Iranian Evolutionary Educational Psychology Journal
IEEPJ
University of Hormozgan
Online ISSN: 2588 - 4395
Homepage: https://ieepj.hormozgan.ac.ir

Comparison of the Effectiveness of Group Acceptance and Commitment Therapy and Group Complicated Grief Therapy in Reducing Grief Symptoms and Suicidal Ideation Among Bereaved Survivors of Cancer Patients with Persistent Complicated Grief

Ali Afzali Gorouh[1], Hossein Jenaabadi[2]✉, Mohammad Ali Fardin[3]

1. PhD student, Department of psychology, ZAH.C., Islamic Azad University, Zahedan, Iran
2. Department of psychology, University of Sistan and Baluchestan, Zahedan, hjenaabadi@ped.usb.ac.ir
3. Department of psychology, ZAH.C., Islamic Azad University, Zahedan. Iran

Article Info

Article type:
Research Article

Article history:
Received 01 May. 2025
Received in revised form 25 Sep. 2025
Accepted 03 Nov. 2025
Published online 01 Mar. 2026

Keywords:
Acceptance and commitment therapy,
Complicated grief therapy,
Grief symptoms,
Suicidal ideation,
Cancer survivors

ABSTRACT

Objective: The present study aimed to compare the effectiveness of group Acceptance and Commitment Therapy (ACT) and group Complicated Grief Therapy (CGT) in reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients experiencing persistent complicated grief.

Methods: This semi-experimental study employed a pre-test–post-test design with a control group. The statistical population consisted of bereaved individuals who had lost a loved one to cancer and were experiencing pathological grief accompanied by suicidal ideation. Participants were recruited from clinics and counseling centers in Kerman, Iran, in 2023 using convenience sampling. A total of 36 participants were selected and assigned to ACT, CGT, or control groups. Data were collected using the Inventory of Complicated Grief (Prigerson & Maciejewski, 1995) and the Beck Scale for Suicidal Ideation. Statistical analyses were conducted to examine within- and between-group differences at post-test.

Results: The results indicated that Complicated Grief Therapy led to a significant reduction in grief symptoms among bereaved survivors with pathological grief ($p < 0.05$). Acceptance and Commitment Therapy also demonstrated a significant effect in reducing grief symptoms ($p < 0.05$). Furthermore, both CGT and ACT significantly reduced suicidal ideation in participants ($p < 0.05$). Although both interventions were effective, CGT showed greater effectiveness in alleviating grief symptoms compared to ACT.

Conclusions: Both Acceptance and Commitment Therapy and Complicated Grief Therapy are effective interventions for reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients with persistent complicated grief. However, Complicated Grief Therapy appears to be superior in reducing grief severity. These findings support the use of CGT as a targeted intervention for complicated grief, while also highlighting ACT as a beneficial alternative for addressing grief-related distress and suicidal thoughts.

Cite this article: Afzali Gorouh, A., Jenaabadi, H. & Fardin, M. A. (2026). Comparison of the effectiveness of group acceptance and commitment therapy and group complicated grief therapy in reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients with persistent complicated grief. *Iranian Evolutionary Educational Psychology Journal*, 8 (1), 1-14.

DOI: https//doi.org/ 10.22034/8.1.1

© The Author(s).

Publisher: University of Hormozgan.

DOI: https// doi.org/ 10.22034/8.1.1

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Introduction

Complicated grief is a maladaptive response to loss that can result in significant psychological and physical disturbances. Bereaved survivors of cancer patients are particularly vulnerable to complicated grief due to the prolonged, distressing, and often traumatic nature of the illness and caregiving process, which may culminate in adverse outcomes such as suicidal ideation. Accordingly, identifying effective therapeutic interventions for this population is of critical importance. The present study examines the comparative effectiveness of Acceptance and Commitment Therapy (ACT) and Complicated Grief Therapy (CGT) in reducing grief symptoms and suicidal thoughts among bereaved survivors of cancer patients.

