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# Comparison of the Effectiveness of Emotion-Focused Therapy and Mindfulness-Based Therapy on Grief Symptoms in Female Nurses


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**A B S T R A C T**

The present study aimed to determine and compare the effectiveness of mindfulness-based therapy and emotion-focused therapy on grief symptoms in female nurses suffering from grief disorder. This research was conducted using a quasi-experimental design with pretest-posttest-follow-up and a control group. The statistical population included all female nurses with grief disorder working in hospitals in Kerman province in 2024. Among them, 45 participants were selected through convenience sampling and randomly assigned to three groups: mindfulness-based therapy, emotion-focused therapy, and control. Participants completed the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004) and the Hogan Grief Reaction Checklist (Hogan, 2001) during the pretest, posttest, and follow-up phases. The mindfulness-based therapy was delivered in six 90-minute sessions, and the emotion-focused therapy in nine 90-minute sessions. Data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS, with a significance level of 0.05. The findings indicated that both mindfulness-based therapy and emotion-focused therapy significantly reduced grief symptoms (P = 0.001) compared to the control group. Furthermore, the mean grief symptoms showed a significant difference over time between the experimental and control groups (P = 0.001). The practical implication of this study is the demonstrated effectiveness of emotion-focused therapy and mindfulness-based therapy on grief disorder symptoms. Therefore, it is recommended that these therapies be considered as core interventions for female nurses suffering from grief disorder.


## Introduction

Nurses form the core of the healthcare team and play a critical role in maintaining the health of society. Therefore, attending to the well-being of healthcare workers is essential for ensuring the overall health of the community (Salimi et al., 2017). Employment in certain professions appears to be among the most stress-inducing experiences. The work environment comprises physical, psychological, and social stimuli, each of which can contribute to stress. Members of the medical team, including nurses, are among those who experience high levels of stress, which can pose psychological and psychosocial risks (Khoshnazary et al., 2016).

Losing a loved one with whom an individual has a deep emotional bond can lead to grief (Roubenzadeh & Abedin, 2015). Bereavement and grief following such a loss can occur universally. However, when individuals lack or lose the ability to cope with grief, a grief disorder may emerge, resulting in short- and long-term negative consequences that affect their quality of life. Bereaved individuals often experience more mental health problems—such as anxiety, depression, suicidal ideation,

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and physical health issues—compared to others (Sharifi et al., 2012). For example, Ghavami Lahiji and Hajloo found that the death of close loved ones, such as parents, is associated with a higher risk of suicide and hospitalization due to mood disorders (Ghavami Lahiji & Hajloo, 2018).

Mindfulness appears to foster emotional awareness, acceptance of emotions, the ability to control impulsive behaviors, and goal-directed behavior during emotionally challenging situations, thereby facilitating the achievement of personal goals (Hosein Esfandzad et al., 2017). Consequently, mindfulness may be effective in reducing grief symptoms. Mindfulness refers to present-moment awareness without judgment. Since the 1970s, clinical psychology and psychiatry have developed several mindfulness-based therapeutic programs to assist individuals experiencing various psychological conditions (Harrington & Dunne, 2015). This awareness extends to one's environment, thoughts, and emotions—without clinging to or judging them as good or bad. Thus, mindfulness also involves regulating cognitive evaluations and objectively observing experiences (Gardhouse & Segal, 2015).

Additionally, mindfulness fosters more adaptive coping and better management of unpleasant stimuli. Individuals with higher levels of mindfulness report better emotional and behavioral self-regulation (Bowins, 2021) and demonstrate greater self-compassion (Wilson et al., 2020). In this context, Forouzandeh and Entezari found that mindfulness training helps regulate negative emotions and increases resilience in women (Foroozandeh & Entezari, 2020). Huang et al. reported that mindfulness improves emotional regulation in bereaved individuals (Huang et al., 2019). Similarly, Jain et al. concluded that depression and grief are influenced by mindfulness levels in bereaved individuals (Jain et al., 2019). Furthermore, Freudenthaler et al. showed that emotional regulation in individuals with depression and anxiety is influenced by their level of mindfulness (Freudenthaler et al., 2017).

