

Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy and Transdiagnostic Treatment on Fear of Happiness in Mothers of Children with Autism

Shima. Mousavi¹, Hosein. Ebrahimi Moghaddam^{1*}, Shahram. Nematzadeh¹

¹ Department of Psychology, Ro.C., Islamic Azad University, Roudehen, Iran

* Corresponding author email address: H_ebrahimimoghaddam@riau.ac.ir

Article Info

Article type:

Original Research

How to cite this article:

Mousavi, S., Ebrahimi Moghaddam, H., & Nematzadeh, S. (2026). Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy and Transdiagnostic Treatment on Fear of Happiness in Mothers of Children with Autism. *Psychology of Woman Journal*, 7(3), 1-10. <http://dx.doi.org/10.61838/kman.pwj.4935>



© 2026 the authors. Published by KMAN Publication Inc. (KMANPUB), Ontario, Canada. This is an open access article under the terms of the Creative Commons Attribution-NonCommercial 4.0 International (CC BY-NC 4.0) License.

ABSTRACT

Objective: This study aimed to compare the effectiveness of mindfulness-based cognitive therapy and transdiagnostic treatment in reducing fear of happiness among mothers of children with autism spectrum disorder.

Methods and Materials: The study employed a quasi-experimental design with pretest–posttest and a control group. The statistical population consisted of mothers of children with autism referred to autism centers in Tehran in 2024. A total of 51 participants were selected through convenience sampling and randomly assigned to two experimental groups (mindfulness-based cognitive therapy and transdiagnostic treatment) and one control group (17 participants per group). After attrition, data from 47 participants were analyzed. The mindfulness-based cognitive therapy group received ten 90-minute weekly group sessions, while the transdiagnostic treatment group received ten 75-minute weekly group sessions; the control group received no intervention. Fear of happiness was measured using the Fear of Happiness Scale at pretest and posttest. Data were analyzed using univariate and multivariate analysis of covariance and Bonferroni post hoc tests in SPSS version 27.

Findings: Inferential analyses indicated a statistically significant group effect on fear of happiness after controlling for pretest scores ($F = 36.02, p < .001, \eta^2 = .626$). Both intervention groups demonstrated significant reductions in fear of happiness compared with the control group ($p < .001$). Bonferroni post hoc comparisons further revealed a significant difference between the two treatment groups (mean difference = 2.80, $p < .001$), with the transdiagnostic treatment producing greater reductions in fear of happiness than mindfulness-based cognitive therapy.

Conclusion: Both mindfulness-based cognitive therapy and transdiagnostic treatment are effective in reducing fear of happiness in mothers of children with autism; however, transdiagnostic treatment yields superior outcomes, suggesting that interventions targeting core emotional processes and avoidance mechanisms may provide enhanced therapeutic benefits for this population.

Keywords: Mindfulness-based cognitive therapy; transdiagnostic treatment; fear of happiness; mothers; children with autism

1. Introduction

Autism spectrum disorder (ASD) is a neurodevelopmental condition characterized by persistent deficits in social communication and interaction, alongside restricted and repetitive patterns of behavior, interests, or activities (Hodges et al., 2020; Tsai et al., 2020). Global prevalence of ASD has increased steadily over recent decades, partly due to improved diagnostic practices and heightened public awareness (Hodges et al., 2020; May et al., 2021). While considerable attention has been devoted to the developmental and behavioral needs of children with ASD, growing evidence underscores the profound psychological burden experienced by their caregivers—particularly mothers—who typically assume the primary caregiving role (Martin et al., 2025; Turnage & Conner, 2022). Mothers of children with ASD consistently report elevated levels of emotional distress, depressive symptoms, anxiety, parenting stress, diminished self-efficacy, and compromised family functioning relative to mothers of typically developing children and even mothers of children with other disabilities (Jackson et al., 2024; Martin et al., 2025; Nagase et al., 2024; Turnage & Conner, 2022).

Multiple studies indicate that caregiving stress in mothers of children with ASD is shaped by the child's symptom severity, communication difficulties, comorbid behavioral problems, service accessibility, and ongoing uncertainty about the child's developmental trajectory (Nagase et al., 2024; Schott et al., 2021; Tsai et al., 2020). These cumulative stressors place mothers at heightened risk for mood disorders, emotional dysregulation, and reduced psychological well-being (Jackson et al., 2024; Kostiukow et al., 2021; Yan & Abdullah, 2025). Research further demonstrates that maternal psychological functioning is not merely a secondary concern but plays a central role in child outcomes, family adjustment, and long-term caregiving sustainability (Findler et al., 2016; Martin et al., 2025; Suen et al., 2021). Consequently, identifying modifiable psychological processes that undermine maternal well-being represents a critical target for intervention.

One emerging construct of considerable relevance in this context is fear of happiness—the belief that experiencing happiness will inevitably lead to negative consequences or that positive emotions should be avoided (Joshano, 2018; Joshano et al., 2014). Fear of happiness is increasingly recognized as a maladaptive cognitive-emotional pattern that undermines subjective well-being, increases vulnerability to depression, and disrupts emotion regulation

processes (Belen et al., 2020; Jordan et al., 2020; Yildirim & Belen, 2018). This phenomenon reflects a broader cognitive schema in which positive affect is perceived as fragile, unsafe, or morally questionable, fostering emotional suppression and chronic hypervigilance (Blasco-Belled et al., 2021; Joshano, 2018). Such beliefs are particularly detrimental for caregivers facing chronic stress, as they limit access to positive emotional resources that buffer against adversity (Belen et al., 2020; Blasco-Belled et al., 2021).

