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Comparing the Effectiveness of Emotion-Focused Group Therapy and Cognitive Behavioral Therapy on Suicidal ideation and Emotional Security of Women with Major Depression

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ABSTRACT

Objective: This study aims to assess the efficacy of Emotion-Focused Group Therapy and cognitive behavioral therapy on Suicidal ideation and Emotional security of women diagnosed with major depression.

Methods and Materials: The current study utilized a semi-experimental design with a pre-test, post-test, and three-month follow-up arrangement, involving three groups consisting of two experimental groups one utilizing emotion-focused group therapy and the other cognitive-behavioral therapy, along with a control group. The statistical population for this study comprised all women diagnosed with major depression who sought treatment at psychological and counseling centers in Tehran between July and November 2023. A total of 45 female patients with major depression were purposefully selected as the sample for the study. The emotion-focused group therapy received eight 90-minute sessions twice a week, whereas the cognitive-behavioral therapy group underwent eleven 90-minute sessions twice a week, while the control group did not receive any intervention. The assessment tools used in this study included the Beck Scale for Suicidal Ideation (BSSI) and the Security in the Family System Scale (SIFS). The data collected was analyzed using Kruskal-Wallis H, repeated measure ANOVA, and MANCOVA tests at a significance level of 0.05, with all statistical analyses conducted using SPSS version 27.

Findings: The present study found no significant difference between the EFT and CBT groups in terms of suicidal ideation (P=0.897). However, there was a significant difference between the experimental groups and the control group (P<0.001). Both EFT and CBT interventions were effective in reducing suicidal ideation, with no significant difference between the experimental groups. However, there was a significant difference in Emotional security between the EFT and CBT groups ($p < 0.001$), as well as between the experimental groups and the control group ($p < 0.001$). EFT and CBT interventions were effective in increasing emotional security. Research showed that emotion-focused group therapy was superior to cognitive behavioral therapy in improving emotional security.

Conclusion: The findings of the current research indicated that both cognitive behavioral therapy and emotion-focused group therapy can decrease suicidal ideation and enhance emotional security in women with major depressive disorder. However, emotion-focused group therapy was found to be more beneficial than cognitive behavioral therapy in this regard. Additionally, the aim is to improve emotional security.

Keywords: *Emotion-focused therapy, Cognitive behavioral therapy, Suicidal ideation, Emotional security, Major depression*

Introduction

Depression is a common and harmful mental disorder with an estimated lifetime risk of 15-25%, often having a chronic course and being connected to increased morbidity and mortality (Wicke et al., 2024). Major depressive disorder is a complex psychiatric condition that can result in suicide, particularly in women who tend to experience long-term or recurrent depression at a younger age with a lower quality of life compared to men (Brown et al., 2024). A study found that the likelihood of suicide in individuals with major depressive disorder is higher in the first year post-discharge, especially among women experiencing a higher number of adverse events compared to men (Arnone et al., 2024).

Major depression is a significant risk factor for suicide, with 37.7% of individuals with major depression reporting thoughts of suicide and 15.9% ultimately taking their own lives (Qin et al., 2024). Research suggests that younger age, female gender, longer illness duration, and associated psychological or physical symptoms are common risk factors for suicidal ideation or behaviors in major depressive disorder (Su et al., 2023). A study also found that individuals with depression have a high mortality rate from suicide (Chiu et al., 2023).

Depression is strongly connected to suicide, with a lack of emotional security being the primary factor contributing to suicidal ideation, attempts, and completion. As a result, emotional security is also closely associated with depression (Niu et al., 2020). Emotional security is considered a gauge of an individual's emotional well-being, and the absence of emotional security can lead to feelings of apprehension and unease, often stemming from viewing oneself as vulnerable or feeling unstable, posing a threat to one's self-perception (Soruri et al., 2023). One study proposed that addressing emotional security within family dynamics could be crucial in preventing mental health issues (O'Hara et al., 2024). Furthermore, research has indicated that both attachment and emotional security play a role in the presence of suicidal ideation (Cantón-Cortés et al., 2020).

Depression is a widespread, expensive, disabling condition that is connected to a higher risk of suicide, making it a global public health concern,so focusing on effective treatments for this disorder is crucial (Ninla-Aesong et al., 2023). While medication is usually the initial treatment for major depressive disorder, the time it takes for these drugs to work and their common side effects make finding more efficient treatments necessary, with many patients opting for psychotherapy over medication (Frederick et al., 2023). Emotion-focused therapy is focuses on improving self-esteem and emotional well-being through increasing emotional awareness, insight, and regulation and considered more effective for major depressive disorder compared to other treatment methods, because of its structured and methodical process, as well as its low risk of relapse (Gili et al., 2021). Studies have shown that emotion-focused therapy has been successful in decreasing feelings of burden, alienation, suicidal ideation, and self-harm behaviors in teenage girls (Jabari & Aghili, 2023). Another research study also found that the use of emotion-focused therapy can decrease emotional distress, suicidal ideation, and feelings of hopelessness (Mikaeili et al., 2017).

