

Effectiveness of Existential Group Therapy on Event Impact and Self-Monitoring in Parents Experiencing Anticipatory Disabling Grief Related to Their Child

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ABSTRACT

Objective: The present study aimed to determine the effectiveness of existential group therapy on the impact of the event and self-monitoring in parents experiencing anticipatory disabling grief related to their child.

Methods: This research employed a quasi-experimental method with a pretest-posttest two-group design. The statistical population consisted of all parents experiencing anticipatory disabling grief related to their child in Tehran, who sought psychological treatment at the "Lost Piece" Counseling and Psychotherapy Center in 2024. A total of 20 individuals were selected using a non-random purposive sampling method and then randomly assigned to two groups: 10 participants in the experimental group and 10 in the control group. The experimental group participated in ten 90-minute sessions of existential group therapy. Ultimately, following attrition, 8 participants successfully completed the treatment. The control group did not receive any intervention. It should be noted that in order to maintain equivalence between the experimental and control groups, a number of participants equal to the attrition in the experimental group were randomly removed from the control group as well. This study utilized the Revised Impact of Event Scale (IES-R), the Self-Monitoring Questionnaire, and the Anticipatory Grief Questionnaire. The collected data were analyzed using multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA). The

Findings: results indicated a significant difference between the posttest mean scores of the experimental and control groups. Existential group therapy significantly improved both the impact of the event and self-monitoring among parents experiencing anticipatory disabling grief related to their child.

Conclusion: These findings highlight its therapeutic value in addressing anticipatory disabling grief through meaning-making and emotional integration.

Keywords: Existential group therapy, impact of the event, self-monitoring, parents with anticipatory disabling grief.

1. Introduction

The loss of a family member or friend is a painful experience for everyone. The initial shared response to such a loss involves encountering a range of difficult and often unfamiliar emotional experiences. Emotions such as shock, anger, guilt, and similar reactions overwhelm the individual. These emotions may initially feel frightening or intense, but in reality, they are natural reactions to loss. Accepting these feelings and dealing with them appropriately is part of the grieving process and allows individuals to return to their normal lives more quickly. Grieving is a deeply personal and unique experience. How one grieves depends on various factors, including personality type, life experiences, and the degree of religious belief. In reality, there is no standard method or timeline for mourning. Some individuals find peace within a few days, while others may need weeks or even months. In any case, the stages of grief must be experienced for an individual to overcome the loss while maintaining psychological well-being. Grief is, in essence, the human response to loss. Loss may involve the death of a loved one, the emigration of a close individual, the end of a long-standing friendship, divorce, or even job change. However, mourning is most commonly associated with death (Mansoori et al., 2023; Poxon, 2024; Zhou et al., 2023).

During grief, individuals typically go through identifiable stages, with the initial reaction often being shock, confusion, and disbelief, followed by denial. In this stage, the person does not want to accept the reality of the event and instead denies it. This denial eventually turns into anger. The individual becomes angry about the event and subsequently falls into depression. Here, depression refers to sorrow and sadness. After some time, most individuals reach a stage of acceptance, realizing that the event involving their deceased loved one was inevitable and that nothing could have prevented it. Naturally, personality type, age, circumstances, experiences, and physical and mental health contribute to individual differences in responses to grief. Moreover, the nature of the event leading to death and mourning plays a significant role in shaping the response. For instance, losing a loved one to suicide often evokes especially painful reactions and a more intense grieving process (Champion & Kilcullen, 2023). Similarly, the sudden and unexpected death of a young person in an accident can provoke intense reactions among the bereaved. In contrast, if the deceased had a chronic, terminal illness and was ill for an extended period, their loved ones might have already undergone

anticipatory grief during the illness and unconsciously prepared for the eventual loss. Mourning in such cases may elicit more typical and regulated emotional responses (Das et al., 2021; Kumar, 2021). Thus, personal circumstances, the nature of death, and social and familial contexts play a fundamental role in the grieving process.

