities. Dicataldo et al. noted that social competence cannot be reduced to isolated social behaviors but instead involves integrated capacities for communication, emotional understanding, interpersonal adaptation, and effective functioning in social situations (Dicataldo et al., 2023). The current findings extend this perspective to divorced adults by suggesting that these capacities may also contribute meaningfully to psychological well-being outside educational or developmental settings. Divorce may increase the importance of such competencies because individuals often encounter a period in which their established relational roles are destabilized and new forms of social interaction must be developed. Accordingly, greater social competence may reduce social isolation, improve perceived social efficacy, facilitate support seeking, and strengthen a sense of control over interpersonal circumstances.

The present findings are particularly consistent with the work of Elshahed and Gamal, who found a meaningful relationship between life stress and social competence among divorced women (Elshahed & Gamal, 2026). Their findings suggest that social competence may play an important role in the way divorced individuals experience and manage post-divorce stressors. The present study complements this evidence by showing that social competence is also strongly related to positive mental health. Taken together, these findings suggest that social competence may function not only as a mechanism for reducing stress exposure or interpersonal difficulty but also as a positive resource that supports broader psychological functioning.

The significant predictive role of behavioral and cognitive skills is especially noteworthy. Behavioral skills showed the strongest independent contribution among the social competence dimensions, indicating that the capacity

to enact adaptive interpersonal behavior may be particularly important for maintaining mental health after divorce. Such skills may include assertive communication, cooperation, appropriate emotional expression, negotiation, and effective interaction across difficult interpersonal situations. Cognitive skills also significantly predicted mental health, suggesting that how divorced individuals interpret social situations, understand interpersonal cues, and evaluate alternative responses may influence psychological adjustment. These results are compatible with social information-processing models in which adaptive functioning depends on both cognitive interpretation and behavioral implementation (Crick & Dodge, 1994). They are also consistent with evidence indicating that social skills can be strengthened through structured interventions that target communication, problem solving, and adaptive interpersonal functioning (Jacob et al., 2022).

In contrast, motivational orientation and emotional competence did not independently predict mental health when all social competence dimensions were included simultaneously. This finding does not necessarily imply that these dimensions are psychologically unimportant. Rather, their effects may overlap with stronger behavioral and cognitive components. Emotional competence, for example, was significantly correlated with mental health at the bivariate level, but its unique contribution became nonsignificant after controlling for the other social competence dimensions. This pattern suggests shared variance among different components of social functioning. In practical terms, emotional regulation and motivational readiness may support well-being indirectly by enabling effective behavioral and cognitive responses rather than exerting strong independent effects. Such a possibility is consistent with multidimensional models in which social competence emerges from the coordination of several interrelated processes rather than from isolated capacities (Dicataldo et al., 2023).

The second major finding was that resilience significantly and positively predicted mental health. This result is consistent with resilience theory, which conceptualizes resilience as the capacity to maintain or recover adaptive functioning in the presence of adversity. Masten described resilience as an ordinary adaptive process supported by common psychological and social systems rather than as a rare or extraordinary trait (Masten, 2007). Divorce represents a potentially severe and multidimensional stressor involving emotional loss, changes in family structure, financial pressure, social role disruption, and uncertainty

regarding future relationships. Under such conditions, resilient individuals may be more capable of tolerating distress, adapting to altered circumstances, sustaining goal-directed behavior, and restoring psychological equilibrium.

The finding is also aligned with Walsh's family resilience framework, which emphasizes flexibility, communication, meaning-making, and relational organization as important resources for adapting to major family stressors (Walsh, 2003). Although the present study assessed resilience at the individual level, divorced persons remain embedded in broader family systems, and their adjustment may depend partly on how successfully they reorganize relationships and family roles following marital dissolution. Resilience may therefore facilitate mental health by helping individuals interpret divorce as a manageable transition, reorganize daily life, preserve supportive relationships, and build new sources of meaning and stability.

The result also corresponds with evidence from Hanımoğlu, who showed that resilience and social support were associated with life satisfaction and that gender differences could emerge in these relationships (Hanımoğlu, 2025). While that study involved emerging adults rather than divorced individuals, it supports the broader proposition that resilience contributes to positive psychological functioning across periods of transition and uncertainty. The present findings extend this proposition by showing that resilience is strongly related to mental health in a population facing a specific and often prolonged psychosocial stressor.