Cognitive behavioral therapy, a promising intervention for depression treatment, combines cognitive and behavioral techniques to address processes that contribute to depression and anxiety, such as rumination, overgeneralization, and focused attention. This therapy helps patients identify and challenge distorted thoughts and dysfunctional behaviors (Majidzadeh et al., 2023). Studies have shown that cognitive behavioral therapy is highly effective in preventing the relapse of major depression and reducing suicide risk in at-risk populations (Kitay et al., 2023). Research has also demonstrated that this therapy can decrease symptoms of depression, alleviate suicidal ideation and feelings of hopelessness, and improve overall quality of life (Kermanshahi et al., 2023).

Efforts should be made to improve the detection and prevention of suicide in individuals with major depressive disorder, particularly focusing on reducing risks in severe cases through appropriate treatment for early response and recovery (Arnone et al., 2024). Despite the significance of this issue, previous research has not simultaneously explored the impact of therapeutic approaches on suicidal ideation and emotional security in women with major depression. Therefore, there is a gap in research in this area, and this study is one of the first to compare the effectiveness of emotion-focused group therapy and cognitive behavioral therapy in addressing suicidal ideation and emotional security in

women with major depression. The study aims to determine the impact of emotion-focused group therapy versus cognitive behavioral therapy on suicidal ideation and the emotional security of women with major depression.

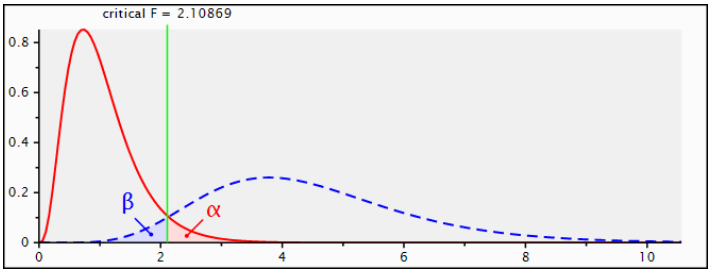
Methods and Materials

Study Design and Participants

The present research utilized a semi-experimental design with pre-test, post-test, and three-month follow-up components, involving three groups: two experimental groups receiving emotion-focused group therapy cognitive-behavioral therapy, and a control group. The statistical population consisted of women diagnosed with major depression who sought treatment at psychological and counseling clinics in Tehran between July and November 2023. The treatment clinics and psychologists confirmed the diagnosis of major depression in the participants according to the criteria set out in the DSM-V. A total of 45 female patients with major depression were purposefully selected and randomly assigned to two experimental groups and one control group (15 individuals in each group). The sample size adequacy was determined using G-Power software with α = 0.05, effect size = 0.4, and power test = 0.95 (Kang, 2021). The MANOVA test chosen for the study involved three groups with a total of 33 participants. To account for potential sample size reduction, each group consisted of 15 individuals rather than 11.

Figure 1

Sample size selection diagram with G-Power software



Inclusion criteria required participants to be female, diagnosed with major depressive disorder, at least 20 years old, physically healthy enough to participate in intervention sessions, and have medical records at psychology clinics. Additional requirements included a minimum education level of high school and having suffered from major depression for at least one year. Participants would be disqualified from the study if they had any condition preventing regular attendance at sessions or failed to attend more than two therapy sessions, resulting in withdrawal.

Before visiting psychology clinics, researchers obtained approval from their university and were introduced to clinics by their professors using an available method. The researcher first informed the management of two clinics in Tehran about the research method and objectives while keeping the clinic names confidential. Upon receiving initial approval, the researcher coordinated with the reception department to select individuals referred for major depression. "The notice inviting participation was also posted in the admissions office to inform possible participants." Details about the intervention sessions were also made available on social media platforms and the official websites of the clinics. Following this, women who expressed interest in the research were selectively chosen based on the participation notices. The researcher selected 53 participants and conducted initial interviews on the phone, where they explained the research goals and ethical considerations while also answering any queries. Determining eligibility involved asking screening questions, and those who were unable to participate for any reason were excluded from the study.

Ultimately, the researchers chose 34 individuals and asked them to attend the clinics in person. At this stage, they provided written information about the intervention sessions. Additionally, a preliminary meeting was held with the women to gain a deeper comprehension of their circumstances. At this point, four