Depression is one of the stages of grief, but this form of depression is distinct from clinical or pathological depression. In grief-related depression, the individual experiences sorrow and sadness and feels distressed about the loss for a period of time. However, in clinical depression, hopelessness, worthlessness, self-neglect, pessimistic thoughts about death, and even suicidal ideation accompany the sadness (Breen et al., 2022; Peña-Vargas et al., 2021). In grief-related depression, the individual may feel guilt and sorrow due to the loss and consider themselves responsible during the early stages of mourning, but this usually subsides with time, leading to acceptance. However, sometimes individuals grieve in abnormal or complicated ways. For most, grief follows a natural course, and the person returns to their regular life. Even in the initial days, when daily life and sleep may be disrupted, there is often little need for medication. If the period of mourning becomes unreasonably prolonged, then grief is no longer considered natural. The duration of mourning varies across cultures, ranging from four weeks to one year depending on the individual's cultural and religious background. However, if someone remains in mourning for several years, becomes isolated, shows limited social interaction, and experiences diminished functioning, their grief is no longer within normal bounds, and they require professional intervention and treatment (deMontigny et al., 2017; Salloum et al., 2017).

Research has demonstrated that losing a parent before the age of 11 can predispose an individual to episodes of depression later in adulthood. Children are more sensitive to loss and are naturally more vulnerable. Adolescents and young adults are also more sensitive than older individuals, making environmental and social support especially crucial in such situations. Psychological, familial, and social support can help individuals better cope with loss and return to normal life. However, such support should be balanced so that the individual does not feel powerless or excessively attended to (Sajadipour et al., 2024; Zekri et al., 2024).

Based on the above discussion, the primary objective of the present study is to investigate the effect of existential group therapy on the continuum of the need for closure, the impact of the event, and self-monitoring in parents

experiencing anticipatory disabling grief related to their child.

2. Methods and Materials

2.1. Study Design and Participants

The present study is applied in nature and employs a quasi-experimental design with a pretest-posttest control group format. The statistical population consisted of all parents in Tehran experiencing anticipatory disabling grief related to their child, who sought psychological treatment at the "Lost Piece" Counseling and Psychotherapy Center in 2024. To select the sample, based on inclusion criteria, 20 individuals were purposefully selected using a non-random purposive sampling method and were then randomly assigned to either the experimental group (10 participants) or the control group (10 participants). The experimental group underwent 10 sessions of 90-minute transdiagnostic therapy. After participant attrition, 8 individuals in the experimental group successfully completed the therapy. The control group did not receive any intervention. To ensure equivalency between the experimental and control groups, a number of participants equal to the dropout in the experimental group were randomly removed from the control group as well.

Inclusion criteria for the therapeutic intervention included informed consent, a minimum level of education (i.e., basic reading and writing skills), being a parent experiencing anticipatory disabling grief related to their child, and not currently undergoing pharmacological treatment. Exclusion criteria included unwillingness to continue participation, prediction of psychological harm to participants, and more than three absences from therapy sessions.

After defining the statistical population and determining the sample size, and obtaining an official letter from the university research office, the aforementioned questionnaires were administered to participants to assess the research variables using a sampling method appropriate to the sample population and while preserving the participants' ethical rights (pretest stage). After that, the therapy sessions were conducted, and then the same questionnaires were administered again (posttest stage). The questionnaires were scored and analyzed using the SPSS software.

2.2. Measures

2.2.1. Impact of Events

The purpose of this scale is to assess dimensions of psychological distress when confronted with specific life events (avoidance, intrusive thoughts, and hyperarousal). The questionnaire contains 22 items and uses a Likert scale ranging from 0 (not at all) to 4 (extremely). To calculate the score for each dimension, the total score of the relevant items is summed. To obtain the total score of the questionnaire, all item scores are added together. Higher total scores indicate greater distress, and vice versa. According to Weiss and Marmar (1997), the hyperarousal subscale has good predictive validity in relation to trauma, and the intrusion and avoidance subscales (from the original IES) are supported by content validity up to 0.85. Furthermore, in Weiss and Marmar's (1997) study, the scale's reliability was measured using Cronbach's alpha. The Cronbach's alpha coefficient typically ranges from 0 (no reliability) to +1 (perfect reliability), with higher values indicating stronger reliability. The Cronbach's alpha for the Revised Impact of Event Scale is presented in the following table.

