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The Effectiveness of Emotion-Focused Transdiagnostic Therapy on Cognitive Avoidance and Psychological Hardiness in Mothers with the Experience of Child Loss

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ABSTRACT

Purpose: The present study aimed to examine the effectiveness of emotion-focused transdiagnostic therapy in reducing cognitive avoidance and increasing psychological hardiness in bereaved mothers.

Methods and Materials: In terms of purpose, this was an applied study, and in terms of implementation, it was a quasi-experimental study with a pretest–posttest control-group design and a two-month follow-up phase. The statistical population included all mothers with the experience of child loss residing in Tehran in 2025 who had referred to counseling centers, psychotherapy clinics, health centers, and grief-related support associations. Using purposive and convenience sampling, 30 individuals who met the inclusion criteria were selected and, after providing informed consent, were randomly assigned to an experimental group (15 participants) and a control group (15 participants). The experimental group received emotion-focused transdiagnostic therapy in twelve weekly 60-minute sessions, whereas the control group received no intervention. The research instruments included the Cognitive Avoidance Questionnaire (Sexton & Dugas, 2008) and the Psychological Hardiness Scale (Kobasa, 1979), which were administered at the pretest, posttest, and follow-up stages. The data were analyzed using repeated-measures analysis of variance and SPSS version 27.

Findings: The results showed that emotion-focused transdiagnostic therapy significantly reduced cognitive avoidance and increased psychological hardiness in the experimental group ($p < .001$). Moreover, the effectiveness of the therapy was maintained at the follow-up stage, and the difference between the posttest and follow-up scores was not significant.

Conclusion: Emotion-focused transdiagnostic therapy can be an effective approach for improving emotional adjustment in bereaved mothers by reducing cognitive avoidance and strengthening psychological hardiness. It is recommended that this therapeutic model be used in grief-related supportive and clinical programs.

Keywords: *emotion-focused transdiagnostic therapy, cognitive avoidance, psychological hardiness, grief, bereaved mothers.*

1. Introduction

Grief is one of the most profound and complex emotional experiences encountered by human beings and is considered a natural psychological response to significant loss. Among the various forms of bereavement, the loss of a child is widely recognized as one of the most devastating and psychologically disruptive experiences for parents because it challenges fundamental assumptions regarding attachment, identity, continuity of life, and parental meaning systems. Mothers who experience the death of a child are particularly vulnerable to severe emotional distress, prolonged grief reactions, depressive symptoms, anxiety, social withdrawal, and disruptions in psychological adjustment (Waite-Jones & Rodriguez, 2025). The emotional consequences of child loss often extend beyond ordinary mourning processes and may lead to chronic psychological difficulties that impair interpersonal functioning, emotional regulation, and adaptive coping capacities. Contemporary bereavement literature has increasingly emphasized that unresolved grief may negatively influence cognitive, emotional, behavioral, and physiological functioning over extended periods of time (Bahar et al., 2025). Research on parental bereavement has demonstrated that mothers frequently report persistent feelings of helplessness, guilt, emotional numbness, hopelessness, and cognitive preoccupation following child loss, which may significantly interfere with their capacity to adapt to daily life demands (Park & Kim, 2023). Furthermore, qualitative and clinical investigations have highlighted the necessity of structured psychological interventions and supportive care systems for bereaved mothers because many grieving parents do not spontaneously recover from the emotional consequences of loss without professional assistance (Ssegujja et al., 2023; van Teunenbroek et al., 2025). The increasing attention devoted to psychosocial bereavement care in recent years reflects recognition of grief as a multidimensional process requiring evidence-based psychological interventions tailored to the unique emotional experiences of bereaved individuals (Waite-Jones & Rodriguez, 2025).

One of the most important maladaptive psychological processes associated with complicated and prolonged grief is cognitive avoidance. Cognitive avoidance refers to a set of mental strategies through which individuals attempt to suppress, escape, or minimize distressing thoughts, emotions, memories, and internal experiences associated with threatening or painful events (Mahmoudzadeh &

