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Effectiveness of Existential–Humanistic Group Therapy on Self-Compassion, Mindfulness, and Flourishing among Female University Students Residing in Dormitories

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ABSTRACT

This study aimed to determine the effectiveness of existential–humanistic group therapy in improving self-compassion, mindfulness, and flourishing among female university students residing in dormitories. This quasi-experimental study used a pretest–posttest design with an intervention group and a control group. The statistical population consisted of female dormitory students enrolled at public and non-public universities in Mashhad, Iran, during the second semester of the 2023–2024 academic year. Thirty eligible students were recruited through quota and convenience sampling and assigned to the intervention and control groups using permuted blocks, with 15 participants in each group. Data were collected using the Self-Compassion Scale–Short Form, the Kentucky Inventory of Mindfulness Skills, and the PERMA-Profiler. The intervention group participated in nine weekly 90-minute existential–humanistic group therapy sessions, whereas the control group attended a book-introduction group unrelated to the study variables. Data were analyzed in SPSS version 21 using paired-samples and independent-samples *t* tests at a significance level of .05. Paired-samples *t* tests showed significant increases in self-compassion, $t(14) = 7.99, p < .001$, mindfulness, $t(14) = 8.97, p < .001$, and flourishing, $t(14) = 9.39, p < .001$, in the intervention group, whereas no significant changes were observed in the control group. Comparisons of change scores indicated that the intervention group improved significantly more than the control group in self-compassion, $t(28) = 6.30, p < .001$, Cohen's $d = 2.30$; mindfulness, $t(28) = 7.07, p < .001$, Cohen's $d = 2.58$; and flourishing, $t(28) = 7.38, p < .001$, Cohen's $d = 2.69$. Existential–humanistic group therapy appears to be an effective intervention for enhancing self-compassion, mindfulness, and flourishing among female dormitory students and may be incorporated into university counseling and student-support programs.

Keywords: Existential–humanistic therapy, self-compassion, mindfulness, flourishing, female students, dormitory students, group therapy.

1. Introduction

University life represents a major developmental transition marked by increased autonomy, academic competition, identity exploration, changing interpersonal relationships, and the need to adapt to unfamiliar social and institutional environments. Although this period can provide opportunities for growth, it can also expose students to considerable psychological strain. International evidence indicates that a substantial proportion of university students experience mental disorders or clinically meaningful psychological symptoms, many of which begin before or during the early years of higher education and may persist throughout the academic period (Mason et al., 2025). The psychological demands of university life may be particularly pronounced among students who leave their family homes and reside in dormitories, because these students must simultaneously manage academic responsibilities, separation from familiar support systems, shared living arrangements, financial limitations, interpersonal conflicts, and reduced privacy. Female dormitory students may face additional pressures related to emotional adjustment, social expectations, concerns about personal safety, and the management of relationships with family members, roommates, peers, and academic authorities. Iranian studies have reported noteworthy levels of anxiety disorders and depressive symptoms among female students living in university dormitories, highlighting the need for preventive and therapeutic services tailored to the specific circumstances of this population (Hosseini et al., 2021; Mousavi & Jafari, 2019). These concerns suggest that student mental health should not be conceptualized solely in terms of the presence or absence of psychiatric symptoms, but should also include the development of psychological resources that enable students to respond to distress constructively, maintain meaningful engagement, and experience personal growth.

Contemporary approaches to mental health increasingly emphasize that psychological well-being involves more than the reduction of anxiety, depression, or stress. Well-being models have evolved from narrow hedonic formulations centered on pleasure and life satisfaction toward multidimensional perspectives that incorporate meaning, positive relationships, personal growth, engagement, competence, and contribution to others (Manzoor et al., 2026). Within this broader framework, flourishing has emerged as a central indicator of optimal psychological functioning. Flourishing refers to a condition in which

individuals experience positive emotions, become deeply engaged in meaningful activities, develop supportive relationships, recognize purpose in their lives, and pursue personally valued accomplishments. The PERMA model organizes these dimensions into positive emotion, engagement, relationships, meaning, and accomplishment, providing an integrated framework for the assessment of multidimensional well-being (Butler & Kern, 2016). The Persian version of the PERMA measure has also demonstrated suitable psychometric characteristics for evaluating flourishing in Iranian populations, including university students (Gholipour & Karshki, 2021). From an educational perspective, flourishing has been proposed as a fundamental aim of education because universities are expected not only to transmit knowledge and occupational competencies but also to facilitate the development of purposeful, psychologically healthy, socially connected, and responsible individuals (Martela, 2024).

Flourishing is especially relevant to students living in dormitories because their well-being is shaped by the interaction of academic, relational, emotional, and existential experiences. A student may achieve acceptable academic performance while simultaneously experiencing loneliness, self-alienation, meaninglessness, or an inability to establish authentic relationships. Conversely, students who possess a sense of purpose, supportive interpersonal connections, emotional balance, and confidence in their capacity to pursue meaningful goals may be better able to withstand academic and residential stressors. Research conducted during periods of widespread adversity has shown that flourishing is closely connected with resilience, life satisfaction, and the balance between positive and negative affect (Pereira Gonçalves et al., 2023). Positive psychology perspectives similarly propose that solidarity, meaning, virtue, resilience, and well-being become particularly important when individuals confront uncertainty, crisis, or disruption (Hogan, 2020). Meta-analytic evidence further indicates that positive psychology interventions can produce beneficial effects on well-being-related outcomes, although the magnitude and durability of these effects may vary according to intervention content, population, delivery format, and methodological quality (Carr et al., 2021). Group-based positive psychotherapy has also been found to improve flourishing, happiness, and life satisfaction, supporting the value of structured group interventions for strengthening positive psychological functioning (Furchtlehner et al., 2024). In addition, positive psychotherapy and acceptance and commitment therapy

have demonstrated distinguishable effects on flourishing and psychological flexibility among women with depression, suggesting that flourishing can be modified through interventions that address meaning, values, acceptance, and adaptive engagement with experience (Nourian et al., 2021).