The combined predictive power of social competence and resilience is conceptually important. Social competence and resilience represent related but distinct adaptive resources. Social competence primarily concerns effective functioning in interpersonal environments, whereas resilience concerns maintaining or restoring adaptive functioning under stress. Their simultaneous contribution to mental health suggests that post-divorce adjustment may depend both on the individual's capacity to manage adversity internally and on the ability to navigate changing social relationships externally. This integrated interpretation is compatible with evidence showing that psychological adjustment following divorce reflects multiple interacting factors rather than a single determinant (Guzmán-González et al., 2025). Individuals who can regulate themselves effectively but lack adequate social functioning may remain vulnerable to isolation and conflict, whereas individuals with strong interpersonal skills but limited resilience may still struggle with the cumulative emotional demands of divorce.

The findings regarding gender also merit attention. Men reported significantly higher mental health scores than women. This result may reflect differences in the social, economic, and relational consequences experienced after divorce rather than inherent differences in psychological functioning. The systematic review by Ottakkam Thodukayil et al. showed that women may experience substantial emotional, social, and economic consequences following divorce (Ottakkam Thodukayil et al., 2026). In many contexts, divorced women may face greater financial strain, caregiving responsibilities, reduced social support, stigma, or restrictions on opportunities for rebuilding intimate relationships. These pressures may contribute to lower average mental health scores.

The subgroup results further showed that social competence was associated with mental health in both women and men, with the association appearing descriptively stronger among men. By contrast, resilience showed a stronger association with mental health among women. This pattern may indicate that the adaptive resources most strongly linked to mental health differ somewhat by gender. Social competence may be especially important for men insofar as effective interpersonal functioning facilitates reconstruction of social networks and relationship roles after divorce, whereas resilience may be particularly salient for women who face cumulative structural and emotional stressors. Hanımoğlu's findings that gender may shape the relationships among resilience, social support, and life satisfaction lend some support to the possibility that adaptive resources function differently across gender groups (Hanımoğlu, 2025). However, because the present study used subgroup regressions rather than direct interaction testing, these differences should be interpreted cautiously and not as definitive evidence of statistical moderation.

The finding that remarried participants had higher mental health than those who had not remarried may reflect the potential benefits of renewed companionship, emotional support, shared responsibilities, and restoration of intimate connection. However, remarriage is not inherently beneficial in all cases. Ganong and Coleman have emphasized that remarried and stepfamily relationships involve distinctive challenges, including ambiguous roles, boundary negotiation, parenting complexities, and ongoing relationships with former partners (Ganong & Coleman, 2004). Similarly, Santos et al. showed that marital adjustment in remarriage depends on a variety of relational and contextual factors (Santos et al., 2024). Therefore, the

higher mental health observed among remarried participants in the present study may reflect successful adjustment within a new relationship rather than remarriage itself as a uniformly protective event.

The subgroup findings also suggested that social competence was more strongly related to mental health among participants who had not remarried, whereas resilience showed a somewhat stronger association among those who had remarried. One possible explanation is that individuals who remain unmarried may depend more heavily on broader interpersonal competence to maintain social integration and emotional support outside an intimate partnership. In contrast, remarried individuals may face a new set of relational and family demands for which resilience becomes especially important. Entering a new marriage after divorce requires adaptation not only to a new partner but also potentially to stepfamily roles, new household arrangements, and continuing relationships with former spouses and children (Ganong & Coleman, 2004; Santos et al., 2024). Resilience may therefore help remarried individuals manage the complexity of reconstructing family life.

The present findings also fit with qualitative and adjustment-oriented research showing that divorce involves identity reconstruction and differing trajectories of adaptation. Tl et al. described divorce as a lived process involving the reconstruction of personal identity, social roles, and future expectations (Tl et al., 2025). Guzmán-González et al. likewise demonstrated that adjustment following divorce is heterogeneous and linked to variables such as attachment insecurity, forgiveness, and emotion regulation difficulties (Guzmán-González et al., 2025). The current results add social competence and resilience to this broader framework by suggesting that individuals who can navigate social environments effectively and adapt flexibly to adversity are more likely to report positive mental health after divorce.

