



University of Hormozgan

A Comparison of the Effectiveness of the Existential–Spiritual Reconstruction Protocol for Abortion and Emotionally Focused Therapy in Reducing Grief Disorder

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Article Info

Article type:

Research Article

Article history:

Received 20 Oct. 2025

Received in revised form 19 Dec. 2025

Accepted 25 Jan. 2026

Published online 01 Jun. 2026

Keywords:

Abortion,
Emotionally Focused Therapy,
Existential–Spiritual
Reconstruction,
Grief Disorder

ABSTRACT

Objective: Abortion can be accompanied by profound emotional and existential consequences and may lead to grief disorder. Therefore, the present study aimed to compare the effectiveness of a culturally adapted Existential–Spiritual Reconstruction Protocol for Abortion (ESR A) and Emotionally Focused Therapy (EFT) in reducing grief disorder.

Methods: This study employed a quasi-experimental design with a pretest–posttest control group. The statistical population consisted of women with a history of abortion, from whom 45 participants were selected through convenience sampling and randomly assigned to three groups: two experimental groups (ESR A and EFT) and one control group (15 participants per group). Data were collected using the Quality-of-Life Questionnaire and the Grief Experience Questionnaire (Barrett & Scott). Statistical analyses were conducted using SPSS version 25.

Results: The findings indicated that both experimental groups showed a significant reduction in grief disorder compared to the control group ($p < 0.05$). Furthermore, a direct comparison between the two experimental groups revealed a significant difference in effectiveness ($p < 0.05$), with the Existential–Spiritual Reconstruction Protocol demonstrating a greater reduction in grief disorder.

Conclusions: Both ESR A and EFT were effective in reducing grief disorder following abortion; however, the Existential–Spiritual Reconstruction Protocol showed greater effectiveness than Emotionally Focused Therapy.

Cite this article: Barani, A., Gholamzadeh Jofreh, M. & Kazemian Moghadam, K. (2026). A comparison of the effectiveness of the existential–spiritual reconstruction protocol for abortion and emotionally focused therapy in reducing grief disorder. *Iranian Evolutionary Educational Psychology Journal*, 8 (2), 1-15.

DOI: <https://doi.org/10.22034/8.2.1>



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Publisher: University of Hormozgan.

DOI: <https://doi.org/10.22034/8.2.1>

Introduction

Abortion is one of the most complex, deeply emotional, and often traumatic experiences for women, the consequences of which are not limited to physical dimensions but extend broadly to psychological, emotional, identity-related, and quality-of-life domains. Findings from international research indicate that women after abortion are at heightened risk of experiencing high levels of complicated grief, depression, anxiety, shame, guilt, relationship disruption, attachment difficulties, and a marked decline in quality of life (Coleman, 2023; Biggs, Ralph, & Roberts, 2023). Domestic studies have similarly confirmed these patterns, demonstrating that abortion is associated with increased symptoms of grief disorders, post-traumatic stress disorder, and significant deterioration in mental health and quality of life (Zamani-Zarchi et al., 2018). These consequences not only challenge women's lived experiences but also disrupt their individual, familial, and social functioning.

From a psychological perspective, abortion is associated with an increased risk of depression, anxiety, and complicated grief, all of which directly contribute to reduced quality of life. Recent studies suggest that women often experience a perceived rupture in their potential maternal identity, a disruption that may lead to diminished self-esteem, feelings of worthlessness, and reduced hope for the future (Zare et al., 2024; Brown, 2022). This situation becomes more complex when women do not receive adequate social support or when their partner's responses to their grief are insufficient or judgmental.

