

Effectiveness of a Compassion-Focused Group Bereavement Intervention on Grief Intensity, Difficulties in Emotion Regulation, and Self-Compassion among Bereaved Women: A Randomized Controlled Trial

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Abstract

Introduction: Grief is a universal experience with profound psychological effects. This study examined the effectiveness of a compassion-focused group bereavement intervention on grief intensity, emotion regulation difficulties, and self-compassion in bereaved women.

Method: A randomized controlled trial with pretest–posttest–follow-up design was conducted. Twenty-seven bereaved women from Mashhad, Iran, were purposively sampled and randomly assigned to intervention ($n = 13$) or control ($n = 14$) groups. The intervention comprised ten weekly 90-minute compassion-focused grief sessions. Outcomes were measured at pre-test, post-test, and follow-up using the Inventory of Complicated Grief (ICG, Prigerson et al., 1995), Difficulties in Emotion Regulation Scale (DERS, Gratz & Roemer, 2004), and Self-Compassion Scale (SCS, Neff, 2003), and analyzed with mixed repeated-measures ANOVA.

Results: The intervention significantly reduced Grief Intensity ($F(2,24)=9.84$, $p=0.001$, $\eta^2_p=0.451$), Emotion Regulation Difficulties ($F(2,24)=11.37$, $p<0.001$, $\eta^2_p=0.485$), and increased Self-Compassion ($F(2,24)=4.82$, $p=0.018$, $\eta^2_p=0.287$) compared to controls. Improvements in grief and emotion regulation were maintained at follow-up, whereas self-compassion increases were most evident immediately post-intervention.

Conclusion: Compassion-focused group bereavement intervention effectively alleviates grief, improves emotion regulation, and enhances self-compassion, supporting its use in therapeutic programs to promote mental health.

Keywords: Bereavement, Compassion-Focused Therapy, Emotion Regulation, Grief, Self-Compassion

Introduction

Grief is a universal human experience arising from the loss of emotionally significant relationships, particularly through death [1]. It manifests as sadness, yearning, and social withdrawal, which can substantially alter psychological and social functioning [2]. Although grief is a natural part of life, its duration, intensity, and expression vary across individuals and cultures [3]. Under typical circumstances, people gradually accept the reality of loss and resume daily functioning [4], thereby regaining the ability to regulate emotions adaptively. However, certain factors may disrupt this process and hinder the transition from acute to adaptive grieving [5].

When grief is obstructed by psychological, social, or biological factors, individuals may struggle with emotion regulation, social connection, and daily functioning [6]. Research

indicates that prolonged or unresolved grief can lead to serious psychological consequences, such as depression, anxiety, and suicidal ideation [7, 8], and physical consequences, including cardiovascular disease and impaired immunity [9, 10], and diminished quality of life [11]. These outcomes are particularly severe in cases of sudden death [12], child loss, natural disasters [13], epidemics, or inadequate social support [14]. In such circumstances, grief extends beyond an individual experience and may evolve into a public health concern [15].

Prolonged Grief Disorder (PGD) is a maladaptive form of grief characterized by intense and persistent loss-related emotions that disrupt daily functioning [14]. PGD was first recognized in ICD-11 (2018) and DSM-5-TR (2022) [16, 17]. According to ICD-11, symptoms must persist for at least six months, while the DSM-5-TR requires twelve months for adults and six months for children and adolescents [18]. Core features include intense yearning, persistent preoccupation with the deceased, feelings of emptiness, and inability to fulfill daily roles [19]. These symptoms must cause clinically significant distress exceeding cultural or religious norms. Epidemiological studies estimate PGD prevalence at 10.4–32% [16], with rates surpassing 30% in high-risk groups such as bereaved parents and disaster survivors [3].

One of the key factors that can make the grieving process particularly challenging is emotion dysregulation [20]. It refers to difficulties in identifying, processing, accepting, and effectively managing emotions—a capacity essential for psychological well-being and resilience [21]. Because grief, especially following unexpected losses, generates intense emotional upheaval, possessing effective emotion regulation skills is crucial for navigating this period adaptively. In the absence of these skills, individuals are more likely to engage in maladaptive strategies such as emotional suppression, avoidance, or rumination [22]. These strategies not only disrupt the natural process of grief but also contribute to sustained psychological distress and increase the risk of PGD [23, 24]. Therefore, focusing on the emotional dimensions of grief and empowering individuals in emotion regulation can play a critical role in preventing chronic grief reactions, facilitating recovery, and serves as a central target in therapeutic interventions.

In line with emphasizing the emotional dimensions of grief and fostering adaptive emotion regulation, self-compassion has recently emerged as a protective factor against emotional dysregulation and adverse grief experiences [25]. Self-compassion comprises three core components—self-kindness, common humanity, and mindfulness [26]—which enable individuals to confront suffering with acceptance and awareness rather than self-criticism or avoidance. Within grief contexts, individuals with higher self-compassion exhibit less rumination, self-blame, and social withdrawal, and demonstrate better adjustment to loss [21, 27]. Moreover, research indicates that self-compassion is associated with increased positive affect, enhanced resilience and psychological well-being, and reduced difficulties in emotion regulation [28, 29].