Grief is a natural and adaptive response to loss that typically diminishes over time. However, in some individuals, the grieving process becomes prolonged, intense, and debilitating, developing into complicated grief. This condition is associated with diminished quality of life, impaired occupational and social functioning, and an increased risk of suicide. Individuals experiencing complicated grief often struggle cognitively and emotionally to accept the reality of the loss, experience persistent intrusive thoughts about the deceased, and suffer from feelings of emptiness, guilt, or worthlessness. In severe cases, these symptoms may escalate into suicidal ideation (Evers et al., 2024). Prolonged grief can disrupt daily functioning and strain interpersonal relationships, underscoring the need for targeted and evidence-based therapeutic interventions. Research suggests that emotional processing and access to psychological and social support—such as participation in support groups—play a vital role in alleviating grief-related distress (Lowe & Erlwein, 2024).

Suicidal ideation represents one of the most serious and life-threatening consequences of complicated grief. It often arises from an individual's perceived inability to cope with the loss or from overwhelming emotional trauma. Individuals with complicated grief frequently experience persistent hopelessness, anger, or guilt, which interferes with their capacity to adapt to life without the deceased. Intrusive and ruminative thoughts about the lost loved one may contribute to suicidal impulses, sometimes perceived as a means of reunification. Social withdrawal and a pervasive sense of worthlessness further exacerbate suicide risk in this population (Weringman et al., 2024). Several factors—including a prior history of depression, comorbid psychiatric disorders, and limited access to social support—can intensify suicidal ideation in bereaved individuals. Effective

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

treatment therefore requires structured and specialized psychotherapeutic interventions. One such approach is Acceptance and Commitment Therapy (ACT), which aims to increase psychological flexibility by helping individuals accept painful internal experiences, regulate emotions, and commit to value-based actions despite ongoing distress (Ortas Barajas, 2024). ACT has demonstrated effectiveness in reducing prolonged grief symptoms and emotional distress in various populations, including bereaved female nurses (Abtahi Foroushani et al., 2022).

Empirical evidence supports the utility of ACT in grief-related interventions. Behrooz (2015) reported that group-based ACT significantly reduced post-traumatic stress disorder (PTSD) symptoms, improved coping styles, and enhanced self-efficacy among adolescent girls experiencing abnormal grief. Similarly, Saeedi Zaranji et al. (2022) found that ACT effectively reduced grief severity and its associated emotional components. Moreover, social support from family and friends has been identified as a protective factor that mitigates suicide risk among individuals experiencing complicated grief (Ortas Barajas, 2024).

Complicated Grief Therapy (CGT) is widely recognized as one of the most effective interventions specifically designed to address complicated grief. Grounded primarily in cognitive-behavioral principles, CGT focuses on restructuring maladaptive grief-related beliefs, enhancing emotional awareness, and reconstructing meaning following loss. In a group format, CGT offers a supportive therapeutic environment that reduces isolation and promotes healing through shared experiences. Empirical studies indicate that group CGT can significantly reduce core symptoms of complicated grief—such as guilt, avoidance, and emotional numbness—while facilitating reengagement with daily life and meaningful activities (Laplandi et al., 2024).

Previous research has also demonstrated the effectiveness of ACT in reducing complicated grief symptoms, COVID-19-related anxiety, and improving quality of life among bereaved individuals (Elixir et al., 2014). Additionally, mindfulness-based cognitive therapy has shown promise in treating persistent grief symptoms in individuals with complicated grief (Aslani Khaled et al., 2019). Despite these findings, comparative research—particularly within the Iranian cultural context—remains limited.

Given that prior studies have reported moderate effectiveness of ACT in alleviating grief-related psychological symptoms, and considering that CGT is a more targeted yet less extensively examined intervention in Iran, the present study aims to compare the effectiveness of ACT and

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

CGT in reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients. Identifying the more effective intervention may inform clinical practice and guide the development of culturally and contextually appropriate grief-focused treatments.

Material and Methods

This study employed a quasi-experimental pretest–posttest design with a control group. The design was selected to compare the effectiveness of two group-based psychological interventions—Acceptance and Commitment Therapy (ACT) and Complicated Grief Therapy (CGT)—in reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients. The target population consisted of individuals who had lost a close family member to cancer, with at least one year having elapsed since the loss. Participants were recruited in 2023 through counseling centers and clinics using convenience sampling.