Within the Iranian-Islamic cultural context, the experience of abortion is accompanied by deeper layers of meaning, values, and social norms. In Iranian society, motherhood is closely intertwined with moral values, gender roles, and feminine identity; therefore, pregnancy loss can intensify feelings of failure in fulfilling the maternal role (Attaei et al., 2023). Moreover, social stigma and judgmental attitudes toward abortion—particularly therapeutic abortions or cases in which the cause of abortion is unclear to others—lead many women to conceal their experiences and grieve in silence (Rahmani-Far et al., 2024; Caldwell, 2024). The concealment of grief restricts access to social support and is associated with heightened shame, isolation, and self-blame, all of which are linked to diminished quality of life. Additionally, in some Iranian families, abortion is interpreted through spiritual and religious frameworks such as “divine testing,” “sin,” or “fate.” These interpretations may have dual effects: for some women, they foster resilience and acceptance,

while for others they intensify guilt or fear of religious judgment (Sharifi et al., 2023; Freeman, 2021). Such variability underscores that abortion experiences in Iranian society are highly context-dependent, with cultural conditions, social context, and women's spiritual interpretations playing a crucial role in post-abortion quality of life.

Grief disorder—particularly complicated or prolonged grief—is a common phenomenon following abortion and is characterized by emotional dysregulation, persistent preoccupation with the loss, self-blame, and interpersonal difficulties (American Psychological Association, 2023). According to recent evidence, this form of grief is associated with significant reductions in quality of life across physical, psychological, social, and existential dimensions (WHO Quality of Life Group, 2024). The quality of life of bereaved women after abortion declines substantially due to loss of perceived control, hopelessness, damage to feminine identity, and reduced social participation (Ormos, Lee, & Roy, 2025).

Grief disorder in these women is accompanied by symptoms such as restlessness, feelings of emptiness, loss-related anger, denial of death, intense psychological pain, insomnia, rumination, loneliness, emotional numbness, and even a desire for death in order to reunite with the lost fetus (Shahrestani, 2022). Although grief disorder shares certain features with major depressive disorder, it differs in terms of cognitive content and symptom trajectory; notably, self-esteem tends to remain intact in grief, whereas it is severely impaired in depression (Noel, 2022). These distinctions necessitate precise and tailored interventions for grief following abortion.

The experience of abortion—whether spontaneous or therapeutic—can exert profound and long-lasting effects on women's quality of life. Recent studies indicate that women after abortion experience noticeable declines in physical, psychological, social, and spiritual dimensions of quality of life (Karimi et al., 2024; Harris, 2023). Many women report symptoms such as diffuse physical pain, fatigue, and sleep disturbances in the months following abortion, which reduce their capacity for daily functioning and undermine their sense of personal efficacy. These physical difficulties, in interaction with emotions such as grief, guilt, and psychological distress, impose an additional burden on quality of life (Akbari et al., 2023; Mattson, 2021). Therefore, the need for therapeutic intervention is unavoidable.

In recent years, emotion-based approaches—including individual Emotion-Focused Therapy (EFT) and Emotion-Focused Couple Therapy—have been recognized as evidence-based

interventions for complicated grief, attachment injuries, and emotional dysregulation (Johnson, 2023; Greenberg & Watson, 2024). Individual Emotion-Focused Therapy has been introduced as an effective approach for reducing emotional suffering and improving outcomes related to trauma, grief, and emotional disorders (Alamdarbeygini et al., 2019).

Individual EFT has demonstrated particular effectiveness in reducing difficult emotions such as shame, guilt, and self-blame following abortion, as well as in decreasing grief severity and improving quality of life (Paivio & Pascual-Leone, 2024). By providing a safe therapeutic context for deep processing of unresolved emotions, individual EFT empowers women to confront the painful experience of abortion and facilitates meaning reconstruction and post-traumatic growth. Several studies have addressed this research topic. For example, Sharifi-Saki et al. (2021) conducted a study entitled *The Effectiveness of Mindfulness Training on Anxiety, Worry, and Fertility Probability in Infertile Women with Recurrent Miscarriage*. Their findings indicated that mindfulness training significantly reduced anxiety and worry while increasing fertility probability. Kaveh et al. (2021) examined the relationship between resilience, emotion regulation, and mental health in women with a history of abortion. Their results showed that women with higher levels of resilience and emotion regulation skills experienced fewer symptoms of complicated grief, anxiety, and depression, highlighting the protective role of intrapersonal factors in post-abortion adjustment.