Empirical findings demonstrate that fear of happiness independently predicts depressive symptoms beyond general negative affect and personality vulnerability (Jordan et al., 2020; Yildirim & Belen, 2018). Moreover, individuals high in fear of happiness show diminished flourishing, reduced hope, impaired emotional expressiveness, and lower psychological well-being (Belen et al., 2020; Blasco-Belled et al., 2021; Soleimani et al., 2022). Importantly, fear of happiness is not merely an abstract belief system; it actively interferes with engagement in therapeutic interventions that rely on positive affect, as individuals who fear positivity perceive positive-emotion-focused treatments as less acceptable and less effective (Bryant et al., 2023). This creates a paradox in which those who would benefit most from positive emotional experiences may be least willing or able to access them.

For mothers of children with ASD, fear of happiness may be especially salient. Caregiving contexts marked by unpredictability, repeated stress exposure, and chronic worry may reinforce beliefs that positive emotions are unsafe, fleeting, or undeserved (Findler et al., 2016; Kostiukow et al., 2021; Nagase et al., 2024). Cultural narratives emphasizing maternal self-sacrifice and emotional restraint may further intensify these beliefs, making happiness itself a source of anxiety and guilt (Blasco-Belled et al., 2021; Joshano, 2018). Despite its relevance, fear of happiness has received limited attention in intervention research targeting mothers of children with ASD, representing a critical gap in both theory and practice.

Contemporary psychological science increasingly recognizes that emotional disorders share common underlying mechanisms, including heightened emotional reactivity, maladaptive cognitive appraisals, experiential avoidance, and deficits in emotion regulation (Barlow, 2011; Sakiris & Berle, 2019; Sauer-Zavala et al., 2021). These transdiagnostic processes provide a unified framework for understanding comorbidity and treatment response across anxiety, depression, and stress-related conditions (Barlow, 2011; Sakiris & Berle, 2019). Within this framework, fear of

happiness can be conceptualized as a maladaptive emotional schema sustained by avoidance, negative expectancies, and rigid cognitive appraisals—processes that cut across diagnostic boundaries (Blasco-Belled et al., 2021; Jordan et al., 2020).

Transdiagnostic interventions, particularly the Unified Protocol developed by Barlow and colleagues, directly target these core mechanisms through emotion awareness training, cognitive reappraisal, reduction of emotional avoidance, and systematic emotional exposure (Barlow, 2011; Sauer-Zavala et al., 2021). Meta-analytic evidence supports the efficacy of transdiagnostic emotion-focused treatments across diverse populations and symptom profiles (Sakiris & Berle, 2019). Emerging studies further demonstrate the applicability of such approaches for caregivers of children with ASD, yielding improvements in parental emotional functioning, stress regulation, and adaptive coping (Ehrenreich-May et al., 2021; Kangavary et al., 2023; Lee, 2023). Notably, prior work has shown that transdiagnostic treatment reduces anhedonia and fear-related symptoms in mothers of children with ASD (Ghamarani & Mohseni, 2017; Mohseni-Ezhiyeh et al., 2016), suggesting its potential relevance for fear of happiness.

In parallel, mindfulness-based cognitive therapy (MBCT) has gained substantial empirical support as an intervention that cultivates present-moment awareness, cognitive decentering, and emotional acceptance (Hoshyar et al., 2018; Tonarely et al., 2021). By teaching individuals to observe thoughts and emotions without judgment, MBCT disrupts maladaptive cognitive-emotional cycles and promotes psychological flexibility (Tonarely et al., 2021). Research indicates that mindfulness interventions enhance quality of life, coping capacity, and emotional regulation in mothers of children with ASD (Hoshyar et al., 2018; Suen et al., 2021). However, although MBCT improves general well-being, its specific impact on fear-based positive-emotion avoidance remains insufficiently explored, particularly when compared with transdiagnostic emotion-focused treatments.

Recent evidence highlights that parental emotional change exerts cascading effects on child adjustment and family climate (Ehrenreich-May et al., 2021; Tonarely et al., 2021). Brief transdiagnostic interventions delivered to parents have produced measurable improvements in emotional responding and parenting behaviors, even under high-stress conditions such as the COVID-19 pandemic (Ehrenreich-May et al., 2021). Prevention-oriented transdiagnostic programs further demonstrate promise in reducing emotional vulnerability among caregivers of

children with ASD (Kangavary et al., 2023). Meanwhile, mindfulness-based approaches remain widely implemented in caregiver support settings due to their accessibility and favorable acceptability profile (Hoshyar et al., 2018; Suen et al., 2021).