One psychological capacity that may play an important role in flourishing and adjustment is self-compassion. Self-compassion refers to responding to personal suffering, failure, inadequacy, or disappointment with kindness, balanced awareness, and recognition of the common human nature of imperfection. Rather than avoiding responsibility or minimizing difficulties, self-compassion allows individuals to acknowledge painful experiences without engaging in harsh self-criticism, emotional over-identification, or isolating interpretations. University students frequently evaluate themselves through academic achievement, social comparison, physical appearance, family expectations, and perceived future success. When these evaluations become rigid or punitive, setbacks may lead to shame, hopelessness, avoidance, and reduced motivation. Self-compassion provides an alternative regulatory orientation in which students can recognize mistakes, accept emotional pain, and continue pursuing constructive goals without defining their worth through a single failure. In Iranian student populations, self-compassion has been associated with general health and academic progress, indicating that a compassionate relationship with the self may support both psychological and educational functioning (Ajm et al., 2016). Research involving female students has likewise demonstrated a relationship between self-compassion and quality of life (Alizadeh, 2017). More recent evidence among college students has directly linked self-compassion and its components with flourishing and life satisfaction, suggesting that students who treat themselves with greater kindness and balanced awareness may experience more comprehensive well-being (Bhatia, 2024).

The adaptive value of self-compassion can also be understood through its relationship with coping. A meta-analysis of the association between self-compassion and coping showed that self-compassion is related to more adaptive ways of responding to stress and less reliance on maladaptive coping patterns (Ewert et al., 2021). This is especially important for dormitory students, whose daily stressors may include roommate disagreements, homesickness, academic overload, interpersonal rejection, concerns about the future, and limited access to familiar sources of emotional support. Students who respond to such

difficulties with self-judgment may intensify their distress, whereas those who adopt self-kindness and common humanity may be more capable of regulating emotions, seeking support, and re-engaging with problems constructively. Intervention research provides additional support for the modifiability of self-compassion. A meta-analysis of self-compassion interventions found that these programs can reduce depressive symptoms, anxiety, and stress, indicating that self-compassion is not merely a stable personal characteristic but a psychological skill that can be cultivated therapeutically (Han & Kim, 2023). Compassion-focused and mindfulness-based treatments have also produced improvements in self-compassion, mindfulness, rumination, and emotional symptoms among individuals experiencing depression, anxiety, and stress (Frostadottir & Dorjee, 2019). Moreover, group self-compassion-focused therapy has been shown to enhance flourishing, suggesting that compassionate self-relating may create conditions for broader personal growth and well-being (Dolatabadi et al., 2019).

Mindfulness is another psychological resource with potential relevance to student adjustment, self-compassion, and flourishing. Mindfulness generally refers to purposeful, receptive, and nonjudgmental awareness of present-moment experience. It involves noticing internal and external events, describing experiences accurately, acting with awareness rather than automaticity, and accepting thoughts and emotions without immediate judgment. University students are often preoccupied with past failures or future uncertainties, and such cognitive absorption may interfere with concentration, emotional regulation, interpersonal responsiveness, and appreciation of current experiences. Mindfulness can interrupt this pattern by enabling students to observe thoughts and emotions as transient events rather than unquestioned facts. A comprehensive review of mindfulness-based interventions concluded that these approaches have been applied across a range of psychological and health-related conditions and generally support improvements in mental health and well-being (Zhang et al., 2021). Among university students, mindfulness interventions have been associated with reductions in stress, anxiety, and depression (Fernandez-Romero, 2023). Iranian research has similarly indicated that mindfulness-based programs can reduce stress and depressive symptoms in students (Azimi, 2018). Mindfulness has also been positively associated with resilience in student populations, suggesting that present-centered awareness may help individuals recover from

difficulties and maintain adaptive functioning under pressure (Sadeghi Arfaei et al., 2016).

The benefits of mindfulness may extend beyond symptom reduction because mindful awareness can support empathy, self-understanding, and a more flexible response to suffering. Research among informal caregivers of palliative patients has shown that mindfulness is relevant even in contexts characterized by intense emotional and existential demands (Kögler et al., 2015). Although the circumstances of caregivers differ from those of university students, such evidence illustrates the potential of mindfulness to assist individuals in remaining emotionally present while facing uncertainty, distress, and limited control. Mindfulness may also strengthen self-compassion by helping people acknowledge painful feelings without suppression or exaggerated identification. This relationship was directly examined in the EXMIND randomized controlled trial, in which an existential and mindfulness-based intervention was used to increase self-compassion in apparently healthy participants (Sakai et al., 2019). The integration of existential reflection and mindfulness is theoretically important because awareness of the present moment can deepen contact with personal values, choices, limitations, and responsibilities. Rather than using mindfulness merely as a relaxation method, an existentially informed approach may employ mindful awareness to help individuals encounter their lived experience more honestly and respond to it more deliberately.

Despite the value of self-compassion and mindfulness-based interventions, students' difficulties may not be fully addressed through techniques that focus only on stress management or cognitive symptom reduction. Some students experience deeper concerns related to identity, loneliness, freedom, responsibility, mortality, authenticity, and the meaning of their academic and personal lives. These concerns are central to existential psychotherapy. Existential approaches view distress not only as a set of symptoms but also as a possible expression of unresolved struggles concerning how a person chooses to live, relate, and create meaning. Existential-humanistic therapy integrates existential attention to freedom, responsibility, isolation, meaning, and finitude with the humanistic emphasis on empathy, authenticity, experiential depth, and the therapeutic relationship. Schneider and Krug describe existential-humanistic therapy as an approach that helps clients become more present to their immediate experience, recognize constricting patterns, and develop a more authentic and responsible relationship with themselves and

others (Schneider & Krug, 2018). Existential-spiritual psychotherapy similarly emphasizes the relevance of meaning, ultimate concerns, and spiritual or existential dimensions in psychological treatment (Black & Kim, 2026). Such approaches may be particularly suitable for emerging adults, who are actively forming identities, evaluating life directions, and negotiating the tension between personal values and external expectations.

In existential-humanistic group therapy, the group becomes a living interpersonal environment in which participants can examine how they relate to themselves and others in the here and now. Through authentic dialogue, empathic encounter, constructive feedback, self-disclosure, and reflection on personal choices, group members may become more aware of habitual avoidance, self-criticism, relational defenses, and value conflicts. The group format can reduce isolation by allowing students to recognize that many fears and vulnerabilities are shared, thereby reinforcing the self-compassionate dimension of common humanity. It may also promote mindfulness by directing attention to immediate emotional, bodily, and interpersonal experience. At the same time, the exploration of values, responsibility, and meaning may contribute directly to flourishing. Group interventions have practical value in university settings because they can serve several students simultaneously, provide opportunities for interpersonal learning, and create a sense of belonging. Research on group therapy among university students has demonstrated that structured group interventions can improve psychological outcomes and can be evaluated effectively through controlled designs (Uliaszek et al., 2016). Group therapy has also been associated with improved communication skills among Iranian university students, an outcome that may be especially beneficial for students living in shared residential environments (Rezaei et al., 2020). Meta-analytic evidence comparing individual and group cognitive-behavioral therapy further suggests that group delivery can be an effective treatment format, even though the relative benefits may depend on the population and condition examined (Guo et al., 2021).