Farhadi et al. (2019) investigated the effects of a mindfulness-based intervention on quality of life and emotion regulation in women with abortion experience. Their findings demonstrated improvements in physical and psychological quality of life and social relationships, emphasizing the key role of reduced self-blame and increased emotional acceptance. Atifi and Zhaleh (2018) examined the effectiveness of Acceptance and Commitment Therapy (ACT) on psychological flexibility and emotional expression in women who had experienced abortion, reporting significant improvements in both domains. These findings suggest that acceptance-based interventions can reduce distress and enhance emotional regulation in grieving women.

Afshari (2018) compared the effectiveness of mindfulness and ACT on resilience in women with recurrent miscarriage and found that both interventions increased resilience, with mindfulness demonstrating greater effectiveness. This study indicated that mindfulness skills help women manage emotions and stress and enhance coping capacity.

Lawrence and White (2023) compared the effectiveness of Emotion-Focused Therapy (EFT) and supportive counseling in treating complicated grief following abortion. Their results showed that EFT was more effective than supportive counseling in reducing complicated grief, promoting better emotion regulation, decreasing self-blame, and facilitating healthy grief processing. Merkel et al. (2022), in a meta-analysis of post-abortion grief and emotional reaction intensity, found that grief levels were high and persistent in many women, with a substantial subgroup experiencing severe emotional reactions such as profound sadness, shame, and ongoing loss. These findings underscore the potential for abortion to result in long-term and complicated grief.

Gallotti et al. (2022) conducted a systematic review of factors exacerbating psychological distress following abortion and identified poor healthcare provider interactions, lack of emotional support, and insufficient information as key contributors. This study highlighted the central role of social and therapeutic interaction quality in women's adjustment to post-abortion grief. Adams and Miller (2022) examined mindfulness-based interventions for stress and rumination following abortion and found increased acceptance, reduced judgment, and decreased emotional distress. Segal et al. (2021) also investigated the effectiveness of lived-experience-based cognitive therapy on psychological outcomes in women after abortion, reporting increased self-awareness, reduced anxiety, and decreased persistence of emotional distress. These findings suggest that cognitively processing lived experiences can facilitate psychological adaptation following abortion.

Material and Methods

This study adopted a quantitative approach and employed a quasi-experimental design with a pretest–posttest control group structure. The research population consisted of women with a history of abortion. Using convenience sampling, a total of 45 participants were recruited and then randomly assigned to three groups: Experimental Group 1, Experimental Group 2, and a control group (15 participants per group).

Instruments

Quality of Life Questionnaire: Quality of life was assessed using a standardized Quality of Life (QoL) questionnaire, designed to evaluate individuals' subjective perceptions of their overall well-being. The instrument conceptualizes quality of life as a multidimensional construct, encompassing physical, psychological, social, functional, and spiritual dimensions of life. Items

assess participants' satisfaction with daily functioning, emotional well-being, interpersonal relationships, perceived meaning and purpose, and general life satisfaction. Responses are rated on a Likert-type scale, with higher scores indicating a higher level of perceived quality of life. The questionnaire has demonstrated adequate psychometric properties in previous studies, including acceptable internal consistency and construct validity across diverse populations. In the present study, the questionnaire was used to capture changes in participants' overall well-being in relation to psychological distress and grief-related experiences following abortion.

