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Comparing the Effectiveness of Emotion-Focused Therapy and Cognitive-Behavioral Therapy on Experiential Avoidance in Individuals Grieving Due to COVID-19

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A B S T R A C T

Objective: Psychiatric interventions for individuals with complex grief are essential; therefore, this study was conducted to compare the effectiveness of emotion-focused therapy and cognitive-behavioral therapy on experiential avoidance in individuals grieving due to COVID-19.

Research Method: This semi-experimental study was conducted with a pre-test, post-test design with a control group and a three-month follow-up. The population of the study consisted of all families grieving due to COVID-19 during 2020-2021 in the city of Chalus, from which 45 individuals were selected through purposive sampling based on inclusion and exclusion criteria and randomly assigned into three groups (two experimental and one control) of 15 members each. The first group received 9 sessions of Greenberg's (2017) emotion-focused therapy, the second group received 9 sessions of Beck's (2011) cognitive-behavioral therapy, and the control group received no intervention. The Multidimensional Experiential Avoidance Questionnaire (MEAQ; Gámez et al., 2011) was completed by participants at three stages: pre-test, post-test, and follow-up, for data collection. The data were analyzed using repeated measures analysis of variance.

Findings: The results indicated that both emotion-focused therapy and cognitive-behavioral therapy are effective in reducing experiential avoidance in grieving individuals, and moreover, in comparing the two therapies, emotion-focused therapy was more effective than cognitive-behavioral therapy in controlling experiential avoidance ($p<0.05$).

Conclusion: The findings of this study suggest that emotion-focused therapy can be utilized to improve experiential avoidance in grieving individuals.

Keywords: *Emotion-focused therapy, Cognitive-behavioral therapy, Experiential avoidance, COVID-19.*

1. Introduction

In December 2019, the World Health Organization reported an outbreak of atypical pneumonia caused by the novel coronavirus SARS-COV in the city of Wuhan, China, and declared a public health emergency (Lee et al., 2020). This pandemic represents a significant social event that leads to various psychological effects such as anxiety and fear, confusion, instability, economic issues, educational challenges, and more. However, one of the most significant impacts during the COVID-19 pandemic relates to families grieving the loss due to the virus (Fowley, 2021).

During the COVID-19 outbreak, unfortunately, many families lost loved ones to the disease, facing not only grief and loss but also other difficult situations. Due to health protocols, grieving families were often not allowed to hold funeral ceremonies or visitations as per tradition, preventing them from meeting with the deceased for farewell rituals or attending gravesites as usual. The lack of social mourning ceremonies meant they couldn't express their grief normally, leading to increased psychological stress (Louw, 2020). As a result, these individuals were at risk of complicated grief or pathological mourning, where natural grief reactions gradually decrease, and mourning typically lasts no more than 6 months. In contrast, complicated grief involves longer, more intense psychological distress (Worden, 2002).

Numerous studies have highlighted the extended and complex grieving experiences of individuals who lost loved ones during the COVID-19 pandemic (Gesi et al., 2020). Experiential avoidance, often examined after trauma exposure, is prevalent among grieving individuals, especially those experiencing complicated grief, considering it a form of trauma (Eisma et al., 2020; Nam, 2016). Experiential avoidance involves excessively negative evaluations of emotions, reluctance to endure painful private events, and efforts to control, suppress, or avoid the frequency and form of these private events and the situations that generate them (Esmaeelian et al., 2016). This general concept encompasses various types of avoidance, such as cognitive (distraction and worry), emotional (efforts to suppress sadness and distress), and behavioral (avoidance of situations that induce physiological arousal and uncomfortable bodily sensations). These strategies, although reinforcing in the short term by reducing psychological distress, become problematic and disruptive to life over time (Hayes et al., 2004).

Experiential avoidance is not harmful per se but forms the basis of a psychological vulnerability that leads to various adverse psychosocial outcomes, from substance abuse to suicide (Shafiei, Sadeghi, & Ramezani, 2016). Its role as a transdiagnostic process in the development and maintenance of many mental disorders has been highlighted, with studies showing that persistent avoidance exacerbates trauma symptoms (Atadokht et al., 2018; Atadokht et al., 2019; Levin et al., 2018; Spinhoven et al., 2014; Venta et al., 2012).