Mohammadkhani, 2016). Individuals who engage in high levels of cognitive avoidance often attempt to distract themselves from emotionally painful material, suppress intrusive memories, avoid emotional confrontation, or cognitively disengage from distress-related stimuli. Although avoidance may temporarily reduce emotional discomfort, long-term reliance on avoidant coping strategies tends to maintain emotional disorders and interfere with adaptive emotional processing (Shipp et al., 2025). Studies have demonstrated that cognitive avoidance is strongly associated with anxiety disorders, generalized worry, obsessive thoughts, depression, and prolonged grief symptoms (Parchami et al., 2025; Shipp et al., 2025). In the context of bereavement, avoidance-based coping strategies may prevent grieving individuals from processing the emotional meaning of the loss, thereby contributing to emotional dysregulation and chronic grief reactions (Haghnazari Esfahlan et al., 2025). Research has further indicated that avoidance mechanisms are often rooted in attempts to regulate overwhelming emotional experiences, particularly among individuals exposed to emotionally traumatic experiences (Zheng et al., 2025). Mothers who have experienced child loss frequently avoid reminders of the deceased child, suppress grief-related thoughts, and attempt to disengage from emotionally evocative situations, which may intensify psychological distress over time. Cognitive avoidance has therefore been identified as a critical target for therapeutic intervention in grief-related psychopathology because persistent avoidance undermines adaptive mourning and emotional integration processes (Maccallum et al., 2023).

Alongside cognitive avoidance, psychological hardiness has emerged as another major psychological construct relevant to coping with grief and stressful life experiences. Psychological hardiness was initially conceptualized by Suzanne Kobasa as a personality structure consisting of commitment, control, and challenge that enables individuals to cope more effectively with stress and adversity (Kobasa, 1979). Individuals with high levels of hardiness tend to perceive stressful events as manageable, meaningful, and potentially growth-promoting rather than overwhelming and destructive. Hardiness contributes to resilience, emotional stability, adaptive coping, and mental health maintenance under stressful conditions (Maddi & Khoshaba, 1994). Research has consistently demonstrated that psychological hardiness serves as a protective factor against psychological distress, anxiety, depression, and maladaptive emotional reactions (Faria, 2025). In the context of bereavement,

hardiness appears to facilitate emotional adaptation by helping individuals maintain psychological coherence and cope with the profound emotional impact of loss (Lang & Carr, 2013). Bereaved parents with greater psychological hardiness are more likely to engage in adaptive coping strategies, preserve emotional functioning, and gradually reconstruct meaning following loss experiences. Conversely, low levels of hardiness are associated with emotional vulnerability, hopelessness, impaired coping, and difficulties in grief adjustment (Park & Kim, 2023). Given the intense emotional burden associated with child loss, enhancing psychological hardiness may represent an important therapeutic objective for interventions targeting bereaved mothers.

The growing recognition of emotional dysregulation as a transdiagnostic process underlying many psychological disorders has led to the development of transdiagnostic therapeutic approaches aimed at targeting shared emotional mechanisms across different forms of psychopathology. Transdiagnostic interventions emphasize common underlying processes such as emotional avoidance, maladaptive cognitive appraisals, intolerance of uncertainty, emotional suppression, and deficits in emotion regulation rather than focusing exclusively on disorder-specific symptoms (Barlow et al., 2004). The Unified Protocol proposed by David Barlow and colleagues represents one of the most influential transdiagnostic treatment models for emotional disorders and seeks to improve emotional awareness, emotional acceptance, cognitive flexibility, and adaptive emotional responding (Barlow et al., 2004). Emotion-focused transdiagnostic therapy specifically targets maladaptive emotional processes and avoidance-based coping patterns that contribute to psychological dysfunction across a broad range of emotional disorders. This approach encourages individuals to confront distressing emotions, develop emotional tolerance, modify maladaptive cognitive interpretations, and replace avoidant coping patterns with adaptive emotional processing strategies (Hatamian et al., 2023). Evidence suggests that interventions focused on emotional regulation and transdiagnostic mechanisms can significantly reduce emotional distress and improve psychological functioning among individuals experiencing grief-related disorders (Yavari et al., 2022). Furthermore, emotion-focused approaches may be particularly beneficial for bereaved mothers because grief often involves intense emotional experiences that are difficult to process through purely cognitive interventions.

Previous empirical investigations have provided substantial evidence regarding the effectiveness of psychological interventions for grief and bereavement-related difficulties. Systematic reviews have shown that psychological interventions targeting emotional processing, cognitive restructuring, and adaptive coping can significantly alleviate grief symptoms and improve emotional adjustment among bereaved individuals (Akrami et al., 2021). Research has also demonstrated that interventions emphasizing emotional regulation strategies contribute to enhanced meaning in life, reduced grief severity, and improved emotional adaptation among bereaved populations (Shamli et al., 2021). In addition, indigenous transdiagnostic interventions based on emotional regulation have shown promising outcomes in reducing emotional disturbances and improving coping capacities among individuals with psychological disorders (Hatamian et al., 2023). Studies examining grief-focused cognitive behavioral therapy similarly indicate that reducing experiential and cognitive avoidance is central to successful grief treatment outcomes (Maccallum et al., 2023). Moreover, recent investigations have emphasized that maladaptive emotional regulation and avoidance processes play mediating roles in the persistence of prolonged grief symptoms (Haghnazari Esfahlan et al., 2025). These findings collectively support the theoretical assumption that interventions targeting emotional regulation and avoidance mechanisms may facilitate adaptive grief processing and psychological resilience. Nevertheless, despite increasing evidence supporting transdiagnostic approaches, relatively limited research has specifically examined the effectiveness of emotion-focused transdiagnostic therapy on cognitive avoidance and psychological hardiness among mothers grieving the loss of a child, particularly within Iranian cultural contexts. Existing studies in Iran have primarily focused on general grief interventions, emotional coping strategies, and broad psychological adjustment processes (Eslahkar et al., 2020; Yavari et al., 2022). Consequently, there remains a need for more focused investigations examining how transdiagnostic emotion-focused interventions influence both maladaptive cognitive processes and positive resilience-related constructs among bereaved mothers.