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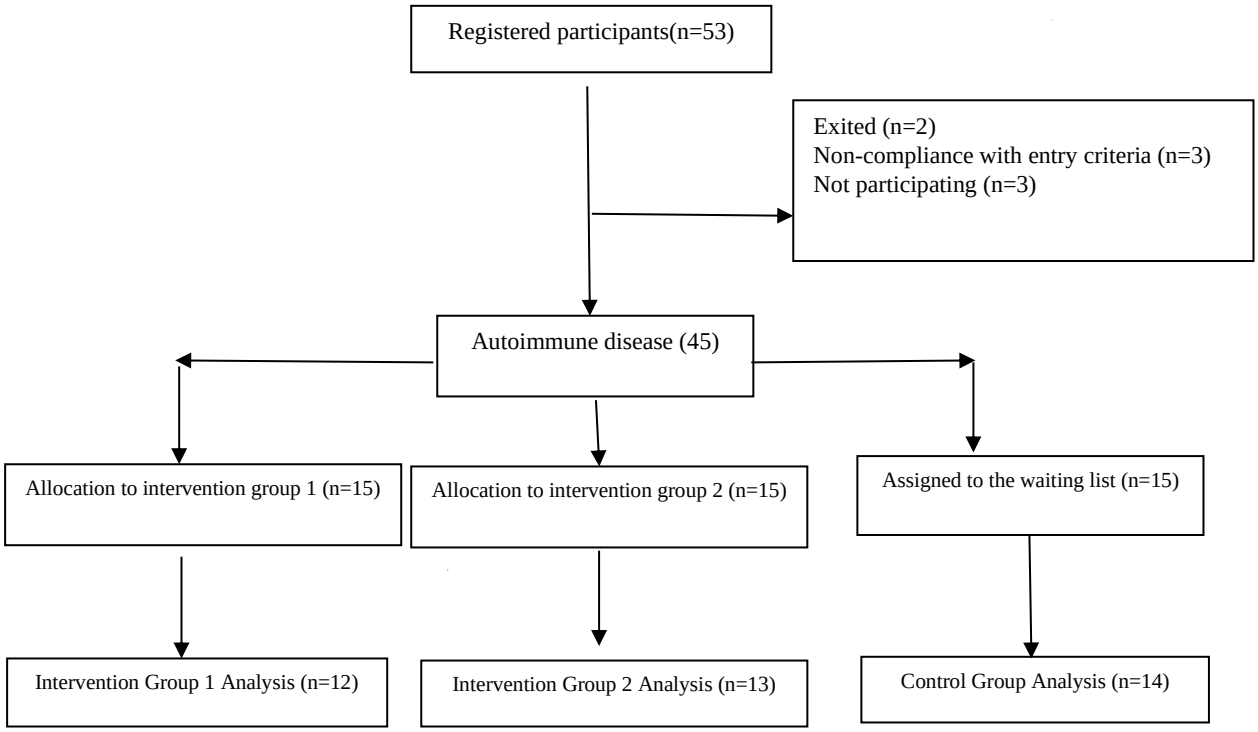
people were excluded. Subsequently, the researchers obtained their written consent through a consent questionnaire for participation in the study. Following that, a pre-test was administered to the participants using research instruments. The pre-test phase involved collecting information from 45 individuals, including completing questionnaires related to suicidal ideation and emotional security, before randomly assigning them to experimental and control groups in preparation for the intervention. The participants in the control group were chosen from women attending a clinic who did not exhibit symptoms of major depression but were seeking assistance for other issues.

The emotion-focused group therapy experimental group participated in eight 90-minute sessions twice a week, while the cognitive-behavioral therapy group had eleven 90-minute sessions twice a week. The control group did not receive any intervention. The interventions took place in offices designated for educational workshops within the clinics. Next section outlines the cognitive-behavioral techniques and emotion-focused group therapy sessions, respectively (Barghi Irani et al., 2014; Greenberg et al., 2008; Henrich et al., 2023). At the end of the intervention, the experimental groups completed research questionnaires for the post-test phase and again three months later for the follow-up phase. The control group, made up of 15 people, also underwent all the measurement procedures.

In order to comply with the ethical principles, before the implementation of the questionnaires, a willingness to cooperate form was taken from the participants in the research, and there was no obligation to participate in the research and continue it. They were told that participation in the study was completely voluntary and that they could withdraw from the study at any time. It was also explained to them that these tests do not contain identity information. Similarly, for the control group, at the end of the study, intensive interventions were performed. The CONSORT flowchart is visible in Figure 2.

Figure 2

The flow diagram of the study



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Data Collection Tools

Beck Scale for Suicidal Ideation (BSSI): This tool is used to measure suicidal ideation and consists of 19 items that evaluate the presence and intensity of suicidal ideation (Beck et al., 1979). The self-report version of this scale was introduced by Beck et al. in 1988, with each item scored on a scale from 0 to 2 and the total score ranging from 0 to 38. According to Beck et al., Cronbach's alpha coefficient for this questionnaire was reported as 0.96, indicating high reliability. A study conducted in Iran by Esfahani et al. reported a Cronbach's alpha value of 0.82 for the same questionnaire (Esfahani et al., 2015). In the present study, the researcher determined the Cronbach's alpha coefficient for this scale to be 0.73.

Security in the Family System (SIFS): Forman & Davies Emotional Security Questionnaire (SIFS) was developed in 2005 as a tool to measure emotional security in individuals (Forman & Davies, 2005). The questionnaire consists of 25 items and assesses emotional security and emotional attachment using a five-point Likert scale (ranging from 1 for completely disagree to 5 for completely agree). Scores from the questionnaire are tallied to determine total emotional security, with scores falling between 25 and 125. A higher score indicates a higher level of emotional security. In a study conducted in Iran, the scale's reliability was found to be 0.92 using the composite reliability coefficient (CR), and the internal validity was determined to be 0.68 based on the average variance extracted index (Kashkooli et al., 2018). The Cronbach's alpha coefficient for this scale in the study was 0.77.