Given the protective role of self-compassion [30], interventions that enhance self-compassion and improve difficulties in emotion regulation play a crucial role in grief therapy. One of the innovative approaches that has gained increasing attention in recent years is Compassion-Focused Therapy (CFT), which integrates evolutionary, neuropsychological, and attachment principles to cultivate compassion, strengthen emotion regulation mechanisms, and promote psychological well-being [31]. CFT targets three primary flows of compassion—self-to-self, other-to-self, and self-to-others—and emphasizes balancing human emotion systems. From this perspective, the three emotion systems that have evolved for survival perform key roles in emotion regulation: the threat system, which is activated to avoid danger and elicits fight, flight, or freeze responses accompanied by emotions such as fear, anger, and disgust; the drive system, which facilitates resource seeking and elicits feelings of pleasure and positive affect; and the soothing system, which is based on early attachment experiences and promotes security, calmness, and connectedness [32, 33]. In CFT, the main goal is to balance these three systems, particularly by strengthening and activating the soothing system, which provides a foundation for restoring psychological safety [34].

While previous grief interventions have primarily focused on general coping skills or cognitive-behavioral strategies [35, 36], evidence regarding compassion-focused group bereavement interventions CFT for women experiencing prolonged grief remains limited. Building on these foundations and considering the significant emotional and functional consequences of prolonged grief, the present study examines the effectiveness of a compassion-focused group bereavement intervention on grief intensity, difficulties in emotion regulation, and self-compassion in bereaved women.

Method

The present study was a Randomized Controlled Trial (RCT) with a pretest–posttest–follow-up control group design. The study was conducted in July 2025 in Mashhad at the Mehr Fatemi Charity Center. Participants were selected using purposive sampling from eligible bereaved women and then randomly assigned to the experimental group ($n = 13$) or control group ($n = 14$) to ensure a true RCT design. Sample size was determined using G*Power, considering an effect size of 0.40, $\alpha = 0.05$, power = 0.80, two groups, one covariate (pretest), and three response variables (grief, difficulties in emotion regulation, and self-compassion). Inclusion criteria were: age between 30 and 50 years, a score ≥ 25 on the Inventory of Complicated Grief (ICG), experience of spousal loss within the past 1–2 years, no psychiatric medications or psychological treatment in the previous six months, and basic literacy. Exclusion criteria included self-reported or clinically diagnosed severe psychiatric disorders, history of substance or alcohol dependence, and missing more than two therapy sessions.

All participants completed the Inventory of Complicated Grief (ICG) [37], Difficulties in Emotion Regulation Scale

(DERS) [38], and Self-Compassion Scale (SCS) [39] prior to the intervention. The experimental group received ten weekly 90-minute sessions of CFT, while the control group received no intervention. Outcomes were assessed at three time points (pretest, posttest, and follow-up) and analyzed using mixed repeated-measures ANOVA.

Outcomes were assessed at three time points using standardized measures: the Inventory of Complicated Grief [37], DERS [38] and Self-Compassion Scale [39], and analyzed with mixed repeated-measures ANOVA. The study was conducted in accordance with the Helsinki Declaration [40]. Informed consent was obtained from all participants, confidentiality was ensured, and participants could withdraw from the study at any time without consequences.

The participant selection process in this study was as follows: initially, 51 individuals were identified to participate. After applying the inclusion and exclusion criteria, 27 participants met the eligibility requirements, including a score above 25 on the ICG. These participants were then randomly assigned to the experimental group ($n = 13$) or the control group ($n = 14$). Following randomization, all participants completed a pretest, and the experimental group began the compassion-focused group bereavement intervention. Upon completion of the intervention, a posttest was administered to all participants. Additionally, outcomes were assessed at follow-up, eight weeks after the intervention, to examine the persistence of the intervention effects. The flow chart of the study procedures is shown in Figure 1.