Another important consideration involves the sociocultural and emotional context of motherhood in bereavement experiences. In many cultures, motherhood is deeply intertwined with identity, emotional attachment, caregiving roles, and existential meaning. The death of a

child may therefore profoundly disrupt mothers' psychological equilibrium, interpersonal functioning, and perceptions of future life continuity (Waite-Jones & Rodriguez, 2025). Clinical observations indicate that bereaved mothers often experience persistent emotional pain accompanied by emotional suppression, social isolation, avoidance of emotionally evocative situations, and diminished psychological resilience (Bahar et al., 2025). Emotional dysregulation may intensify the persistence of grief-related distress because unresolved emotions remain cognitively and emotionally unprocessed. Emotion-focused transdiagnostic therapy appears particularly suitable for addressing such difficulties because it directly targets emotional awareness, emotional tolerance, maladaptive avoidance, and adaptive meaning-making processes. Furthermore, enhancing psychological hardiness may enable bereaved mothers to reinterpret stressful experiences, strengthen emotional endurance, and improve coping effectiveness in the aftermath of child loss (Faria, 2025). Given the close relationship between emotional regulation, cognitive avoidance, and resilience-related psychological functioning, investigating integrated therapeutic approaches capable of simultaneously reducing maladaptive avoidance and strengthening hardiness may provide important clinical implications for grief intervention programs. The present study was therefore conducted to examine the effectiveness of emotion-focused transdiagnostic therapy on cognitive avoidance and psychological hardiness in mothers with the experience of child loss.

2. Methods and Materials

2.1. Study Design and Participants

In terms of purpose, the present study was applied research, and in terms of methodology, it employed a quasi-experimental design with pretest–posttest and a two-month follow-up alongside a control group. The statistical population of this study included all mothers with the experience of child loss residing in Tehran in 2025 who had referred to counseling and psychological service centers, psychotherapy clinics, health centers, as well as grief- and bereavement-related support associations. From this population, a sample of 30 participants was selected using purposive and convenience sampling methods. Initially, through coordination with counseling centers and psychological clinics in Tehran, announcements regarding the implementation of the study were distributed, and mothers who had experienced the loss of a child at least six

months prior to the study and were willing to participate underwent an initial screening process. The inclusion criteria consisted of having experienced child loss, the passage of at least six months since the loss, being between 25 and 60 years of age, absence of severe psychiatric disorders (such as psychotic disorders), absence of unstable concurrent psychiatric medication use, and willingness to participate in the therapeutic sessions. Participants who were absent from more than two treatment sessions during the study or who were unwilling to continue cooperation were excluded from the research. After sample selection and obtaining informed consent, participants were randomly assigned to the experimental group (15 participants) and the control group (15 participants). The experimental group received emotion-focused transdiagnostic therapy during 12 weekly 60-minute sessions, whereas the control group received no intervention during this period. Data collection was conducted using the Cognitive Avoidance Questionnaire and the Psychological Hardiness Scale, which were administered to both groups during the pretest and posttest stages.

2.2. Measures

Cognitive Avoidance Questionnaire: The Cognitive Avoidance Questionnaire was developed by Sexton and Dugas (2008). The questionnaire consists of 25 items. Participants respond to the items based on a 5-point Likert scale ranging from 1 (never) to 5 (always). The score range of this questionnaire is between 25 and 125, with higher scores indicating greater levels of cognitive avoidance in the individual. In the study conducted by Mahmoudzadeh and Mohammadkhani (2016), Cronbach's alpha coefficients for the total score and the subscales ranged from 0.80 to 0.90. The validity coefficient of this instrument, obtained through correlation with the Thought Suppression Inventory, was reported as 0.48. In the present study, Cronbach's alpha coefficient was calculated as 0.81.