Another therapeutic approach targeting emotional regulation is Emotion-Focused Therapy (EFT). EFT is a relatively recent, structured, short-term approach used in family, couples, and individual therapy. After establishing a strong therapeutic alliance, the therapist teaches the client emotional regulation skills. The primary goal of EFT is to strengthen the "self," regulate emotions, and create new meanings. EFT emphasizes the role of emotions in therapeutic change by deeply analyzing their meanings in human experiences and transformation. This focus guides both therapist and client toward strategies that promote emotional awareness, acceptance, expression, regulation, and transformation, while also facilitating emotional healing through the therapeutic relationship (Greenberg, 2010).

Several studies have confirmed the effectiveness of EFT across different populations. For instance, Asmari Bardezard et al. demonstrated that EFT improves anxiety, depression, and emotional regulation difficulties in individuals with binge eating disorder (Asmari Bardezard et al., 2021). Zohrabniya et al. found that EFT enhances post-divorce adjustment and emotional regulation in divorced women (Zohrabniya et al., 2021). Alipoor highlighted the effectiveness of EFT in increasing resilience and reducing grief symptoms in women with complicated grief (Alipoor, 2015). Jianxiu identified EFT as an effective intervention for treating grief symptoms (Jianxiu, 2006).

Women tend to experience grief symptoms more intensely and for longer durations, making them particularly vulnerable (Lundorff et al., 2020). The clinical challenges faced by grieving women necessitate effective psychotherapeutic interventions. Based on the literature review, both mindfulness-based therapy and emotion-focused therapy appear effective in addressing emotional dysregulation in these women. Although both approaches focus on emotional challenges, each takes a distinct path. Therefore, understanding which approach is more effective in helping individuals cope with their emotions highlights the importance of the present study.

Accordingly, the aim of this research was to determine and compare the effectiveness of mindfulness-based therapy and emotion-focused therapy on grief symptoms in female nurses suffering from grief disorder.

## Method

The present study employed a quasi-experimental design with pretest, posttest, follow-up, and control groups. The statistical population included all female nurses suffering from grief disorder in hospitals across Kerman province in 2024. Based on the recommended minimum sample size of 15 participants per group for quasi-experimental studies (Voorhis & Morgan, 2007), a total of 45 nurses were

conveniently selected and randomly assigned into three groups: mindfulness-based therapy, emotion-focused therapy, and control, each containing 15 participants.
Inclusion criteria consisted of a diagnosis of grief disorder according to the Diagnostic and Statistical Manual of Mental Disorders (DSM), absence of disabilities, chronic physical illnesses, severe psychiatric disorders, and no psychotherapy or medication use in the past year. The withdrawal criterion was participants' unwillingness to continue cooperation.
**Hogan Grief Inventory (2001):** Developed by Hogan et al. (2001), this inventory consists of 61 items assessing six subscales: hopelessness, panic, blame and anger, withdrawal, confusion, and personal growth. Items are rated on a 5-point Likert scale ranging from "does not describe me at all = 1" to "describes me very well = 5." Hogan et al. reported correlations with the Grief Experience Questionnaire ranging from 0.19 to 0.60 as indicators of concurrent validity, and a Cronbach's alpha coefficient of 0.90 for this instrument (Hogan et al., 2001). Sharifi et al. (2017) reported correlations with the Depression-Anxiety-Stress Scale ranging from 0.38 to 0.91 and a Cronbach's alpha between 0.92 and 0.98, confirming the instrument's reliability and validity.
**Mindfulness Therapy:** Mindfulness therapy, summarized in Table 1, was conducted in six 90-minute sessions based on Burdick's intervention protocol (Burdick, 2014). To assess the content validity of the sessions, the relative content validity index (CVI) was calculated based on the evaluations of five psychologists, resulting in a CVI of 0.8 for all sessions, indicating favorable content validity.