Empirical studies provide preliminary support for the use of existential interventions to enhance positive psychological functioning. Existential psychotherapy has been shown to improve attitudes toward life and self-flourishing among educated homemakers, suggesting that reflection on meaning, choice, and authenticity can strengthen positive orientations toward life (Feizi et al., 2019). An existential therapy program based on ontological

core schemas has also produced improvements in rumination and mindfulness among women with depression, indicating that existential work may influence both maladaptive repetitive thinking and present-centered awareness (Rezapour-Mirsaleh et al., 2023). In another study, existential, cognitive-existential, and humanistic-existential group psychotherapy were compared in women with type II diabetes, demonstrating the applicability of existential and humanistic group approaches to psychological and relational outcomes in populations facing significant life challenges (Nasiri Hanis et al., 2021). These studies suggest that existential-humanistic interventions may affect a range of outcomes through mechanisms such as enhanced self-awareness, acceptance of responsibility, clarification of values, deeper emotional contact, improved interpersonal authenticity, and the construction of personal meaning.

The relevance of existential-humanistic therapy may be heightened in situations where individuals encounter disruption, trauma, or challenges to their basic assumptions about life. For example, research on psychological counsellors working with earthquake survivors has highlighted the complexity of secondary traumatic stress within psychosocial support contexts, underscoring the importance of interventions that address not only symptoms but also emotional burden, meaning, and human vulnerability (Kılıç et al., 2026). Although dormitory students are not necessarily exposed to comparable levels of trauma, they may still experience transitions that unsettle their sense of security, belonging, identity, and future direction. An existential-humanistic group can provide a structured setting in which these experiences are acknowledged rather than pathologized, while participants are encouraged to recognize their capacity for choice and growth. This emphasis distinguishes existential-humanistic therapy from approaches that primarily seek to eliminate discomfort. The goal is not simply to make students feel better in the immediate sense, but to help them relate differently to distress, develop a more compassionate stance toward their limitations, remain aware of present experience, and move toward a life that is experienced as meaningful and personally chosen.

Taken together, the literature suggests a theoretically coherent relationship among self-compassion, mindfulness, and flourishing. Mindfulness may enable individuals to notice suffering clearly without becoming overwhelmed by it; self-compassion may transform this awareness into a kind, balanced, and non-isolating response; and existential engagement with values, freedom, responsibility, and

meaning may convert these capacities into a broader pattern of flourishing. Nevertheless, much of the existing intervention research has examined mindfulness, compassion, positive psychology, and existential therapy separately. Studies of mindfulness have often prioritized reductions in stress, anxiety, or depression, while self-compassion interventions have frequently focused on emotional symptoms. Positive psychology programs have targeted flourishing directly, but they may not always engage deeply with existential concerns or the lived experience of authenticity and responsibility. Existential interventions, in turn, have been evaluated in selected clinical or adult populations, with comparatively limited attention to female dormitory students. Therefore, an intervention that integrates humanistic relational depth with existential themes may offer a comprehensive approach capable of influencing all three outcomes simultaneously.

The present study was conducted to determine the effectiveness of existential-humanistic group therapy in improving self-compassion, mindfulness, and flourishing among female university students residing in dormitories.

2. Methods and Materials

2.1. Study Design and Participants

The present study employed a quasi-experimental pretest-posttest design with an intervention group and a control group to examine the effectiveness of existential-humanistic group therapy in improving self-compassion, mindfulness, and flourishing among female university students residing in dormitories. The statistical population consisted of all female dormitory-resident students enrolled at public and non-public universities in Mashhad, Iran, during the second semester of the 2023–2024 academic year. The minimum required sample size was estimated with reference to the study conducted by Uliaszek et al. (2016), considering a Type I error rate of 5%, a statistical power of 80%, and the expected magnitude of the intervention effect. The calculation indicated that at least 13 participants were required in each group. To compensate for a possible attrition rate of approximately 20%, the final sample size was increased to 15 participants per group, resulting in a total sample of 30 students. Sampling was initially conducted through a quota-based procedure according to university type, including public and non-public universities, followed by convenience recruitment within each quota. Thirty-seven students initially volunteered to participate in the study. After screening the volunteers

according to the eligibility criteria, 30 students were included and allocated to the intervention and control groups using a permuted-block allocation procedure to maintain an equal number of participants in the two conditions. The inclusion criteria were willingness to participate in the study, being female, currently residing in a university dormitory, and having no previous experience of individual or group psychotherapy. The exclusion criteria included withdrawal from the intervention before completion of the program, absence from more than one intervention session, and submission of incomplete or invalid questionnaires. Both groups completed the research instruments at the pretest stage before the commencement of the intervention and again at the posttest stage immediately after the completion of the nine-week program. The questionnaires were administered to both groups under similar environmental and procedural conditions to minimize the influence of extraneous factors. The intervention group received existential-humanistic group therapy, whereas the control group participated in a researcher-managed book-introduction group whose content was unrelated to existential-humanistic therapy or the psychological variables assessed in the study.

2.2. Measures

The Kentucky Inventory of Mindfulness Skills was used to assess participants' mindfulness skills. This instrument was developed by Baer, Smith, and Allen (2004) and consists of 39 items measuring four dimensions of mindfulness: observing, describing, acting with awareness, and accepting experiences without judgment. The observing dimension evaluates the extent to which individuals notice internal and external experiences, including thoughts, emotions, bodily sensations, sounds, and environmental stimuli. The describing dimension assesses the ability to label and verbally express internal experiences. Acting with awareness reflects the degree to which individuals engage in activities attentively and consciously rather than behaving automatically or becoming distracted. The acceptance without judgment dimension measures the ability to experience thoughts and emotions without evaluating, suppressing, or criticizing them. Respondents indicate the extent to which each statement applies to them, and higher scores represent stronger mindfulness skills. Baer et al. (2004) reported satisfactory psychometric properties for the inventory, including an internal consistency coefficient of 0.73. The reliability and validity of the Persian version were

also examined in an Iranian sample by Dehghan Maneshadi et al. (2012), who reported a Cronbach's alpha coefficient of 0.82, indicating acceptable internal consistency for the total scale.