Psychological Hardiness Questionnaire: This questionnaire was developed by Suzanne Kobasa in 1979 based on the Personal Views Survey. The scale is a 45-item questionnaire encompassing the three subscales of commitment, control, and challenge. It is also structured based on a Likert scale ranging from 0 to 3. In the study by Maddi and Kobasa (1994), the internal consistency coefficients based on Cronbach's alpha for challenge, control, commitment, and the total hardiness score were reported as 0.71, 0.84, 0.75, and 0.88, respectively. Beigi Fard (2009), through administering the questionnaire among

employees and using Cronbach's alpha, reported reliability coefficients of 0.56, 0.71, 0.82, and 0.86 for the challenge, commitment, control, and total hardiness components, respectively, indicating satisfactory reliability of the questionnaire. In the present study, the Cronbach's alpha coefficient was calculated as 0.74.

2.3. Intervention

The emotion-focused transdiagnostic therapy protocol implemented in the present study was derived from the Unified Protocol (UP) developed for emotional disorders and was administered to the experimental group in twelve weekly 60-minute group sessions. The intervention content was adapted based on the protocol developed by David Barlow and Todd Farchione with modifications appropriate to the psychological characteristics and emotional needs of bereaved mothers. The initial sessions focused on establishing a therapeutic alliance, psychoeducation regarding grief reactions, emotional awareness, and introducing the role of emotions in psychological adjustment. Participants were gradually guided to identify maladaptive emotional responses, patterns of cognitive avoidance, and dysfunctional coping strategies associated with child loss. In subsequent sessions, emphasis was placed on enhancing emotional awareness, acceptance of painful emotions, reducing emotional suppression, and increasing tolerance of distressing emotional experiences. Cognitive restructuring techniques were also employed to challenge maladaptive appraisals, catastrophic interpretations, guilt-related cognitions, and avoidance-based thinking patterns associated with bereavement. Furthermore, behavioral and experiential exercises were implemented to increase emotional exposure, improve emotional regulation skills, and facilitate adaptive coping responses in emotionally triggering situations. The protocol also incorporated mindfulness-based strategies, present-focused awareness,

and techniques designed to strengthen psychological resilience, commitment, and adaptive meaning-making following loss. In the final sessions, participants reviewed acquired therapeutic skills, practiced relapse-prevention strategies, and developed individualized plans for maintaining emotional regulation and psychological adjustment following treatment termination. Throughout the intervention process, participants were encouraged to discuss emotional experiences related to grief within the supportive group environment, thereby facilitating emotional expression, normalization of bereavement reactions, and reinforcement of adaptive interpersonal coping mechanisms.

2.4. Data Analysis

Finally, the collected data were analyzed using repeated-measures analysis of variance through SPSS version 27. The following instruments were used in this study.

3. Findings and Results

The descriptive demographic findings of the participants indicated that among the 30 mothers with the experience of child loss, the mean age of the sample was 41.33 years with a standard deviation of 4.98, and the age range was between 27 and 58 years. In terms of marital status, all participants were married and had at least one other child. Regarding educational level, 6 participants (20%) held a diploma degree, 11 participants (36.7%) had a bachelor's degree, 9 participants (30%) had a master's degree, and 4 participants (13.3%) held a doctoral degree. In terms of employment status, 16 participants (53.3%) were homemakers, 9 participants (30%) were employees, and 5 participants (16.7%) were self-employed. The duration since child loss among the participants ranged from 6 months to 3 years, with an estimated mean of approximately 14.8 months. Descriptive indices are presented in Table 1.

Table 1

Descriptive Indices of the Research Variables

Dependent Variable	Group	Pretest Mean	SD	Skewness	Kurtosis	Posttest Mean	SD	Skewness	Kurtosis	Follow-up Mean	SD	Skewness	Kurtosis
Psychological Hardiness	Experimental	123.06	8.83	-0.611	-0.108	164.53	6.20	1.32	0.926	163.66	5.44	0.950	1.14
	Control	124.60	12.40	1.14	-0.617	123.32	12.06	0.944	-0.258	123.66	11.44	0.950	1.14
Cognitive Avoidance	Experimental	83.46	4.79	-0.068	-0.517	57.53	3.33	0.674	0.552	61.26	2.71	0.366	0.394
	Control	84.00	4.89	-1.34	0.042	83.40	4.40	-0.766	0.304	83.26	2.71	0.366	0.394