Despite these advances, no study to date has systematically compared mindfulness-based cognitive therapy and transdiagnostic treatment with respect to their differential effectiveness in reducing fear of happiness among mothers of children with ASD. Given that fear of happiness undermines both emotional well-being and therapeutic engagement (Bryant et al., 2023; Jordan et al., 2020), identifying the most effective intervention approach for modifying this construct carries substantial theoretical and clinical significance. Furthermore, cultural variations in the meaning and experience of happiness underscore the importance of empirically evaluating these interventions within specific sociocultural contexts (Blasco-Belled et al., 2021; Joshanloo, 2018; Joshanloo et al., 2014).

In sum, mothers of children with ASD face persistent emotional challenges that compromise well-being and family functioning (Jackson et al., 2024; Martin et al., 2025; Turnage & Conner, 2022). Fear of happiness represents a critical but understudied cognitive-emotional vulnerability that exacerbates distress and limits adaptive coping (Belen et al., 2020; Jordan et al., 2020; Yildirim & Belen, 2018). Both mindfulness-based cognitive therapy and transdiagnostic emotion-focused treatment offer theoretically grounded, empirically supported pathways for modifying the underlying processes that sustain this fear (Barlow, 2011; Sakiris & Berle, 2019; Tonarely et al., 2021). However, their relative effectiveness for this specific population and outcome remains unknown.

Therefore, the aim of the present study was to compare the effectiveness of mindfulness-based cognitive therapy and transdiagnostic treatment in reducing fear of happiness among mothers of children with autism spectrum disorder.

2. Methods and Materials

2.1. Study design and Participant

The present study was applied in terms of purpose and, in terms of nature and methodology, employed a quasi-experimental design with pretest–posttest and a control group. The statistical population consisted of all mothers of children with autism who referred to an autism center in the city of Tehran in 2024. In experimental studies, a minimum sample size of 15 participants per group is recommended

(Delavar, 2009). Given that the present study included two experimental groups and one control group, a total of 51 mothers of children with autism (members of the Iranian Autism Association) were selected through convenience sampling based on the inclusion and exclusion criteria and were randomly assigned to two experimental groups and one control group (17 participants per group).

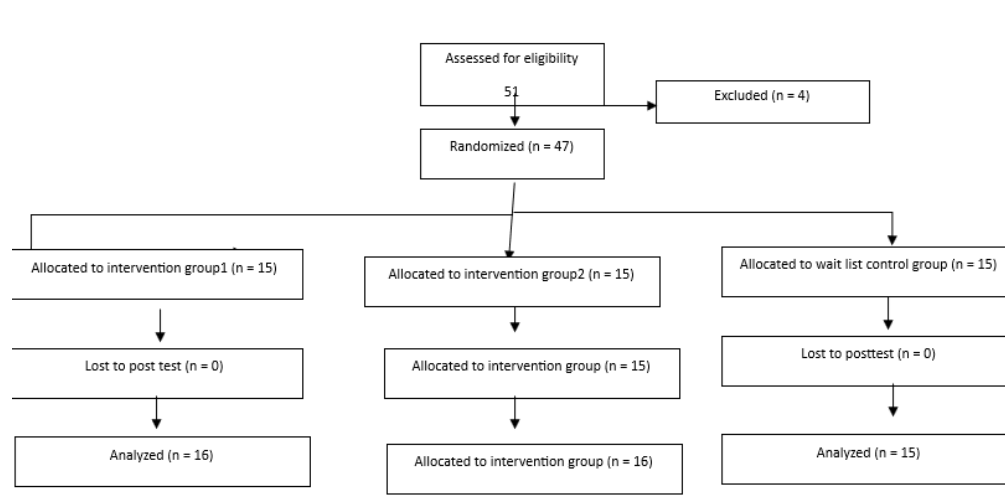
The inclusion criteria consisted of being a mother of a child diagnosed with autism, absence of any physical illness or psychological disorder that could interfere with the treatment process, nonparticipation in concurrent intervention programs, a literacy level sufficient for reading and writing, willingness to participate in the study (after providing the necessary explanations regarding the research objectives, informed consent was obtained from the participants), and cooperation in receiving the therapeutic interventions. The exclusion criteria included withdrawal from further participation, refusal to complete the questionnaires, and absence from more than two sessions.

To conduct the present study, while observing ethical considerations, explaining the research objectives, and obtaining permission from Islamic Azad University, Rudehen Branch, an official letter of introduction was secured and visits were made to autism centers in Tehran during the period from spring to autumn 2024. With the assistance of the center administrators, eligible mothers of children with autism were identified, the objectives of the study were explained to them, and they were assured that all their information would remain confidential and that participation would not entail any physical or psychological harm. For data collection, 51 mothers of children with

autism were selected through convenience sampling and randomly assigned to two experimental groups and one control group (17 participants per group). After obtaining informed consent, the research procedures were implemented. Following group assignment, all participants first completed the pretest. Then, with the cooperation of the administrators of the autism centers in Tehran, the mindfulness-based cognitive therapy group received ten 90-minute weekly sessions based on the protocol developed by Mohammadi et al. (2015), and the transdiagnostic treatment group received ten 75-minute weekly sessions according to the program proposed by Barlow et al. (2011), both delivered in group format at the centers. During this period, the control group received no intervention. Finally, after one week, both experimental groups completed the research instruments again at the posttest stage. After reviewing the collected questionnaires and due to the withdrawal of some participants, data from 47 individuals were ultimately analyzed, including the control group (15 participants), the first intervention group (16 participants), and the second intervention group (16 participants) (Figure 1). The ethical considerations observed in this study included maintaining the confidentiality of participants' information, using the collected data solely for research purposes, avoiding any form of coercion for participation or continued involvement, conducting a thorough and specialized review of the intervention session contents to ensure that the interventions were non-harmful, and providing the control group—who did not receive any intervention during the study period—with the therapeutic interventions after completion of the study and confirmation of intervention effectiveness.