A total of 36 bereaved individuals were enrolled and randomly assigned to one of three groups (n = 12 per group):

ACT intervention group

CGT intervention group

Control group (no intervention)

Inclusion criteria were:

Age between 20 and 60 years

Experience of bereavement due to cancer at least one year prior

Willingness and ability to provide informed consent for group therapy

No participation in ACT or CGT within the previous six months

Ability to attend sessions regularly and complete pre- and post-intervention assessments

Exclusion criteria included:

Diagnosis of psychotic disorders, bipolar disorder, or severe cognitive impairment based on an initial clinical interview, Unstable psychiatric medication regimen or medication changes during the intervention period, Severe physical illness or disability preventing regular attendance and Absence from more than two therapy sessions.

After eligibility screening and baseline assessment, participants were randomly allocated to one of the three groups. Both intervention groups received weekly group therapy sessions, each lasting

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

90 minutes. The ACT group participated in 10 sessions, while the CGT group received 12 sessions. The control group received no psychological intervention during the study period.

Pretest and posttest assessments were conducted using standardized self-report questionnaires administered before the first session and after the completion of the interventions.

Measures

Inventory of Complicated Grief (ICG): The Inventory of Complicated Grief (ICG), developed by Prigerson and Maciejewski (1995), is a 19-item self-report measure designed to distinguish complicated grief from normal bereavement. The scale assesses pathological grief symptoms across three domains: Separation distress (e.g., longing, painful memories, loneliness), Cognitive, emotional, and behavioral symptoms (e.g., disbelief, bitterness, avoidance, meaninglessness) and Functional impairment (e.g., difficulty performing daily activities). Items are rated on a 5-point Likert scale ranging from 0 (Never) to 5 (Always), yielding total scores from 0 to 76. A cutoff score of 25 indicates clinically significant complicated grief. The ICG demonstrates excellent psychometric properties. Prigerson reported a Cronbach's alpha of 0.94, with test–retest reliability of 0.80 (Horowitz, 2006). Significant correlations have been reported with the Beck Depression Inventory (r = 0.67), the Texas Revised Inventory of Grief (r = 0.87), and the CES-D (r = 0.70). In an Iranian sample, Mousavi (2016) reported a Cronbach's alpha of 0.90.

Beck Scale for Suicidal Ideation (BSS): The Beck Scale for Suicidal Ideation (BSS) is a 19-item self-report instrument assessing suicidal thoughts, intent, and planning over the previous week. Items are scored on a 3-point scale (0–2), producing total scores ranging from 0 to 38. The scale includes five screening items; respondents endorsing active or passive suicidal ideation complete the remaining items. The BSS evaluates desire for death, duration and frequency of suicidal thoughts, perceived self-control, deterrents, and readiness to act. The BSS has demonstrated strong psychometric properties, with internal consistency coefficients ranging from 0.87 to 0.97 and test–retest reliability of 0.54. Correlations with other suicide-related measures range from 0.58 to 0.94. In an Iranian study by Anisi et al. (2004), the BSS showed a Cronbach's alpha of 0.95 and a split-half reliability of 0.75.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Intervention Protocols

Table 1. Summary of Acceptance and Commitment Therapy (ACT) Sessions

Session	Content
1	Establishing rapport; psychoeducation; introduction to ACT principles, goals, and study procedures
2–3	Experience reflection; effectiveness evaluation; creative hopelessness using farm and toolbox metaphors; homework
4	Control as the problem; urges, emotions, memories as responses (unwelcome guest metaphor); homework
5–6	Cognitive diffusion; reducing fusion with thoughts; mindful walking practice; homework
7	Self-as-context; observer self; bus and passengers' metaphor; homework
8	Practicing stepping out of the mind; trains-under-the-bridge metaphor; homework
9	Values clarification; risks of outcome-focused living; inner compass metaphor; homework
10	Integration of skills into daily life; reflection; lifelong practice assignment