Emotion-focused therapy (EFT) has gained significant attention in recent years (Sandberg & Knestel, 2011). EFT is recognized for examining the role of emotion in therapeutic change and represents an eclectic approach to therapy (Greenberg et al., 2008). This eclectic approach integrates the foundations of client-centered therapy, Gestalt therapy, experiential therapy, and existential therapy with modern theories of emotion, cognition, attachment, and psychodynamics, using a dialectical constructivist method (Greenberg et al., 2008). EFT emphasizes the primary role of emotion in displaying and changing relational turmoil, organizing attachment behaviors that drive us towards responsiveness to others and the expression of needs and desires. In EFT, instead of reducing, controlling, or simplistically labeling emotion, it is developed and differentiated. The underlying emotional responses are explored, experienced, and reprocessed, leading to new interactions. This exploration and discovery of emotional experience are not for the sake of venting or insight but to experience new aspects of oneself, eliciting new responses (Karaminezhad et al., 2017). The efficacy and therapeutic application of this approach have been confirmed for various psychological disorders and conditions, including childhood adversities (Paivio & Pascual-Leone, 2010), distress tolerance and frustration (Aryannejad et al., 2021; Beyrami et al., 2014; Karaminezhad et al., 2017), emotional injuries (Greenberg et al., 2008), anxiety (Esmaeelian et al., 2016; Lafrance Robinson et al., 2016; Salami Roodsary et al., 2022; Watson & Greenberg, 2017), traumatic events and trauma (Harte, 2019; Mlotek & Paivio, 2017; Weissman et al., 2018).

Another widely used and effective treatment for traumatic events is cognitive-behavioral therapy (CBT). Cognitive-behavioral theorists believe that efficient therapy directly changes dysfunctional cognitions through structured cognitive interventions (Bieling et al., 2009). According to the fundamental premise of most CBT models, patients' cognitions and perceptions shape their emotions and behaviors, influencing how patients' thoughts affect their behavior and emotional well-being (Esmaeelian et al., 2016;

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Faramarzi et al., 2013). This therapy, leveraging the core principles of this model and the interplay between individual cognitions about the disorder, emotions, and behaviors, addresses cognitive reconstruction of evaluations and beliefs associated with traumatic experiences (Haugen et al., 2012). Thus, CBT aids clients in achieving more balanced and effective thought patterns through methods like incident recall, identifying related thoughts and feelings, reevaluating thinking patterns and assumptions, recognizing cognitive errors and distorted beliefs, thereby improving self-perception and coping abilities. Consequently, it restores a sense of control, confidence, and predictability to the patient in a controlled setting, reducing avoidance, catastrophic outcome expectations, recurring trauma experiences, and more (American Psychiatric Association, 2022).

CBT's effectiveness on various psychological variables, including anxiety, depression (Otte, 2011), and grief (Boelen, 2006; Moradi & Fathi, 2016; O'Donnell et al., 2014), has been studied and confirmed.

Given the aforementioned, few studies have investigated unresolved grief due to COVID-19. Therefore, the question addressed in this research is whether there is a difference in the effectiveness of emotion-focused therapy and cognitive-behavioral therapy on experiential avoidance in individuals grieving due to COVID-19.

2. Methods and Materials

2.1. Study Design and Participants

The present study, in terms of its objective, is applied and by nature, a quasi-experimental research of the pre-test, post-test with a control group and a three-month follow-up design. The study population consisted of all families grieving due to COVID-19 during 2020-2021 in the city of Chalus. For the execution of the study, considering attrition, 45 participants were selected through purposive sampling based on inclusion criteria (scoring above 102 on the Grief Experience Questionnaire, having at least a high school diploma, being older than eighteen years, and having been grieving for six months) and exclusion criteria (undergoing concurrent psychological treatments and taking psychiatric medications). The participants were then randomly assigned into two experimental groups and one control group.

Initially, announcements about the sessions and preliminary registration conditions were communicated through social media and psychological clinics in Chalus. Participants were then selected via the Grief Experience Questionnaire. The target sample (45 individuals) was randomly divided through a lottery into three groups of 15: two experimental groups and one control group. After explaining the study's purpose regarding the necessity of psychological treatments and the confidentiality of personal information, the Multidimensional Experiential Avoidance Questionnaire was completed by all three groups as a pre-test (T1). Subsequently, the first experimental group underwent emotion-focused therapy, the second received cognitive-behavioral therapy, and the control group received no treatment. The specified treatments were administered individually and in-person by the researcher at a psychological clinic. After the treatments concluded in the experimental groups, all participants in the three groups completed the questionnaires again as a post-test (T2). Finally, a follow-up test was conducted across all groups after three months (T3).