Figure 1

The CONSORT flow diagram of the study



2.2. Measures

Fear of Happiness Questionnaire (Joshanloo, 2014): This 5-item questionnaire was developed by Joshanloo (2014). The items are rated on a five-point Likert scale ranging from never (1) to always (5). Total scores range from 5 to 25, with higher scores indicating greater fear of happiness. The psychometric properties of this instrument were examined in 13 countries using confirmatory factor analysis and multivariate modeling. The findings demonstrated that the instrument possesses satisfactory properties at both individual and cultural levels. Cronbach's alpha coefficients across different countries ranged from .51 (Russian sample) to .88 (Iranian sample). Predictive validity was supported through correlations with the Psychological Well-Being Questionnaire ($r = .23$) and the Conformity Scale ($r = .60$). The confirmatory factor analysis indices were acceptable across all samples. In the Iranian sample, the reported indices were RMSEA = .004, CFI = 1.00, TLI = 1.00, $p > .05$, and $df = 4$ (Joshanloo, 2014). Soleimani et al. reported a Cronbach's alpha coefficient of .92 for the reliability of this questionnaire. In the present study, the reliability of the questionnaire was estimated using Cronbach's alpha as .88.

2.3. Intervention

The mindfulness-based cognitive therapy intervention consisted of ten structured sessions designed to cultivate present-moment awareness, cognitive decentering, emotional regulation, and adaptive coping. The program began with experiential orientation to mindfulness through mindful eating of a raisin and body scan meditation, followed by addressing internal barriers using breath-focused mindfulness and awareness of thoughts and emotions. Subsequent sessions emphasized mindful breathing and mindful movement, differentiation between thoughts and reality, and systematic tracking of pleasant and unpleasant experiences. Participants were trained to remain anchored in the present moment using sensory awareness practices, mindful walking, and acceptance-based techniques. Core cognitive components included recognizing that thoughts are not facts, examining prior predictions, identifying cognitive distortions, and generating alternative perspectives. Emotional awareness was strengthened through exercises targeting moods, thoughts, and emotional reactions, while self-care strategies were integrated to enhance psychological resilience. The later sessions focused on constructive problem solving,

clarification of personal values, maintenance of valued life domains, and consolidation of skills through final body scan meditation and comprehensive review, equipping participants with practical strategies for long-term application of mindfulness-based cognitive skills.

The transdiagnostic intervention was implemented across ten sessions with the primary aim of modifying maladaptive emotional processes shared across psychological disorders. The program commenced with motivational enhancement and collaborative goal setting using motivational interviewing techniques to increase treatment engagement. Participants received psychoeducation on emotions and the three-component model of emotional experience, followed by systematic training in emotional awareness through observation of emotions and emotional responses using mindfulness-based methods. Cognitive components focused on increasing awareness of the reciprocal relationship between thoughts and emotions, identifying maladaptive automatic appraisals and common cognitive traps, and fostering cognitive flexibility through reappraisal. Central emphasis was placed on recognizing emotional avoidance patterns and their paradoxical effects on emotional functioning, alongside identification and modification of maladaptive emotion-driven behaviors through development of alternative action tendencies. Participants were trained in interoceptive awareness and tolerance of physical sensations associated with emotional arousal via structured exposure exercises. Advanced sessions incorporated both interoceptive and situational emotion-focused exposures, including development of individualized fear hierarchies and repeated experiential exposure while preventing avoidance. The intervention concluded with relapse prevention, integrating acquired skills, reviewing therapeutic progress, and preparing participants for sustained emotional regulation beyond treatment completion.

2.4. Data Analysis

Data were analyzed using descriptive statistics (graphs, tables, frequencies, percentages, means, etc.), and inferential statistics for hypothesis testing (with consideration of the necessary assumptions) including univariate and multivariate analysis of covariance and Bonferroni post hoc tests. All statistical analyses were conducted using SPSS version 27.

3. Findings and Results

In the present study, 47 participants were assigned to three groups: the mindfulness-based cognitive therapy experimental group ($n = 16$), the transdiagnostic intervention experimental group ($n = 16$), and the control group ($n = 15$). The mean ages of the groups were 37.19 ± 4.20 , $39.13 \pm$

3.72 , and 37.26 ± 8.13 , respectively, with an age range of 29 to 46 years. To examine the equivalence of the groups in terms of age, maternal education, child gender, and child age, the chi-square test was employed. Given the nonsignificant obtained statistics, it was concluded that there were no significant differences among the groups with respect to demographic variables ($p > .05$).