Flourishing was measured using the PERMA-Profiler developed by Butler and Kern (2016). The instrument is grounded in Seligman's multidimensional model of well-being and assesses the major components of flourishing represented by the acronym PERMA: positive emotion, engagement, relationships, meaning, and accomplishment. The principal section of the questionnaire contains 15 items, with three items assessing each of the five central dimensions. Positive emotion refers to the experience of pleasant emotions and general satisfaction with life; engagement concerns psychological absorption and involvement in meaningful activities; relationships reflect the experience of supportive, satisfying, and valuable interpersonal connections; meaning refers to having a sense of purpose and belonging to something greater than oneself; and accomplishment concerns the pursuit and attainment of personally important goals. Participants respond to the items using the response scale specified for the questionnaire, and higher scores indicate greater perceived flourishing and multidimensional psychological well-being. The original version demonstrated satisfactory construct validity and internal consistency across its dimensions. The psychometric properties of the Persian version were evaluated among Iranian university students by Gholipour and Karshki (2021), who confirmed its validity and reported Cronbach's alpha coefficients ranging from 0.66 to 0.95 for the questionnaire's dimensions, supporting its use for assessing flourishing in student populations.

Self-compassion was assessed using the Self-Compassion Scale-Short Form developed by Raes, Pommier, Neff, and Van Gucht (2011). The scale consists of 12 items and measures six interrelated components of self-compassion: self-kindness, self-judgment, common humanity, isolation, mindfulness, and over-identification. Self-kindness reflects a caring and understanding attitude toward oneself during experiences of failure, inadequacy, or emotional distress, whereas self-judgment represents harsh self-criticism and punitive self-evaluation. Common humanity assesses the ability to recognize personal difficulties as part of the shared human experience, while isolation concerns the tendency to perceive one's suffering as unique and disconnected from that of others. The mindfulness component evaluates balanced awareness of

painful thoughts and emotions, whereas over-identification reflects excessive absorption in negative experiences and difficulty maintaining psychological perspective. After reverse-scoring the negatively worded items, the item scores are combined to calculate an overall self-compassion score, with higher scores indicating greater self-compassion. Raes et al. (2011) reported that the short form had adequate reliability and a strong correlation with the original long-form Self-Compassion Scale. The psychometric properties of the Persian version were examined by Khosravi, Sadeghi, and Yabandeh (2013), who reported a Cronbach's alpha coefficient of 0.76 for the total scale, demonstrating acceptable internal consistency in an Iranian population.

2.3. Intervention

Participants assigned to the intervention group received nine weekly sessions of existential-humanistic group therapy, with each session lasting approximately 90 minutes. The intervention was theoretically based on the existential-humanistic therapeutic framework described by Schneider and Krug (2018) and was operationalized using the nine-session protocol developed by Nasiri Hanis, Sadeghi, and Gholamrezaei (2021). The protocol was organized around the central therapeutic principles of authentic presence, experiential depth, attention to the here and now, active empathy and constructive confrontation, and the existential themes of freedom, responsibility, choice, and meaning. During the first session, the facilitator and group members introduced themselves, the objectives and structure of the intervention were explained, and group rules concerning respectful participation, confidentiality, attendance, and interpersonal safety were established to create a secure, supportive, and trustworthy therapeutic environment. The second session focused on self-awareness and self-concept and used the "peeling the onion" exercise to help participants explore increasingly deeper layers of their identities, assumptions, needs, emotions, and interpersonal patterns. The third session addressed personal responsibility and the consequences of past choices through the construction of a life line, enabling participants to examine significant life experiences, identify recurring patterns, and acknowledge their capacity to make different choices in the present. The fourth session explored discrepancies between the real self and the ideal self and incorporated a values-listing exercise to help participants distinguish personally meaningful values from expectations imposed by family, peers, society, or university culture. The fifth session facilitated appropriate

self-disclosure and discussion of personal and interpersonal concerns through an I-Thou dialogue, with particular attention to intimacy, vulnerability, authenticity, and interpersonal boundaries. The sixth session encouraged emotional expression, gratitude, and awareness of mortality through a psychological will exercise, which was intended to deepen participants' awareness of the limited nature of life, clarify what they considered meaningful, and promote more authentic and self-actualizing choices. The seventh session concentrated on active listening, empathic responding, here-and-now feedback, and role-playing exercises designed to strengthen communication skills and increase awareness of the immediate interpersonal effects of thoughts, emotions, and behaviors. The eighth session provided an opportunity for members to identify previously unnoticed changes, receive feedback from other group members, examine emerging personal insights, and articulate the meaning of the therapeutic experience. The ninth session involved an intimate review of the group process, discussion of each participant's emotional and interpersonal experiences, consolidation of the skills and insights developed during treatment, planning for the transfer of learning to everyday life, and a structured termination ceremony. The control group did not receive existential-humanistic therapeutic content during the study period and instead attended a researcher-managed book-introduction group focused on material unrelated to self-compassion, mindfulness, flourishing, or existential-humanistic psychotherapy.

2.4. Data Analysis

The collected data were analyzed using IBM SPSS Statistics, version 21. Before inferential analyses were conducted, the data were screened for completeness, coding errors, invalid responses, and potential violations of statistical assumptions. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were calculated to summarize participants' demographic characteristics and scores on self-compassion, mindfulness, and flourishing at the pretest and posttest stages. The normality of the quantitative variables was examined using the Kolmogorov-Smirnov test at a significance level of 0.05. For normally distributed quantitative variables, independent-samples *t* tests were used to compare the intervention and control groups, whereas the Mann-Whitney *U* test was applied when the normality assumption was not satisfied. Within-group changes from pretest to posttest were

examined using paired-samples *t* tests for normally distributed variables and Wilcoxon signed-rank tests for variables with non-normal distributions. Categorical demographic variables were compared between the groups using the chi-square test or Fisher's exact test when the expected frequencies were insufficient for the chi-square procedure. All statistical tests were two-tailed, and a probability value below 0.05 was considered statistically significant.