2.2. Measures

2.2.1. Grief Experience

Developed by Bart and Scott (1989), this questionnaire assesses individuals' feelings following the death of loved ones across six different dimensions (feelings of guilt, efforts for justification and coping, physical reactions, feeling of abandonment, judgment by self or others, shame/embarrassment, infamy). The questionnaire consists of 34 items scored on a 5-point Likert scale (never=1 to always=5), with scores ranging from 34 to 68 indicating low grief experience, 68 to 102 indicating moderate grief experience, and scores above 102 indicating high grief experience. The construct validity of the questionnaire was determined in the study by Mahdipour, Shahidi, Roshan, and Dehghani (2009) using two methods: principal component analysis and convergent validity by correlating the GEQ scores with GHQ and SCl-25. Additionally, the reliability of the questionnaire was confirmed through Cronbach's alpha, which was 88% overall and ranged from 40% to 86% for its components (Moradi & Fathi, 2016).

2.2.2. Experiential Avoidance

Multidimensional Experiential Avoidance Questionnaire (MEAQ): Validated by Gámez et al. (2011), this 62-item questionnaire includes subscales for behavioral avoidance, distress aversion, procrastination, suppression and distraction, denial, and distress endurance. Responses are rated on a 6-point Likert scale from strongly disagree (1) to strongly agree (6). Higher scores indicate greater avoidance.

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The questionnaire has shown good validity and reliability in both clinical and non-clinical populations. Gámez et al. (2011) reported Cronbach's alpha coefficients ranging from .91 to .95 and a correlation of .74 with Hayes et al.'s (2004) Acceptance and Action Questionnaire, indicating suitable validity. In Iran, Esmaeilian, Dehghani, Akbari, and Hasanvand (2016) found Cronbach's alpha coefficients for the various dimensions and the overall experiential avoidance score to range from .81 to .93 (Esmaeelian et al., 2016).

2.3. *Interventions*

2.3.1. *Emotion-Focused Therapy*

Emotion-Focused Therapy Protocol: Based on Greenberg's (2008) therapeutic protocol, the present study's emotion-focused therapy was conducted over 9 group sessions, each lasting 90 minutes, on a weekly and in-person basis (Greenberg et al., 2008).

Session 1: The initial session focuses on creating a safe therapeutic environment and explaining the EFT approach. The therapist encourages participants to explore and express their feelings about their loss, emphasizing the importance of emotional awareness and expression.

Session 2: Participants are guided to identify and label their emotions related to grief, with a particular focus on distinguishing between primary adaptive emotions and secondary reactive emotions. The therapist helps participants understand how avoiding emotions contributes to their distress.

Session 3: The session explores unmet needs and unfinished business associated with the loss. Techniques such as empty chair or imagery are used to help participants express unresolved feelings towards the deceased or the situation.

Session 4: The therapist works with participants to access and fully experience core painful emotions, such as profound sadness or longing, in a supportive environment. The goal is to process these emotions rather than avoid them.

Session 5: Building on the emotional processing of the previous session, the focus shifts to transforming maladaptive emotions. The therapist helps participants identify what needs to change emotionally and how to enact these changes.

Session 6: Participants are encouraged to develop more adaptive emotional responses to their loss. The therapist facilitates the discovery of new meanings and perspectives related to the grief experience.

Session 7: The session emphasizes self-compassion and forgiveness, helping participants address feelings of guilt, anger, or blame associated with the loss. Techniques to foster compassion towards oneself and others are practiced.

Session 8: The therapist assists participants in envisioning a future in which they can remember the loss without overwhelming distress. The session focuses on integrating the loss into one's life story in a way that allows for continued growth and development.

Session 9: In the final session, participants review the emotional journey they have undertaken, acknowledging the work done to process their grief. The therapist and participants discuss strategies for maintaining emotional health and continuing the healing process beyond therapy.

2.3.2. *Cognitive-Behavioral Therapy*

Cognitive-Behavioral Therapy Protocol: The cognitive-behavioral therapy in this study was based on Beck's (2011) therapeutic protocol and conducted over 9 sessions of 90 minutes each, weekly and in-person (Bieling et al., 2009).

Session 1: The first session is dedicated to establishing rapport, introducing the principles of CBT, and setting therapy goals. The therapist explains how thoughts, feelings, and behaviors interact and contribute to experiential avoidance. Participants are encouraged to share their experiences with grief and loss, and initial assessments are made to identify dysfunctional thoughts.