Table 2. Content of Complicated Grief Therapy (CGT) Sessions

Session	Content
Baseline	Rapport building; diagnostic interviews; personal and relational history; baseline assessments
1	Death narrative; interpersonal functioning; grief psychoeducation; daily grief monitoring
2	Review of grief monitoring; identifying triggers; treatment model; goal setting; self-compassion
3	Session with supportive person; exploration of avoidance and emotional responses
4	Imaginal reunion with the deceased; emotional processing; interpersonal barriers
5	Structured grief assessments; situational reunion; goal revision
6–9	Review of grief monitoring; imaginal and situational reunions; memory work; cognitive restructuring
10	Structured reassessment; role transitions; coping with additional losses
11–12	Imaginal dialogue with the deceased; role-playing; self-compassion; posttest assessments

Ethical Considerations

This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Ethical approval was obtained from the relevant institutional review board. All participants received detailed information about the study objectives, procedures, potential risks, and benefits, and provided written informed consent prior to participation. Participation was voluntary, and participants were informed of their right to withdraw at any time without penalty. Confidentiality and anonymity were strictly maintained, and all data were used solely for research purposes.

Results

To examine the effectiveness of Acceptance and Commitment Therapy (ACT) and Complicated Grief Therapy (CGT) on grief symptoms and suicidal ideation, analyses of covariance (ANCOVA) were conducted. Pretest scores were entered as covariates to control for baseline differences among groups. The level of significance was set at $p < 0.05$.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Overall, the findings indicated that both ACT and CGT led to significant reductions in grief symptoms and suicidal ideation compared to the control group. However, CGT demonstrated a stronger effect on grief symptoms, whereas both interventions showed comparable effectiveness in reducing suicidal thoughts. No significant changes were observed in the control group across outcome measures. Table 3 presents the results of the ANCOVA examining between-group differences in grief symptoms after controlling for pretest scores.

Table 3. ANCOVA Results for Between-Group Effects on Grief Symptoms

Source of Variance	Sum of Squares	df	Mean Square	F	*p*	Effect Size
Time (Covariate)	351006.009	1	351006.009	3624.941	0.000	1.000
Group	1039.574	2	519.787	5.368	0.009	0.807
Error	9531.417	33	96.831			

The results revealed a statistically significant group effect on grief symptoms ($F_{2, 33} = 5.368$, $p = 0.009$). The effect size ($\eta^2 = 0.807$) indicates a large effect, suggesting that a substantial proportion of the variance in posttest grief scores was attributable to group membership. Post-hoc comparisons (Bonferroni) showed that CGT was significantly more effective than ACT in reducing grief symptoms, and both interventions were significantly more effective than the control condition. Table 4 summarizes the ANCOVA results assessing the effect of CGT on suicidal ideation.

Table 4. ANCOVA Results for Between-Group Effects on Suicidal Ideation (CGT)

Source	Sum of Squares	df	Mean Square	F	*p*	Effect Size
Time (Linear)	3669.389	1	3669.389	84.604	0.000	1.000
Time (Nonlinear)	586.741	1	586.741	20.634	0.000	0.993
Group	2108.361	2	1054.181	24.306	0.000	1.000
Error	1431.250	33	43.371			

The analysis demonstrated a significant reduction in suicidal ideation over time, as well as a significant group effect ($F_{2, 33} = 24.306$, $p < 0.001$). The large effect size indicates that CGT exerted a strong therapeutic impact on reducing suicidal thoughts. Participants receiving CGT showed a marked decline in suicidal ideation at posttest compared to the control group. To further clarify group differences in complicated grief symptoms, ANCOVA results are presented in Table 5.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Table 5. ANCOVA Results for Between-Group Effects on Complicated Grief Symptoms

Source	Sum of Squares	df	Mean Square	F	*p*	Effect Size
Time (Covariate)	244911.565	1	244911.565	1091.505	0.000	1.000
Group	1794.907	2	897.454	4.000	0.028	0.675
Error	7404.528	33	224.380			

The results indicated a significant group effect on complicated grief symptoms ($F(2, 33) = 4.000$, $p = 0.028$). The effect size ($\eta^2 = 0.195$; power = 0.675) reflects a moderate effect, confirming that group-based interventions—particularly CGT—significantly reduced complicated grief symptoms compared to the control group. Table 6 presents the ANCOVA results evaluating the effectiveness of ACT on suicidal ideation.