Cognitive-Behavioral Techniques Training is a structured intervention aimed at enhancing participants' cognitive and behavioral skills to improve emotional well-being and mental resilience. Based on cognitive-behavioral principles, this training helps individuals identify and modify maladaptive thoughts, regulate emotions, and develop effective problem-solving strategies. The sessions are designed to introduce key cognitive strategies, such as recognizing cognitive distortions and automatic thoughts, while also incorporating behavioral techniques like relaxation and thought-stopping methods. By integrating both cognitive and behavioral approaches, this training fosters self-awareness, enhances interpersonal skills, and builds resilience against stress and negative emotions. The intervention progresses from foundational concepts to practical applications, ensuring that participants can internalize and utilize these techniques in their daily lives. A pre-test is conducted at the beginning to assess baseline cognitive and emotional skills, and a post-test at the end evaluates participants' progress and the effectiveness of the intervention.

Session 1: Introduction and Pre-Test

In the first session, participants are introduced to the program objectives, and a pre-test is administered to assess their initial knowledge and cognitive-behavioral skills. The researcher establishes a strong rapport with participants to foster a comfortable and open learning environment. Participants receive an overview of the training structure, expectations, and guidelines for engagement. Group norms are clarified, and an atmosphere of mutual respect and trust is cultivated to ensure active participation in the upcoming sessions.

Session 2: Understanding Cognitive-Behavioral Approach and Thought Processes

This session provides an introduction to the cognitive-behavioral approach, including its theoretical foundations and practical applications. Participants learn about different attachment styles and how these influence their thought processes and emotional responses. The session also focuses on increasing participants' awareness of their cognitive patterns, emphasizing the role of thoughts in shaping emotions and behaviors.

Session 3: Cognitive Strategies and Identifying Distortions

Participants are introduced to cognitive strategies designed to improve self-awareness and critical thinking. Key topics include recognizing cognitive distortions, differentiating between rational and irrational beliefs, and identifying automatic thoughts. The session aims to enhance participants' ability to assess and modify their thoughts to support healthier emotional and behavioral responses.

Session 4: Behavioral Techniques for Thought and Emotion Regulation

This session focuses on behavioral strategies that complement cognitive interventions. Techniques such as thought-stopping, relaxation training, and systematic desensitization are introduced. Participants practice relaxation exercises to reduce stress and anxiety and

learn how to break maladaptive thought patterns through behavioral interventions.

Session 5: Problem-Solving Skills and Decision-Making

Participants are taught problem-solving techniques, including identifying problems, generating solutions, evaluating choices, and considering consequences. The session highlights the significance of problem-solving for mental health and its role in fostering optimistic thinking. Practical exercises are provided to help participants apply these strategies in their daily lives.

Session 6: Enhancing Interpersonal Relationships and Communication Skills

This session is dedicated to strengthening interpersonal and communication skills. Participants learn self-expression techniques and the importance of social support networks. Activities focus on active listening, assertiveness training, and effective communication strategies to improve relationships and overall well-being.

Session 7: Building Self-Confidence and Self-Esteem

The session explores the concepts of self-confidence and self-esteem, providing participants with techniques to enhance both. Emphasis is placed on identifying and challenging negative self-perceptions, setting realistic goals, and fostering a positive self-image. Exercises are incorporated to reinforce self-affirmation and confidence-building strategies.

Session 8: Depression Awareness and Management

Participants are educated on the symptoms, causes, and prevention strategies for depression. The session covers ways to recognize early signs of depression and implement coping mechanisms to mitigate its effects. Techniques such as cognitive restructuring and behavioral activation are introduced to help participants manage depressive thoughts and emotions effectively.

Session 9: Stress Management Techniques

This session introduces stress management strategies, including identifying stressors, recognizing physiological and psychological signs of stress, and developing coping techniques. Participants learn about the relationship between stress levels and productivity, as well as practical methods for reducing stress through cognitive and behavioral adjustments.

Session 10: Promoting Optimism and Positive Thinking

Participants explore the concept of optimism, its key indicators, and factors that influence it. The session introduces the explanatory style of optimism and practical techniques for fostering a positive outlook. Activities encourage participants to reframe negative experiences and develop an optimistic mindset for personal growth and resilience.

Session 11: Review and Post-Test

In the final session, participants review key concepts learned throughout the program. Discussions focus on how to maintain and apply newly acquired skills in real-life situations. A post-test is administered to assess progress and measure the effectiveness of the intervention. Participants receive feedback and guidance for continued self-improvement.

Emotion-Focused Group Therapy (EFGT) is a therapeutic intervention designed to help individuals process, regulate, and express emotions in a healthy and adaptive manner. Rooted in the principles of emotion-focused therapy, this intervention emphasizes the importance of recognizing unresolved emotional experiences, addressing internal conflicts, and enhancing emotional intelligence. Through structured exercises such as role-playing (e.g., the empty-chair technique), guided self-reflection, and interpersonal discussions, participants gain a deeper understanding of their emotions and learn techniques for managing difficult feelings like sadness, anger, and shame. The intervention also focuses on improving self-esteem, developing resilience, and fostering healthier interpersonal relationships. Participants are encouraged to explore their emotional patterns, identify maladaptive emotional responses, and replace them with healthier coping strategies. A pre-test at the beginning of the program assesses emotional awareness and regulation abilities, while a post-test at the end measures progress and emotional growth.

