

Comparison of the Effectiveness of Emotional Freedom Technique (EFT) Training and Self-Compassion Training on Resilience, Anxiety, and Parent–Child Relationships in Parents of Children with Autism

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ABSTRACT

Objective: This study aimed to compare the effectiveness of Emotional Freedom Technique (EFT) training and self-compassion training on resilience, anxiety, and parent–child relationships among parents of children with autism.

Methods and Materials: This quasi-experimental study employed a pretest–posttest design with two intervention groups and one control group, together with a one-month follow-up. The statistical population consisted of parents of children with autism in Tehran, Iran. Using convenience sampling, 60 eligible participants were selected and randomly assigned to three groups of 20 participants: EFT training, self-compassion training, and control. Data were collected using the Connor–Davidson Resilience Scale, the anxiety subscale of the Depression Anxiety Stress Scales-21 (DASS-21), and Pianta’s Parent–Child Relationship Scale. The intervention groups received their respective training programs, while the control group received no intervention during the study period. Data were analyzed using analysis of covariance and Bonferroni post-hoc comparisons in SPSS version 26.

Findings: Analysis of covariance showed significant group effects on resilience, $F(2,52)=10.843$, $p<.001$, partial $\eta^2=.294$; anxiety, $F(2,52)=3.252$, $p=.047$, partial $\eta^2=.111$; conflict, $F(2,52)=11.922$, $p<.001$, partial $\eta^2=.314$; intimacy, $F(2,52)=14.110$, $p<.001$, partial $\eta^2=.352$; and dependency, $F(2,52)=4.423$, $p=.017$, partial $\eta^2=.145$. Bonferroni comparisons indicated that both EFT and self-compassion training significantly improved resilience and intimacy and reduced anxiety and conflict compared with the control group. EFT produced a significantly greater improvement in resilience than self-compassion training ($p=.032$). EFT also significantly reduced dependency compared with the control group ($p=.016$), whereas the effect of self-compassion training on dependency was not significant.

Conclusion: Both EFT and self-compassion training were effective in improving psychological and relational outcomes among parents of children with autism, although EFT demonstrated greater effectiveness in enhancing resilience and showed a significant advantage in reducing parent–child dependency.

Keywords: Anxiety; Autism Spectrum Disorder; Emotional Freedom Technique; Parent–Child Relationship; Resilience; Self-Compassion

1. Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by persistent difficulties in social communication and social interaction, together with restricted, repetitive patterns of behavior, interests, or activities. Its clinical presentation is heterogeneous, and the severity and functional implications of the disorder vary considerably across individuals. The increasing recognition and diagnosis of ASD across different populations have made it a major focus of developmental, educational, and mental health research. Epidemiological investigations have demonstrated that autism affects a substantial proportion of children and families and that its implications extend well beyond the individual child to the broader family system (Narzisi et al., 2020). Difficulties in communication, adaptive functioning, emotional regulation, and social interaction can create persistent demands on caregivers, particularly parents, who often assume a central role in treatment coordination, behavioral management, education, and daily support. Research on autism has therefore increasingly emphasized not only the developmental outcomes of children but also the psychological functioning and quality of life of parents and families (Boehm et al., 2015; Zeng et al., 2020).

Parents of children with ASD are frequently exposed to substantial and chronic caregiving demands. Behavioral challenges, communication difficulties, uncertainty regarding the child's developmental trajectory, financial burdens, treatment-related responsibilities, and concerns about long-term independence can contribute to elevated levels of stress and emotional exhaustion. Studies have consistently indicated that parenting stress is a major concern in families of children with autism and can influence both parental well-being and the effectiveness of interventions provided to the child (Brei et al., 2015; Eikeseth et al., 2015; Osborne et al., 2008). Parenting stress may become particularly severe when the child displays challenging behaviors, low adaptive functioning, or complex emotional and behavioral needs. Furthermore, recent evidence has shown that parents of children with ASD may experience substantial anxiety and burnout, indicating that chronic caregiving demands can place them at heightened psychological risk (Akram et al., 2025; Tezcan et al., 2025). Such findings underline the importance of interventions that directly target parental psychological functioning rather than focusing exclusively on child-centered treatment.

Parental adjustment is especially important because the psychological state of parents can affect parenting practices, the emotional climate of the family, and the quality of interactions with the child. Families caring for children with developmental disabilities often require sustained psychological and social resources to adapt successfully to chronic stressors (McConnell & Savage, 2015). In the context of ASD, parental resilience has emerged as a particularly important protective factor. Resilience refers broadly to the capacity to adapt effectively in the face of adversity, maintain psychological functioning under stressful conditions, recover from difficult experiences, and mobilize internal and external resources when confronted with ongoing demands. Research suggests that resilience can influence how parents interpret and respond to the challenges associated with raising a child with autism and may reduce the adverse psychological consequences of caregiving (Salim et al., 2026; Sari & Mariyati, 2024). Higher parental resilience may also have consequences for children, because resilient parents may be more likely to use adaptive parenting styles and respond to emotional and behavioral difficulties in a stable and supportive manner (Wang & Zhao, 2026).

The importance of resilience is not limited to autism research. In broader psychological literature, resilience has been associated with better adjustment, greater life satisfaction, and a more adaptive response to difficult circumstances (Moradi & Mirkoohi, 2020). Psychological capital, including resilience, hope, optimism, and self-efficacy, may also operate as a protective resource against depression, anxiety, and existential distress (Farsani et al., 2020). In mothers of children with autism, resilience is particularly salient because prolonged exposure to caregiving demands may gradually reduce psychological resources unless effective coping mechanisms are developed. Intervention research has therefore increasingly examined whether psychological treatments can strengthen resilience in this population. Mindfulness-based cognitive therapy, for example, has been reported to increase resilience among mothers of children with autism, suggesting that resilience is modifiable and responsive to structured psychological intervention (Asgarinejad & Habibi, 2021).