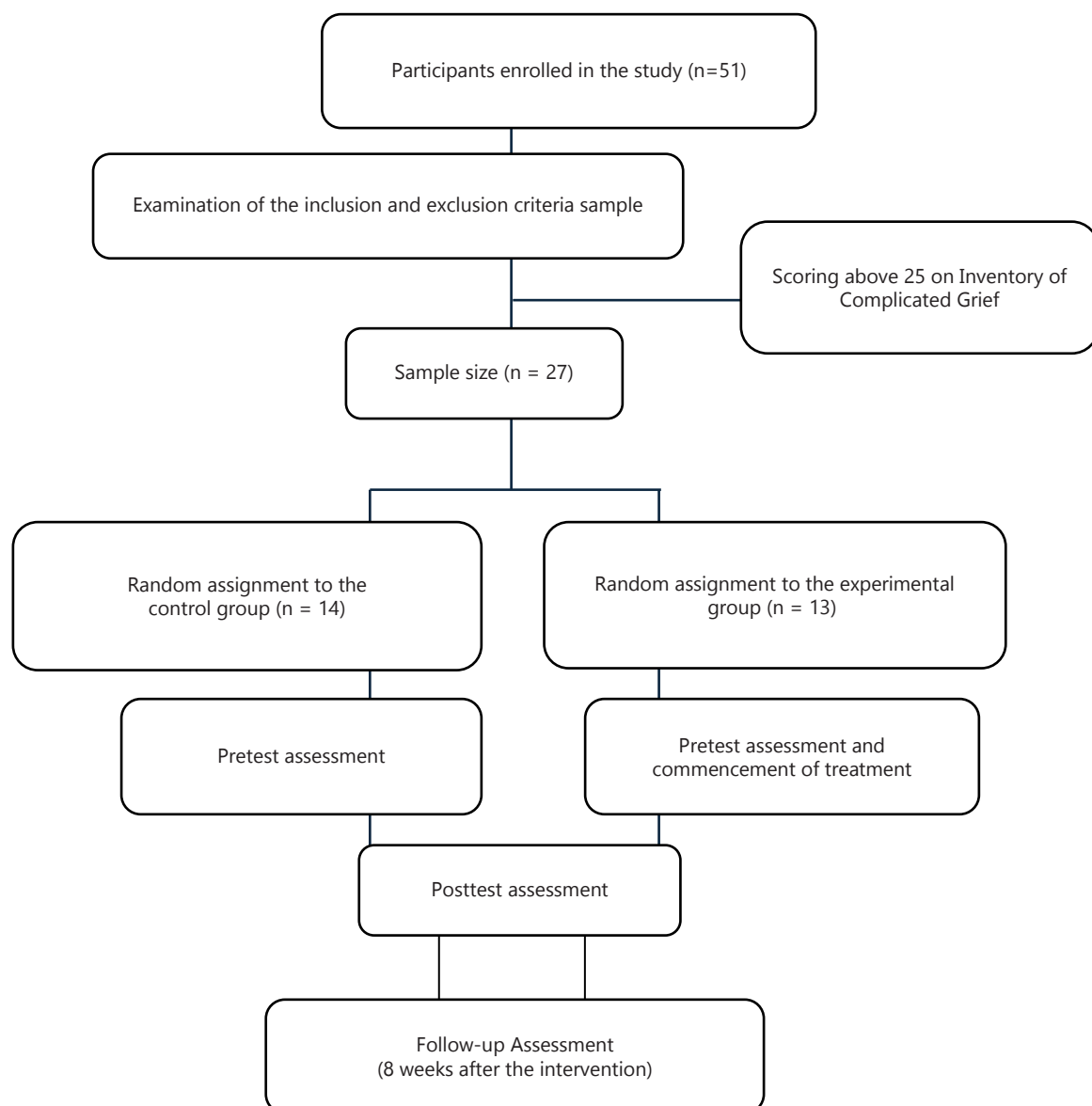


Figure 1. Flow chart of the research procedure.

The tools used in this study, were as follows:

Inventory of Complicated Grief (ICG): The ICG was originally developed by Prigerson et al. [37] to identify complicated grief reactions. The questionnaire comprises 19 items without distinct

subscales. Its items assess symptoms such as intense yearning and longing for the deceased, persistent preoccupation with the loss, difficulty accepting the reality of death, feelings of loneliness, anger, and a sense of meaninglessness.

The ICG is a validated tool for differentiating the normal from complicated grief and has been widely used in both clinical and research settings [41]. Scoring is based on a five-point Likert scale ranging from 0 (never) to 4 (always), resulting in a total score range of 0–76. Empirical evidence suggests that a score of 25 or higher indicates that scores ≥ 25 reflect an elevated risk of complicated grief. Regarding the psychometric properties of the original English version, the Exploratory Factor Analysis (EFA) confirmed a single-factor structure (eigenvalue = 10.01), and the scale demonstrated high internal consistency (Cronbach's $\alpha = 0.94$) with a test-retest reliability of 0.80 over six months. Convergent validity was established through strong correlations with the Beck Depression Inventory ($r = 0.67$), the Texas Revised Inventory of Grief ($r = 0.87$), and the Grief Measurement Scale ($r = 0.70$) [37]. In Iran, Mousavi et al. (2008) examined the psychometric properties of the ICG and reported satisfactory validity, with a Cronbach's alpha of 0.90 [42]. Another study reported internal consistency reliability of 0.87, further confirming the instrument's reliability within the Iranian population [43]. In the present study, the internal consistency of the ICG was assessed using Cronbach's alpha, which was 0.77.

Difficulties in Emotion Regulation Scale (DERS):

This scale was developed by Gratz and Roemer [38] to assess multiple dimensions of emotion regulation difficulties within a clinical model. The original version consists of 36 items and encompasses six subscales: non-acceptance of emotional responses; difficulties engaging in goal-directed behavior; impulse control difficulties; lack of emotional awareness; limited access to emotion regulation strategies; and lack of emotional clarity. Respondents rate each item on a five-point Likert scale ranging from "almost never" (1) to "almost always" (5), with higher scores indicating greater emotion regulation difficulties. In the original psychometric validation, the scale demonstrated high internal consistency (Cronbach's $\alpha = 0.93$) and a six-factor structure confirmed by EFA, accounting for 55.68% of the total variance. All six subscales exhibited adequate internal consistency ($\alpha > 0.80$). Construct validity was supported by significant correlations with established measures of negative mood regulation, experiential avoidance, and emotional expressivity. Research conducted internationally has confirmed the scale's reliability and validity and supported its factor structure [44]. Psychometric evaluations in Iran have similarly demonstrated good validity and internal consistency; for instance, Cronbach's alpha values were reported as 0.87 [45] and 0.84 [46]. In the present study, the internal consistency of the difficulties in emotion regulation scale was assessed using Cronbach's alpha, which was 0.80.