Session 2: This session focuses on identifying and challenging negative automatic thoughts related to the grief process. The therapist introduces the concept of cognitive distortions and helps participants recognize their patterns of negative thinking. Homework includes tracking these thoughts in a journal.

Session 3: The therapist and participants delve deeper into the core beliefs and assumptions underlying their grief and experiential avoidance. Techniques such as the downward arrow are used to trace automatic thoughts back to these core beliefs. Participants learn to question the validity of these beliefs.

Session 4: Building on the previous session, participants are taught to reframe their negative thoughts into more balanced, realistic ones. The session emphasizes the creation of new narratives about the loss that incorporate both acceptance and change.

Session 5: Focus shifts to behavioral activation, encouraging participants to engage in activities they have avoided since their loss. The therapist helps participants

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identify small, manageable goals to begin reintegrating avoided activities and experiences.

Session 6: The therapist introduces problem-solving techniques to address practical issues related to grief, such as adjusting to life changes and dealing with triggers of distress. Participants practice these skills in session and as homework.

Session 7: This session is dedicated to addressing any avoidance behaviors directly linked to grief, using exposure techniques. Participants are gradually exposed to thoughts, memories, and activities they have avoided, with the aim of reducing their emotional impact.

Session 8: Coping strategies for managing intense emotions associated with grief are introduced, including mindfulness and relaxation techniques. Participants learn to observe their emotions without judgment or avoidance.

Session 9: The final session reviews the progress made during therapy, reinforcing the skills learned. The therapist and participants develop a relapse prevention plan, discussing how to maintain gains and address future challenges.

2.4. Data analysis

The data were analyzed using repeated measures analysis of variance.

3. Findings and Results

In this study, the mean scores of experiential avoidance among participants in the cognitive-behavioral therapy group at the pre-test, post-test, and follow-up stages were 166.73, 139.33, and 138.87, respectively; for the emotion-focused therapy group, they were 169.27, 136.93, and 136.87, respectively; and for the control group, they were 171.20, 171.13, and 171.13, respectively.

Table 1

Mean and Standard Deviation of Experiential Avoidance Variable in Pre-test, Post-test, and Follow-up for Each Group

Group	Stage	Mean	SD
Cognitive Behavioral Therapy	Pre-test	166.73	13.41
	Post-test	139.33	15.18
	Follow-up	138.87	15.04
Emotion-Focused Therapy	Pre-test	169.27	17.16
	Post-test	136.93	15.12
	Follow-up	136.87	15.06
Control	Pre-test	171.20	20.52
	Post-test	171.13	19.82
	Follow-up	171.13	19.82

To test the hypothesis of normal data distribution, Shapiro-Wilk values for experiential avoidance in each group at pre-test, post-test, and follow-up stages were examined. The Shapiro-Wilk test results indicate that the obtained statistical values for the experimental and control groups' dependent variables in the pre-test are greater than the critical value ($\alpha = .05$), thus confirming the null hypothesis of a normal distribution for all variables.

Table 2

Results of ANCOVA for the Effect of Group on Post-test Experiential Avoidance after Adjusting Mean Scores

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Significance Level	Partial Eta Squared
Group - Post-test	9126.86	2	4563.43	167.09	0.001	0.921
Error	1119.84	41	27.31	-	-	-

Table 2 shows the effect of the group (intervention) on the dependent variable. As observed, the difference in mean scores among the three groups in the post-test for experiential avoidance, after adjusting for pre-test scores, is statistically significant in at least two groups ($p < .01$; $F(2, 41) = 167.09$), meaning that the level of experiential avoidance in post-test participants in the experimental groups or between experimental-control groups is statistically different. To determine the difference in efficacy between the experimental groups in reducing experiential avoidance, a post-hoc LSD test was used, with the results summarized in Table 3.

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Table 3

Results of LSD Post Hoc Test for Comparing Mean Scores of Experiential Avoidance Between Two Experimental Groups

Source of Variation	Sum of Squares	Degrees of Freedom	Mean Squares	F Ratio	Adjusted Mean Difference	Standard Error	Significance Level	Effect Size
Between Groups	168.74	1	168.74	6.18	4.75	1.92	0.017	0.131
Within Groups	11199.84	41	27.31	-	-	-	-	-

As shown in Table 3, the obtained F-value is statistically significant. Therefore, the difference between cognitive-behavioral therapy and emotion-focused therapy in reducing experiential avoidance is statistically significant, indicating greater efficacy of emotion-focused therapy.