Anxiety represents another important psychological outcome among parents of children with ASD. Persistent concerns about the child's behavior, communication, social acceptance, education, medical needs, future independence, and family functioning may maintain a heightened state of worry and emotional arousal. Parents may also experience

anxiety when confronting unpredictable behavioral episodes, interpersonal difficulties, or uncertainty concerning treatment outcomes. Recent studies have reported significant associations between parenting a child with ASD and elevated anxiety, depressive symptoms, burnout, and other forms of psychological distress (Akram et al., 2025; Tezcan et al., 2025). The burden of anxiety may interfere with parental decision-making, emotional availability, and the ability to respond calmly and consistently to the child. Psychological interventions capable of reducing anxiety may therefore contribute not only to parents' personal well-being but also to more effective parenting and improved family functioning. Evidence from intervention studies shows that anxiety and depressive symptoms in mothers of children with autism can be reduced through structured approaches such as acceptance and commitment therapy (Zarezadeh, 2021), indicating that parental emotional distress is amenable to treatment.

The quality of the parent–child relationship is another central variable in understanding family adaptation to autism. Parent–child relationships encompass dimensions such as emotional closeness, conflict, responsiveness, dependence, communication, and mutual regulation. The difficulties associated with ASD may create barriers to reciprocal interaction and may increase the likelihood of misunderstanding or conflict between parent and child. At the same time, parents who are emotionally distressed may have greater difficulty maintaining patient, warm, and consistent interactions. The parent–child relationship is therefore best understood as a dynamic system in which child characteristics and parental psychological functioning continuously influence one another. Interventions that improve parental coping and emotional regulation may consequently facilitate more constructive parent–child interactions. For example, cognitive-behavioral empowerment programs have been shown to improve mother–child interaction among mothers of children with ASD (Arjmandnia et al., 2021). Likewise, interventions designed to improve functional communication can reduce stereotyped, challenging, and self-injurious behaviors among children with autism, thereby potentially reducing family interactional strain (Karampour et al., 2021). Functional communication training has also received support in systematic research examining communication interventions in educational contexts (Walker et al., 2018).

Communication and social difficulties remain core features of ASD and may significantly shape the parent–

child relationship. Research has demonstrated that structured behavioral and communication-oriented interventions can improve communication skills and social interaction in children with autism (Rezaei et al., 2020). However, communication difficulties are not solely behavioral phenomena and may reflect broader neurodevelopmental differences. Studies of functional connectivity and executive network functioning among individuals with ASD have identified associations between neural functioning and social behavior, reinforcing the complexity of social and interpersonal difficulties in autism (Walsh et al., 2019). These findings emphasize that parents may be required to adapt to persistent interpersonal challenges that cannot always be resolved quickly through child-focused intervention. Consequently, supporting parents' emotional regulation, resilience, and relational flexibility becomes an essential complement to interventions directed at the child.

One potentially useful approach for addressing parental distress is Emotional Freedom Technique (EFT). EFT is an emotion-focused intervention involving the identification of distressing emotional experiences and the use of structured techniques intended to reduce emotional arousal and facilitate adaptive emotional processing. Although different emotion-focused approaches vary in their theoretical foundations and procedures, they share an emphasis on the importance of recognizing, accessing, processing, and transforming maladaptive emotional responses. Emotionally focused therapeutic models regard emotional processes as central mechanisms in interpersonal functioning and psychological adjustment (Johnson, 2019). Emotion-focused approaches have been applied to anxiety, interpersonal dependence, and relational difficulties, with findings indicating reductions in social anxiety and maladaptive dependency following treatment (Hosseini Ardakani, 2020). Emotionally focused interventions have also been discussed in relation to couple processes and spirituality, highlighting their potential relevance to emotional connection and relational functioning (Narlu, 2020). In family contexts, emotion-focused metacognitive approaches have demonstrated benefits for family behavioral control and marital intimacy, suggesting that intervention at the emotional level may influence broader patterns of family interaction (Yavari et al., 2021).

For parents of children with autism, EFT may be particularly relevant because the stressors associated with caregiving often involve repeated emotionally activating experiences. Parents may experience fear, guilt, frustration, helplessness, anger, sadness, or uncertainty in response to

the child's behavioral or developmental difficulties. If these emotional responses remain intense or poorly regulated, they may contribute to anxiety, reduced resilience, and strained parent-child interactions. Techniques aimed at emotional processing and reduction of emotional arousal may therefore provide parents with practical tools for managing stress in everyday caregiving situations. By reducing the intensity of negative emotional reactions, EFT may facilitate greater emotional stability and make it easier for parents to respond to their children with patience and flexibility. The broader literature on emotionally focused approaches supports the premise that modifying emotional responses can influence both intrapersonal and interpersonal functioning (Hosseini Ardakani, 2020; Johnson, 2019).

Self-compassion represents another promising psychological resource for parents confronting chronic caregiving challenges. Self-compassion refers to responding to personal difficulty with kindness, understanding, and nonjudgment rather than harsh self-criticism. It includes recognizing that suffering and imperfection are part of the shared human experience and maintaining balanced awareness of painful thoughts and emotions rather than becoming overwhelmed by them (Neff & Dahm, 2015). Self-compassion may be particularly relevant for parents of children with ASD because these parents may experience self-blame, feelings of inadequacy, guilt, social comparison, or frustration when parenting challenges exceed their expectations or perceived coping abilities. A self-compassionate response may reduce secondary emotional suffering by helping parents acknowledge their difficulties without interpreting them as personal failure.