**Table 1- Content of Mindfulness-Based Therapy.**

| Session | Goal | Content |
|---|---|---|
| 1 | Initial introduction, explanation of therapy goals | a) Explanation of the philosophy and purpose of the program;<br>b) Setting rules such as meeting times, program duration, session length, and continuous participation;<br>c) Description of educational plan including homework, role-play participation, group discussion, group rules, and pre-test administration. Considering confidentiality and personal life, inviting participants to introduce themselves, body scan exercise, relaxation homework, discussion and scheduling weekly sessions distributing tapes and booklets. |
| 2 | Relaxation training | Relaxation training for 12 muscle groups including forearm, arm, back muscles, calf, thigh, abdomen, chest, shoulders, neck, lips, eyes, and forehead. |
| 3 | Introduction to mindful breathing | Teaching breathing techniques focusing on inhaling and exhaling calmly without other thoughts, mindful breathing observation exercise, homework before sleep, focusing on body parts and physical sensations, mindful eating homework. |
| 4 | Training attention to the mind | Teaching awareness of positive and negative thoughts, whether pleasant or unpleasant, allowing thoughts to enter and leave the mind easily without judgment, deep attention to them. |
| 5 | Seated meditation | Reviewing homework, practicing observing the connection between activity and mood. |
| 6 | Overall review and post-test administration | Summary review of all sessions, explaining the benefits of homework, encouraging application of learned techniques in daily life, and conducting the post-test one week after the intervention. |

Emotion-Focused Therapy: Emotion-focused therapy, summarized in Table 2, was conducted in nine 90-minute sessions based on the Johnson and Campbell intervention protocol (Johnson & Campbell, 2020). To assess the content validity of the sessions, the relative content validity index (CVI) was

calculated based on the evaluations of five psychologists, yielding a CVI of 0.8 for all sessions, which indicates desirable content validity.

**Table 2- Content of Emotion-Focused Therapy.**

| Session | Goal | Content |
|---|---|---|
| 1 | Introduction and establishing therapeutic relationship | Introduction to general therapy rules, assessment of problem nature and relationship, evaluation of clients' goals and expectations from therapy, and administration of pre-test. |
| 2 | Identifying the negative interaction cycle | Creating conditions for clients to reveal their negative interaction cycle; assessment of relationship and attachment bond; introduction to emotion-focused therapy principles and the role of emotions in interpersonal interactions; reconstructing interactions and increasing flexibility. |
| 3 | Accessing unidentified emotions underlying interactional situations | Focusing more on emotions, attachment needs, and fears; validating experiences, needs, and attachment desires; focusing on secondary emotions revealed in the interaction cycle and exploring them to access underlying and unknown emotions; discussing primary emotions, processing them, and raising clients' awareness of primary emotions and hot cognitions. |
| 4 | Reframing the problem based on underlying emotions and attachment needs | Emphasizing client's ability to express emotions and show attachment behaviors; increasing awareness about the impact of fear and defense mechanisms on cognitive and emotional processes; describing the cycle in the context of attachment. |
| 5 | Encouraging identification of rejected needs and denied aspects of the self | Drawing clients' attention to their interaction styles and reflecting interaction patterns with respect and empathy; expressing attachment needs and identifying denied needs; increasing acceptance of corrective experience. |
| 6 | Raising awareness of underlying emotions and revealing each person's place in the relationship | Emphasizing acceptance of individual's experiences and new ways of interaction; tracking recognized emotions; highlighting and re-explaining attachment needs and their healthiness and normality. |
| 7 | Facilitating expression of needs, desires, expectations and creating emotional engagement | Developing early emotional experiences in the context of attachment and recognizing inner needs and belonging; creating new attachments with a secure bond between partners. |
| 8 | Creating new interactive situations and ending old interaction patterns | Clarifying interaction patterns and reminding attachment needs. |
| 9 | Strengthening changes made during therapy | Highlighting differences between current and past interactions; forming relationship based on secure bond so that discussing problems and seeking solutions does not harm it; evaluating changes and administering post-test. |