The presented descriptive indices indicate that the mean scores of psychological hardiness and cognitive avoidance across the three stages of pretest, posttest, and follow-up demonstrated different patterns for the experimental and control groups. For the psychological hardiness variable, the experimental group experienced a substantial increase from pretest to posttest and subsequently at follow-up, whereas the control group showed no significant changes over time. This finding suggests the probable effect of the intervention on enhancing psychological hardiness. Furthermore, the skewness and kurtosis values at all three stages in both groups fell within an acceptable range, indicating a relatively normal distribution of the data. Regarding cognitive avoidance, the pattern of changes in the experimental group demonstrated a noticeable reduction in mean scores from pretest to posttest and maintenance of this reduction during the follow-up stage, whereas the control group maintained relatively stable means across all three stages. The skewness and kurtosis values for this variable also reflected an appropriate data distribution. Prior to conducting repeated-measures analysis of variance to examine changes in psychological hardiness and cognitive avoidance across the pretest, posttest, and follow-up stages, the key assumptions of the test were evaluated. To assess normality, the Shapiro–Wilk test was conducted separately for both variables at all three measurement times, and the results were nonsignificant in all cases ($P > 0.05$), thereby confirming the assumption of

normal distribution of scores. In addition, the linearity of the relationships among the three measurements for each variable was examined using scatterplots, and the point distributions indicated a linear trend, confirming this assumption. The results of Levene’s test for equality of error variances were also nonsignificant for both variables across all three measurement times ($p > 0.05$); therefore, the homogeneity of variances assumption was satisfied, and the use of parametric methods was appropriate. To evaluate the homogeneity of variance–covariance matrices, Box’s M test was conducted, and the significance levels for both variables were greater than 0.05, indicating that this assumption was also satisfied. Furthermore, the homogeneity of regression slopes assumption was assessed by examining the interaction between group and pretest scores for both variables, and the nonsignificant results ($p > 0.05$) confirmed that this assumption was met. Finally, the results of Mauchly’s test of sphericity for psychological hardiness and cognitive avoidance indicated that the significance levels for both tests were greater than 0.05. Therefore, the assumption of sphericity was met, and there was no need to apply corrections such as Greenhouse–Geisser or Huynh–Feldt. Based on these findings, all assumptions required for repeated-measures analysis of variance were satisfied, and the analysis of changes in these two variables across the three measurement stages was statistically valid and reliable.

Table 2*Multivariate Analysis of Variance for Dependent Variable Scores Across Two Groups and Three Time Points*

Statistical Effect	Test	Value	F	Hypothesis df	Error df	Sig.	Effect Size
Time	Pillai’s Trace	0.998	2706.68	5	24	0.001	0.998
	Wilks’ Lambda	0.002	2706.68	5	24	0.001	0.998
	Hotelling’s Trace	563.89	2706.68	5	24	0.001	0.998
	Roy’s Largest Root	563.89	2706.68	5	24	0.001	0.998
Time × Group Interaction	Pillai’s Trace	0.973	174.88	5	24	0.001	0.973
	Wilks’ Lambda	0.027	174.88	5	24	0.001	0.973
	Hotelling’s Trace	36.43	174.88	5	24	0.001	0.973
	Roy’s Largest Root	36.43	174.88	5	24	0.001	0.973

The results of the multivariate analysis of variance indicated that the main effect of time on the dependent variables of psychological hardiness and cognitive avoidance was statistically significant. All multivariate indices, including Pillai’s Trace, Wilks’ Lambda, Hotelling’s Trace, and Roy’s Largest Root, demonstrated very high F values and significance levels below 0.001. This finding indicates that the scores of the two dependent variables underwent significant changes across the three

measurement stages (pretest, posttest, and follow-up). In addition, the interaction effect of time and group was also significant across all four multivariate indices ($p < 0.001$), with a very large effect size (0.973), indicating that the changes observed over time were not identical between the experimental and control groups. In other words, the patterns of change in psychological hardiness and cognitive avoidance differed substantially between the experimental and control groups, and the implemented intervention

significantly altered the developmental trajectory of these two variables in the experimental group. Overall, these findings indicate the substantial effectiveness of the

intervention in improving the psychological indices under investigation over time relative to the control group.

Table 3

Repeated-Measures Analysis of Variance for Psychological Hardiness and Cognitive Avoidance

Variable	Source	SS	df	MS	F	Sig.	Effect Size	Statistical Power
Psychological Hardiness	Within-Group	30260.86	2	15130.43	318.81	0.001	0.919	1.00
	Between-Group	8920.178	1	8920.178	62.46	0.001	0.691	1.00
	Group $\times$ Time Interaction	11329.489	2	5664.74	119.36	0.001	0.810	1.00
Cognitive Avoidance	Within-Group	8831.62	2	4415.81	420.90	0.001	0.938	1.00
	Between-Group	2016.400	1	2016.400	80.26	0.001	0.741	1.00
	Group $\times$ Time Interaction	2714.86	2	1357.43	129.38	0.001	0.822	1.00