A growing body of evidence suggests that self-compassion has important associations with psychological well-being and adaptive coping. Self-compassion has been linked to lower psychological distress and may function alongside resilience, hope, self-efficacy, and optimism as a protective psychological resource (Farsani et al., 2020). It has also been examined in relation to anxiety, including anxiety arising under stressful and uncertain conditions (Karimi, 2021). In mothers of children with disabilities, compassion-focused interventions have been shown to improve self-compassion, supporting the feasibility of enhancing this construct through structured training (Rostami & Saadati, 2018). More specifically, self-compassion-based training has been reported to reduce emotional problems among mothers of children with autism, indicating that it may be particularly suitable for this population (Hosseinzadeh & Zoroufi, 2019). These findings

are consistent with the proposition that self-compassion may help parents regulate difficult emotions, recover more effectively from stressful interactions, and maintain a more accepting stance toward both themselves and their children.

The potential effects of self-compassion may also extend to the parent-child relationship. Parents who are less self-critical and more emotionally balanced may be better able to tolerate frustration and respond to difficult child behaviors without escalating conflict. Self-compassion may reduce overidentification with distress, allowing parents to view challenging events more objectively and maintain warmth in their interactions. In this sense, self-compassion may promote resilience and relational functioning simultaneously. This is especially relevant given evidence that family quality of life is strongly related to parental stress and family support (Zeng et al., 2020), and that family quality of life remains a major concern during developmental transitions for individuals with intellectual disability and autism (Boehm et al., 2015). Supporting parents' internal psychological resources may therefore contribute indirectly to broader family adjustment.

Despite growing evidence supporting psychological interventions for parents of children with ASD, important comparative questions remain. Existing studies have examined mindfulness-based interventions, acceptance and commitment therapy, cognitive-behavioral empowerment, compassion-focused approaches, and other psychosocial methods (Arjmandnia et al., 2021; Asgarinejad & Habibi, 2021; Hosseinzadeh & Zoroufi, 2019; Zarezadeh, 2021). However, relatively less attention has been devoted to comparing interventions that operate through different but potentially complementary mechanisms. EFT primarily targets emotionally charged experiences and seeks to reduce emotional arousal through direct emotional processing, whereas self-compassion training emphasizes a supportive internal stance toward suffering, self-kindness, mindfulness, and common humanity. Both approaches may plausibly improve resilience, reduce anxiety, and enhance parent-child relationships, but they may not be equally effective across all outcomes.

This comparative question is particularly important because resilience, anxiety, and parent-child relationship quality are interrelated but conceptually distinct outcomes. Resilience reflects adaptive capacity, anxiety reflects emotional distress, and parent-child relationship dimensions reflect interpersonal functioning. An intervention that produces strong effects on one domain may not necessarily have equivalent effects on others. For example, interventions

that directly reduce emotional arousal may have stronger immediate effects on anxiety or interpersonal reactivity, whereas self-compassion may exert a broader influence through changes in self-judgment, emotional acceptance, and coping. At the same time, evidence showing that parental resilience is associated with parenting style and child emotional and behavioral outcomes underscores the possibility that improvements in resilience may have downstream relational effects (Wang & Zhao, 2026). Systematic evidence further indicates that parental resilience in ASD is influenced by multiple personal and contextual factors, reinforcing the importance of interventions that strengthen modifiable psychological resources (Salim et al., 2026). Qualitative and descriptive research similarly indicates that parents develop resilience through adaptation to the persistent demands of raising a child with ASD (Sari & Mariyati, 2024).

Accordingly, there is a clear need for comparative intervention research that evaluates whether EFT and self-compassion training differ in their capacity to improve resilience, reduce anxiety, and enhance parent–child relationships among parents of children with autism, particularly in cultural contexts where evidence remains limited. Such research may contribute to more precise intervention selection by identifying whether one approach offers stronger benefits for specific psychological or relational outcomes. It may also provide clinicians, counselors, and rehabilitation professionals with practical evidence regarding brief, teachable interventions that can be integrated into family-centered autism services. Given that parental psychological distress can reduce the effectiveness of interventions directed toward children (Osborne et al., 2008), and that parental stress remains a persistent concern even among families participating in intensive behavioral programs (Eikeseth et al., 2015), strengthening parental emotional and psychological functioning should be considered an integral component of comprehensive autism care.

Therefore, the present study aimed to compare the effectiveness of Emotional Freedom Technique (EFT) training and self-compassion training on resilience, anxiety, and parent–child relationships among parents of children with autism.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental, non-descriptive design with two intervention groups and one control group using a pretest–posttest framework. The independent variables were Emotional Freedom Technique (EFT) training and self-compassion training, whereas the dependent variables were resilience, anxiety, and the parent–child relationship among parents of children with autism. The statistical population consisted of all parents of children diagnosed with autism residing in Tehran, Iran. Participants were recruited through convenience sampling from among eligible parents who had access to relevant autism-related educational, counseling, or rehabilitation services. The inclusion criteria consisted of having a child diagnosed with autism, providing informed consent to participate in the study, and committing to regular attendance at the intervention sessions. The exclusion criteria included incomplete responses to the study questionnaires and absence from more than one intervention session. A total of 60 eligible participants were selected and randomly assigned to three equal groups, including an Emotional Freedom Technique group, a self-compassion training group, and a control group, with 20 participants in each group. The sample size was selected based on recommendations for quasi-experimental studies indicating that at least 15 participants should be included in each experimental group; an additional five participants were therefore recruited for each group to compensate for possible attrition. All three groups completed the research measures at the pretest stage. The two intervention groups subsequently received their respective psychological training programs, whereas the control group did not receive either intervention during the study period. Following completion of the interventions, all participants completed the posttest measures under comparable conditions.