After obtaining permission and the research ethics code and presenting it to the centers, as well as explaining the research objectives to them and obtaining informed consent from women to participate in the study, as well as explaining how to hold the sessions and complete the questionnaires, the demographic research tools were administered and selected for pre-testing for eligible women and randomly assigned to two intervention and control groups. Both emotion-focused therapy and mindfulness-based therapy were administered online to the participants using the Skype platform. In the present study, research ethics, including informed consent, confidentiality, and secrecy, were observed. Statistical methods, including analysis of variance with a repeated measures design and chi-square tests, as

well as Shapiro-Wilk, Levene's Test, M-box, and Mauchly's Sphericity Test, were employed using SPSS software version 24, with a probability value of 0.05, to describe and analyze the data.

**Results**

The mean and standard deviation of the age of participants in the emotion-focused group were 37.47 and 6.68 years, respectively, in the mindfulness-based therapy group were 36.09 and 6.52 years, respectively, and in the control group were 33.67 and 7.82 years, respectively. In both the mindfulness-based therapy and control groups, 6 participants were single and 9 were married, and in the emotion-focused therapy group, 4 were single and 11 were married. In the emotion-focused therapy group, 5 participants had a high school diploma or lower, 7 had a bachelor's degree, and 3 had a master's degree or higher. In the mindfulness-based group, 4 participants had a high school diploma or lower, 2 had a master's degree, 6 had a bachelor's degree, and 3 had a master's degree or higher. In the control group, 6 participants had a high school diploma or lower, 1 had a master's degree, 6 had a bachelor's degree, and 2 had a master's degree or higher. The cause of grief for 8 participants in the emotion-focused treatment group was the death of a parent/mother, 2 for a sibling, 4 for a spouse/child, and 1 for a friend/relative. In the mindfulness-based group, the cause of grief for 8 participants was the death of a parent/mother, 2 for a sibling, 2 for a spouse/child, and 3 for a friend/relative. In the control group, the cause of grief for 6 participants was the death of a parent/mother, 1 for a sibling, 3 for a spouse/child, and 5 for a friend/relative.

**Table 3- Mean (standard deviation) and Shapiro-Wilk values (probability value) of research variables in the three stages of research implementation.**

| Variable | Group | Mean (SD) Pre-test | Mean (SD) Post-test | Mean (SD) Follow-up | Shapiro-Wilk p (Follow-up) | Shapiro-Wilk p (Post-test) | Shapiro-Wilk p (Pre-test) |
|---|---|---|---|---|---|---|---|
| Grief Symptoms | Emotion-Focused Therapy | 0.944 (0.432) | 0.979 (0.966) | 0.934 (0.312) | 0.198 (0.67) | 0.146 (0.53) | 0.148 (0.20) |
| Grief Symptoms | Mindfulness-Based Therapy | 0.938 (0.354) | 0.975 (0.921) | 0.886 (0.059) | 0.196 (0.13) | 0.171 (0.67) | 0.168 (0.42) |
| Grief Symptoms | Control | 0.965 (0.784) | 0.947 (0.485) | 0.971 (0.868) | 0.197 (0.00) | 0.195 (0.53) | 0.196 (0.94) |

Table 3 shows that emotion-focused therapy reduced the mean of grief symptoms in the experimental group in the post-test phase (0.966 ± 0.979) and follow-up phase (0.312 ± 0.934) compared to the pre-test phase (0.432 ± 0.944). Emotion-focused therapy increased the mean of emotion regulation in the experimental group in the post-test phase (0.068 ± 0.890) and follow-up phase (0.139 ± 0.911) compared to the pre-test phase (0.031 ± 0.867). Table 3 shows that mindfulness-based therapy reduced the mean of grief symptoms in the experimental group in the post-test phase (0.921 ± 0.975) and follow-up phase (0.059 ± 0.886) compared to the pre-test phase (0.354 ± 0.938). Mindfulness-based therapy reduced the mean emotion regulation in the experimental group in the post-test (0.301 ± 0.933) and follow-up (0.958 ± 0.979) compared to the pre-test (0.961 ± 0.979).