Table 6. ANCOVA Results for Between-Group Effects on Suicidal Ideation (ACT)

Source	Sum of Squares	df	Mean Square	F	*p*	Effect Size
Time (Covariate)	35280.593	1	35280.593	1848.846	0.000	1.000
Group	153.019	2	76.509	4.009	0.008	0.676
Error	629.722	33	19.082			

After controlling for pretest scores, the group effect was statistically significant ($F(2, 33) = 4.009$, $p = 0.008$). The results indicate that ACT significantly reduced suicidal ideation compared to the control group, with a moderate effect size. The reduction in suicidal thoughts in the ACT group was comparable to that observed in the CGT group. In summary, both Acceptance and Commitment Therapy and Complicated Grief Therapy were effective in reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients. While both interventions demonstrated similar effectiveness in decreasing suicidal thoughts, CGT was more effective than ACT in alleviating grief symptoms, highlighting its particular suitability as a targeted treatment for persistent and pathological grief.

Discussion

The present study examined the comparative effectiveness of Complicated Grief Therapy (CGT) and Acceptance and Commitment Therapy (ACT) in reducing grief symptoms and suicidal ideation among bereaved survivors of cancer patients. Overall, the findings indicate that both interventions were effective, yet they exerted differential therapeutic effects. Specifically, CGT

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

demonstrated greater efficacy in alleviating symptoms of complicated grief, whereas ACT showed strong and comparable effectiveness in reducing suicidal ideation.

Effectiveness of Complicated Grief Therapy

Consistent with theoretical and empirical models of grief, the findings suggest that CGT is particularly effective in targeting pathological grief reactions. CGT emphasizes acceptance of the reality of loss, reconstruction of the internal relationship with the deceased, and modification of maladaptive cognitive and emotional responses. Through these mechanisms, CGT enables bereaved individuals to disengage from persistent distress and transition toward a more adaptive grief process.

The structured use of gradual exposure, imaginal and situational revisiting, and cognitive restructuring allows individuals to confront avoided memories and emotions related to the loss. This process reduces emotional intensity, guilt, and avoidance behaviors—core features of complicated grief. By facilitating emotional processing in a controlled and supportive therapeutic environment, CGT helps survivors integrate the loss into their life narrative rather than remaining trapped in chronic mourning.

These findings are consistent with previous research demonstrating the effectiveness of CGT in reducing complicated grief symptoms and related psychological distress (Mirbagheri, 2022; Herbert, 2015; Breitbart, 2021). In the context of cancer-related bereavement, where anticipatory grief, prolonged caregiving stress, and unresolved emotional bonds are common, CGT appears particularly well suited to address these complex grief dynamics.

Impact of CGT on Suicidal Ideation

In addition to reducing grief symptoms, CGT was effective in decreasing suicidal ideation. By promoting emotional expression, meaning reconstruction, and reengagement with life goals, CGT addresses existential despair and hopelessness—key contributors to suicidal thoughts among bereaved individuals. The gradual acceptance of loss, combined with renewed purpose and hope, may explain the observed reductions in suicidal ideation within the CGT group.

By revisiting the relationship with the deceased and facilitating adaptive emotional regulation, CGT teaches individuals how to experience grief without becoming overwhelmed by it. This process enables survivors to distance themselves from maladaptive reactions, including suicidal ideation, and to regain psychological equilibrium.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Acceptance and Commitment Therapy demonstrated a significant impact on reducing suicidal ideation, supporting its utility as a transdiagnostic intervention for individuals experiencing intense emotional distress. ACT focuses on acceptance of internal experiences, cognitive defusion, and enhancement of psychological flexibility, which enables individuals to relate differently to painful thoughts and emotions rather than attempting to suppress or eliminate them.

For bereaved individuals experiencing pathological grief, ACT helps reduce experiential avoidance and fosters a more compassionate stance toward grief-related emotions. By emphasizing values-based action, ACT encourages individuals to reengage with meaningful life activities despite ongoing emotional pain. This shift appears particularly effective in mitigating suicidal thoughts, which are often maintained by rigid cognitive patterns and avoidance of distress.