2.2. Measures

The Connor–Davidson Resilience Scale was used to assess participants' resilience. The scale was originally developed by Connor and Davidson in 2003 based on an extensive review of the theoretical and empirical literature on resilience. The instrument consists of 25 items designed to evaluate individuals' ability to cope effectively with adversity, stress, and challenging circumstances. Items are rated using a Likert-type response format, with higher total

scores indicating greater resilience. The scale has demonstrated strong psychometric properties in previous studies. Connor and Davidson reported a Cronbach's alpha coefficient of approximately .93 and a split-half reliability coefficient of .89, indicating high internal consistency. The instrument has also been standardized and psychometrically evaluated in Iran. Findings from Iranian validation studies have supported its construct validity and reliability, with reported coefficients of approximately .90 for construct validity and .89 for internal consistency. Accordingly, the Persian version of the Connor–Davidson Resilience Scale has been considered a reliable and valid measure for assessing resilience in Iranian populations.

Anxiety was assessed using the anxiety subscale of the 21-item Depression Anxiety Stress Scales (DASS-21), originally developed in 1995. The DASS-21 is a self-report instrument comprising three subscales designed to assess symptoms of depression, anxiety, and stress. For the purposes of the present study, only the seven-item anxiety subscale was used. Each item is rated on a four-point scale ranging from 0, indicating that the statement did not apply to the respondent at all, to 3, indicating that the statement applied to the respondent very much or most of the time. Participants were instructed to evaluate the extent to which each symptom had applied to them during the previous week. The total anxiety score was calculated by summing the responses to the seven relevant items, with higher scores reflecting greater severity of anxiety symptoms. The DASS-21 has been extensively examined in terms of its factorial structure and psychometric characteristics. Previous factor-analytic findings have supported the distinction among depression, anxiety, and stress, while also demonstrating substantial shared variance among these dimensions. For the anxiety dimension, high internal consistency has been reported in international studies. The psychometric properties of the Persian version have also been evaluated, with Iranian research reporting a test–retest reliability coefficient of .76 and a Cronbach's alpha coefficient of .74 for the anxiety subscale, supporting its applicability in Iranian samples.

The Parent–Child Relationship Scale developed by Pianta was employed to evaluate participants' perceptions of their relationships with their children. The instrument contains 33 items and assesses three principal dimensions of the parent–child relationship: conflict, intimacy, and dependency. The conflict dimension consists of 17 items and assesses negative relational features such as interpersonal tension, anger, disobedience, difficulty with behavioral control, rejection,

and unpredictability in parent–child interactions. The intimacy dimension comprises 10 items and measures the extent to which parents perceive their relationship with their child as warm, emotionally close, supportive, and comfortable. The dependency dimension consists of six items and evaluates excessive or maladaptive dependency within the parent–child relationship. Responses are scored on a five-point Likert scale ranging from 1, indicating that the statement definitely does not apply, to 5, indicating that the statement definitely applies. The scale is intended to assess parents' subjective perceptions of the quality and characteristics of their interaction with their child. The Persian version of the measure has been translated and evaluated by Iranian researchers, and its content validity has been reviewed by specialists. Previous Iranian psychometric studies have reported alpha reliability coefficients ranging from .89 to .97 across the subscales. Confirmatory factor-analytic findings have also provided support for the underlying structure of the instrument, indicating that it possesses satisfactory reliability and validity for assessing parent–child relational characteristics.

2.3. Interventions

The Emotional Freedom Technique intervention was delivered as a structured psychological training program intended to reduce emotional distress and improve adaptive emotional functioning. The intervention introduced participants to the basic principles of EFT and trained them to identify emotionally distressing thoughts, situations, bodily sensations, and negative emotional reactions associated with parenting a child with autism. Participants were taught to focus on a specific emotionally salient problem while simultaneously applying the characteristic EFT tapping procedure to designated acupressure points on the body. Training emphasized awareness of the intensity of distress before and after the exercise, verbal acknowledgment of distressing emotions, formulation of self-accepting statements, and repetition of the tapping sequence until emotional intensity decreased. Across the training process, participants practiced applying EFT to anxiety-provoking parenting situations, feelings of helplessness, emotional tension, interpersonal difficulties, and stressful parent–child interactions. They were also encouraged to use the technique independently outside the intervention sessions when encountering distressing emotions or challenging parenting experiences. The overall purpose of the program was to facilitate emotional

regulation, reduce anxiety and psychological tension, increase perceived coping capacity, and promote more adaptive interactions with the child.

The self-compassion intervention was administered as a structured training program aimed at strengthening a supportive, nonjudgmental, and accepting attitude toward the self in response to distress and parenting-related difficulties. The program focused on the central components of self-compassion, including self-kindness, recognition of common humanity, and mindful awareness of difficult emotional experiences. Participants were trained to identify patterns of self-criticism, guilt, inadequacy, and harsh self-judgment that could arise in relation to the challenges of raising a child with autism and to replace these reactions with more supportive and compassionate internal responses. Training activities emphasized recognizing painful emotions without excessive identification with them, acknowledging that difficulty and imperfection are part of shared human experience, and responding to personal suffering with understanding rather than criticism. Participants also practiced mindfulness-based awareness, compassionate self-talk, emotional acceptance, and strategies for responding constructively to difficult parent–child interactions. Home practice was encouraged to facilitate the application of self-compassionate responses in everyday stressful situations. The intervention was intended to reduce emotional distress and anxiety, enhance resilience, improve parents' emotional responses to caregiving demands, and foster warmer and more adaptive parent–child relationships.

2.4. Data Analysis

Data analysis was conducted using IBM SPSS Statistics version 26. Prior to inferential analysis, the dataset was screened for completeness and suitability for statistical testing, and participants with incomplete questionnaire responses or those who met the predefined exclusion criteria were removed from the relevant analyses. Descriptive statistics were initially calculated to summarize the study variables across the intervention and control groups. To examine the effectiveness of Emotional Freedom Technique

training and self-compassion training and to compare their effects with those of the control condition, analysis of covariance was employed. In these analyses, posttest scores for resilience, anxiety, and the dimensions of the parent–child relationship were treated as dependent variables, group membership was entered as the independent factor, and corresponding pretest scores were statistically controlled as covariates. This procedure allowed the post-intervention differences among the three groups to be evaluated after adjustment for baseline differences. Where an overall group effect was statistically significant, follow-up comparisons were used to determine the pattern of differences among the EFT, self-compassion, and control groups and to identify whether one intervention demonstrated greater effectiveness than the other. Statistical significance was evaluated according to the predefined significance criterion, and the inferential results were interpreted in relation to changes in resilience, anxiety, conflict, intimacy, and dependency within the parent–child relationship.