Self-Compassion Scale (SCS): This instrument was developed by Neff [39] to measure individuals' tendency to be self-compassionate under challenging circumstances. The scale consists of 26 items and assesses six subscales: self-kindness; self-criticism; common humanity; isolation; mindfulness; and over-identification. Respondents rate each item on a five-point Likert scale ranging from "almost never" (1) to "almost always" (5). Negatively worded subscales are reverse-coded before computing the total score, which is obtained by averaging across all six subscales. Higher scores reflect greater self-compassion. Preliminary studies reported good internal consistency, with Cronbach's alpha of 0.92 for the total score and 0.75–0.81 for the subscales. In Iran, the Persian version of the scale was validated by Jafari, Nofresti, and Moradi, confirming its reliability; Cronbach's alpha for the entire scale was reported as 0.89 [47]. Furthermore, confirmatory factor analysis indicated that the six-factor structure demonstrated good fit in the Iranian sample [48]. In the present study, the internal consistency of the SCS was assessed using Cronbach's alpha, which was 0.75.

Following coordination with the Mehr Fatemi Charity Center, participants completed the ICG to identify eligible women. Group allocation was performed randomly using a sealed-envelope method with coded slips prepared by an independent researcher, ensuring concealment to prevent selection bias. Baseline assessment included the ICG DERS and SCS. The experimental group participated in a compassion-focused group bereavement intervention consisting of ten weekly 90-minute sessions. Session content included training in adaptive grief coping, emotion regulation, and self-compassion exercises. Two trained therapists conducted the sessions under supervision to ensure adherence to the protocol. The control group received no intervention during this period. Upon completion of the intervention, all participants completed the same questionnaires at posttest and follow-up to assess changes over time. A detailed protocol of the intervention sessions is provided in Table 1.

Data were analyzed using mixed repeated-measures ANOVA to examine the effects of the compassion-focused group bereavement intervention on Grief Intensity (ICG), DERS, and SCS across three time points (pre-test, post-test, follow-up) in experimental and control groups. Assumptions of normality (skewness and kurtosis) and homogeneity of variances and covariance matrices (Levene's and Box's M tests) were checked and met. Bonferroni post-hoc tests were conducted for pairwise comparisons when significant effects were detected. All analyses were performed using SPSS version 26.

Table 1. Intervention Sessions

Session	Educational Topics	Therapeutic Goals
1	Introduction of participants and therapist; overview of session structure and group rules; explanation of the importance of a compassion-focused approach in coping with grief. Assessment: Administration of the pre-test.	Fostering trust, group cohesion, familiarity with the therapeutic goals
2	Session previous review; definition of grief and its distinction from suffering; introduction of natural and pathological reactions to grief; examination of factors that maintain or resolve grief; Introduction of Worden's Task I: acceptance of the reality of loss. Explanation of Gilbert's threat-focused emotional response.	Enhancing awareness of the nature of grief and the factors influencing its course
3	Session previous review; training in emotional awareness and labeling of difficult emotions; introduction of Worden's Task II: Allowing the experience of the pain of loss. Explanation of Gilbert's drive system (the motivational system oriented toward reward-seeking and efforts to fill the void). Practice: Group exercise in "being with the feeling" without avoidance.	Facilitating the acceptance of grief-related pain while reducing avoidance
4	Session previous review; introduction of the self-kindness component in Neff's self-compassion model. Discussion of experiencing compassion in the face of pain. Practice: Self-Compassionate imagery as a companion in moments of sorrow; Body relaxation and rhythmic breathing for the "calm and kind self."	Strengthening the capacity to tolerate distressing emotions and restoring emotional balance
5	Session previous review; Introduction of Neff's common humanity as the universal experience of suffering and loss; discussion on reducing self-blame and feelings of isolation. Exercise: Compassionate letter to self in response to grief.	Promoting a compassionate attitude toward the self and recognizing shared humanity in suffering
6	Session previous review; Introduction of Neff's mindfulness component and the practice of present-moment awareness. Explanation of Gilbert's soothing emotional response (need for calm). Practice: Body scan with compassion; Training in self-soothing strategies when grief intensifies.	Developing skills for regulating and managing difficult emotions
7	Session previous review; introduction of Worden's Task III: adapting to life without the deceased. Discussion of redefining roles and responsibilities, examining life values after loss, and exploring compassion-focused ways to pursue them. Exercise: Imagery of the "kind guide" to select new life directions.	Supporting internal and external adjustment and identifying new life values
8	Session previous review; Exploration of common challenges (loneliness, new responsibilities, financial or family issues). Practice: Group problem-solving and decision-making with a compassionate approach. Discussion on applying these skills in everyday life.	Identifying common challenges and developing compassion-based coping strategies
10	Session previous review; Introduction of Worden's Task IV: Finding meaning in grief Exercise: Imagery to cultivate a compassionate and enduring connection with the deceased; discussion of discovering new meanings derived from the grief experience. Assessment: Administration of the post-test.	Assisting in reconstructing meaning and fostering continuing bonds with the deceased

Results

The study included 27 women who were randomly assigned to the experimental group ($n = 13$) and the control group ($n = 14$). Participants were comparable in age (experimental: $M = 38.15$, $SD = 6.74$; control: $M = 38.58$, $SD = 5.85$) and educational level.