Session 1: Introduction and Pre-Test

The first session focuses on establishing communication between participants and the facilitator. A pre-test is conducted to assess participants' emotional awareness and introspective capacity. The session introduces the principles of emotion-focused therapy, including its focus on emotional processing and self-exploration. Participants are encouraged to share their expectations and concerns in a supportive group environment.

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Session 2: Identifying and Understanding Unresolved Emotions

This session helps participants recognize unresolved feelings of frustration, sadness, and resentment that may affect their self-esteem and emotional well-being. Through guided discussions and reflective exercises, participants explore conflicting emotions they have about themselves and their past experiences, gaining insights into the origins and impact of these emotions.

Session 3: Expressing Emotions through Role-Playing

Participants engage in role-playing exercises, specifically the "empty chair" technique, where they simulate conversations with significant figures from their past. This exercise allows them to process unresolved emotions, express suppressed feelings, and gain clarity on their personal emotional struggles. The session encourages emotional catharsis and self-reflection.

Session 4: Emotional Regulation and Relaxation Techniques

This session introduces relaxation methods and emotional regulation strategies. Participants learn techniques such as deep breathing, mindfulness, and progressive muscle relaxation to help manage emotional distress. Verbal communication exercises and introspective evaluation activities help individuals identify and regulate their emotions more effectively.

Session 5: Overcoming Feelings of Incompleteness and Emotional Gaps

The focus of this session is on helping participants manage feelings of inadequacy and emotional voids. Through guided self-reflection and group discussions, participants explore ways to cultivate self-worth and emotional resilience. Strategies for balancing emotional needs and desires are introduced to promote psychological well-being.

Session 6: Analyzing Emotional Expression and Managing Negative Emotions

Participants analyze their tone of voice, levels of discomfort, anger, and emotional pain. The session emphasizes techniques for enhancing the expression of negative emotions in a healthy manner. Participants learn constructive ways to express anger, disappointment, and sadness without escalating conflicts or internalizing distress.

Session 7: Developing Resilience in Handling Emotions

This session teaches participants how to effectively cope with challenging emotions, such as disappointment, anger, and shame. Techniques for developing resilience, adapting to life transitions, and handling difficult emotional experiences are introduced. Group discussions and interactive exercises provide opportunities for participants to share experiences and learn from one another.

Session 8: Review and Post-Test

The final session provides a comprehensive review of all topics covered throughout the program. Participants reflect on their progress and discuss how they plan to integrate the techniques learned into their daily lives. A post-test is administered to measure changes in emotional regulation skills and self-awareness. The session concludes with feedback, encouragement, and guidance for continued emotional growth.

Data analysis

This study used descriptive statistics such as mean and deviation to analyze the data and used analysis of covariance to make conclusions. The gathered data underwent analysis using Kruskal-Wallis H, Repeated measures ANOVA, and MANCOVA at a significance level of 0.05 with the help of SPSS.27 software. The Kolmogorov-Smirnov test was used to determine the normality of the distribution, and Levene's test was employed to assess the homogeneity of variances. Moreover, comparisons of means were conducted using both Bonferroni's post hoc test and Tukey's test.

Findings and Results

The study collected information from participants in three stages: pre-test, post-test, and three-month follow-up from the CBT, EFT, and control groups. Initially, the researcher examined the demographic variables of the participants. Participants were categorized into four age groups: 20-30 years, 31-40 years, 41-50 years, and 50 years and above. Education-wise, participants were divided into four groups: High school, Diploma, Bachelor's degree, and Master's degree. Similarly, participants were grouped based on the duration of depression: 1-2 years and 2-3 years. The results of the Kruskal-Wallis H test showed that the variation in demographic factors among the participants did not

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have a significant impact (P>0.05). Consequently, the groups were similar in terms of demographic variables.

Table 1

Demographic characteristics in the experimental and control groups

Variables	Demographic information	EFT	%	CBT	%	Control	%	Kruskal-Wallis H	P value
Age	20 to 30 years	4	33.3%	3	23.1%	5	35.7%	0.776	0.679
	31 to 40 years	3	25.0%	3	23.1%	3	21.4%		
	41 to 50 years	3	25.0%	3	23.1%	3	21.4%		
	+50	2	16.7%	4	30.8%	3	21.4%		
Education	High school	2	16.7%	2	15.4%	1	7.1%	0.241	0.886
	Diploma	3	25.0%	4	30.8%	4	28.6%		
	Bachelor's degree	5	41.7%	5	38.5%	7	50.0%		
	Master's degree	2	16.7%	2	15.4%	2	14.3%		
Duration of depression	1-2	7	58.3%	8	61.5%	9	64.3%	0.094	0.954
	2-3	5	41.7%	5	38.5%	5	35.7%		

The mean and standard deviation of the research variables in Table 2 were also analyzed by the researcher.