2.2.2. Self-Monitoring

The Self-Monitoring Questionnaire was developed by Snyder (1974) and consists of 25 items designed to assess the level of self-monitoring. The questionnaire uses a true/false response format, with scoring based on 1 and 0 values. Correct responses to items 5, 6, 7, 8, 10, 11, 13, 15, 16, 18, 19, 24, and 25 receive a score of 1; incorrect responses to these items receive a score of 0. Conversely, incorrect responses to items 1, 2, 3, 4, 9, 12, 14, 17, 20, 21, 22, and 23 receive a score of 1, while correct responses receive a score of 0. The minimum possible score is 0, and the maximum is 25. This questionnaire is a translated tool originally developed in English and has not yet been administered in Iran. Therefore, it requires validation (i.e., assessment of its reliability and validity). Snyder reported satisfactory validity for this questionnaire, and its reliability, based on Cronbach's alpha, was reported as higher than 0.84.

2.2.3. Anticipatory Grief

The Anticipatory Grief Questionnaire was developed by Benfield (1995) to measure anticipatory grief in mothers and fathers. It consists of 7 items and uses a Likert scale. Sample items include statements such as "Thinking that I did something that caused problems for my child." The

questionnaire was found to have a Cronbach's alpha reliability coefficient above 0.70 in a study by Zamanzadeh et al. (2013).

2.3. *Intervention*

The intervention protocol consisted of ten 90-minute sessions of existential group therapy designed to address core existential concerns among parents experiencing anticipatory disabling grief. In the first session, participants were introduced to each other in a friendly atmosphere, and group norms were collaboratively established, with the goal of familiarizing members with one another and clarifying the purpose of the group. Each member was asked to identify personal traits as a take-home task. The second session involved reviewing previous assignments and engaging in a discussion about self-awareness, including reflections on the question "Who am I?" from an existential perspective. In the third session, members shared and analyzed their personal timelines using the "lifeline" technique and explored their thoughts and attitudes toward death and nonexistence, culminating in a phenomenological assignment about death. The fourth session focused on loss and mourning experiences, with members participating in a guided imagery exercise confronting their own death, followed by the task of writing a fictional obituary for themselves or someone they deeply care about. In the fifth session, the group examined the existential themes of freedom, choice, and limitations, and discussed personal experiences with challenging choices and the relationship between freedom and responsibility. The sixth session addressed existential loneliness, with members exploring their responses to the questions "Am I a lonely person?" and "Is loneliness painful?", and the therapist providing an existential conceptualization of loneliness. Sessions seven and eight were combined thematically to delve into life's purpose and meaninglessness; participants reflected on the questions "Does life have meaning?" and "Why do I live?", sharing personal experiences of existential void and receiving feedback. In the ninth session, participants discussed situations that impacted their emotions and thoughts, engaged in imagery of a personal success or failure, and explored their sense of agency and responsibility in those experiences. The final session was dedicated to integrating

the concepts explored throughout the intervention—self-awareness, loneliness, freedom and responsibility, death, and meaninglessness—and included reflection on the group's overall journey before formally concluding the group process.

2.4. *Data Analysis*

Given that the present study investigates the effectiveness of existential group therapy on the continuum of need for closure, event impact, and self-monitoring in parents experiencing anticipatory disabling grief related to their child, the collected data were analyzed using descriptive statistics (mean, variance, and standard deviation), as well as multivariate analysis of covariance (MANCOVA) and univariate analysis of covariance (ANCOVA), which are parametric statistical models suitable for the research design.

3. **Findings and Results**

As shown in [Table 1](#), the pretest mean scores for the "Impact of Event" scale were similar across both groups, with the control group scoring 57.50 (SD = 3.928) and the experimental group scoring 57.88 (SD = 4.324), indicating comparable levels of psychological distress before the intervention. Following the intervention, the control group's mean remained nearly unchanged at 57.25 (SD = 3.808), while the experimental group exhibited a marked reduction in distress, with a mean score of 52.38 (SD = 3.249). This suggests a clinically meaningful improvement in trauma-related symptoms among participants who received existential group therapy.