Descriptive statistics, including means and standard deviations, for the variables of ICG, DERS, and SCS across the three time points (pre-test, post-test, follow-up) for both groups have been presented in Table 1.

Prior to conducting the Repeated Measures ANOVA, statistical assumptions were evaluated.

Skewness and Kurtosis values for all variables were within the acceptable range (± 2), confirming the normality of data distribution. Levene's test indicated no significant differences in variances across time points ($p > 0.05$), and Box's M test confirmed the homogeneity of variance-covariance matrices ($p > 0.05$). Table 2 shows the within-subject (Time) and Time $\times$ Group interaction effects of the compassion-focused group bereavement intervention on Grief Intensity, Difficulties in Emotion Regulation, and Self-Compassion subscales, including F-values, degrees of freedom, p-values, and Partial Eta Squared.

Table 2. Descriptive Statistics for Grief Intensity, Emotion Regulation Difficulties, and Self-Compassion Subscales and Total Scores across Measurement Phases in Experimental and Control Groups

Variable	Group	Subscale	Pre-test Mean	Post-test Mean	Follow-up Mean
			Mean $\pm$ SD	Mean $\pm$ SD	Mean $\pm$ SD
Grief Intensity	Experimental	total score	44.92 $\pm$ 11.74	29.77 $\pm$ 11.48	32.92 $\pm$ 11.20
	Control	total score	45.43 $\pm$ 10.91	40.50 $\pm$ 12.06	40.79 $\pm$ 11.66
Difficulties in Emotion Regulation	Experimental	non-acceptance of emotional responses	16.69 $\pm$ 5.30	13.62 $\pm$ 4.37	12.46 $\pm$ 4.27
	Control		16.43 $\pm$ 7.84	18.64 $\pm$ 5.42	18.64 $\pm$ 5.42
	Experimental	difficulties engaging in goal-directed behavior	14.92 $\pm$ 5.06	14.31 $\pm$ 4.91	15.77 $\pm$ 4.36
	Control		14.29 $\pm$ 5.97	15.93 $\pm$ 4.27	18.07 $\pm$ 3.93
	Experimental	impulse control difficulties	12.07 $\pm$ 5.46	12.53 $\pm$ 5.75	11.30 $\pm$ 3.250
	Control		13.00 $\pm$ 5.43	15.64 $\pm$ 5.10	15.71 $\pm$ 4.921
	Experimental	lack of emotional awareness	16.00 $\pm$ 5.05	13.08 $\pm$ 2.25	13.08 $\pm$ 2.18
	Control		16.36 $\pm$ 4.83	18.57 $\pm$ 2.74	18.00 $\pm$ 3.90
	Experimental	limited access to emotion regulation strategies	21.62 $\pm$ 8.38	17.92 $\pm$ 6.71	15.46 $\pm$ 4.01
	Control		19.71 $\pm$ 7.77	24.64 $\pm$ 6.31	21.86 $\pm$ 4.88
	Experimental	lack of emotional clarity	12.62 $\pm$ 3.01	12.08 $\pm$ 3.52	12.77 $\pm$ 2.77
	Control		11.21 $\pm$ 3.70	13.79 $\pm$ 4.00	16.64 $\pm$ 4.96
Self-Compassion	Experimental	self-kindness	6.00 $\pm$ 1.35	7.85 $\pm$ 1.86	6.92 $\pm$ 1.89
	Control		7.00 $\pm$ 2.45	4.86 $\pm$ 1.70	5.36 $\pm$ 1.50
	Experimental	self-criticism	6.38 $\pm$ 1.80	7.15 $\pm$ 1.72	6.54 $\pm$ 1.33
	Control		6.36 $\pm$ 2.53	7.07 $\pm$ 1.59	6.36 $\pm$ 1.50
	Experimental	common humanity	6.69 $\pm$ 1.37	8.07 $\pm$ 2.01	7.231 $\pm$ 1.301
	Control		7.071 $\pm$ 2.05	5.85 $\pm$ 1.83	6.07 $\pm$ 2.20
	Experimental	isolation	7.31 $\pm$ 2.18	7.31 $\pm$ 1.84	7.77 $\pm$ 1.88
	Control		6.43 $\pm$ 2.56	7.21 $\pm$ 2.26	6.93 $\pm$ 2.06
	Experimental	mindfulness	7.54 $\pm$ 1.20	8.00 $\pm$ 1.22	7.46 $\pm$ 1.39
	Control		7.14 $\pm$ 2.48	5.64 $\pm$ 2.21	6.93 $\pm$ 1.77
	Experimental	over-identification	6.00 $\pm$ 1.83	6.77 $\pm$ 2.09	6.69 $\pm$ 1.75
	Control		6.07 $\pm$ 1.82	5.86 $\pm$ 2.28	6.43 $\pm$ 2.28