Table 2

Description of research variables (M±SD)

Variable	Group	Pre-test	Post-test	Follow up
Suicidal ideation	EFT	19.1±1.832	18.3±0.492	16.5±0.674
	CBT	20.4±1.895	18.2±0.555	15.8±1.144
	Control	20.6±1.910	21.0±1.569	20.9±1.542
Emotional security	EFT	84.8±4.00	92.3±2.01	96.3±1.29
	CBT	84.1±3.99	87.6±4.17	89.5±5.16
	Control	84.1±3.72	83.0±2.96	83.4±2.34

Table 2 displays the mean and standard deviation of the participant's scores in the research variables. It is evident from this table that the mean for the variable of Suicidal ideation did not differ significantly among the EFT, CBT, and control groups in the pre-test stage. Nevertheless, the mean scores for this variable in the Post-test and Follow-up stages were lower in the EFT and CBT groups compared to the control group, with no observable changes in the control group. Similarly, there was little variation in the variable of Emotional security among the EFT, CBT, and control groups in the pre-test phase. However, the mean scores for this variable increased in the EFT and CBT groups in the Post-test and Follow-up stages when compared to the control group, with no changes seen in the control group. Table 3 contains the results of the analysis of the covariance test conducted by the researcher.

Table 3

Tests of Between-Subjects Effects and Covariance Analysis Test

Variable	Source	Dependent Variable	Sum of Squares	Mean Square	F	P-value	Partial Eta Squared
Suicidal ideation	Pre-test	Post-test	5.678	5.678	6.081	0.019	0.148
		Follow up	0.977	0.977	0.675	0.417	0.019
	Group	Post-test	59.831	29.915	32.038	p<0.001	0.647
		Follow up	205.399	102.700	70.976	p<0.001	0.802
Emotional security	Pre-test	Post-test	5.514	5.514	0.533	0.470	0.015
		Follow up	1.135	1.135	0.097	0.757	0.003
	Group	Post-test	543.029	271.514	26.265	p<0.001	0.600
		Follow up	1061.840	530.920	45.570	p<0.001	0.723

According to the findings of the multivariate covariance analysis presented in Table 3, the P-value for the Between-Subjects Effects in the variable of Suicidal ideation was statistically significant during both the Post-test and Follow-up phases (p<0.001). This indicates a notable difference between the research groups while controlling for the effects of the Pre-test stage. In the same way, the P-value for the Between-Subjects Effects in the Emotional Security variable was significant in both the Post-test and Follow-up phases (p<0.001), indicating a notable distinction between the study groups. Table 4 was utilized to assess and contrast the different stages of the research procedure.

Table 4

Bonferroni's post hoc test to check the difference between the three phases of the research

Variables	(I) TIME	(J) TIME	Mean Difference	Std. Error	P-value
Suicidal ideation	Pre-test	Post-test	0.851*	0.283	0.014
		Follow up	2.255*	0.379	p <0.001
	Post-test	Follow up	1.404*	0.256	p <0.001
Emotional security	Pre-test	Post-test	-3.271*	0.758	p <0.001
		Follow up	-5.388*	0.848	p <0.001
	Post-test	Follow up	-2.117*	0.582	0.003

Figure 3

Change trend of Suicidal ideation variable

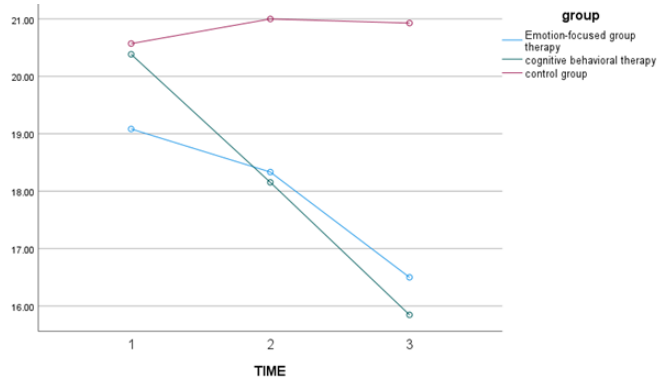
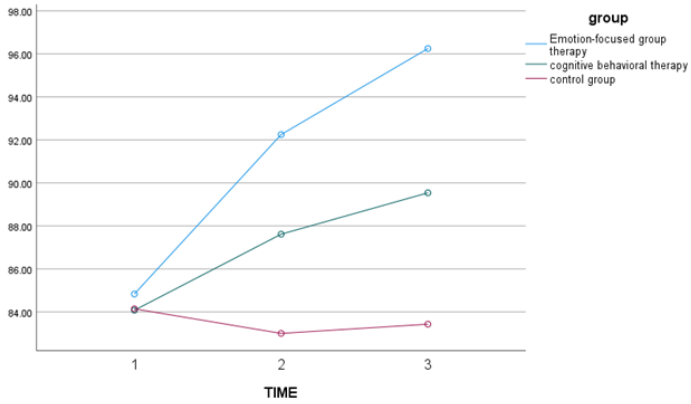


Figure 4

Change trend of emotional security variable



Based on Table 4 and Figure 3, there was a notable variation in the scores of suicidal ideation between the Post-test and Follow-up compared to the pre-test (p<0.05). Similarly, a significant contrast was observed

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between the two stages of post-test and follow-up (p<0.001). This outcome indicates that interventions targeting suicidal ideation have proven to be effective over time. The substantial difference in the follow-up stages suggests that the improvements post-intervention were enduring. In Table 4 and Figure 4, a significant variation in emotional security scores was evident between Post-test and Follow-up as compared to Pre-test (p<0.001). Additionally, there was a notable difference between the post-test and follow-up stages (p=0.003). This finding suggests that interventions focusing on emotional security have been successful over time. The importance of the disparity in the follow-up stages underscores the stability of changes post-intervention. The researcher conducted pairwise comparisons between groups using Tukey's research test in Table 5.