The present findings align with prior studies demonstrating the effectiveness of ACT in reducing suicidal ideation and emotional dysregulation (Arch, 2016; Breitbart, 2021; Abtahi Foroushani, 2022; Sadeghi Neistani et al., 2022; Li-Li & Gu, 2021). Although ACT also contributed to reductions in grief symptoms, its effect was comparatively smaller than that of CGT, suggesting that ACT may be more effective as a supportive or complementary approach rather than a primary treatment for complicated grief.

The findings of this study have several important clinical implications. CGT is recommended as the treatment of choice for individuals experiencing severe or persistent symptoms of complicated grief, particularly in the context of cancer-related loss. Its structured focus on grief-specific mechanisms allows for deeper emotional processing and resolution of unresolved mourning.

Conversely, ACT may be especially beneficial for individuals struggling with persistent suicidal thoughts, emotional avoidance, and reduced psychological flexibility. ACT can enhance coping capacity and promote adaptive functioning even when grief symptoms remain present. Clinicians may consider ACT as a standalone intervention for suicidal ideation or as a complementary approach alongside CGT.

Limitations and Future Directions

Despite its contributions, the present study has several limitations. First, the sample size was relatively small and limited to individuals bereaved by cancer, which may restrict the generalizability of the findings to other bereaved populations. Second, the study did not include

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

follow-up assessments; therefore, the long-term sustainability of treatment effects remains unknown.

Future research should examine the combined or sequential application of CGT and ACT, as integrating grief-specific processing with psychological flexibility training may yield enhanced outcomes. Additionally, studies with larger and more diverse samples, longitudinal designs, and follow-up assessments are recommended to better understand the durability and broader applicability of these interventions.

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Islamic Azad University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

Funding

The authors did (not) receive support from any organization for the submitted work.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

References

Abaspour Golsefid, M. (2022). The effectiveness of acceptance and commitment therapy and a comparison of its effectiveness with mindfulness-based cognitive therapy on reducing prolonged grief disorder in survivors of COVID-19 victims. Paper presented at the Second National Conference on Clinical Psychology for Children and Adolescents, Ardabil, Iran.

Abtahi Foroshani, N., & Rokhsan, P. (2022). The effectiveness of acceptance and commitment therapy on prolonged grief disorder and reducing distress in female nurses grieving due to COVID-19. Journal of Women's Psychology, 3(4).

Alkasir, E., Masjedi-Arani, A., Bakhtiyari, M., & Isfeedvajani, M. S. (2024). The effectiveness of acceptance and commitment therapy in reducing the symptoms of complicated grief, corona disease anxiety, and improving the quality of life in the survivors of the deceased due to COVID-19. Journal of Education and Health Promotion, 13(1), 406. https://doi.org/10.4103/jehp.jehp_1182_23

Arch, J. J., & Mitchell, J. L. (2016). An Acceptance and Commitment Therapy (ACT) group intervention for cancer survivors experiencing anxiety at re-entry. Psycho-Oncology, 25(5), 610–615. https://doi.org/10.1002/pon.4002

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

Aslani Khaled, H., Haji Heydari, M., Rajabi, G., & Amanollahi, A. (2019). Investigating the effectiveness of mindfulness-based cognitive therapy on reducing symptoms in individuals with complicated grief syndrome. Educational Strategies, 12(4)

Beck, A. T., & Steer, R. A. (1991). Beck Scale for Suicide Ideation Manual. Psychological Corporation.

Behrooz, B. (2015). The effectiveness of group acceptance and commitment therapy (ACT) on post-traumatic stress disorder (PTSD), coping style, and self-efficacy in girls with abnormal grief. Clinical Psychology, 7(4, Serial 28), 81–91.