For the "Self-Monitoring" scale, pretest scores were similar across groups, with the control group scoring 9.00 (SD = 1.690) and the experimental group 9.13 (SD = 1.807), indicating equivalent initial self-regulatory capacities. However, at posttest, the control group's score remained nearly unchanged at 9.13 (SD = 1.808), while the experimental group's mean increased significantly to 11.50 (SD = 1.512), reflecting improved self-monitoring abilities following the existential group therapy intervention. These descriptive results collectively suggest that the therapy had a positive impact on reducing event-related psychological distress and enhancing self-regulation in grieving parents.

Table 1

Descriptive Statistics for “Impact of Event” and “Self-Monitoring” Scales Across Groups and Timepoints (Parents with Anticipatory Disabling Grief Related to Their Child)

Variable	Time	Group	N	Mean	Std. Deviation	Minimum	Maximum	Range
Impact of Event	Pretest	Control Group	8	57.50	3.928	50	62	12
		Experimental Group	8	57.88	4.324	50	63	13
		Total	16	57.69	3.995	50	63	13
	Posttest	Control Group	8	57.25	3.808	50	62	12
		Experimental Group	8	52.38	3.249	48	58	10
		Total	16	54.81	4.246	48	62	14
Self-Monitoring	Pretest	Control Group	8	9.00	1.690	7	12	5
		Experimental Group	8	9.13	1.807	7	12	5
		Total	16	9.06	1.712	7	12	5
	Posttest	Control Group	8	9.13	1.808	7	12	5
		Experimental Group	8	11.50	1.512	9	14	5
		Total	16	10.31	2.024	7	14	7

Prior to conducting the univariate analysis of covariance (ANCOVA), the necessary statistical assumptions were examined and confirmed to ensure the validity of the analysis. The assumption of normality was assessed using the Shapiro–Wilk test, which indicated that the distribution of scores for both the “Impact of Event” and “Self-Monitoring” scales did not significantly deviate from normality. The assumption of homogeneity of variances was evaluated using Levene’s test, and results showed no significant differences in variances between the

experimental and control groups, satisfying the homoscedasticity requirement. Additionally, the assumption of homogeneity of regression slopes was checked and confirmed, indicating that the relationship between the covariate (pretest scores) and the dependent variables (posttest scores) was consistent across groups. Finally, the absence of multicollinearity between variables was verified through tolerance and variance inflation factor (VIF) values, confirming that all assumptions required for ANCOVA were met.

Table 2

Results of Univariate Analysis of Covariance (ANCOVA) for the Scales of “Impact of Event” and “Self-Monitoring” in Parents with Anticipatory Disabling Grief Related to Their Child

Source of Variance	Variable	Sum of Squares	Df	Mean Square	F	p-value	Eta ²
Therapeutic Intervention Based on Existential Group Therapy	Impact of Event	114.324	1	114.324	12.636	.001	.691
	Self-Monitoring	18.087	1	18.087	10.726	.004	.536

The data in Table 2 present the results of the univariate analysis of covariance for the “Impact of Event” and “Self-Monitoring” scales in parents experiencing anticipatory disabling grief related to their child. The existential group therapy intervention showed a statistically significant effect on the “Impact of Event” scale in the experimental group

with 99% confidence ($p = .001$), indicating a meaningful reduction in trauma-related distress. Similarly, the intervention had a statistically significant effect on the “Self-Monitoring” scale in the experimental group with 99% confidence ($p = .004$), suggesting improved self-regulation in the participants.