Table 1

Descriptive Statistics of Fear of Happiness Scores by Group

Variable	Group	Phase	Mean	SD	Shapiro–Wilk	Sig.
Fear of Happiness	Control	Pretest	18.13	1.12	0.88	0.058
		Posttest	17.53	1.55	0.93	0.308
	Mindfulness-Based Cognitive Therapy	Pretest	18.38	1.78	0.89	0.067
		Posttest	14.88	1.96	0.94	0.331
	Transdiagnostic Intervention	Pretest	18.75	1.77	0.94	0.406
		Posttest	12.31	2.49	0.95	0.464

As shown in Table 1, the control group demonstrated little change between pretest and posttest mean scores, whereas both experimental groups exhibited a reduction in fear of happiness scores from pretest to posttest. Moreover,

the Shapiro–Wilk statistics for both experimental and control groups at pretest and posttest were not statistically significant, indicating that the distribution of fear of happiness scores was normal ($p > .05$).

Table 2

Results of Analysis of Covariance for Comparing Mindfulness-Based Cognitive Therapy and Transdiagnostic Treatment on Fear of Happiness

Source	Sum of Squares	df	Mean Square	F	Sig.	Eta
Pretest	43.48	1	43.48	13.22	0.001	0.235
Group	236.99	2	118.49	36.02	0.001	0.626
Error	141.44	43	3.29			
Total	1076.20	47				

As presented in Table 2, the obtained F value was 36.02 with a significance level of $p < .01$, indicating a statistically significant difference between the effectiveness of

mindfulness-based cognitive therapy and transdiagnostic treatment in reducing fear of happiness among mothers of children with autism.

Table 3

Bonferroni Post Hoc Test Results for Group Differences in Fear of Happiness

Variable	Group Comparison	Mean Difference	SE	Sig.
Fear of Happiness	Control – Mindfulness-Based Cognitive Therapy	2.81*	0.65	< .001
	Control – Transdiagnostic Treatment	5.60*	0.66	< .001
	Mindfulness-Based Cognitive Therapy – Transdiagnostic Treatment	2.80*	0.64	< .001

As shown in Table 3, the Bonferroni test results indicate significant differences between the control group and both experimental groups in reducing fear of happiness ($p < .001$), demonstrating that both mindfulness-based cognitive therapy and transdiagnostic treatment significantly reduced fear of happiness compared with the control group.

Furthermore, based on the mean difference of 2.80, a statistically significant difference was observed between the two treatment groups ($p < .05$), with transdiagnostic treatment exerting a greater effect on reducing fear of happiness in mothers of children with autism.

4. Discussion

The findings of the present study demonstrated that both mindfulness-based cognitive therapy and transdiagnostic treatment produced statistically significant reductions in fear of happiness among mothers of children with autism spectrum disorder, with transdiagnostic treatment yielding a significantly greater therapeutic effect. The analysis of covariance revealed a strong group effect with a large effect size, indicating that changes in fear of happiness cannot be attributed to chance or baseline differences but rather to the specific psychological mechanisms activated by the interventions. These results are theoretically consistent with contemporary models of emotional disorders which conceptualize maladaptive emotion regulation and experiential avoidance as core maintaining processes across diagnostic categories (Barlow, 2011; Sakiris & Berle, 2019; Sauer-Zavala et al., 2021). Fear of happiness, as a cognitive–emotional schema characterized by negative expectancies about positive affect, is directly implicated in these processes and therefore constitutes a valid transdiagnostic treatment target (Blasco-Belled et al., 2021; Jordan et al., 2020; Joshanloo, 2018).

The significant reduction of fear of happiness in the mindfulness-based cognitive therapy group is consistent with prior evidence showing that mindfulness interventions enhance emotional awareness, cognitive decentering, and acceptance of internal experiences (Tonarely et al., 2021). Through sustained practice of non-judgmental present-moment awareness, participants learn to observe thoughts and emotions—including fear-laden cognitions about happiness—without over-identifying with them. This decentering process weakens rigid belief structures that associate positive emotion with impending harm, guilt, or loss (Joshanloo et al., 2014; Yildirim & Belen, 2018). Similar improvements in psychological functioning and coping among mothers of children with autism following mindfulness-based interventions have been documented previously (Hoshyar et al., 2018; Suen et al., 2021). These studies suggest that mindfulness enhances adaptive emotion regulation capacities that directly counter the cognitive fusion and emotional avoidance underlying fear of happiness.

Nevertheless, the superior effect of transdiagnostic treatment observed in the present study aligns closely with the theoretical design of the Unified Protocol and related emotion-focused transdiagnostic models (Barlow, 2011; Sakiris & Berle, 2019). Unlike mindfulness-based

approaches, which primarily cultivate acceptance and awareness, transdiagnostic treatment systematically targets the full cycle of maladaptive emotional responding, including automatic appraisals, experiential avoidance, emotion-driven behaviors, and interoceptive sensitivity (Sauer-Zavala et al., 2021). Fear of happiness is maintained not only by beliefs but also by avoidance of positive emotional states and safety behaviors that prevent disconfirmation of catastrophic expectations (Bryant et al., 2023; Jordan et al., 2020). Transdiagnostic treatment directly confronts these processes through cognitive reappraisal, reduction of emotional avoidance, and structured emotional exposure, thereby producing deeper restructuring of fear-based emotional learning.