3. Findings and Results

All 30 students who met the eligibility criteria completed the pretest and posttest assessments and were included in the final statistical analysis. Thus, the final sample consisted of 15 participants in the existential-humanistic group therapy condition and 15 participants in the control condition, and no participant was excluded because of excessive absence, withdrawal, or incomplete questionnaires. The participants' ages ranged from 19 to 27 years. The mean age was 22.13 years (*SD* = 2.20) in the intervention group and 21.87 years (*SD* = 2.07) in the control group. The independent-samples *t* test indicated that the two groups did not differ significantly in age, $t(28) = 0.34$, $p = .736$. In the intervention group, 11 participants (73.3%) were undergraduate students and four participants (26.7%) were postgraduate students, whereas the control group included 10 undergraduate students (66.7%) and five postgraduate students (33.3%). No significant difference was observed between the groups in academic level, $\chi^2(1) = 0.16$, $p = .690$. Eight participants in the intervention group (53.3%) and seven participants in the control group (46.7%) were studying at public universities, while seven participants in the intervention group (46.7%) and eight participants in the control group (53.3%) were studying at non-public universities. The distribution of

participants according to university type was not significantly different between the groups, $\chi^2(1) = 0.13$, $p = .715$. Regarding marital status, 13 participants in the intervention group (86.7%) and 14 participants in the control group (93.3%) were single, while two participants in the intervention group (13.3%) and one participant in the control group (6.7%) were married. Fisher's exact test showed no significant difference between the groups in marital status, $p = 1.000$. Furthermore, nine students in the intervention group (60.0%) and eight students in the control group (53.3%) had resided in a university dormitory for two years or less, whereas six students in the intervention group (40.0%) and seven students in the control group (46.7%) had resided in a dormitory for more than two years. This difference was also not statistically significant, $\chi^2(1) = 0.14$, $p = .713$. Collectively, these findings indicated that the intervention and control groups were comparable in their principal demographic and educational characteristics before implementation of the intervention.

Before conducting the inferential analyses, the dataset was examined for missing values, data-entry errors, invalid responses, and extreme scores. No missing or invalid data were identified. Inspection of the distributions and the results of the Kolmogorov-Smirnov tests indicated that the pretest, posttest, and change scores of self-compassion, mindfulness, and flourishing did not depart significantly from normality in either group, with all associated probability values exceeding .05. Therefore, parametric statistical tests were used to evaluate the study hypotheses. Table 1 presents the means and standard deviations of self-compassion, mindfulness, and flourishing at the pretest and posttest stages, together with the mean pretest-to-posttest changes and the results of the baseline comparisons between the two groups.

Table 1

Descriptive statistics for self-compassion, mindfulness, and flourishing at the pretest and posttest stages

Variable	Intervention group pretest, <i>M</i> ± <i>SD</i>	Intervention group posttest, <i>M</i> ± <i>SD</i>	Intervention group change, <i>M</i> ± <i>SD</i>	Control group pretest, <i>M</i> ± <i>SD</i>	Control group posttest, <i>M</i> ± <i>SD</i>	Control group change, <i>M</i> ± <i>SD</i>	Pretest <i>t</i> (28)	Pretest <i>p</i>
Self-compassion	31.13 ± 5.72	42.07 ± 5.48	10.94 ± 5.30	32.00 ± 5.89	32.87 ± 5.76	0.87 ± 3.20	-0.41	.684
Mindfulness	102.40 ± 12.90	125.80 ± 12.40	23.40 ± 10.10	102.67 ± 12.54	104.13 ± 11.80	1.47 ± 6.50	-0.06	.955
Flourishing	81.47 ± 11.21	102.33 ± 10.60	20.86 ± 8.60	80.87 ± 11.55	82.07 ± 11.20	1.20 ± 5.70	0.14	.886

As shown in Table 1, the intervention and control groups had highly similar mean scores before the implementation of existential-humanistic group therapy. At the pretest stage, the intervention group obtained a mean self-compassion score of 31.13, compared with 32.00 in the control group. The difference of 0.87 points was not statistically significant, $t(28) = -0.41$, $p = .684$. The pretest mindfulness means were also nearly identical, with scores of 102.40 in the intervention group and 102.67 in the control group, $t(28) = -0.06$, $p = .955$. Similarly, the intervention group's pretest flourishing mean of 81.47 did not differ significantly from the control group's mean of 80.87, $t(28) = 0.14$, $p = .886$. Therefore, there was no evidence of a statistically significant baseline difference in any of the three dependent variables. Following the intervention, a clear increase was observed in all three outcomes among the students who participated in existential-humanistic group therapy. The mean self-compassion score in the intervention group increased from 31.13 at pretest to 42.07 at posttest, representing an average improvement of 10.94 points. In comparison, the control

group demonstrated an increase of only 0.87 points, from 32.00 to 32.87. The mean mindfulness score in the intervention group increased by 23.40 points, from 102.40 to 125.80, whereas the corresponding increase in the control group was only 1.47 points. Flourishing also increased substantially in the intervention group, with the mean score rising from 81.47 to 102.33, representing an improvement of 20.86 points. In contrast, the control group's flourishing mean increased by only 1.20 points, from 80.87 to 82.07. The descriptive pattern therefore indicated marked improvements in self-compassion, mindfulness, and flourishing in the intervention group, while scores in the control group remained relatively stable over the same period.

To determine whether the observed pretest-to-posttest changes within each group were statistically significant, paired-samples t tests were performed separately for self-compassion, mindfulness, and flourishing. The results of these analyses are presented in Table 2.

Table 2

Within-group comparisons of self-compassion, mindfulness, and flourishing from pretest to posttest

Group	Variable	Mean change	SD of change	95% CI for mean change	t	df	p	Cohen's d_{z}
Intervention	Self-compassion	10.94	5.30	[8.00, 13.88]	7.99	14	< .001	2.06
Intervention	Mindfulness	23.40	10.10	[17.81, 28.99]	8.97	14	< .001	2.32
Intervention	Flourishing	20.86	8.60	[16.10, 25.62]	9.39	14	< .001	2.43
Control	Self-compassion	0.87	3.20	[-0.90, 2.64]	1.05	14	.310	0.27
Control	Mindfulness	1.47	6.50	[-2.13, 5.07]	0.88	14	.396	0.23
Control	Flourishing	1.20	5.70	[-1.96, 4.36]	0.82	14	.429	0.21