Table 5

Post hoc Tukey test to examine differences between three groups

Variables	(I) group	(J) group	Mean Difference	Std. Error	P-value
Suicidal ideation	EFT	CBT	-0.1560	0.34988	0.897
		Control	-2.8611*	0.34383	p <0.001
	CBT	Control	-2.7051*	0.33663	p <0.001
Emotional security	EFT	CBT	4.0342*	0.91276	p <0.001
		Control	7.5873*	0.89698	p <0.001
	CBT	Control	3.5531*	0.87821	0.001

According to Table 5, there was no statistically significant distinction between the EFT and CBT groups in terms of suicidal ideation (P=0.897). Nonetheless, there was a notable contrast between the experimental groups and the control group (P<0.001). This suggests that both EFT and CBT interventions were effective in reducing suicidal ideation. However, since the difference between the experimental groups was not significant, it can be inferred that there was no real disparity between them.

In a similar vein, according to Table 5, there was a significant difference between the EFT and CBT groups regarding emotional security (p < 0.001). Furthermore, there was a notable difference between the groups undergoing the experiment and the control group (P<0.001), suggesting that both EFT and CBT were successful in enhancing emotional security. In addition, the substantial variance between the experimental groups and the notably higher rise in mean scores for females in the EFT group supports the conclusion that emotion-focused group therapy was more effective than cognitive behavioral therapy in improving emotional security.

Discussion and Conclusion

The current research aimed to compare the effectiveness of emotion-focused group therapy and cognitive behavioral therapy in addressing suicidal ideation and emotional security among women with major depression. The results showed that there was no significant difference in reducing suicidal ideation between the two therapies, indicating that both approaches were equally effective in addressing this issue. Furthermore, it was discovered that both cognitive-behavioral therapy and emotion-focused group therapy were successful in enhancing emotional security. Nevertheless, when compared, emotion-focused group therapy was deemed more successful than cognitive-behavioral therapy in improving emotional security.

Regarding the positive effect of cognitive behavioral therapy and emotion-focused group therapy on suicidal ideation and its reduction in women with major depression, the results of the present study are implicitly aligned with previous studies (Jabari & Aghili, 2023; Kermanshahi et al., 2023; Kitay et al., 2023; Mikaeili et al., 2017). Research indicated that emotion-focused therapy can reduce the perception of being a burden, alienation, suicidal ideation, and self-harm behaviors in adolescent girls (Jabari & Aghili, 2023). The findings of another study also showed that emotion-focused therapy can reduce emotional distress, suicidal ideation, and hopelessness (Mikaeili et al., 2017). Also, research results showed that cognitive behavioral therapy prevents suicide attempts in high-risk populations (Kitay et al., 2023). A study also indicated that cognitive behavioral

therapy reduces depressive symptoms and may make significant progress in reducing suicidal ideation and hopelessness (Kermanshahi et al., 2023).

In discussing this discovery, it must be noted that emotion-focused therapy is both experimental and humanistic. Due to the challenging and draining nature of addressing painful mental and emotional experiences with clients, the therapist's goal in this field is to cultivate a supportive relationship and teach skills for emotion regulation. From the initial sessions of this therapy, individuals with depression are encouraged to articulate the specific feelings and emotions associated with their disorder. As these emotions, many of which are negative, are uncovered and processed, individuals with depression experience an enhanced self-awareness that contributes to a reduction in depressive symptoms and suicidal ideation (Alavi et al., 2022). In contrast to emotion-focused therapy, cognitive behavioral therapy employs techniques like cognitive restructuring and challenging irrational thoughts, addressing and preventing ritualistic behaviors, and examining core beliefs to alleviate dysfunctional attitudes and rumination. This therapy also focuses on developing self-awareness and relaxation techniques, recognizing maladaptive thoughts and cognitive distortions. "In this structure, people can communicate their feelings, acquire fresh viewpoints, and embrace more positive ways of dealing with their emotions and mood, ultimately promoting optimism and reducing thoughts of suicide (Razani & Piriaei, 2025)."

The reason why there was no significant difference observed between the two treatments is that emotion-focused therapy allows individuals to tolerate emotions by increasing awareness, expressing inner experiences correctly, and identifying anxiety-provoking situations accurately. Instead of avoiding these experiences, healthy emotions associated with needs and actions are activated through re-labeling. Emotional processing occurs actively in patients during this treatment, leading to realistic and compatible emotional responses replacing ineffective emotional elements in the situation (Jabari & Aghili, 2023). Cognitive-behavioral therapy has a similar effect, but there is less emphasis on utilizing emotions. Instead, individuals are assisted in recognizing distorted thinking patterns and psychological issues to achieve adaptation (Jani et al., 2023).