The present findings replicate and extend earlier work demonstrating the effectiveness of transdiagnostic interventions for emotional difficulties among caregivers of children with autism. Ghamarani and Mohseni-Ezhiyeh reported significant reductions in anhedonia and fear-related emotional patterns among mothers of children with autism following transdiagnostic treatment (Ghamarani & Mohseni, 2017; Mohseni-Ezhiyeh et al., 2016). More recent studies have shown that transdiagnostic programs enhance emotional regulation, reduce caregiver stress, and improve parental coping in families of children with autism (Kangavary et al., 2023; Lee, 2023). The present study adds to this literature by identifying fear of happiness as a modifiable emotional vulnerability that responds robustly to transdiagnostic intervention.

Importantly, fear of happiness is strongly associated with depressive symptoms and impaired well-being independent of general negative affect (Jordan et al., 2020; Yildirim & Belen, 2018). For mothers of children with autism—who consistently report elevated depressive symptoms, diminished self-efficacy, and compromised family functioning (Jackson et al., 2024; Martin et al., 2025; Turnage & Conner, 2022)—the reduction of fear of happiness may play a crucial role in restoring emotional balance and enhancing resilience. By weakening the cognitive schema that positive emotions are dangerous or undeserved, transdiagnostic treatment may re-open access to positive emotional experiences that function as protective psychological resources (Belen et al., 2020; Blasco-Belled et al., 2021).

The clinical relevance of these findings is further underscored by research showing that individuals high in fear of happiness perceive positive-emotion-focused treatments as less acceptable and less effective (Bryant et al.,

2023). This resistance can limit engagement with therapeutic strategies that promote well-being. The present results suggest that transdiagnostic treatment may overcome this barrier by first addressing the underlying fear-based emotional architecture before promoting positive emotional experiences. In contrast, mindfulness-based cognitive therapy may exert its effects more gradually by enhancing awareness and acceptance, which, although beneficial, may not sufficiently dismantle entrenched avoidance and catastrophic beliefs about happiness.

These outcomes also carry important implications for the broader mental health of mothers of children with autism. Extensive literature documents that maternal psychological distress is shaped by cumulative caregiving demands, child symptom severity, service limitations, and ongoing uncertainty regarding developmental outcomes (Nagase et al., 2024; Schott et al., 2021; Tsai et al., 2020). Emotional dysregulation and fear-based cognitive schemas further exacerbate this burden (Blasco-Belled et al., 2021; Joshanloo, 2018). Interventions capable of modifying these core emotional mechanisms therefore hold promise for improving not only maternal well-being but also family functioning and child outcomes, given the bidirectional nature of parent–child emotional processes (Ehrenreich-May et al., 2021; Findler et al., 2016; Tonarely et al., 2021).

The present study also contributes to a growing body of evidence supporting emotion regulation as a central therapeutic target in caregiver interventions. Transdiagnostic programs that enhance emotional awareness, reduce avoidance, and strengthen tolerance of internal experiences have demonstrated efficacy in both prevention and treatment contexts (Kangavary et al., 2023; Sauer-Zavala et al., 2021). Similarly, mindfulness-based interventions continue to show benefits for stress management and quality of life in parents of children with autism (Hoshyar et al., 2018; Suen et al., 2021). However, the differential impact observed here suggests that when the primary treatment goal involves dismantling fear-based cognitive–emotional structures such as fear of happiness, interventions that explicitly target emotional learning and avoidance mechanisms may yield stronger effects.

5. Conclusion

Collectively, the results of this study reinforce contemporary theoretical models that emphasize shared emotional processes across psychological disorders and caregiving contexts (Barlow, 2011; Sakiris & Berle, 2019).

Fear of happiness appears to operate as a transdiagnostic vulnerability that is particularly pronounced among mothers of children with autism due to chronic stress exposure, emotional uncertainty, and sociocultural influences (Blasco-Belled et al., 2021; Joshanloo et al., 2014). By demonstrating that this construct is highly responsive to targeted intervention—especially transdiagnostic treatment—the present study offers a valuable contribution to both clinical theory and applied caregiver support.

6. Limitations and Suggestions

The present study has several limitations that should be acknowledged. The sample size was modest and restricted to mothers from autism centers in one metropolitan area, which may limit generalizability to other populations and cultural contexts. The absence of long-term follow-up restricts conclusions regarding the durability of treatment effects. In addition, reliance on self-report measures introduces the possibility of response bias and shared method variance.

Future research should employ larger, more diverse samples and incorporate longitudinal designs to evaluate the stability of treatment gains over time. Investigations comparing combined or sequential application of mindfulness-based and transdiagnostic approaches may also clarify whether integrating these models yields additive or synergistic effects on fear of happiness and related emotional vulnerabilities.

From a practical perspective, intervention programs for mothers of children with autism should prioritize systematic screening for fear of happiness and related emotional beliefs. Mental health services within autism support centers can incorporate emotion-focused transdiagnostic interventions as a core component of caregiver support, while also offering mindfulness-based programs to strengthen emotional awareness and resilience. Training clinicians in these approaches may substantially enhance the psychological resources available to families navigating the long-term challenges of autism caregiving.