3. Findings and Results

Before testing the research hypotheses, descriptive statistics were calculated for resilience, anxiety, and the three dimensions of the parent–child relationship, including conflict, intimacy, and dependency, across the Emotional Freedom Technique (EFT), self-compassion, and control groups. Means and standard deviations were calculated at the pretest and posttest stages, and follow-up descriptive statistics were also examined for the two intervention groups. As shown in Table 1, the three groups had relatively similar mean scores at baseline. Following the interventions, however, both the EFT and self-compassion groups demonstrated increased resilience and intimacy and decreased anxiety, conflict, and dependency compared with their pretest scores, whereas relatively limited changes were observed in the control group. The descriptive pattern also suggested that the improvements achieved in the two intervention groups were generally maintained at the one-month follow-up.

Table 1

Descriptive Statistics for Resilience, Anxiety, and Parent–Child Relationship Dimensions by Group and Measurement Stage

Variable	Group	Pretest M	Pretest SD	Posttest M	Posttest SD	Follow-up M	Follow-up SD
Resilience	EFT	61.75	10.84	79.90	9.48	78.85	9.71
	Self-Compassion	62.10	11.16	71.55	10.02	70.45	10.34
	Control	61.40	10.67	63.20	10.53	62.85	10.69
Anxiety	EFT	11.10	2.96	7.15	2.38	6.75	2.41

	Self-Compassion	11.25	3.04	7.30	2.51	7.80	2.60
	Control	11.05	2.88	9.40	2.74	9.55	2.82
Conflict	EFT	49.65	10.75	38.20	8.73	39.20	8.84
	Self-Compassion	50.15	10.18	34.10	8.26	33.15	8.42
	Control	49.90	9.96	48.15	9.01	48.40	9.18
Intimacy	EFT	31.45	6.87	39.60	5.92	39.95	5.87
	Self-Compassion	31.20	6.61	41.55	5.54	42.75	5.66
	Control	31.60	6.42	29.75	6.09	29.55	6.17
Dependency	EFT	20.40	4.22	16.10	3.36	16.80	3.51
	Self-Compassion	20.15	4.01	17.90	3.18	18.10	3.24
	Control	20.25	3.87	19.05	3.42	19.20	3.48

As indicated in Table 1, baseline scores were generally comparable across the three groups. At posttest, resilience increased from 61.75 to 79.90 in the EFT group and from 62.10 to 71.55 in the self-compassion group, whereas only a small change was observed in the control group. Anxiety decreased in both intervention groups, from 11.10 to 7.15 in the EFT group and from 11.25 to 7.30 in the self-compassion group. A similar favorable pattern was observed for the parent–child relationship dimensions. Conflict decreased in both intervention groups, whereas intimacy increased markedly following treatment. Dependency also declined, with the largest descriptive reduction occurring in the EFT group. The follow-up means remained close to the posttest values, indicating relative maintenance of the intervention-related changes one month after treatment. Overall, the descriptive results suggested beneficial effects of both interventions, with a comparatively larger increase in resilience and a more pronounced reduction in dependency in the EFT group.

Prior to conducting the analysis of covariance, the statistical assumptions underlying parametric analysis were examined. The Shapiro–Wilk test showed that the

distributions of all dependent variables were not significantly different from normal at either pretest or posttest, with significance values ranging from .054 to .352; thus, the assumption of normality was satisfied. Homogeneity of variances was evaluated using Levene's test. The results based on mean scores were nonsignificant for resilience, $F(2,57)=1.973$, $p=.148$; anxiety, $F(2,57)=3.139$, $p=.056$; conflict, $F(2,57)=0.864$, $p=.427$; intimacy, $F(2,57)=0.167$, $p=.847$; and dependency, $F(2,57)=0.491$, $p=.615$, confirming equality of error variances across the three groups. In addition, the assumption of homogeneity of regression slopes was examined through the interaction between group membership and the corresponding pretest scores. None of the interactions was statistically significant for resilience, $F=0.226$, $p=.799$; anxiety, $F=1.096$, $p=.343$; conflict, $F=0.270$, $p=.765$; intimacy, $F=1.161$, $p=.323$; or dependency, $F=1.665$, $p=.201$. Therefore, the required assumptions for analysis of covariance were adequately met, and ANCOVA was subsequently used to compare adjusted posttest scores across the EFT, self-compassion, and control groups.

Table 2

Analysis of Covariance for the Effects of Group on Resilience, Anxiety, and Parent–Child Relationship Dimensions

Dependent Variable	Source	SS	df	MS	F	p	Partial η^2
Resilience	Pretest	4518.62	1	4518.62	44.97	<.001	.455
	Group	2178.41	2	1089.21	10.843	<.001	.294
	Error	5224.86	52	100.48			
Anxiety	Pretest	134.28	1	134.28	16.86	<.001	.245
	Group	51.79	2	25.90	3.252	.047	.111
	Error	414.22	52	7.97			
Conflict	Pretest	3602.47	1	3602.47	44.08	<.001	.459
	Group	1948.52	2	974.26	11.922	<.001	.314
	Error	4250.63	52	81.74			
Intimacy	Pretest	612.39	1	612.39	10.83	.002	.172
	Group	1594.64	2	797.32	14.110	<.001	.352
	Error	2938.41	52	56.51			
Dependency	Pretest	229.54	1	229.54	16.93	<.001	.246
	Group	119.93	2	59.97	4.423	.017	.145
	Error	705.15	52	13.56			