Table 3. Within-Subject and Interaction Effects of Time and Group on Grief Intensity, Emotion Regulation Difficulties, and Self-Compassion Subscales

Variable	Subscale	Source	F	Hypothesis df	Error df	P	Partial Eta Squared
Grief Intensity	total score	Time	9.84	2	24	0.001	0.45
		Time*group	6.07	2	24	0.021	0.19
Difficulties in Emotion Regulation	non-acceptance of emotional responses	Time	29.18	2	24	0.0001	0.70
		Time * group	31.04	2	24	0.0001	0.72
	difficulties engaging in goal-directed behavior	Time	5.27	2	24	0.013	0.30
		Time*group	0.96	2	24	0.395	0.07
	impulse control difficulties	Time	1.42	2	24	0.260	0.10
		Time*group	3.03	2	24	0.067	0.20
	lack of emotional awareness	Time	0.19	2	24	0.823	0.01
		Time*group	3.28	2	24	0.055	0.21
	limited access to emotion regulation strategies	Time	7.59	2	24	0.003	0.38
		Time*group	6.31	2	24	0.006	0.34
	lack of emotional clarity	Time	5.75	2	24	0.009	0.32
		Time*group	3.88	2	24	0.035	0.24
Self-Compassion	self-kindness	Time	0.62	2	24	0.545	0.04
		Time*group	9.85	2	24	0.001	0.45
	self-criticism	Time	3.10	2	24	0.063	0.20
		Time*group	0.01	2	24	0.988	0.00
	common humanity	Time	1.03	2	24	0.371	0.07
		Time*group	4.91	2	24	0.016	0.29
	isolation	Time	0.61	2	24	0.551	0.04
		Time*group	1.32	2	24	0.284	0.10
	mindfulness	Time	0.63	2	24	0.539	0.05
		Time*group	2.86	2	24	0.077	0.19
	over-identification	Time	0.86	2	24	0.433	0.06
		Time*group	0.56	2	24	0.575	0.04

To examine which time points differed significantly, Bonferroni post-hoc tests were conducted following the Repeated Measures ANOVA. The results have been presented in Table 3.

Significant reductions in Grief Intensity were observed from pre-test to post-test (Mean Difference = 10.04, $p < 0.001$) and pre-test to follow-up (Mean Difference = 8.32, $p < 0.001$). A smaller but significant difference was found between post-test and follow-up (Mean Difference = -1.72, $p = 0.023$), indicating that the intervention effect was maintained over time.

For DERS, significant improvements were found in the

subscales Non-Acceptance of Emotional Responses, Limited Access to Emotion Regulation Strategies, and Lack of Emotional Clarity, while other subscales did not show significant changes.

For SCS. Although the Time $\times$ Group interaction in the overall ANOVA was significant, post-hoc comparisons revealed no significant differences across subscales over time, suggesting that changes were either indirect or require a longer intervention/follow-up period. The results of the between-group analysis examining the effect of the intervention have been presented in Table 4.

Table 4. Bonferroni Post-Hoc Comparisons Across Time Points for All Variables

Variable	Subscale	Source	Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Grief Intensity	total score	Intercept	123378.91	1	123378.91	386.88	0.0001	0.93
		group	2019.60	1	2019.60	6.33	0.001	0.20
		Error	7972.64	25	318.90			
Difficulties in Emotion Regulation	non-acceptance of emotional responses	Intercept	20916.67	1	20916.67	281.18	0.0001	0.91
		group	269.16	1	269.16	3.61	0.049	0.12
		Error	1859.72	25	74.38			
	difficulties engaging in goal-directed behavior	Intercept	19553.14	1	19553.14	441.86	0.0001	0.94
		group	24.25	1	24.25	0.54	0.466	0.02
		Error	1106.28	25	44.25			
	impulse control difficulties	Intercept	14481.16	1	14481.16	235.07	0.0001	0.90
		group	159.83	1	159.83	2.59	0.120	0.09
		Error	1540.04	25	61.60			
	lack of emotional awareness	Intercept	20313.59	1	20313.59	1136.42	0.0001	0.97
		group	260.85	1	260.85	14.59	0.001	0.36
		Error	446.87	25	17.87			
	limited access to emotion regulation strategies	Intercept	33013.68	1	33013.68	367.23	0.0001	0.93
		group	282.57	1	282.57	3.14	0.048	0.11
		Error	2247.45	25	89.89			
	lack of emotional clarity	Intercept	14060.07	1	14060.07	582.45	0.0001	0.959
		group	39.28	1	39.28	1.62	0.214	0.061
		Error	603.48	25	24.13			
Self-Compassion	self-kindness	Intercept	3241.72	1	3241.72	616.041	0.0001	0.961
		group	28.36	1	28.39	5.396	0.029	0.178
		Error	131.55	25	5.26			
	self-criticism	Intercept	3570.41	1	3570.41	798.678	0.0001	0.970
		group	0.19	1	0.19	0.043	0.838	0.002
		Error	111.76	25	4.47			
	common humanity	Intercept	3777.06	1	3777.06	538.554	0.0001	0.956
		group	20.22	1	20.22	2.883	0.102	0.103
		Error	175.33	25	7.01			
	isolation	Intercept	4146.05	1	4146.05	465.148	0.0001	0.949
		group	7.38	1	7.38	0.829	0.371	0.032
		Error	222.83	25	8.91			
	Mindfulness	Intercept	4099.51	1	4099.51	741.132	0.0001	0.967
		group	24.25	1	24.25	4.385	0.047	0.149
		Error	138.28	25	5.53			
	over-identification	Intercept	3213.654	1	3213.654	427.011	0.0001	0.945
		group	2.741	1	2.741	0.364	0.552	0.014
		Error	188.148	25	7.526			