The results of the repeated-measures analysis of variance for psychological hardiness and cognitive avoidance demonstrated that the effects of time, group, and the interaction between time and group were all statistically significant for both variables ($p < 0.001$). For psychological hardiness, the within-group effect of time, with $F = 318.81$ and a very large effect size ($\eta^2 = 0.919$), indicates substantial changes in this variable across the three measurement stages. Furthermore, the between-group effect ($F = 62.46$, $\eta^2 = 0.691$) shows that the mean psychological hardiness scores in the experimental group were significantly higher than those in the control group. The interaction between time and group was also significant, with $F = 119.36$ and an effect size of 0.810, indicating that the trend of increasing psychological hardiness over time differed significantly

between the two groups and that the implemented intervention played a determining role in this change. A similar pattern was observed for cognitive avoidance, such that the effect of time ($F = 420.90$, $\eta^2 = 0.938$), the effect of group ($F = 80.26$, $\eta^2 = 0.741$), and the interaction between time and group ($F = 129.38$, $\eta^2 = 0.822$) were all significant. Accordingly, the intervention resulted in a significant reduction in cognitive avoidance in the experimental group compared with the control group, and this effect remained stable over time. Overall, these results indicate the substantial effectiveness of the intervention in increasing psychological hardiness and reducing cognitive avoidance among participants in the experimental group relative to the control group.

Table 4

Results of the Bonferroni Post Hoc Test Comparing Mean Changes from Pretest to Follow-up for Psychological Hardiness and Cognitive Avoidance

Variable	Comparison Groups	Mean Difference	Standard Error	Significance Level
Psychological Hardiness	Pretest – Posttest	-20.06	1.30	0.001
	Pretest – Follow-up	-44.83	2.16	0.001
	Posttest – Follow-up	0.237	0.078	1.00
Cognitive Avoidance	Pretest – Posttest	15.267	0.678	0.001
	Pretest – Follow-up	23.967	1.03	0.001
	Posttest – Follow-up	0.700	0.055	1.00

The results of the Bonferroni post hoc test for pairwise comparisons across the measurement stages demonstrated that, for psychological hardiness, the mean differences between the pretest and posttest stages and between the pretest and follow-up stages were statistically significant ($p < 0.001$), indicating a significant increase in psychological hardiness following the intervention and maintenance of this increase during the follow-up stage. However, the mean

difference between the posttest and follow-up stages was not significant ($p = 1.00$), suggesting that the changes produced by the intervention remained stable over time and that no substantial increase or decrease occurred between these two stages. A similar pattern was observed for cognitive avoidance, such that the mean differences between the pretest and posttest stages and between the pretest and follow-up stages were statistically significant ($p < 0.001$),

indicating a significant reduction in cognitive avoidance after the intervention and maintenance of this reduction during the follow-up stage. In contrast, the mean difference between the posttest and follow-up stages was not significant ($p = 1.00$), demonstrating the stability of the intervention effects during the period following treatment completion. Overall, the Bonferroni test results indicate that the implemented intervention produced sustained increases in psychological hardiness and sustained reductions in cognitive avoidance, and that these changes were maintained at the follow-up stage.

4. Discussion and Conclusion

The present study aimed to investigate the effectiveness of emotion-focused transdiagnostic therapy on cognitive avoidance and psychological hardiness among mothers with the experience of child loss. The findings demonstrated that the intervention significantly reduced cognitive avoidance and significantly increased psychological hardiness in the experimental group compared with the control group. Furthermore, the therapeutic effects remained stable during the two-month follow-up phase, indicating the durability and continuity of treatment outcomes over time. The repeated-measures analysis of variance revealed significant effects for time, group, and the interaction between time and group across both dependent variables, suggesting that the intervention meaningfully altered the psychological trajectories of bereaved mothers. Specifically, mothers who participated in the emotion-focused transdiagnostic treatment exhibited progressive reductions in maladaptive avoidant cognitive strategies and simultaneous improvements in adaptive psychological resilience and hardiness. The persistence of these changes during the follow-up phase indicates that the intervention not only produced immediate therapeutic benefits but also facilitated more enduring emotional and cognitive adaptation processes following child loss.

The reduction in cognitive avoidance observed in the present study is theoretically consistent with transdiagnostic models emphasizing the role of emotional avoidance and maladaptive cognitive regulation in the maintenance of emotional disorders (Barlow et al., 2004). According to transdiagnostic conceptualizations, individuals experiencing emotional distress often attempt to suppress painful thoughts, avoid emotionally evocative situations, and disengage from distressing internal experiences in order to temporarily regulate overwhelming emotions. However,