The findings also converge with evidence emphasizing the importance of social well-being in divorced populations. Izadi et al. showed that social well-being played a meaningful role in the structural relationship among family intimacy, psychological flexibility, and social adjustment in divorced women (Izadi et al., 2025). This supports the interpretation that mental health after divorce is closely tied to relational and social functioning. Social competence may facilitate social adjustment directly, while resilience may help individuals preserve psychological flexibility under

stressful conditions. Together, these resources may support better integration into new social and family roles.

More broadly, the findings are consistent with contemporary views of mental health as a multidimensional state shaped by both internal and external determinants. Gautam et al. emphasized that mental well-being reflects the interaction of psychological, social, environmental, and coping-related factors (Gautam et al., 2024). The present study supports this perspective by demonstrating that both interpersonal competence and adaptive capacity are strongly associated with mental health. Rather than interpreting post-divorce mental health solely in terms of symptom reduction, the findings suggest that positive functioning may depend on strengthening the resources that help individuals manage relationships, respond to adversity, and rebuild coherent life structures.

The findings should also be interpreted within the broader literature documenting the significant consequences of marital dissolution. Amato showed that divorce can affect adults across psychological, social, and economic domains, although adaptation varies substantially between individuals (Amato, 2000). More recent systematic evidence similarly confirms that divorce may have far-reaching effects, especially for women (Ottakkam Thodukayil et al., 2026). The current results help explain part of this variability by identifying social competence and resilience as two potentially important protective resources. Individuals with higher levels of these characteristics may be better equipped to transform divorce from a prolonged destabilizing experience into a manageable life transition.

The present study had several limitations. First, the correlational and cross-sectional design does not permit causal conclusions regarding the effects of social competence or resilience on mental health. Although the predictors were significantly associated with mental health, reciprocal relationships are also plausible, as individuals with better mental health may find it easier to maintain social competence and resilient functioning. Second, convenience sampling from psychological, counseling, and welfare centers in Shiraz limits the generalizability of the findings to all divorced individuals, particularly those who do not seek formal services. Third, all principal constructs were assessed using self-report questionnaires, creating the possibility of common-method variance, recall bias, and socially desirable responding. Fourth, potentially influential variables such as time elapsed since divorce, presence and custody of children, economic status, duration and quality of the former marriage, reason for divorce, current social support, quality

of remarriage, and psychiatric treatment history were not controlled. Finally, the subgroup analyses by gender and remarriage status demonstrated differences in the magnitude of regression coefficients but did not constitute a formal interaction test; therefore, the findings concerning moderation should be interpreted cautiously.

Future studies should employ longitudinal designs to examine whether social competence and resilience prospectively predict changes in mental health across different stages of post-divorce adjustment. Larger probability-based samples from diverse cities and sociocultural contexts would improve generalizability and allow more precise comparisons across gender and remarriage groups. Future research should directly test moderation by entering interaction terms between social competence, resilience, gender, and remarriage status within unified regression or structural equation models. It would also be useful to investigate potential mediators such as perceived social support, loneliness, emotion regulation, psychological flexibility, forgiveness, economic stress, and social stigma. Studies distinguishing recent divorce from long-term post-divorce adjustment may clarify whether the importance of social competence and resilience changes over time. In addition, future research should examine the quality and stability of remarriage rather than relying only on remarriage status, because the psychological implications of supportive and conflictual remarriages are likely to differ substantially.

From a practical perspective, psychological and counseling services for divorced individuals should incorporate systematic assessment of both social competence and resilience. Intervention programs may benefit from combining social-skills training with resilience-enhancement strategies rather than focusing solely on symptom reduction. Social competence interventions can emphasize assertive communication, interpersonal problem solving, conflict management, boundary setting, support seeking, and reconstruction of social networks, while resilience-focused programs can strengthen adaptive coping, cognitive flexibility, stress tolerance, realistic optimism, goal setting, and recovery after setbacks. Because men, women, remarried individuals, and those who remain unmarried may differ in their adaptive needs, interventions should be tailored to individual social and relational circumstances rather than delivered as uniform post-divorce programs. Welfare centers, counseling clinics, and family services can also provide structured psychoeducational groups that facilitate social reconnection and adaptive



identity reconstruction. Particular attention should be given to divorced individuals with low social competence, low resilience, limited social support, or persistent psychological distress, because these individuals may require more intensive and sustained psychosocial support.