Grief Experience Questionnaire (Barrett & Scott): Grief-related symptoms were measured using the Grief Experience Questionnaire (GEQ) developed by Barrett and Scott. The GEQ is a self-report instrument specifically designed to assess the multifaceted nature of grief reactions following loss. It evaluates a broad range of grief-related experiences, including emotional distress, guilt, anger, loneliness, somatic complaints, rumination, and disruption in meaning and identity. Participants respond to items using a Likert-type response format, indicating the extent to which they have experienced each symptom. Higher total scores reflect greater intensity and severity of grief reactions. The GEQ has been widely used in clinical and research settings and has demonstrated strong reliability and validity, making it a suitable tool for assessing both normal and complicated forms of grief. In the present study, the GEQ was employed to measure the severity of post-abortion grief disorder before and after the therapeutic interventions. Both instruments have been widely used in previous research and demonstrate acceptable psychometric properties.

Interventions

The Emotion-Focused Therapy (EFT) intervention consisted of eight weekly group sessions, each lasting 90 minutes. The intervention was delivered by a trained therapist in accordance with the theoretical framework and core principles of Emotion-Focused Therapy. Therapeutic sessions focused on the identification, experiencing, expression, regulation, and reprocessing of emotions, with particular emphasis on emotions related to grief following abortion.

The second intervention, Existential–Spiritual Reconstruction, was also conducted in eight weekly group sessions of 90 minutes, facilitated by a trained therapist. The components of this intervention were identified through semi-structured interviews and subsequently organized into a structured therapeutic protocol, which was implemented systematically across sessions.

Procedure

Following the completion of the intervention sessions, the posttest phase was conducted for all three groups. The collected data were then prepared for statistical analysis.

Data Analysis

Data analysis was performed using SPSS software (Version 25). To compare posttest scores between the experimental and control groups while controlling for pretest scores, one-way analysis of covariance (ANCOVA) was employed. Additionally, paired-sample t-tests were conducted to examine within-group changes and to assess the effectiveness of the Emotion-Focused Therapy intervention. The level of statistical significance for all analyses was set at $p < 0.05$.

Ethical Considerations

This study was conducted in accordance with ethical principles governing research involving human participants. Informed consent was obtained from all participants prior to enrollment, and participation was entirely voluntary. Participants were assured of the confidentiality and anonymity of their data and informed of their right to withdraw from the study at any stage without penalty. All interventions were delivered by qualified therapists, and care was taken to minimize psychological distress during the research process. The study protocol was reviewed and approved by the relevant institutional ethics committee.

Results

Table 1 presents the descriptive statistics, including the means and standard deviations, of grief disorder scores for the three groups—Experimental Group 1 (ESR-A), Experimental Group 2 (EFT), and the control group—across the pretest and posttest phases.

Table 1. Descriptive Statistics of Grief Disorder Scores

Group	Phase	Mean	SD
Experimental Group 1 (ESR-A)	Pretest	67.32	1.54
	Posttest	11.67	1.54
Experimental Group 2 (EFT)	Pretest	33.33	1.50
	Posttest	14.93	1.28
Control	Pretest	31.13	2.44
	Posttest	32.40	2.56

To examine the assumption of normality, the Shapiro–Wilk test was conducted. The results are presented in Table 2. As shown, the significance levels for all groups at both the pretest and posttest

stages were greater than 0.05, indicating that the distribution of grief disorder scores did not significantly deviate from normality.

Table 2. Shapiro–Wilk Test for Normality of Grief Disorder Scores

Group	Phase	Statistic	df	Sig.
Experimental Group 1 (ESR-A)	Pretest	0.946	15	0.463
	Posttest	0.933	15	0.299
Experimental Group 2 (EFT)	Pretest	0.893	15	0.073
	Posttest	0.897	15	0.084
Control	Pretest	0.892	15	0.073
	Posttest	0.970	15	0.860

The Levene's test was used to assess the assumption of homogeneity of variances. As reported in Table 3, the obtained significance level ($p = 0.190$) was greater than 0.05, indicating that the assumption of equal variances was satisfied.

Table 3. Levene's Test for Homogeneity of Variances of Grief Disorder Scores

Variable	F	df1	df2	Sig.
Grief Disorder	1.726	2	42	0.190

To test the assumption of homogeneity of regression slopes, the interaction between the pretest scores and group membership was examined. As shown in Table 4, the interaction effect was not statistically significant ($p = 0.136 > 0.05$), indicating that the assumption was met.