these avoidance strategies paradoxically intensify emotional distress over time by preventing adaptive emotional processing and integration of loss-related experiences. The findings of the present study suggest that emotion-focused transdiagnostic therapy may have reduced cognitive avoidance by increasing emotional awareness, encouraging emotional acceptance, and helping bereaved mothers confront rather than suppress grief-related thoughts and emotions. Through repeated emotional exposure and cognitive-emotional processing, participants likely developed greater tolerance for distressing emotional experiences and became less dependent on avoidant coping mechanisms. These findings align with the work of (Mahmoudzadeh & Mohammadkhani, 2016), who identified cognitive avoidance as a central maladaptive process associated with psychological dysfunction and emotional distress. Similarly, the findings correspond with research demonstrating that avoidance-based coping strategies contribute to the persistence of anxiety, emotional dysregulation, and maladaptive psychological functioning (Shipp et al., 2025). The current results are also congruent with the findings of (Parchami et al., 2025), who reported significant associations between experiential avoidance, emotional suppression, and psychological vulnerability. In the context of grief, bereaved mothers may attempt to avoid reminders of their deceased child, suppress painful emotions, or cognitively disengage from grief-related experiences, but such strategies ultimately interfere with adaptive mourning and emotional recovery. Emotion-focused interventions appear to weaken these maladaptive processes by facilitating emotional confrontation and cognitive flexibility.

The findings are also consistent with studies emphasizing the relationship between avoidance mechanisms and prolonged grief symptomatology. (Haghnazari Esfahlan et al., 2025) demonstrated that maladaptive emotional regulation processes mediate the relationship between avoidance and prolonged grief symptoms, suggesting that unresolved emotional experiences and avoidant coping styles intensify grief-related distress. Likewise, (Zheng et al., 2025) emphasized that avoidance behaviors frequently emerge as defensive responses to emotionally painful experiences and may become chronic maladaptive coping patterns if left untreated. In bereaved mothers, the emotional pain associated with child loss can become so overwhelming that avoidance appears psychologically protective in the short term. Nevertheless, persistent avoidance disrupts emotional integration and may prolong grief reactions. The

present findings indicate that emotion-focused transdiagnostic therapy effectively addressed this maladaptive cycle by creating a therapeutic environment in which participants could gradually process grief-related emotions without excessive emotional suppression or cognitive disengagement. These findings are also supported by (Maccallum et al., 2023), who argued that successful grief-focused interventions require direct engagement with avoided emotional material because avoidance undermines emotional processing and adaptation. The group-based therapeutic format used in the present study may additionally have contributed to reduced avoidance by normalizing grief experiences and providing social-emotional validation within a supportive interpersonal context.

Another major finding of the present study was the significant increase in psychological hardiness among mothers who received emotion-focused transdiagnostic therapy. Psychological hardiness has long been conceptualized as a protective personality structure consisting of commitment, control, and challenge that enables individuals to cope more effectively with stressful life events (Kobasa, 1979). The present findings suggest that the intervention strengthened participants' sense of emotional competence, coping control, and psychological endurance in the face of profound loss. Through emotional awareness training, cognitive restructuring, and adaptive emotional processing, bereaved mothers may have developed greater confidence in their ability to manage grief-related distress and navigate emotionally challenging experiences. This interpretation is highly consistent with the theoretical framework proposed by (Maddi & Khoshaba, 1994), who argued that hardiness functions as a resilience-promoting psychological resource that buffers individuals against the negative effects of stress and adversity. Emotion-focused transdiagnostic therapy may therefore strengthen hardiness by reducing helplessness, increasing emotional self-efficacy, and encouraging more adaptive interpretations of stressful experiences.

The current findings are further aligned with studies emphasizing the role of hardiness in bereavement adaptation and emotional resilience. (Lang & Carr, 2013) highlighted that psychological hardiness facilitates adjustment following perinatal and parental loss by promoting adaptive coping, emotional endurance, and resilience in the face of grief-related stressors. Bereaved mothers with higher hardiness are more likely to perceive emotional suffering as manageable and meaningful rather than permanently destructive, thereby reducing vulnerability to chronic

psychological distress. The observed increase in hardiness in the present study may reflect the intervention's ability to foster greater emotional engagement, adaptive meaning-making, and psychological flexibility among participants. Furthermore, recent conceptual work by (Faria, 2025) emphasized that hardiness contributes significantly to emotional well-being, resilience, and psychological adaptation across stressful life circumstances. The present study extends these findings by demonstrating that hardiness is not merely a stable personality characteristic but can also be strengthened through targeted psychological interventions focusing on emotional processing and adaptive coping.