Authors' Contributions

Authors contributed equally 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

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

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

References

- Barlow, D. H. (2011). *Unified protocol for transdiagnostic treatment of emotional disorders: Workbook*. Oxford University Press. <https://doi.org/10.1037/e556572013-126>
- Belen, H., Yildirim, M., & Belen, F. S. (2020). Influence of fear of happiness on flourishing: Mediator roles of hope agency and hope pathways. *Australian Journal of Psychology*, 72(2), 165-171. <https://doi.org/10.1111/ajpy.12279>
- Blasco-Belled, A., Rogoza, R., Alsinet, C., & Torrelles-Nadal, C. (2021). Fear of happiness through the prism of the dual continua model of mental health. *Journal of Clinical Psychology*, 77(10), 2245-2261. <https://doi.org/10.1002/jclp.23165>
- Bryant, J. S., Gallagher, M. R., Collins, A. C., & Winer, E. S. (2023). Individuals fearing positivity do not perceive positive affect treatments as strong fits: A novel experimental finding and replication. *Journal of Behavior Therapy and Experimental Psychiatry*, 79, 101830. <https://doi.org/10.1016/j.jbtep.2022.101830>
- Delavar, A. (2009). *Research Methods in Psychology and Educational Sciences*. <https://www.gisoom.com/book/11018856/%DA%A9%D8%AA%D8%A7%D8%A8-%D8%B1%D9%88%D8%B4-%D8%AA%D8%AD%D9%82%DB%8C%D9%82-%D8%AF%D8%B1-%D8%B1%D9%88%D8%A7%D9%86-%D8%B4%D9%86%D8%A7%D8%B3%DB%8C-%D9%88-%D8%B9%D9%84%D9%88%D9%85-%D8%AA%D8%B1%D8%A8%DB%8C%D8%AA%DB%8C/>
- Ehrenreich-May, J., Halliday, E. R., Karlovich, A. R., Gruen, R. L., Pino, A. C., & Tonarely, N. A. (2021). Brief transdiagnostic intervention for parents with emotional disorder symptoms during the COVID-19 pandemic: A case example. *Cognitive and Behavioral Practice*, 28(4), 690-700. <https://doi.org/10.1016/j.cbpra.2021.01.002>
- Findler, L., Jacoby, A. K., & Gabis, L. (2016). Subjective happiness among mothers of children with disabilities: The role of stress, attachment, guilt, and social support. *Research in Developmental Disabilities*, 55, 44-54. <https://doi.org/10.1016/j.ridd.2016.03.006>
- Ghamarani, A., & Mohseni, O. (2017). The effectiveness of transdiagnostic treatment on anhedonia and fear of ridicule in mothers of children with autism spectrum disorder. *Behavioral Sciences Research Journal*, 15(1), 13-20. <https://rbs.mui.ac.ir/article-1-510-fa.html>
- Hodges, H., Fealko, C., & Soares, N. (2020). Autism spectrum disorder: Definition, epidemiology, causes, and clinical evaluation. *Translational Pediatrics*, 9, S55-S65. <https://doi.org/10.21037/tp.2019.09.09>
- Hoshyar, M., Kakavand, A., & Ahmadi, A. (2018). The Effectiveness of Mindfulness on the Quality of Life and Coping Styles of Mothers of Children with Autism Spectrum Disorder. *Quarterly Journal of Social Work*, 7(2), 32-39. http://socialworkmag.ir/browse.php?a_code=A-10-421-1&sid=1&slc_lang=fa
- Jackson, S. Z., Pinto-Martin, J. A., Deatrck, J. A., Boyd, R., & Souders, M. C. (2024). High depressive symptoms, low family functioning, and low self-efficacy in mothers of children with Autism Spectrum Disorder compared to two control groups. *Journal of the American Psychiatric Nurses Association*, 30(2), 300-312. <https://doi.org/10.1177/10783903221104147>
- Jordan, D. G., Collins, A. C., Dunaway, M. G., Kilgore, J., & Winer, E. S. (2020). Negative affect interference and fear of happiness are independently associated with depressive symptoms. *Journal of Clinical Psychology*, 77(3), 646-660. <https://doi.org/10.1002/jclp.23066>
- Joshanloo, M. (2018). Fear and fragility of happiness as mediators of the relationship between insecure attachment and subjective well-being. *Personality and Individual Differences*, 123, 115-118. <https://doi.org/10.1016/j.paid.2017.11.016>
- Joshanloo, M., Lepshokova, Z. K., Panyusheva, T., Natalia, A., Poon, W. C., Yeung, V. W., & Jiang, D. (2014). Cross-cultural validation of the fear of happiness scale across 14 national groups. *Journal of Cross-Cultural Psychology*, 45(2), 246-264. <https://doi.org/10.1177/0022022113505357>
- Kangavary, A., Halliday, E. R., Durocher, J., & Ehrenreich-May, J. (2023). A transdiagnostic prevention support group for caregivers of children with autism spectrum disorder: A case example. *Clinical Case Studies*, 22(5), 484-500. <https://doi.org/10.1177/15346501231198889>
- Kostiukow, A., Poniewierski, P., Janowska, D., & Samborski, W. (2021). Levels of happiness and depression in parents of children with autism spectrum disorder in Poland. *Acta Neurobiologiae Experimentalis*, 81(3), 279-285. <https://doi.org/10.21307/ane-2021-026>
- Lee, J. (2023). Transdiagnostic therapy and coping mechanisms in mothers of children with autism. *Cognitive therapy and research*, 47(3), 243-259.
- Martin, M., Moor, A. S., & Pellicano, E. (2025). Mental health of mothers of children with autism spectrum disorder: A review. *Journal of Autism and Developmental Disorders*, 48(6), 1994-2006. <https://pmc.ncbi.nlm.nih.gov/articles/PMC8311509/>
- May, T., Brignell, A., & Williams, K. (2021). Parent-reported autism diagnostic stability and trajectories in the longitudinal study of Australian children. *Autism Research*, 14(4), 773-786. <https://doi.org/10.1002/aur.2470>
- Mohseni-Ezhiyeh, A., Malekpour, M., & Ghamarani, A. (2016). The Effect of Transdiagnostic Treatment on Mothers of Children with Autism Spectrum Disorder. *PCP*, 4(3), 199-207. <https://doi.org/10.15412/J.JPCP.06040308>