A research finding indicated that both cognitive behavioral intervention approaches and emotion-focused group therapy increase emotional security. No documented research directly supports the claim that emotion-focused group therapy is more effective than cognitive behavioral therapy in increasing emotional security. This result is consistent with similar studies that have explored the impact of cognitive behavioral therapy and emotion-focused group therapy on depression (Alavi et al., 2022; Beheshti et al., 2023; Gili et al., 2021; Li et al., 2020). One study suggested that emotional therapy is successful in alleviating emotional, cognitive, motivational, and biological symptoms associated with major depressive disorder (Alavi et al., 2022). Another study revealed that emotional therapy can significantly diminish feelings of depression and anxiety (Gili et al., 2021). Additionally, a different study found that cognitive behavioral therapy is effective in reducing levels of depression, anxiety, and stress (Li et al., 2020). Lastly, research demonstrated that both cognitive behavioral therapy and motivational interviewing techniques help decrease depression levels in divorced women (Beheshti et al., 2023).

The finding suggests that individuals with major depressive disorder often experience loneliness and lack satisfying social relationships. Participating in emotion-focused group therapy can help reduce this interpersonal loneliness by allowing members to break down intimacy barriers and feel a sense of togetherness. Emotion-focused group therapy also aids individuals in enhancing their emotional knowledge, distinguishing between different types of emotions, and understanding that they have control over their emotions rather than being controlled by them (Lashkari et al., 2024). Through this type of therapy, individuals are encouraged to acknowledge their emotions, explore their experiences, and develop coping strategies for emotional challenges related to their disorder (R. Davoudi et al., 2020).

In comparison to emotion-focused therapy, cognitive behavioral therapy is considered the leading psychological treatment for depressive disorders (Majidzadeh et al., 2023). This approach is based on the belief that thoughts, behaviors, and feelings are interconnected, and by changing negative thoughts and behaviors, internal problems such as anxiety, depression, and physical symptoms can be addressed and resolved. Cognitive behavioral therapy for

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depression typically involves a variety of techniques, such as psychoeducation, problem-solving, cognitive restructuring, relaxation, social skills training, and behavioral activation (Frederick et al., 2023). By teaching individuals how to manage their problems and increase their self-efficacy, this therapy assists them in confronting their challenges positively and effectively (Rozhin Davoudi et al., 2020) .

The study at hand has limitations such as the absence of research on the impact of therapeutic interventions on emotional security, the limited number of treatment sessions, and the lack of access to accurate psychiatric information on the mental health disorders of the participants, relying solely on questionnaires and personal reports. Consequently, it is recommended that future research increase the number of sessions, delve into detailed psychiatric histories, and employ methods like diagnostic interviews for more generalizable outcomes. Additionally, among the other limitations of the study, it is worth mentioning that the research focused solely on women, which, while beneficial for a gender-specific analysis, overlooked the perspectives of their spouses, thus potentially compromising the accuracy of the findings. Also, due to the fact that the sample group in the present study was only women with major depressive disorder, caution should be observed in generalizing the results to other groups. And although the sample size in this study was relatively satisfactory, more people from different cultural or social backgrounds are needed to generalize the results further. The test subjects may have been influenced by the test conditions, leading to multiple responses in the questionnaires and potentially reducing their accuracy in answering. Researchers are advised to include other measurement tools, like physical and emotional symptoms, alongside self-report questionnaires in future studies. A practical suggestion is for researchers to document therapy sessions with photographs, allowing them to identify indicators of change and mechanisms of change based on the actions and reactions of therapists and clients. Despite the researcher's efforts to implement the treatment plan accurately, challenges arose when working with individuals with major depressive disorder, which was a limitation of the study. Other limitations included participants with major depressive disorder making many commitments but failing to attend meetings regularly, as well as the inability to control variables like family support for these individuals.

The findings of the current study indicated that both cognitive behavioral therapy and emotion-focused group therapy are effective in reducing suicidal ideation and enhancing emotional security in women with major depression disorder, with emotion-focused group therapy being more effective than cognitive behavioral therapy. To promote emotional security, it is recommended that healthcare providers familiarize themselves with these treatments and incorporate them into their intervention programs. Additionally, the results of this study can inform the improvement of educational groups, family and individual counseling, and further research on major depression. Moreover, it would be beneficial to investigate the effectiveness of the treatment methods used in this research on patients with various mental health concerns in a clinical setting.

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Declaration of Interest

The authors of this article declared no conflict of interest.

Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants. The ethical guidelines established by the research committee at the institutional and/or national level, code IR.ACECR.ROYAN.REC.1402.254, were adhered to throughout the research process with human subjects.

Transparency of Data

In accordance with the principles of transparency and open research, we declare that all data and materials used in this study are available upon request.

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Authors' Contributions

All authors equally contributed to this study.

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