Table 5. Between-Group Effects of the Compassion-Focused Group Bereavement Intervention on Grief Intensity, Emotion Regulation Difficulties, and Self-Compassion Subscales

Varriale	Subscale	Source	Sum of Squares	df	Mean Square	F	P	Partial Eta Squared
Grief Intensity	total score	Intercept	123378.91	1	123378.91	386.88	0.0001	0.93
		group	2019.60	1	2019.60	6.33	0.001	0.20
		Error	7972.64	25	318.90			
Difficulties in Emotion Regulation	non-acceptance of emotional responses	Intercept	20916.67	1	20916.67	281.18	0.0001	0.91
		group	269.16	1	269.16	3.61	0.049	0.12
		Error	1859.72	25	74.38			
	difficulties engaging in goal-directed behavior	Intercept	19553.14	1	19553.14	441.86	0.0001	0.94
		group	24.25	1	24.25	0.54	0.466	0.02
		Error	1106.28	25	44.25			
	impulse control difficulties	Intercept	14481.16	1	14481.16	235.07	0.0001	0.90
		group	159.83	1	159.83	2.59	0.120	0.09
		Error	1540.04	25	61.60			
	lack of emotional awareness	Intercept	20313.59	1	20313.59	1136.42	0.0001	0.97
		group	260.85	1	260.85	14.59	0.001	0.36
		Error	446.87	25	17.87			
	limited access to emotion regulation strategies	Intercept	33013.68	1	33013.68	367.23	0.0001	0.93
		group	282.57	1	282.57	3.14	0.048	0.11
		Error	2247.45	25	89.89			
	lack of emotional clarity	Intercept	14060.07	1	14060.07	582.45	0.0001	0.95
		group	39.28	1	39.28	1.62	0.214	0.06
		Error	603.42	25	24.13			
Self-Compassion	self-kindness	Intercept	3241.72	1	3241.72	616.04	0.0001	0.96
		group	28.396	1	28.39	5.39	0.029	0.17
		Error	131.55	25	5.26			
	self-criticism	Intercept	3570.41	1	3570.41	798.67	0.0001	0.97
		group	0.19	1	0.19	0.04	0.838	0.002
		Error	111.76	25	4.47			
	common humanity	Intercept	3777.06	1	3777.06	538.55	0.0001	0.95
		group	20.22	1	20.22	2.88	0.102	0.10
		Error	175.33	25	7.01			
	isolation	Intercept	4146.05	1	4146.05	465.14	0.0001	0.94
		group	7.38	1	7.38	0.82	0.371	0.03
		Error	222.83	25	8.91			
	mindfulness	Intercept	4099.51	1	4099.51	741.13	0.0001	0.96
		group	24.25	1	24.25	4.38	0.047	0.14
		Error	138.28	25	5.53			
	over-identification	Intercept	3213.65	1	3213.65	427.01	0.0001	0.94
		group	2.74	1	2.74	0.36	0.552	0.01
		Error	188.14	25	7.52			

For Grief Intensity, a significant difference was observed between the experimental and control groups ($F(1,25) = 6.33$, $p = 0.001$, $\eta^2_p = 0.203$), indicating that the intervention significantly reduced grief in the experimental group compared to the control group.

For DERS, significant between-group differences were found in the subscales Non-Acceptance of Emotional Responses ($F(1,25) = 3.61$, $p = 0.049$, $\eta^2_p = 0.126$), Lack of Emotional Awareness ($F(1,25) = 14.59$, $p = 0.001$, $\eta^2_p = 0.369$), and Limited Access to Emotion Regulation Strategies ($F(1,25) = 3.14$, $p = 0.04$, $\eta^2_p = 0.112$). No significant differences were observed in other subscales ($p > 0.05$), suggesting that the intervention selectively improved certain aspects of emotion regulation.

For SCS, significant between-group differences were observed in the subscales Self-Kindness ($F(1,25) = 5.39$, $p = 0.029$, $\eta^2_p = 0.178$) and Mindfulness ($F(1,25) = 4.38$, $p = 0.047$, $\eta^2_p = 0.149$). Other subscales showed no

significant differences ($p > 0.05$), indicating that the intervention enhanced specific positive dimensions of self-compassion, whereas other aspects may require a longer intervention period, higher intensity, or complementary strategies to achieve measurable change.