The ANCOVA results presented in Table 2 demonstrated significant group effects on all study outcomes after controlling for the corresponding pretest scores. A significant effect of group was found for resilience, $F(2,52)=10.843$, $p<.001$, partial $\eta^2=.294$, indicating that approximately 29.4% of the adjusted posttest variance in resilience was attributable to group membership. The group effect was also significant for anxiety, $F(2,52)=3.252$, $p=.047$, partial $\eta^2=.111$, accounting for 11.1% of the variance. Significant effects were similarly found for conflict, $F(2,52)=11.922$, $p<.001$, partial $\eta^2=.314$; intimacy, $F(2,52)=14.110$, $p<.001$, partial $\eta^2=.352$; and dependency,

$F(2,52)=4.423$, $p=.017$, partial $\eta^2=.145$. Accordingly, group membership accounted for 31.4% of the adjusted variance in conflict, 35.2% of the adjusted variance in intimacy, and 14.5% of the adjusted variance in dependency. These findings demonstrated that, after adjustment for baseline scores, the three study groups differed significantly in resilience, anxiety, and the parent-child relationship dimensions. Because the omnibus group effects were significant, Bonferroni-adjusted post-hoc comparisons were conducted to determine which groups differed from one another.

Table 3

Bonferroni Post-Hoc Comparisons of Adjusted Posttest Scores Across the Three Groups

Dependent Variable	Group I	Group J	Mean Difference (I-J)	SE	p
Resilience	EFT	Self-Compassion	8.296	3.133	.032
	EFT	Control	16.134	3.134	<.001
	Self-Compassion	Control	7.838	3.159	.048
Anxiety	EFT	Self-Compassion	-0.139	0.845	.956
	EFT	Control	-2.140	0.862	.048
	Self-Compassion	Control	-2.279	0.845	.028
Conflict	EFT	Self-Compassion	4.402	2.843	.381
	EFT	Control	-9.927	2.843	.003
	Self-Compassion	Control	-14.329	2.870	<.001
Intimacy	EFT	Self-Compassion	-1.883	2.019	.856
	EFT	Control	9.869	2.041	<.001
	Self-Compassion	Control	11.752	2.030	<.001
Dependency	EFT	Self-Compassion	-1.775	0.991	.237
	EFT	Control	-2.832	0.975	.016
	Self-Compassion	Control	-1.057	0.964	.883

The Bonferroni-adjusted comparisons presented in Table 3 clarified the pattern of between-group differences. For resilience, both EFT and self-compassion training resulted in significantly higher adjusted posttest scores than the control condition; however, EFT was also significantly more effective than self-compassion training, with a mean difference of 8.296 points ($p=.032$). For anxiety, both EFT ($MD=-2.140$, $p=.048$) and self-compassion training ($MD=-2.279$, $p=.028$) produced significantly lower anxiety scores than the control group, whereas the two active interventions did not significantly differ from one another ($p=.956$). A comparable pattern was observed for conflict: both EFT ($MD=-9.927$, $p=.003$) and self-compassion training ($MD=-14.329$, $p<.001$) significantly reduced conflict compared with the control group, while the difference between the two interventions was nonsignificant ($p=.381$). For intimacy, participants in both the EFT ($MD=9.869$, $p<.001$) and self-compassion groups ($MD=11.752$, $p<.001$) obtained significantly higher scores

than controls, but the difference between the active interventions was not statistically significant ($p=.856$). Finally, EFT significantly reduced dependency relative to the control condition ($MD=-2.832$, $p=.016$), whereas the difference between self-compassion training and the control group was not statistically significant ($p=.883$). The direct comparison between EFT and self-compassion training for dependency was also nonsignificant ($p=.237$). Taken together, these results indicated that both interventions were effective in improving resilience and intimacy and reducing anxiety and conflict among parents of children with autism. EFT demonstrated a significantly greater effect on resilience and was the only intervention to produce a statistically significant reduction in dependency relative to the control group.

4. Discussion

The present study compared the effectiveness of Emotional Freedom Technique (EFT) training and self-

compassion training on resilience, anxiety, and parent–child relationships among parents of children with autism. The findings indicated that both interventions produced significant improvements in several psychological and relational outcomes compared with the control group. Specifically, both EFT and self-compassion training significantly increased resilience and intimacy and significantly reduced anxiety and conflict in the parent–child relationship. However, EFT demonstrated a significantly greater effect than self-compassion training on resilience. In addition, EFT significantly reduced dependency in the parent–child relationship compared with the control group, whereas the effect of self-compassion training on dependency was not statistically significant. The two interventions did not differ significantly in their effects on anxiety, conflict, or intimacy. These findings suggest that both interventions can be beneficial for parents of children with autism, although EFT may provide particular advantages for strengthening resilience and modifying dependency-related patterns within the parent–child relationship.

The significant improvement in resilience following both interventions is consistent with the broader literature emphasizing resilience as a modifiable psychological resource among parents of children with autism. Parents of children with autism frequently encounter persistent caregiving demands, uncertainty, social pressure, and emotional challenges that require sustained adaptation. Previous research has shown that resilience plays a central role in how parents respond to such demands and maintain psychological functioning despite chronic stress (Salim et al., 2026; Sari & Mariyati, 2024). Furthermore, higher parental resilience has been associated with more adaptive parenting styles and fewer emotional and behavioral problems in children with autism, suggesting that resilience may have implications beyond parental well-being alone (Wang & Zhao, 2026). The present findings therefore reinforce the view that psychological interventions targeting parents can strengthen adaptive coping capacities and potentially influence the broader family environment.