The paired-samples t -test results presented in Table 2 demonstrated that all three psychological outcomes improved significantly in the intervention group. Self-compassion increased by an average of 10.94 points, and the 95% confidence interval indicated that the estimated population-level increase was between 8.00 and 13.88 points. This improvement was statistically significant, $t(14) = 7.99$, $p < .001$. The standardized within-group effect size was $d_{z} = 2.06$, indicating that the magnitude of the improvement in self-compassion was very large. Mindfulness also increased significantly following the intervention, with a mean improvement of 23.40 points and a 95% confidence interval extending from 17.81 to 28.99 points, $t(14) = 8.97$, $p < .001$. The corresponding effect size of $d_{z} = 2.32$ indicated a very large intervention-related change. Flourishing showed the largest standardized within-group improvement. The intervention group

experienced an average increase of 20.86 points, with the 95% confidence interval ranging from 16.10 to 25.62 points. This increase was statistically significant, $t(14) = 9.39$, $p < .001$, and was associated with a very large effect size of $d_{z} = 2.43$. In contrast, none of the pretest-to-posttest changes in the control group reached statistical significance. The control group's mean increase of 0.87 points in self-compassion was not significant, $t(14) = 1.05$, $p = .310$, and its confidence interval included zero. Similarly, the 1.47-point increase in mindfulness was not statistically significant, $t(14) = 0.88$, $p = .396$, and the 1.20-point increase in flourishing was also non-significant, $t(14) = 0.82$, $p = .429$. The effect sizes in the control group ranged from 0.21 to 0.27 and were small. These findings showed that the substantial improvements observed in the intervention group were not paralleled by meaningful spontaneous changes in the control group.

Independent-samples *t* tests were subsequently conducted on the pretest-to-posttest change scores to determine whether the amount of improvement differed significantly between the intervention and control groups. This analysis

directly compared the gains experienced by participants in existential–humanistic group therapy with the changes observed among control-group participants. The results are presented in Table 3.

Table 3

Between-group comparisons of pretest-to-posttest change scores

Variable	Intervention group change, M ± SD	Control group change, M ± SD	Difference between mean changes	95% CI for difference	<i>t</i> (28)	<i>p</i>	Cohen's <i>d</i>
Self-compassion	10.94 ± 5.30	0.87 ± 3.20	10.07	[6.80, 13.34]	6.30	< .001	2.30
Mindfulness	23.40 ± 10.10	1.47 ± 6.50	21.93	[15.58, 28.28]	7.07	< .001	2.58
Flourishing	20.86 ± 8.60	1.20 ± 5.70	19.66	[14.20, 25.12]	7.38	< .001	2.69

As reported in Table 3, the improvement in self-compassion was significantly greater in the intervention group than in the control group. The intervention group improved by an average of 10.94 points, while the control group improved by only 0.87 points, producing a between-group difference of 10.07 points in the mean change scores. This difference was statistically significant, $t(28) = 6.30, p < .001$. The 95% confidence interval ranged from 6.80 to 13.34 points and did not include zero, providing further evidence that the difference was statistically reliable. The corresponding Cohen's *d* value of 2.30 represented a very large effect, indicating that participation in existential–humanistic group therapy was associated with a substantial improvement in self-compassion relative to the control condition. A statistically significant between-group difference was also observed in mindfulness. Students in the intervention group showed an average increase of 23.40 points, compared with an increase of 1.47 points among control-group participants. The difference between the two mean changes was 21.93 points, $t(28) = 7.07, p < .001$, with a 95% confidence interval from 15.58 to 28.28. The effect size was very large, Cohen's *d* = 2.58, demonstrating that the improvement in mindfulness was not only statistically significant but also substantial in magnitude. Finally, the intervention group's improvement in flourishing was significantly greater than that of the control group. The mean flourishing change was 20.86 points in the intervention group and 1.20 points in the control group, resulting in a difference of 19.66 points between the mean change scores. This difference was statistically significant, $t(28) = 7.38, p < .001$, and the 95% confidence interval ranged from 14.20 to 25.12 points. Cohen's *d* was 2.69, indicating a very large effect of the intervention on flourishing. Among the three

outcomes, the largest standardized between-group effect was observed for flourishing, followed by mindfulness and self-compassion.

Overall, the findings consistently supported the effectiveness of existential–humanistic group therapy. The intervention and control groups were statistically comparable at baseline in demographic characteristics and all three outcome variables. Following the nine-session intervention, students who received existential–humanistic group therapy demonstrated statistically significant and clinically substantial increases in self-compassion, mindfulness, and flourishing. No statistically significant changes were observed in the control group. Moreover, direct comparisons of the pretest-to-posttest change scores showed that the intervention group improved significantly more than the control group in each dependent variable. Accordingly, the study hypotheses concerning the effectiveness of existential–humanistic group therapy in enhancing self-compassion, mindfulness, and flourishing among female university students residing in dormitories were supported.

4. Discussion

The present study examined the effectiveness of existential–humanistic group therapy in improving self-compassion, mindfulness, and flourishing among female university students residing in dormitories. The findings demonstrated that participants who received nine sessions of existential–humanistic group therapy showed significant increases in all three outcome variables from pretest to posttest, whereas no statistically significant changes were observed in the control group. Moreover, comparisons of the pretest-to-posttest change scores indicated that the

intervention group improved significantly more than the control group in self-compassion, mindfulness, and flourishing. The effect sizes were very large for all three outcomes, with the strongest standardized effect observed for flourishing, followed by mindfulness and self-compassion. These findings suggest that existential–humanistic group therapy was effective not only in modifying specific emotional and cognitive capacities but also in promoting a broader and more integrated form of psychological well-being among female dormitory students. The results are particularly important because students living in dormitories may encounter a combination of academic pressure, separation from family, interpersonal conflicts, loneliness, limited privacy, and uncertainty about their personal and professional futures, all of which may undermine psychological adjustment and well-being (Hosseini et al., 2021; Mousavi & Jafari, 2019).

The first major finding was that existential–humanistic group therapy significantly increased self-compassion. This result is consistent with previous evidence indicating that self-compassion can be strengthened through structured psychological interventions and that such improvement is associated with reductions in emotional distress. Meta-analytic findings have shown that self-compassion interventions can significantly reduce depression, anxiety, and stress, thereby confirming that self-compassion is a modifiable psychological capacity rather than a fixed personality attribute (Han & Kim, 2023). Similarly, compassion-focused and mindfulness-based interventions have been found to increase self-compassion while reducing rumination and emotional symptoms among individuals experiencing depression, anxiety, and stress (Frostadottir & Dorjee, 2019). The present finding also aligns with research showing that self-compassion-focused group therapy can enhance flourishing, suggesting that the development of a kinder and less punitive relationship with the self may extend beyond symptom reduction and contribute to broader positive functioning (Dolatabadi et al., 2019). In university populations, self-compassion has been related to general health, academic progress, and quality of life, further supporting its importance as a protective psychological resource for students (Ajm et al., 2016; Alizadeh, 2017).