The findings of the present study are additionally consistent with previous investigations demonstrating the effectiveness of emotional regulation and transdiagnostic interventions for grief-related problems. (Yavari et al., 2022) reported that emotion regulation therapy significantly improved coping styles among students experiencing grief disorder following the COVID-19 pandemic. Likewise, (Hatamian et al., 2023) demonstrated the effectiveness of indigenous transdiagnostic treatment approaches based on emotional regulation in reducing psychological symptoms and improving emotional functioning. These studies collectively support the assumption that interventions targeting shared emotional processes can effectively reduce distress across different emotional conditions. Moreover, the findings correspond with the conclusions of (Akrami et al., 2021), whose systematic review indicated that psychological interventions emphasizing emotional processing and adaptive coping substantially improve grief outcomes among bereaved individuals. The consistency between the present findings and previous research suggests that emotion-focused transdiagnostic interventions may represent a particularly valuable approach for grief-related psychological difficulties because they simultaneously address emotional dysregulation, cognitive avoidance, and resilience-related capacities.

The stability of treatment outcomes during the follow-up phase also deserves consideration. The absence of significant differences between posttest and follow-up scores suggests that the acquired emotional and cognitive skills remained relatively stable over time. This durability may be explained by the transdiagnostic nature of the intervention, which focused not only on symptom reduction but also on modifying underlying emotional regulation processes and maladaptive coping patterns. By helping participants develop sustainable emotional regulation

strategies and adaptive cognitive-emotional responses, the intervention may have produced more generalized and enduring psychological changes. In addition, the group-based therapeutic structure may have strengthened long-term effects through interpersonal support, emotional validation, and normalization of grief experiences. The maintenance of treatment gains is particularly important in bereavement interventions because grief-related distress often fluctuates over time and may reemerge during emotionally significant periods or anniversaries. Therefore, interventions capable of producing durable emotional adaptation are especially valuable for bereaved populations.

From a broader clinical perspective, the findings of the present study reinforce the importance of integrating emotional regulation principles into grief treatment programs. Child loss represents a profoundly disruptive life event that frequently overwhelms individuals' existing coping capacities and emotional resources. Traditional grief interventions have often focused primarily on symptom reduction, whereas transdiagnostic emotion-focused approaches address deeper emotional mechanisms underlying psychological suffering. The observed reductions in cognitive avoidance and increases in hardiness suggest that facilitating emotional acceptance and adaptive emotional engagement may represent key therapeutic mechanisms for improving grief adjustment. Furthermore, the findings highlight the importance of culturally sensitive psychological interventions for bereaved mothers, particularly in contexts where emotional suppression, social expectations, or stigma may intensify maladaptive coping responses. Providing structured emotional support and adaptive coping training may therefore help grieving mothers achieve healthier psychological adjustment and improved emotional resilience following loss experiences.

One of the limitations of the present study was the relatively small sample size, which may limit the generalizability of the findings to broader populations of bereaved mothers. In addition, the participants were selected using purposive and convenience sampling from counseling and psychological service centers in Tehran, which may reduce the representativeness of the sample. Another limitation was reliance on self-report questionnaires, which may have been influenced by social desirability bias or subjective response tendencies. Furthermore, the follow-up period was limited to two months, and longer-term evaluations are needed to determine the long-term stability of therapeutic outcomes. The study also did not control for potentially influential variables such as the cause of child

death, previous psychiatric history, family support systems, or cultural differences in grief expression.

Future research is recommended to examine the effectiveness of emotion-focused transdiagnostic therapy in larger and more diverse populations of bereaved parents across different cultural and socioeconomic contexts. Comparative studies evaluating this intervention against other therapeutic approaches such as cognitive behavioral therapy, acceptance and commitment therapy, or compassion-focused therapy could provide more precise evidence regarding differential treatment effectiveness. Future investigations may also explore the mediating roles of emotional regulation, emotional acceptance, resilience, social support, and meaning-making processes in explaining therapeutic outcomes. Additionally, longitudinal studies with extended follow-up periods are needed to evaluate the durability of treatment effects over several years following bereavement. Examining the effectiveness of online or hybrid forms of emotion-focused transdiagnostic interventions may also provide valuable insights into improving accessibility for grieving individuals who face barriers to in-person psychological services.

The findings of the present study suggest several practical implications for psychological counseling and bereavement care services. Mental health professionals working with bereaved mothers may benefit from incorporating emotion-focused transdiagnostic principles into grief intervention programs in order to reduce maladaptive avoidance and strengthen emotional resilience. Counseling centers, hospitals, palliative care services, and bereavement support organizations may also develop structured group-based interventions targeting emotional regulation and adaptive coping among grieving parents. Training programs for psychologists, counselors, and healthcare providers should emphasize the importance of recognizing avoidance-based coping patterns and emotional dysregulation in bereaved populations. Furthermore, integrating psychological support services into healthcare systems and community support networks may help reduce the long-term emotional consequences of child loss and improve psychological well-being among bereaved mothers.

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 interview and participated in the research with informed consent.

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