Breitbart, W. S. (2021). Acceptance and commitment therapy (ACT) for cancer patients. In W. S. Breitbart (Ed.), *Psycho-oncology* (4th ed.). Oxford University Press https://doi.org/10.1093/med/9780190097653.003.0056

Ghorbani, V., Zanjani, Z., Omidi, A., & Sarvizada, M. (2011). The effectiveness of acceptance and commitment therapy (ACT) on depression, pain acceptance, and psychological flexibility in married women with breast cancer: A pre- and post-test clinical trial. Trends in Psychiatry and Psychotherapy, 43, 126–133.

Hayes, S. C., Strosahl, K. D., & Wilson, K. G. (2006). Acceptance and commitment therapy: An experiential approach to behavior change. Guilford Press.

Hulbert-Williams, N., & Owen, R. (2015). Acceptance and commitment therapy (ACT) for cancer patients. In J. C. Holland (Ed.), *Psycho-oncology* (3rd ed.). Oxford University Press. https://doi.org/10.1093/med/9780199363315.003.0068

LaPlante, C. D., Hardt, M. M., Maciejewski, P. K., & Prigerson, H. G. (2024). State of the science: Psychotherapeutic interventions for prolonged grief disorder. *Behavior Therapy*. Advance online publication. https://doi.org/10.1016/j.beth.2024.04.005

Li, Z., Li, Y., Guo, L., Li, M., & Yang, K. (2021). Effectiveness of acceptance and commitment therapy for mental illness in cancer patients: A systematic review and meta-analysis of randomized controlled trials. *International Journal of Clinical Practice*, *75*(6), e13982. https://doi.org/10.1111/ijcp.13982

Mirbagheri, F. A.-S., & Ali Akbari Dehkordi, M. (2022). The effectiveness of acceptance and commitment therapy on grief symptoms in individuals grieving due to COVID-19. Eighth

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]

National Conference on New Studies and Research in the Field of Educational Sciences, Psychology, and Counseling in Iran, Iran.

Mosher, C. E., Secinti, E., Li, R., Hirsh, A. T., Bricker, J., Miller, K. D., & Johns, S. A. (2018). Acceptance and commitment therapy for symptom interference in metastatic breast cancer patients: A pilot randomized trial. *Supportive Care in Cancer*, *26*, 1993–2004. https://doi.org/10.1007/s00520-017-4005-4

Ortas-Barajas, F., & Manchón, J. (2024). Acceptance and commitment therapy on suicidal behavior: A systematic review

Prigerson, H. G., & Maciejewski, P. K. (2008). Complicated grief and bereavement-related depression as distinct disorders: Preliminary empirical validation in elderly bereaved spouses. *American Journal of Psychiatry*, *165*(7), 870–876. https://doi.org/10.1176/appi.ajp.2008.07091572

Saeidi Zarangi, S. E. (2023). The effectiveness of acceptance and commitment therapy on reducing grief and its components in mothers of children with intellectual disabilities. Sixth International Conference on Psychology, Educational Sciences, and Social Studies, Hamadan.

Serfaty, M., Armstrong, M., Vickerstaff, V., Davis, S., Gola, A., McNamee, P., & Low, J. T. (2019). Acceptance and commitment therapy for adults with advanced cancer (CanACT): A feasibility randomized controlled trial. *Psycho-Oncology*, *28*(3), 488–496. https://doi.org/10.1002/pon.4969

Shear, M. K., Frank, E., Houck, P. R., & Reynolds, C. F. (2005). Treatment of complicated grief: A randomized controlled trial. *JAMA*, *293*(21), 2601–2608. https://doi.org/10.1001/jama.293.21.2601

Stroebe, M., Schut, H., & Boerner, K. (2017). Cautioning health-care professionals: Bereavement in the face of fear and loss. *Palliative & Supportive Care*, *15*(3), 329–335. https://doi.org/10.1017/S1478951516001124

Uwiringiyimana, A., Niyonsenga, J., Lisette, K. G., Bugenimana, A., Mutabaruka, J., & Nshimiyimana, A. (2024). Depression symptoms and suicidal ideation among HIV-infected Rwandans: The mediating and moderating effects of complicated grief and substance abuse. *AIDS Research and Therapy*, *21*(1), 38. https://doi.org/10.1186/s12981-024-00539-6

[Downloaded from ieepj.hormozgan.ac.ir on 2026-11-21]