From an existential–humanistic perspective, the observed improvement in self-compassion may be explained by the intervention’s emphasis on authentic self-exploration, acceptance of human limitations, and reduction of defensive self-evaluation. Female students living in dormitories may frequently compare themselves with peers in terms of

academic performance, appearance, social relationships, and future prospects. Such comparisons can intensify self-judgment and feelings of inadequacy, particularly when students interpret difficulties as evidence of personal failure. Through exercises focused on self-awareness, the real and ideal self, values clarification, life history, and emotional disclosure, participants were encouraged to recognize the origins of their self-critical beliefs and to distinguish personally meaningful standards from externally imposed expectations. This process may have weakened harsh self-evaluation and strengthened self-kindness. The group format may also have reinforced the dimension of common humanity, because participants could observe that loneliness, uncertainty, failure, and vulnerability were not unique personal defects but experiences shared by other students. This interpretation is compatible with evidence that self-compassion is associated with more adaptive coping and reduced reliance on maladaptive responses to stress (Ewert et al., 2021). It is also consistent with research demonstrating positive associations between self-compassion, flourishing, and life satisfaction in college students (Bhatia, 2024).

The intervention’s focus on authentic presence and empathic interaction may have further contributed to increased self-compassion. Existential–humanistic therapy creates a relational environment in which individuals are invited to encounter difficult emotions without immediate avoidance, judgment, or correction. The therapist’s empathic presence and the supportive responses of group members can provide an interpersonal model of acceptance that participants gradually internalize. When students disclose fears, regrets, or perceived inadequacies and receive understanding rather than criticism, they may begin to adopt a similarly compassionate stance toward themselves. The I–Thou dialogue, group feedback, and discussion of vulnerability may therefore have reduced shame and isolation while promoting a more balanced awareness of suffering. This mechanism corresponds with the broader existential–humanistic view that therapeutic change occurs through genuine contact, experiential depth, and the restoration of a more authentic relationship with the self and others (Schneider & Krug, 2018). It also resembles the rationale of existential and mindfulness-based interventions that have successfully increased self-compassion by combining present-moment awareness with reflection on human existence and personal meaning (Sakai et al., 2019).

The second principal finding was that existential–humanistic group therapy significantly increased mindfulness. This finding is consistent with previous

research showing that mindfulness-based interventions improve present-centered awareness and reduce psychological distress in university students (Azimi, 2018; Fernandez-Romero, 2023). It is also supported by broader reviews indicating that mindfulness-based interventions can promote emotional regulation and psychological well-being across a variety of populations and clinical conditions (Zhang et al., 2021). The positive change in mindfulness observed in the present study is particularly noteworthy because the intervention was not a conventional mindfulness-based program. Rather, mindfulness appears to have been cultivated indirectly through sustained attention to immediate experience, bodily and emotional awareness, here-and-now interpersonal feedback, and nonjudgmental exploration of personal concerns. This suggests that existential-humanistic therapy may strengthen mindfulness through experiential processes even when formal meditation practices are not the primary intervention component.

The mechanisms underlying this improvement can be understood through the central existential-humanistic principle of presence. Participants were repeatedly invited to move beyond abstract explanations and attend to what they were feeling, thinking, and experiencing in the moment. Exercises involving emotional expression, active listening, role-playing, and immediate group feedback may have interrupted habitual automaticity and encouraged participants to observe their internal states more clearly. The distinction between externally imposed values and personally chosen values may also have increased reflective awareness, while the exploration of life history and past choices may have helped participants notice recurring patterns without being completely absorbed by them. In this sense, the intervention may have strengthened the observing, describing, acting-with-awareness, and nonjudgmental acceptance dimensions of mindfulness. The finding is consistent with evidence that existential therapy based on ontological core schemas can reduce rumination and improve mindfulness among women with depression (Rezapour-Mirsaleh et al., 2023). It also accords with findings that mindfulness is associated with resilience in student populations, indicating that greater awareness of present experience may support adaptive responses to academic and interpersonal stress (Sadeghi Arfaei et al., 2016).

The group context may have played an additional role in increasing mindfulness. In group therapy, participants must attend not only to their own reactions but also to the verbal, emotional, and relational signals of others. Active listening

and here-and-now feedback require sustained attention, openness, and reduced judgment. These processes may have helped students become more aware of how they habitually withdraw, interrupt, seek approval, conceal emotions, or interpret others' behavior. Such interpersonal mindfulness may be especially useful in dormitory life, where daily interactions with roommates and peers can become sources of tension. By learning to pause, observe, and respond rather than react automatically, participants may have become better able to manage interpersonal misunderstandings. The usefulness of mindfulness in emotionally demanding relational contexts has also been reported among informal caregivers of palliative patients, suggesting that present-centered awareness can support individuals who face ongoing stress and limited control (Kögler et al., 2015). Although the circumstances of dormitory students differ from those of caregivers, both contexts require emotional regulation, tolerance of uncertainty, and the capacity to remain engaged with difficult experiences.

The third and strongest finding was that existential-humanistic group therapy significantly improved flourishing. This result is consistent with studies demonstrating that psychological interventions can promote multidimensional well-being, positive functioning, and satisfaction with life. Systematic review and meta-analytic evidence has shown that positive psychology interventions can produce meaningful improvements in well-being and flourishing-related outcomes (Carr et al., 2021). Group positive psychotherapy has likewise been found to enhance flourishing, happiness, and life satisfaction, supporting the efficacy of structured group interventions for promoting positive mental health (Furchtlehner et al., 2024). In addition, positive psychotherapy and acceptance and commitment therapy have been shown to improve flourishing and psychological flexibility in women with depression, suggesting that values, acceptance, and purposeful action are relevant mechanisms of change (Nourian et al., 2021). The present findings also align with evidence that existential psychotherapy can improve attitudes toward life and self-flourishing among educated women (Feizi et al., 2019).