Authors' Contributions

All authors significantly contributed to this study.

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

In this study, to observe ethical considerations, participants were informed about the goals and importance of the research before the start of the study and participated in the research with informed consent.

References

- Amato, P. R. (2000). The consequences of divorce for adults and children. *Journal of marriage and family*, 62(4), 1269-1287. <https://doi.org/10.1111/j.1741-3737.2000.01269.x>
- Crick, N. R., & Dodge, K. A. (1994). A review and reformulation of social information-processing mechanisms in children's social adjustment. *Psychological bulletin*, 115(1), 74-101. <https://doi.org/10.1037/0033-2909.115.1.74>
- Dicataldo, R., Valenti, A., & Farina, E. (2023). Assessing social competence in educational contexts: A systematic review of observational tools. *Education Sciences*, 13(7), 651. <https://doi.org/10.3390/educsci13070651>
- Elshahed, E. A., & Gamal, S. (2026). Life stresses and their relationship to social competence of divorced women. *Egyptian Journal of Social Work*, 22(1), 79-100. <https://doi.org/10.21608/ejsw.2026.482519.1262>
- Ganong, L. H., & Coleman, M. (2004). *Stepfamily relationships: Development, dynamics, and interventions*. Springer Publishing Company. <https://doi.org/10.1007/978-1-4419-9112-6>
- Gautam, S., Jain, A., Chaudhary, J., Gautam, M., Gaur, M., & Grover, S. (2024). Concept of mental health and mental well-being, its determinants and coping strategies. *Indian Journal of Psychiatry*, 66(Suppl 2), S231-S244. https://doi.org/10.4103/indianjpsychiatry.indianjpsychiatry_707_23
- Guzmán-González, M., Gómez, F., Lafontaine, M. F., & Tay-Karapas, K. (2025). Profiles of psychological adjustment to divorce and separation: Associations with attachment insecurity, forgiveness of the former partner, and emotion regulation difficulties. *Journal of marital and family therapy*, 51(3), e70055. <https://doi.org/10.1111/jmft.70055>
- Hanımoglu, E. (2025). Life satisfaction in emerging adulthood: A longitudinal study of social support, resilience, and gender differences. *Frontiers in psychology*, 16, 1602140. <https://doi.org/10.3389/fpsyg.2025.1602140>
- Izadi, M., Tahmourci, N., Hosenzadetaghvai, M., Saffarinia, M., & Sobhi Gharamaleki, N. (2025). Structural model of psychological flexibility in divorced women: The mediating role of social well-being in the relationship between family intimacy and social adjustment. *Social Psychology*.
- Jacob, U. S., Edozie, I. S., & Pillay, J. (2022). Strategies for enhancing social skills of individuals with intellectual disability: A systematic review. *Frontiers in Rehabilitation Sciences*, 3, 968314. <https://doi.org/10.3389/fresc.2022.968314>
- Masten, A. S. (2007). Ordinary magic: Resilience processes in development. *American psychologist*, 56, 227-238. <https://doi.org/10.1037/0003-066X.56.3.227>
- Ottakkam Thodukayil, F. S., Palaniswamy, U., & Kunjumon, A. (2026). The causes of divorce and its effects on women: A systematic review. *Marriage & Family Review*, 62(2), 59-94. <https://doi.org/10.1080/01494929.2025.2484781>
- Santos, C., Costa, M. E., Pedro, J., Higginbotham, B. J., & Martins, M. V. (2024). Marital adjustment in remarriage: A systematic review. *Family Transitions*, 65(4), 291-322. <https://doi.org/10.1080/28375300.2024.2355001>
- Tl, A., Saranya, T. S., & Gupta, S. K. (2025). The lived experience of divorce: A narrative analysis of personal stories and identity reconstruction of women. *Frontiers in Sociology*, 10, 1617489. <https://doi.org/10.3389/fsoc.2025.1617489>
- Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process*, 42(1), 1-18. <https://doi.org/10.1111/j.1545-5300.2003.00001.x>