The effectiveness of EFT in improving resilience may be explained by its emphasis on the immediate regulation of emotionally charged experiences. Parents of children with autism often face repeated stressful events involving behavioral challenges, communication difficulties, uncertainty regarding development, and concerns about the future. Such experiences may generate persistent fear, frustration, helplessness, and emotional exhaustion. EFT

may help reduce the intensity of these emotional responses and promote a greater sense of emotional control. By repeatedly identifying distressing experiences and reducing the emotional activation associated with them, parents may become more capable of recovering from stressful situations and approaching subsequent caregiving demands with greater psychological flexibility. This interpretation is compatible with research showing that interventions targeting emotional processing and emotional regulation can improve psychological adaptation and interpersonal functioning (Hosseini Ardakani, 2020; Johnson, 2019).

The finding that EFT was significantly more effective than self-compassion training in increasing resilience is particularly noteworthy. One possible explanation is that EFT may provide parents with a more immediate and concrete coping technique that can be applied during emotionally intense situations. Resilience involves not only a compassionate attitude toward oneself but also the ability to regulate emotional arousal, recover from stress, and continue functioning under difficult conditions. EFT may directly facilitate this recovery process by offering a structured method for reducing emotional activation. In comparison, self-compassion training may influence resilience more gradually through changes in self-criticism, acceptance, mindfulness, and emotional perspective. Previous research has shown that mindfulness-based interventions can improve resilience among mothers of children with autism (Asgarinejad & Habibi, 2021), while self-compassion has also been associated with psychological capital, including resilience, hope, optimism, and self-efficacy (Farsani et al., 2020). The present findings suggest that while both pathways are effective, the more directly emotion-regulatory characteristics of EFT may produce stronger changes in resilience over the duration of the intervention.

The significant reduction in anxiety in both intervention groups also corresponds with previous research demonstrating substantial anxiety and psychological distress among parents of children with autism. Parents of children with ASD may experience persistent worry about their child's communication, behavior, education, social integration, and long-term independence. Elevated anxiety and burnout have been documented in this population, particularly when parents are confronted with chronic behavioral and caregiving demands (Akram et al., 2025; Tezcan et al., 2025). The present findings indicate that both EFT and self-compassion training can reduce this anxiety. This is also compatible with earlier evidence showing that

psychological interventions such as acceptance and commitment therapy can reduce anxiety and depressive symptoms in mothers of children with autism (Zarezadeh, 2021).

The anxiety-reducing effects of EFT may be understood through the reduction of emotional and physiological arousal associated with distressing thoughts and caregiving situations. When parents repeatedly experience anxiety in response to challenging child behaviors or concerns about the future, those responses may become reinforced over time. EFT may interrupt this pattern by allowing parents to confront distressing thoughts while simultaneously engaging in a structured self-regulation procedure. This may reduce avoidance, emotional escalation, and the subjective intensity of anxious responses. Related findings from emotion-focused interventions have shown beneficial effects on social anxiety and interpersonal dependency, supporting the broader proposition that modifying emotional processing can reduce maladaptive anxiety responses (Hosseini Ardakani, 2020). Emotion-focused therapeutic models also emphasize the transformation of maladaptive emotional states into more adaptive responses, which may contribute to reductions in anxiety and improvements in psychological flexibility (Johnson, 2019).

The effectiveness of self-compassion training in reducing anxiety can be explained through different but complementary mechanisms. Self-compassion encourages individuals to respond to distress with understanding rather than self-criticism, to recognize suffering as part of shared human experience, and to observe difficult emotions without becoming excessively absorbed in them (Neff & Dahm, 2015). For parents of children with autism, anxiety may be intensified by self-blame, feelings of inadequacy, guilt, unrealistic expectations, and social comparison. Self-compassion may reduce these secondary sources of distress by helping parents reinterpret difficult parenting experiences in a less judgmental way. Previous studies have supported the relevance of self-compassion to anxiety and emotional functioning (Karimi, 2021), and self-compassion-based interventions have been shown to improve emotional problems among mothers of children with autism (Hosseinzadeh & Zoroufi, 2019). Compassion-focused interventions have likewise improved self-compassion among mothers of children with disabilities (Rostami & Saadati, 2018). The absence of a significant difference between EFT and self-compassion training in reducing anxiety suggests that both interventions may be clinically

useful despite operating through somewhat different mechanisms.

The findings regarding the parent–child relationship also indicated that both EFT and self-compassion training significantly reduced conflict and increased intimacy compared with the control condition. These results are important because the psychological state of the parent is closely related to the quality of parent–child interactions. High parental stress, anxiety, and emotional dysregulation may increase irritability, reduce patience, and make constructive responses to difficult child behavior more difficult. Parenting stress has repeatedly been identified as a substantial concern among families of children with autism (Brei et al., 2015; Eikeseth et al., 2015), and elevated parental stress can even reduce the effectiveness of interventions provided directly to the child (Osborne et al., 2008). Therefore, improvements in parental emotional functioning may reasonably be expected to translate into more adaptive interpersonal interactions.

The reduction in conflict observed in both intervention groups may reflect improved emotional regulation and greater tolerance of difficult interactions. Parents who are less anxious and more psychologically resilient may be less likely to respond to child behavior with anger, frustration, or escalating conflict. In addition, self-compassion may help parents respond to their own mistakes and limitations with less self-criticism, which can reduce defensiveness and emotional reactivity in parent–child interactions. Similarly, EFT may decrease the intensity of emotionally charged reactions and allow parents to approach challenging interactions with greater calmness. These findings are consistent with previous intervention research showing that cognitive-behavioral empowerment programs can improve mother–child interaction among mothers of children with autism (Arjmandnia et al., 2021). They also correspond with evidence that improvements in communication and behavioral functioning can reduce interactional strain within families (Karampour et al., 2021; Walker et al., 2018).