Table 3

Results of Tukey Post-Hoc Test (Mean Differences) for the Scales of “Impact of Event” and “Self-Monitoring” in Parents with Anticipatory Disabling Grief Related to Their Child

Variable	Intervention Group (i-j)	Mean (i)	Mean Difference (i-j)	Std. Error	p-value	Confidence Level	Result
Impact of Event	Control Group (i) vs. Experimental Group (j)	57.534	5.443	1.097	.001	95%	Significant Difference
Self-Monitoring	Control Group (i) vs. Experimental Group (j)	9.230	-2.165	.607	.004	99%	Significant Difference

The data in Table 3 show the results of the Tukey post-hoc test for the scales of “Impact of Event” and “Self-Monitoring” in parents with anticipatory disabling grief related to their child. The mean difference for the “Impact of Event” scale following the existential group therapy intervention, in favor of the experimental group, was statistically significant at the 95% confidence level ($p = .001$). Likewise, the mean difference for the “Self-Monitoring” scale, again in favor of the experimental group, was statistically significant at the 99% confidence level ($p = .004$). These results confirm the effectiveness of existential group therapy in reducing trauma-related distress and enhancing self-regulatory capacity in this population.

4. Discussion and Conclusion

This study examined the effectiveness of existential group therapy on the “Impact of Event” and “Self-Monitoring” scales among parents experiencing anticipatory disabling grief related to their child. A statistically significant difference was observed in the scales of “Need for Closure,” “Impact of Event,” and “Self-Monitoring” following the intervention, indicating the therapeutic impact of the existential group therapy model. The effect size for these variables was estimated at 78%, suggesting that 78% of the variance in these scales among grieving parents can be explained by the intervention. These findings align with the prior (Ein Beigi et al., 2020; Hatami Arad, 2023; Monemiyan et al., 2021; Nameni et al., 2021; Sartipzadeh et al., 2019; Sharif et al., 2024; Vos et al., 2023), all of whom reported positive outcomes for existential therapy on patients’ emotional and psychological challenges.

Findings from the current study further confirm that existential group therapy meaningfully impacts the constructs of “Need for Closure,” “Impact of Event,” and “Self-Monitoring” in parents suffering from anticipatory disabling grief, with a reported effectiveness of 78%. These results are consistent with prior studies (Ein Beigi et al.,

2020; Hatami Arad, 2023; Monemiyan et al., 2021; Nameni et al., 2021; Roozbehaneh, 2021; Sartipzadeh et al., 2019; Sharif et al., 2024; Vos et al., 2023) all of which support the efficacy of existential therapy.

Specifically, a significant difference was found in the “Impact of Event” scale among bereaved parents who received the existential therapy intervention, with an estimated effect size of 69%. This means that 69% of the change in the “Impact of Event” scores in this population can be attributed to the therapy. The present study also found that existential group therapy led to a 69% reduction in the psychological impact of the event among parents suffering from anticipatory disabling grief. These findings are consistent with those prior findings (D’Antoni, 2025; Ghezeljeh et al., 2023; Tang, 2024), confirming the therapy’s effectiveness in reducing the event’s emotional toll in grieving parents.

5. Suggestions and Limitations

As with any study, this research faced certain limitations, challenges, and shortcomings. One of the main difficulties was recruiting grieving parents, many of whom were reluctant to participate. The low interest and willingness among potential participants limited the study’s generalizability. Additionally, the researcher had no access to precise information about participants’ mental and physical health status—particularly among those grieving parents who were unwilling to join the study. This was outside the researcher’s control. Time constraints also posed significant challenges, particularly in gathering a comprehensive literature review and homogenizing the study sample. Furthermore, participant attrition was an issue; some individuals initially agreed to participate but later withdrew, resulting in incomplete data and additional sampling adjustments. Therefore, caution is advised when generalizing the results to broader populations.

Based on the findings, it is recommended that existential group therapy be integrated into counseling programs for parents experiencing anticipatory disabling grief, particularly in mental health centers and bereavement support services. Future interventions should consider tailoring the sessions to address cultural sensitivities and individual differences in existential concerns such as death anxiety, meaninglessness, and loneliness. It is also advisable to train therapists in existential approaches to enhance the depth of therapeutic engagement. Additionally, expanding such interventions to diverse populations, including caregivers and terminal illness support groups, could broaden their impact and applicability in clinical settings.

Authors' Contributions

This article is derived from the first author's master's thesis at the Ashtian Branch of Islamic Azad University, Ashtian, Iran. All authors have contributed significantly to the research process and the development of the manuscript.

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.

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Declaration of Interest

The authors report no conflict of interest.

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Ethical Considerations

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

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