4. Discussion and Conclusion

The findings indicate the effectiveness of both treatments in reducing experiential avoidance. Moreover, the results show a statistically significant difference between cognitive-behavioral therapy (CBT) and emotion-focused therapy (EFT) in reducing experiential avoidance, with EFT being more effective than CBT. Additionally, the results suggest the enduring effectiveness of EFT on experiential avoidance three months after treatment completion. This finding is consistent with the results of studies (Ahmadi et al., 2021; Goodarzi et al., 2021; Shafiei et al., 2017; Umegaki et al., 2022).

As previously mentioned, one of the risk factors associated with encountering a complex trauma like grief is experiential avoidance. Individuals typically experience an aversion to tolerating emotions, thoughts, memories, and other private experiences (such as physical sensations and negative emotions) due to the substantial psychological pressure of this trauma. This aversion leads to pathological efforts to resist, escape, and avoid such situations (Eisma et al., 2020), which, in the long term, threatens the individual's mental health. Individuals with complicated grief, due to the pain and suffering experienced from loss, attempt to avoid situations and emotions that remind them of their grief. CBT aims to target these dysfunctional beliefs and thoughts and provides training on how to deal with trauma-triggering conditions, thereby changing the status of these individuals. CBT makes the individual aware of habitual avoidance patterns through various techniques and trains them to intentionally change these patterns. Through this, the individual learns to use more effective strategies instead of escape and avoidance tactics, facing harmful situations and thoughts and coping with them efficiently.

CBT believes that our cognitions or thoughts greatly influence our behavioral patterns in different life situations. For instance, we only feel anxious when we perceive a situation as threatening. When a threat cognition is formed in us, we are likely to have a tendency to flee or avoid that situation in the future. In such cases, CBT, by linking thoughts to situations and emotions, gathering evidence, identifying cognitive distortions, discovering core beliefs and assumptions, makes the individual aware of habitual avoidance patterns, making them aware of the harm caused by avoidance and then teaching exposure-based strategies. This approach prevents the individual from running away from painful situations and thoughts associated with grief, thereby reducing experiential avoidance (Greenberg et al., 2008).

On the other hand, the results indicate a greater effectiveness of EFT compared to CBT in reducing experiential avoidance. Individuals with complicated grief typically engage in strategic attempts to escape or avoid stressful experiences, negative emotions, and suppress the expression of emotions (Asmaribardezard et al., 2018; Gesi et al., 2020; Greenberg et al., 2008; Sandberg & Knestel, 2011). The emotion-focused perspective believes that for treatment to occur, one must access the depths of painful experiences. EFT, through providing support for emotional experiences, eliciting and stimulating problematic emotions, invalidating emotional disruptions, and helping the individual access primary emotions, brings the individual closer to the trauma core. The individual comes to accept that they should not fear or avoid the negative experiences and emotions resulting from the trauma.

Furthermore, in explaining this finding, it can be said that emotional avoidance diverts a part of individuals' attention because emotions reveal what is important in a situation for individuals and guide them towards behaviors that need to be performed in that situation. Being aware of one's anger or sadness influences their needs; thus, becoming aware of one's emotions is the first step in identifying the nature of the problem. Then, the individual can determine what behavior

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is appropriate for the situation. Over time, awareness of emotions and the ability to own, regulate, use, and transform them where necessary, gives individuals a sense of mastery and helps them act more effectively. A key point in EFT is that an individual must experience the emotion they have to change it. In fact, EFT helps clients to identify, experience, accept, regulate, explore, transform, use, and manage their emotions flexibly. As a result, they can tolerate avoidant emotions better than before and pay more attention to the important information that emotions provide about their needs, goals, and motivations. Emotional awareness also leads to the willingness to act on emotions, helping individuals move towards their goals; therefore, EFT helps individuals use emotional information and their willingness to act to achieve a better and more adaptive life (Greenberg et al., 2008).

5. Limitations & Suggestions

Among the limitations of this study are the inapplicability of findings to individuals outside the community and the use of self-report instruments. It is recommended that this research be conducted in other cities as well. It is also suggested to perform this research among individuals with similar conditions and with other psychological components. Therefore, given the greater effectiveness of EFT on experiential avoidance in grieving individuals, this treatment can be more focusedly used in psychological centers for grieving individuals.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethics 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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Authors' Contributions

All authors contributed equally.

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