The significant improvement in intimacy following both interventions may similarly be explained by enhanced emotional availability. Intimacy in the parent–child relationship depends on warmth, emotional closeness, sensitivity, and the ability to engage with the child without excessive tension or withdrawal. Parents experiencing high anxiety or emotional exhaustion may find it difficult to maintain this form of emotional engagement. By reducing distress and increasing emotional regulation, both EFT and self-compassion training may allow parents to become more

receptive and emotionally available in interactions with their children. Previous evidence from emotionally focused and relational interventions has shown that changes in emotional processing can improve closeness and intimacy in family and couple relationships (Narlu, 2020; Yavari et al., 2021). The current results extend this relational perspective to parents of children with autism.

The findings concerning dependency were more differentiated. EFT significantly reduced dependency compared with the control group, whereas self-compassion training did not produce a significant effect on this dimension. This result may indicate that dependency-related patterns are more strongly influenced by immediate emotional reactivity, fear, and overinvolvement than by self-attitudinal processes alone. Parents of children with autism may become excessively protective because of concerns about the child's vulnerability, social functioning, communication difficulties, or ability to cope independently. Such anxiety-driven patterns may contribute to excessive parent-child dependency. EFT may help parents reduce the emotional intensity underlying these fears, allowing them to encourage greater autonomy and reducing overdependent patterns of interaction. The finding is compatible with previous evidence that emotion-focused interventions can reduce interpersonal dependency (Hosseini Ardakani, 2020). By contrast, although self-compassion may improve emotional well-being, it may not directly target parental overprotection or dependency unless these patterns are specifically incorporated into the intervention.

The broader family literature also supports the importance of improving parental psychological functioning. Family quality of life is closely linked to parental stress, available support, and adaptive coping (Zeng et al., 2020). Families of individuals with autism may continue to experience substantial challenges as children move through developmental transitions, making parental psychological resources important over the long term (Boehm et al., 2015). Resilience is especially important because it enables parents to maintain functioning despite chronic adversity (McConnell & Savage, 2015). Moreover, developmental and social difficulties in autism may persist despite intervention, particularly because social behavior and communication are influenced by complex neurodevelopmental mechanisms (Walsh et al., 2019). Although behavioral and communication interventions can improve children's functioning (Rezaei et al., 2020), parents still require their own psychological resources to respond adaptively to ongoing challenges. The present findings

therefore support a family-centered model of autism intervention in which parental mental health is addressed alongside child-focused rehabilitation.

5. Conclusion

Overall, the results indicate that EFT and self-compassion training can both be considered useful psychological interventions for parents of children with autism. Their comparable effects on anxiety, conflict, and intimacy suggest that both may help reduce emotional distress and improve relational functioning. At the same time, the stronger effect of EFT on resilience and its significant effect on dependency indicate that its emphasis on direct emotional regulation may offer additional advantages for certain outcomes. These findings do not suggest that one intervention is universally superior to the other; rather, they imply that intervention selection may be improved by considering the specific needs and difficulties of individual parents. Parents whose primary difficulties involve intense emotional arousal, reduced coping capacity, or overdependent interactional patterns may benefit particularly from EFT, whereas those experiencing persistent self-criticism, guilt, emotional isolation, or harsh self-judgment may benefit substantially from self-compassion training. From this perspective, both interventions can contribute meaningfully to psychological support programs for families of children with autism.

6. Limitations & Suggestions

Several limitations should be considered when interpreting the findings. The participants were recruited using convenience sampling from parents of children with autism in Tehran, which may limit the generalizability of the results to parents living in other geographical, cultural, or socioeconomic contexts. The relatively modest sample size may also have reduced statistical sensitivity for detecting smaller differences between the two active interventions. In addition, the study relied primarily on self-report measures, which may be influenced by response bias, social desirability, or participants' subjective perceptions of change. The follow-up period was limited to one month and therefore provides only short-term evidence regarding the stability of treatment effects. Furthermore, factors such as autism severity, child age, family socioeconomic status, parental marital status, receipt of concurrent psychological services, and other sources of family support were not examined as moderators of treatment response. These factors

may influence both psychological outcomes and the effectiveness of intervention.

Future studies should replicate these findings with larger and more diverse samples and should use probability-based or multisite sampling where feasible. Longer follow-up periods, including three-month, six-month, and one-year assessments, would provide stronger evidence regarding the durability of intervention effects. Researchers could also investigate whether autism severity, child behavioral problems, parental stress levels, socioeconomic status, or perceived social support moderate responses to EFT and self-compassion training. The inclusion of observational assessments of parent–child interaction would strengthen future studies by supplementing self-report measures with behavioral evidence. Comparative studies involving other evidence-based interventions, such as mindfulness-based programs, acceptance and commitment therapy, or cognitive-behavioral approaches, may also clarify the relative effectiveness of different psychological treatments. Future research could additionally examine possible mediators, such as emotion regulation, self-criticism, psychological flexibility, perceived parenting competence, or coping self-efficacy, to identify the mechanisms through which EFT and self-compassion influence resilience, anxiety, and parent–child relationships.

Psychologists, counselors, rehabilitation professionals, and autism service providers may consider incorporating EFT and self-compassion training into supportive programs for parents of children with autism. EFT may be particularly useful when parents report intense emotional arousal, low resilience, anxiety-driven overprotection, or difficulty recovering from stressful parenting experiences. Self-compassion training may be especially appropriate for parents experiencing guilt, persistent self-criticism, feelings of inadequacy, or difficulty accepting emotional distress. Both interventions may be delivered alongside child-focused rehabilitation programs so that parental psychological functioning is addressed as part of comprehensive family-centered care. Training parents in brief and practical emotion-regulation and self-compassion skills may also improve their ability to respond to difficult child behaviors with greater calmness, consistency, warmth, and flexibility. Service providers should therefore consider parental well-being not as a secondary issue, but as an essential component of intervention planning for families of children with autism.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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All authors have equally contributed to the research process and the development of the manuscript.

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