Next, the assumptions of the analysis of variance with repeated measures were examined. The results of the normality assumption, which was examined by the Shapiro-Wilk test, showed that the variables of grief symptoms and emotion regulation in both groups and all three stages of pre-test, post-test and follow-up had a normal distribution. The M. Box and Lone test statistics were also not significant; therefore, the condition of homogeneity of variance-covariance matrices assumed homogeneity of variance for grief symptoms and emotion regulation in the three stages was met. The results of the Muehli sphericity test showed that the assumption of equality of variances within subjects for the variables of grief symptoms and emotion regulation was not met. In such cases, alternative tests such as Greenhouse-Geisser or Haven-Flett are used to examine the hypothesis of the effectiveness of the educational package. Given that the epsilon value obtained for the Greenhouse-Geisser test was less than 0.75, this test was used to examine grief symptoms and emotion regulation.

**Table 4- Results of analysis of variance with repeated measures design in explaining the effect of the independent variable on grief symptoms and emotional regulation.**

| Variable | Effect | Sum of Squares | Error Sum of Squares | F | p-value | η² (Effect Size) |
|---|---|---|---|---|---|---|
| Grief Symptoms | Group | 23163.30 | 10310.57 | 47.18 | 0.001 | 0.692 |
| Grief Symptoms | Time | 15314.18 | 11313.80 | 56.85 | 0.001 | 0.575 |
| Grief Symptoms | Group × Time | 12883.59 | 22512.22 | 12.02 | 0.001 | 0.364 |

Table 4 shows that emotion-focused therapy and mindfulness-based therapy for the experimental group reduced grief symptoms (P=0.001) compared to the control group. Table 4 also shows that the mean grief symptoms (P=0.001) showed a significant difference between the emotion-focused therapy and mindfulness-based therapy and control groups during the study period.

Table 5 shows the results of the Bonferroni post hoc test for grief symptoms and emotion regulation, in the paired comparison of pretest with posttest and posttest with follow-up, as well as the groups.

**Table 5- Results of the Bonferroni post hoc test for pairwise comparisons of group and time effects.**

| Variable | Time Points / Group Comparison | Mean Difference | Standard Error | p-value |
|---|---|---|---|---|
| Grief Symptoms | Pre-test & Post-test | 26.02 | 4.00 | 0.001 |
| Grief Symptoms | Pre-test & Follow-up | 26.09 | 3.46 | 0.001 |
| Grief Symptoms | Post-test & Follow-up | 0.07 | 2.79 | 0.01 |
| Grief Symptoms | Emotion-Focused Therapy vs Mindfulness Therapy | -14.27 | 3.30 | 0.001 |
| Grief Symptoms | Emotion-Focused Therapy vs Control | -32.02 | 3.30 | 0.001 |
| Grief Symptoms | Mindfulness-Based Therapy vs Control | -17.76 | 3.30 | 0.001 |

Table 5 shows that the results of the Bonferroni post hoc test indicated a significant difference between the means of the pre-test and post-test (P=0.002) and pre-test and follow-up (P=0.001) stages for the grief syndrome variable in the experimental group, and the lack of significance of the means in the post-test and follow-up indicated the persistence of this effect in the follow-up stage (P=1.00). Table 5 shows that the results of the Bonferroni post hoc test indicated a significant difference between emotion-focused therapy and mindfulness-based therapy with each other and with the control group for the grief syndrome variables (P=0.001).