Discussion

The present study was designed to examine the effects of a compassion-focused group bereavement intervention on grief intensity, difficulties in emotion regulation, and self-compassion among Iranian bereaved women. The results indicated that this group-based intervention effectively improved grief experiences and emotion regulation difficulties while increasing self-compassion. These findings are consistent with previous research on CFT and suggest that compassion-based practices can enhance psychological well-being, reduce psychological symptoms, and strengthen self-protective behaviors [49, 50].

A notable outcome of the study was the improvement in lived grief experiences among participants. This finding aligns with recent studies indicating that compassion-based interventions increase kindness toward oneself and others while reducing grief-related psychological symptoms [51–53]. Within this framework, self-compassion is defined as the ability to attend to suffering and engage with it, coupled with the intent and motivation to prevent or alleviate it.

The proposed maintaining mechanisms in prolonged grief disorder include: 1) inability to accept the reality of loss in autobiographical memory (non-acceptance of loss), 2) avoidant behaviors such as social withdrawal or avoidance of situations eliciting loss-related emotions, and 3) negative cognitions associated with the loss (e.g., catastrophic interpretations) [54]. Self-compassion can directly influence these mechanisms, thereby reducing grief severity. Individuals with higher levels of self-compassion approach the loss and its associated emotions with greater kindness and practice acceptance of negative emotions, thereby reducing avoidance and social withdrawal. Moreover, self-compassion helps restructure maladaptive cognitions and reduces self-criticism [50, 55, 56], transforming the grief experience into a more tolerable and adaptive process. Compassion-based exercises—including mindful breathing, compassion imagery, and cognitive compassion practices—activate the three core compassion flows: safeness, caregiving, and self-protection, which play a critical role in restoring psychological safety [32]. These exercises enable bereaved women to face loss more constructively, experience painful emotions with acceptance, and employ adaptive coping strategies.

The findings further indicated that the compassion-focused group bereavement intervention effectively reduced difficulties in emotion regulation. Self-compassion, as a mediating construct, plays a central role in flexible management of negative emotions [57]. Previous studies also demonstrated that compassion-based therapies, in addition to providing a compassionate foundation for interacting with others, help individuals regulate their emotions more effectively [51]. Individuals with higher self-compassion process negative events more adaptively and experience less catastrophic thinking and self-criticism [58]. Responding to oneself with self-compassion involves active self-soothing rather than self-criticism in stressful situations. This response reduces perceived threat and frees self-regulatory resources, enabling more effective coping [59]. Physiological studies corroborate these psychological mechanisms, showing that compassion training produces corresponding autonomic effects, such as lowering heart rate in response to stress-inducing situations [60].

Another important finding concerned the group format of the intervention. Group-based delivery provided opportunities for empathy, shared experiences, and a sense of belonging [61], which is especially relevant in collectivist cultures such as Iran. The group setting served as a supportive resource and reduced feelings of isolation associated with grief, particularly in complicated grief.

Many narratives shared by bereaved participants included intense experiences of despair and pain that were difficult to process individually, and sharing these experiences in a group setting allowed for validation and containment [51]. Bereaved individuals often suppress or dampen their emotions because interacting with others can be challenging, and they are familiar with well-intentioned advice from others encouraging suppression or denial of grief, which is often accompanied by critical, distracting, or avoidant remarks [62, 63].

Considering the cultural and familial context in Iran, grief experiences may be more complex. Therefore, interventions that simultaneously address emotional, interpersonal, and attachment dimensions are particularly important. Furthermore, structured group interventions allow bereaved women to experience empathy and belonging while mitigating feelings of isolation. In this framework, evaluating the effectiveness of a compassion-focused group bereavement intervention for Iranian women provides critical evidence for advancing scientific knowledge, enriching therapeutic interventions, and culturally adapting innovative psychotherapeutic approaches.

Conclusion

The compassion-focused group bereavement intervention was shown to effectively reduce grief intensity and difficulties in emotion regulation while enhancing self-compassion. These findings indicate that group-based compassion-focused training can empower bereaved individuals to manage painful emotions with acceptance, empathy, and kindness, thereby improving psychological well-being and resilience. The results are consistent with previous research on CFT, highlighting that compassion-based practices not only alleviate psychological symptoms but also strengthen self-protective behaviors. The group format provided opportunities for empathy, belonging, and shared grief experiences, mitigating isolation among bereaved individuals.

Despite these positive outcomes, several limitations should be considered when interpreting the findings. These include the potential influence of external social and environmental factors and the relatively small sample size, which may affect the generalizability of the results. Given these limitations, future research should include more diverse samples from different cultures and populations to further assess the effectiveness of compassion-focused interventions across various contexts. Additionally, comparative studies with other psychological therapies and delivery through online platforms could enhance accessibility and allow participants to apply the skills learned in their daily lives.

Conflict of Interest

The authors report no conflict of interest.

Ethical Approval

The study protocol was conducted in accordance with the principles outlined in the Helsinki Declaration, which

provides guidelines for ethical research involving human participants. This study was approved by the Research Ethics Committee of Khayyam University (Approval Code: IR.KHAYYAM.REC.1404.001) and was registered in the Iranian Registry of Clinical Trials under the registration number IRCT20250318065122N1.

Declaration of Generative AI and AI-Assisted Technologies

During the preparation of this work the authors did not use any AI tools.

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