The substantial improvement in flourishing can be explained by the multidimensional nature of the intervention. The sessions did not focus on a single symptom or isolated skill; rather, they addressed identity, personal values, responsibility, relationships, meaning, emotional expression, mortality, and authentic choice. These themes correspond closely with the major components of

flourishing. Positive emotion may have been strengthened through self-acceptance, emotional expression, gratitude, and reduced self-criticism. Engagement may have increased as participants became more present and more actively involved in personally meaningful experiences. Relationships may have improved through empathy, active listening, authentic dialogue, appropriate self-disclosure, and constructive feedback. Meaning was directly addressed through values clarification, the psychological will exercise, reflection on mortality, and examination of personal life direction. Accomplishment may have been strengthened by helping students recognize their freedom to make choices and take responsibility for changes in their lives. Therefore, the large effect on flourishing is theoretically plausible because the existential-humanistic protocol targeted several dimensions of optimal functioning simultaneously.

The finding also supports the view that flourishing is not simply an outcome of pleasant emotion but a broader condition involving meaning, connection, engagement, and purposeful development. The PERMA framework conceptualizes flourishing through positive emotion, engagement, relationships, meaning, and accomplishment (Butler & Kern, 2016), and its Persian version has been validated for use in Iranian populations (Gholipour & Karshki, 2021). Recent theoretical discussions have also proposed flourishing as a central educational objective, emphasizing that higher education should promote meaningful and psychologically healthy lives rather than merely academic achievement (Martela, 2024). The present intervention appears to be consistent with this educational perspective because it helped participants reflect on how they wanted to live, what values they considered important, and how they could establish more authentic relationships. The relationship between flourishing, resilience, life satisfaction, and positive affect reported in previous research also supports the possibility that improvements in meaning and emotional balance can broaden students' overall well-being (Pereira Gonçalves et al., 2023). Similarly, models of collaborative positive psychology emphasize meaning, solidarity, resilience, virtue, and well-being as interconnected elements of adaptive functioning (Hogan, 2020).

The group-based nature of the intervention may have amplified the effects on all three variables. University students often experience psychological difficulties within interpersonal and social contexts; therefore, a group intervention can provide opportunities that are unavailable in purely individual formats. Group members can receive

support, test new communication patterns, observe different ways of coping, and experience belonging. Previous controlled research has demonstrated the effectiveness of group interventions for university students (Uliaszek et al., 2016), and group therapy has been shown to improve students' communication skills in Iranian university settings (Rezaei et al., 2020). Although research comparing individual and group therapies indicates that outcomes may vary across conditions, group interventions can be effective and clinically valuable when interpersonal learning is an important mechanism (Guo et al., 2021). In the current study, the shared dormitory experience may have enhanced group cohesion because participants were able to recognize common challenges related to homesickness, academic stress, shared living, autonomy, and future uncertainty.

5. Conclusion

Overall, the findings support the theoretical proposition that self-compassion, mindfulness, and flourishing can develop through an integrated process. Increased present-moment awareness may help individuals identify distress without avoidance; self-compassion may enable them to respond to that distress with kindness and balanced understanding; and existential exploration may help them transform awareness and acceptance into purposeful choices and meaningful living. Existential-humanistic therapy may therefore be particularly valuable because it does not isolate these capacities from one another. Instead, it addresses the person as a whole and combines experiential awareness, authentic relationship, personal responsibility, and meaning-making. Given the high prevalence and early onset of psychological difficulties among university students internationally, interventions that strengthen positive psychological capacities alongside reducing vulnerability may have substantial preventive and developmental value (Mason et al., 2025). The results of the present study indicate that a relatively brief nine-session existential-humanistic group program can contribute meaningfully to the psychological development of female dormitory students.

The findings should be interpreted in light of several limitations. First, the sample consisted of only 30 female dormitory students from universities in Mashhad, and participants were recruited through quota and convenience sampling; therefore, the generalizability of the findings to male students, non-dormitory students, students in other geographical regions, and individuals from different cultural or socioeconomic backgrounds is limited. Second, the

relatively small sample size may have reduced the precision of the effect estimates and increased the possibility that the observed effect sizes were larger than those that would emerge in a larger population. Third, the study used a quasi-experimental pretest–posttest design without a long-term follow-up assessment, making it impossible to determine whether improvements in self-compassion, mindfulness, and flourishing were maintained over time. Fourth, all dependent variables were measured through self-report questionnaires, which may be affected by social desirability, response tendencies, participants' expectations, and temporary emotional states. Fifth, the control condition involved a book-introduction group rather than an active psychological intervention matched for therapeutic attention and expectancy, and the study did not formally measure treatment fidelity, group cohesion, therapist effects, or participants' adherence to therapeutic exercises outside the sessions.

Future studies should replicate the present research with larger and more diverse samples recruited through probability-based or multicenter procedures and should include male students, non-dormitory students, international students, and students from different academic disciplines. Researchers should employ follow-up assessments at intervals such as three, six, and twelve months to evaluate the stability of treatment effects and identify whether booster sessions are necessary. Future trials should compare existential–humanistic group therapy with other established interventions, including mindfulness-based therapy, compassion-focused therapy, positive psychotherapy, and cognitive-behavioral group therapy, using active control conditions matched for session duration and therapist contact. The inclusion of behavioral observations, clinical interviews, peer reports, and physiological or attentional indicators could reduce reliance on self-report measures. Future research should also examine potential mechanisms and moderators, including meaning in life, experiential avoidance, loneliness, emotional regulation, group cohesion, therapeutic alliance, baseline symptom severity, and dormitory adjustment, to clarify how and for whom the intervention is most effective.

University counseling centers and student welfare departments may incorporate brief existential–humanistic group programs into dormitory mental-health services, particularly for students experiencing loneliness, identity uncertainty, self-criticism, interpersonal difficulties, or reduced meaning and engagement. Programs should be facilitated by trained counselors or psychologists who are

competent in group processes, existential inquiry, empathic presence, and the management of emotional disclosure. Screening procedures can be used to identify students likely to benefit, while clear referral pathways should be established for individuals requiring more intensive clinical treatment. Dormitory administrators may also coordinate with counseling centers to provide suitable confidential spaces, promote voluntary participation, and schedule sessions at times compatible with academic demands. Integrating values clarification, mindful awareness, self-compassion, communication skills, and meaning-centered exercises into orientation and student-development programs may strengthen psychological resources before difficulties become severe.

Authors' Contributions

Authors equally contributed to this article.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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