## Discussion

The present study aimed to determine and compare the effectiveness of mindfulness-based therapy and emotion-focused therapy on grief symptoms in female nurses with grief disorder. The results of the present study showed that mindfulness-based therapy is effective on grief symptoms in female nurses with grief disorder. These results were consistent with the results of studies by Hong et al. (Huang et al., 2019) and Jain et al. (Jain et al., 2019). In explaining the effectiveness of mindfulness therapy on grief symptoms, it can be said that Jain et al. concluded that depression and grief are affected by the level of mindfulness in bereaved individuals (Jain et al., 2019). Since people who have experienced grief have a tendency to divert attention to a series of issues, mindfulness had a positive effect on the functions related to selective and sustained attention in these individuals (Wimmer et al., 2020). Since mindfulness reflects accepting the experience without judgment and not trying to suppress the experience, this can reduce people's reactive behavior when faced with grief and allow them to stop the cognitions related to grief. It can be said that because mindfulness and its training cause the modulation of emotions without judgment and increase awareness of mental and physical feelings and help to see and accept emotions and physical phenomena as they occur, it can affect the modulation of cognitions related to grief; because one of the important aspects of mindfulness-based therapies is that people learn to cope with negative emotions and

thoughts and experience mental events positively (Shayganfar., 2020). In line with this finding, Hong et al. concluded that mindfulness helps bereaved individuals to focus on solutions and their negative emotions rather than dwelling on negative thoughts, the cause of a problem, or distress. During mindfulness interventions, instead of confronting and challenging their thoughts and cognitive distortions, individuals gain the capacity to accept such thoughts and emotions from the beginning, thus freeing individuals from persistent grief and mourning (Huang et al., 2019). The results of the present study showed that emotion-focused therapy is effective on the grief symptoms of female nurses with disorders. These results were consistent with the results of studies by Alipour (2015) and Jianxiu (2006). In explaining the effectiveness of emotion-focused therapy on grief symptoms, it can be said that since emotion-focused therapy is a coherent approach that shows an integrated process in the emotional process during treatment, its emphasis is on the adaptive role of emotions and therapeutic relationships in psychotherapy changes, and like empirical theories, their emphasis is on the central role of emotions and their functions in psychological changes and targets the individual's balance as the position of therapeutic change. Increasing awareness of emotions or feelings is one of the most important and fundamental goals of therapy (Johnson & Campbell., 2020). Achieving awareness and labeling of core emotional experiences causes the emergence of adaptive information and a tendency to emotional response. In this perspective, it is important to pay attention to awareness of emotions, feel emotions, and not just talk about them. The therapist empathizes with the patient and collaborates with him, increases his emotional awareness and adjusts it, and tries to make the therapeutic process easier for the patient and expands the "patient's self." They help patients access, agree with, tolerate, and label their emotions. They also help patients generate the emotions they feel, identify the purpose of their needs, and their importance to access and improve them (Bowins., 2021). Expressing emotions helps the patient to focus on core concerns and direct them clearly and purposefully. There is a strong human tendency to avoid expressing distressing emotions. Therefore, patients should be encouraged to overcome these avoidances and to actively express their distressing emotions in their experiences. Because emotions need to be controlled when distress is high and emotions are not consistent with adaptive actions, training in factors such as tolerance and acceptance, increasing positive emotions, reducing vulnerability, reducing negative emotions, and self-soothing, is effective (Watson & Sharbanee., 2021).

Every study has its limitations. Among the limitations of the present study, the following can be mentioned: In this study, a self-report instrument was used for measurement, which may have been consciously or unconsciously attempted to present themselves in a favorable light and denied. It is possible that the demographic characteristics of the participants, such as socio-economic class, over which the researcher had no control and which would have required more time and expense, may have affected the results of the present study. It is suggested that future researchers conduct qualitative research using in-depth interviews to examine and identify other factors that affect it. It is suggested that the present study be conducted on individuals with different socio-economic classes. In the present study, sampling and conducting sessions were conducted online, which may have affected the results of the present study, and therefore, it is suggested to hold in-person sessions and compare the results with the present results. Also, one of the practical implications of the present study is the effectiveness of emotion-focused therapy and mindfulness-based therapy on grief disorder symptoms, and therefore, it is suggested that these treatments be offered as central treatments for women with grief disorder.

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