Table 4. Test of Homogeneity of Regression Slopes for Grief Disorder

Source	SS	df	MS	F	Sig.	η^2
Corrected Model	3752.653	5	750.531	237.304	0.000	0.968
Intercept	27.058	1	27.058	8.555	0.006	0.180
Group $\times$ Pretest	13.266	2	6.633	2.097	0.136	0.097
Group	2.026	2	1.013	0.320	0.728	0.016
Pretest	2.355	1	2.355	0.744	0.394	0.019
Error	123.347	8	3.163			
Total	21281	12				
Corrected Total	3876	11				

Table 5 presents the results of the one-way ANCOVA, examining the effect of group membership on posttest grief disorder scores while controlling for pretest scores. The results indicate that the effect of group was statistically significant ($p < 0.001$), demonstrating that after adjusting for pretest scores, there were significant differences among the three groups in posttest grief disorder scores.

Table 5. One-Way ANCOVA for Grief Disorder Scores

Source	SS	df	MS	F	Sig.	η^2
Corrected Model	3739.387	3	1246.462	374.086	0.000	0.965
Intercept	16.309	1	16.309	4.895	0.033	0.107
Pretest	11.254	1	11.254	3.378	0.073	0.076
Group	3259.156	2	1629.578	489.066	0.000	0.960
Error	136.613	10	3.332			
Total	21281	12				
Corrected Total	3876	11				

To determine the specific group differences, a Bonferroni post hoc test was conducted. The results are shown in Table 6. Comparisons marked with an asterisk (*) indicate statistically significant differences at the 0.05 level.

Table 6. Bonferroni Post Hoc Test for Between-Group Comparisons of Grief Disorder

Comparison	Mean Difference	SE	Sig.
ESR-A vs. EFT	-3.083*	0.674	0.000
ESR-A vs. Control	-21.156*	0.705	0.000
EFT vs. ESR-A	3.083*	0.674	0.000
EFT vs. Control	-18.073*	0.744	0.000
Control vs. ESR-A	21.156*	0.705	0.000
Control vs. EFT	18.073*	0.744	0.000

The results of the Bonferroni post hoc test indicated that both Experimental Group 1 (ESR-A) and Experimental Group 2 (EFT) showed significantly greater reductions in grief disorder symptoms compared to the control group ($p < 0.05$). These findings demonstrate that both therapeutic interventions were effective in reducing grief disorder symptoms. Moreover, a direct comparison between the two experimental groups revealed a statistically significant difference ($p < 0.05$), such that the reduction in grief disorder symptoms was greater in the ESR-A group than in the EFT group. Overall, it can be concluded that both interventions had significant effects on reducing grief disorder; however, the Existential–Spiritual Reconstruction protocol demonstrated superior effectiveness compared to Emotion-Focused Therapy.

Discussion

The present study aimed to compare the effectiveness of the Existential–Spiritual Reconstruction after Abortion protocol (ESR-A) and Emotion-Focused Therapy (EFT) in reducing post-abortion grief disorder. The findings indicated that both interventions led to a statistically significant reduction in grief disorder compared with the control group ($p < 0.05$). This result suggests that

psychotherapeutic interventions—particularly approaches emphasizing emotional processing and meaning-making in response to loss—can be effective in alleviating symptoms of complicated grief following abortion.

The effectiveness of Emotion-Focused Therapy can be explained by its emphasis on emotional awareness, experiential processing, and the expression of maladaptive primary emotions such as sadness, guilt, shame, and suppressed anger. In the context of abortion, many women are unable to openly express grief-related emotions due to social judgment, stigma, or internal moral conflicts, which often results in emotional avoidance and unresolved grief. By establishing a safe, empathic therapeutic alliance, EFT facilitates emotional transformation, enabling clients to process loss experientially and thereby reduce the intensity of complicated grief symptoms. This finding is consistent with previous studies by Merkel et al. (2022) and Segal et al. (2021), who reported the effectiveness of emotion-processing-based interventions in reducing complicated grief and psychological distress following traumatic losses.