- Nagase, K., Tsunoda, K., & Fujita, K. (2024). Psychosocial adjustment in mothers of children with autism spectrum disorder with intellectual disability and attention deficit hyperactivity disorder comorbidities. *Research in Autism Spectrum Disorders*, *114*, 102388. <https://doi.org/10.1016/j.rasd.2024.102388>
- Sakiris, N., & Berle, D. (2019). A systematic review and meta-analysis of the Unified Protocol as a transdiagnostic emotion regulation based intervention. *Clinical psychology review*, *72*, 101751. <https://doi.org/10.1016/j.cpr.2019.101751>
- Sauer-Zavala, S., Tirpak, J. W., Eustis, E. H., Woods, B. K., & Russell, K. (2021). Unified protocol for the transdiagnostic prevention of emotional disorders: Evaluation of a brief, online course for college freshmen. *Behavior therapy*, *52*(1), 64-76. <https://doi.org/10.1016/j.beth.2020.01.010>
- Schott, W., Nonnemacher, S., & Shea, L. (2021). Service use and unmet needs among adults with autism awaiting home-and community-based Medicaid services. *Journal of Autism and Developmental Disorders*, *51*, 1188-1200. <https://doi.org/10.1007/s10803-020-04593-2>
- Soleimani, S., Amirfakhrai, A., Karamati, K., & Samavi, A. (2022). The Effectiveness of Integrated Psychoeducational Therapy on the Lack of Pleasure Seeking and Emotional Expressiveness in Children of Divorced Parents in Bandar Abbas. *Journal of Disability Studies*, *12*. http://jhpm.ir/browse.php?a_id=1183&sid=1&slc_lang=fa&ftxt=0
- Suen, M. W., Ningrum, V., Widayat, Y. M. S., Hasanati, N., & Wang, J. H. (2021). The association between parenting stress, positive reappraisal coping, and quality of life in parents with autism spectrum disorder (ASD) children: A systematic review. *Healthcare*. <https://www.mdpi.com/2227-9032/10/1/52>
- Tonarely, N. A., Kennedy, S., Halliday, E., Sherman, J. A., & Ehrenreich-May, J. (2021). Impact of youth transdiagnostic treatment on parents' own emotional responding and socialization behaviors. *Journal of Child and Family Studies*, *30*, 1141-1155. <https://doi.org/10.1007/s10826-021-01946-y>
- Tsai, C. H., Chen, K. L., Li, H. J., Chen, K. H., Hsu, C. W., Lu, C. H., Hsieh, K. Y., & Huang, C. Y. (2020). The symptoms of autism including social communication deficits and repetitive and restricted behaviors are associated with different emotional and behavioral problems. *Scientific reports*, *10*(1), 20509. <https://doi.org/10.1038/s41598-020-76292-y>
- Turnage, D., & Conner, N. (2022). Quality of life of parents of children with Autism Spectrum Disorder: An integrative literature review. *Journal of Specific Pediatric Nursing*, *27*(4), e12391. <https://doi.org/10.1111/jspn.12391>
- Yan, Y., & Abdullah, E. B. (2025). Clinical Interventions for Depression and Anxiety in Mothers of Children With Autism Spectrum Disorder in China. *Ls*, *1*(3), 1-27. <https://doi.org/10.71204/srdzv858>
- Yildirim, M., & Belen, H. (2018). Fear of happiness predicts subjective and psychological well-being above the behavioral inhibition system (BIS) and behavioral activation system (BAS) model of personality. *Journal of Positive Psychology and Wellbeing*, *2*(1), 92-111. https://www.researchgate.net/publication/333356999_Fear_of_happiness_predicts_subjective_and_psychological_well-being_above_the_behavioral_inhibition_system_BIS_and_behavioral_activation_system_BAS_model_of_personality