The most salient finding of the present study was the significantly greater effectiveness of the Existential–Spiritual Reconstruction protocol compared with Emotion-Focused Therapy in reducing grief disorder. This superiority can be understood in light of the unique nature of post-abortion grief and the conceptual foundations of the ESR-A protocol. For many women, abortion is not merely an emotional loss but constitutes a profound existential–spiritual crisis that challenges core beliefs related to meaning, justice, motherhood, bodily integrity, and the future. Under such conditions, interventions focusing solely on emotional regulation may be insufficient, and there is a need for approaches that directly address meaning reconstruction and existential coherence.

The Existential–Spiritual Reconstruction protocol was developed based on findings from qualitative research grounded in the lived experiences of women with a history of abortion. These qualitative studies identified themes such as existential rupture, loss of life meaning, moral and spiritual guilt, collapse of maternal identity, and experiences of socially unrecognized grief as central sources of psychological suffering. Translating these lived-experience themes directly into therapeutic components has endowed the ESR-A protocol with high ecological validity, enabling the intervention to address precisely those existential and meaning-related gaps present in participants' real-life experiences.

One of the major strengths of the ESR-A protocol lies in its cultural embeddedness and alignment with the spiritual–cultural context of Iranian society. In this cultural setting, abortion is often accompanied by silence, implicit moral judgment, and specific spiritual interpretations, while the associated grief is rarely acknowledged or legitimized at the social level. By focusing on meaning-making in suffering, redefining the individual’s relationship with the sacred, legitimizing grief experiences, and reconstructing life narratives after loss, the Existential–Spiritual Reconstruction protocol transforms grief from a silent and shame-laden experience into one that is narratable, meaningful, and integrable into the individual’s life story. This process appears to play a crucial role in the sustained reduction of grief disorder symptoms.

Furthermore, the ESR-A protocol directly addresses the phenomenon of disenfranchised grief—a form of grief in which the individual is deprived of social recognition and support. Providing a therapeutic space for loss narration, empathic witnessing by the therapist, and active meaning-making are core mechanisms which, according to existential and narrative theories, are essential for healing ambiguous and socially unacknowledged losses. The findings of the present study in this regard are consistent with prior research by Sharifi-Saki et al. (2021), Afshari (2018), and Lawrence and White (2023).

In summary, while both therapeutic interventions were effective in reducing post-abortion grief disorder, the Existential–Spiritual Reconstruction protocol demonstrated superior effectiveness. This enhanced efficacy can be attributed to its qualitative origin, cultural relevance, and explicit focus on meaning reconstruction and existential integration. These findings highlight the importance of culturally grounded existential–spiritual interventions in women’s mental health, particularly when addressing complex and socially disenfranchised forms of grief.

Limitations and Future Directions

Several limitations of the present study should be acknowledged. First, the relatively small sample size and the focus on a single cultural context limit the generalizability of the findings. Second, the use of self-report measures may have introduced response bias. Third, the absence of a follow-up assessment precluded examination of the long-term stability of treatment effects. Additionally, the effectiveness of the Existential–Spiritual Reconstruction protocol may be influenced by the therapist’s level of skill and competence, which could affect treatment outcomes.

Future research is recommended to examine the effectiveness of the ESR-A protocol in larger samples and diverse cultural contexts. Longitudinal studies with follow-up assessments are necessary to evaluate the durability of therapeutic effects. Moreover, employing mixed-methods designs could facilitate a more nuanced identification of the active components underlying the effectiveness of this protocol. Finally, the implementation of the ESR-A protocol as a culturally adapted intervention in counseling centers and women's mental health services is strongly recommended.

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.

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