



A Comparative Study of the Effectiveness of Spiritual Therapy and Group Grief Counseling on the Experience of Grief for the Loss of a Loved One during the COVID-19 Period

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Abstract

Background: High-impact disasters, such as the COVID-19 pandemic, often lead to increased symptoms of grief disorders among those who have lost loved ones. This study aimed to compare the effectiveness of spiritual therapy and group grief counseling in managing the mourning process during the COVID-19 period.

Methods: This study employed a quasi-experimental design, using a pre-test, post-test, and three-month follow-up approach with both control and experimental groups. The research population consisted of individuals in Tehran who experienced the loss of a family member due to COVID-19 between July and September 2020. A total of 37 participants were selected through convenience sampling. The intervention consisted of six sessions of group grief counseling and eight sessions of spiritual therapy facilitated by a clinical psychologist. Sessions were held twice a week in a group setting at one of the study's clinics. Data were analyzed using the Kruskal-Wallis H test, repeated measures ANCOVA, and Bonferroni post hoc test, with a significance level of 0.05. Statistical analysis was performed using SPSS version 27 and JASP version 18.1.0.

Results: The findings of this study revealed a significant difference (P -value<0.001) in the Between-Subjects Effects for the "Feeling Guilty" variable across both groups. Similarly, significant effects were observed in the Between-Subjects analysis for the components of "Trying to Justify and Get Along," "Feeling Left Out," and "Shame" (P -value<0.001). However, for the components "Physical Reactions" and "Judging Someone or Others," a significant interaction effect between time and group was found (P -value<0.05).

Conclusions: The findings of this study indicate that both spiritual therapy and group grief counseling are effective in alleviating grief-related symptoms. However, spiritual therapy uniquely enhances the well-being of individuals grieving during the COVID-19 period by reducing feelings of guilt and providing a sense of justification through a connection to a higher power. Therefore, it is recommended that spiritual therapy, alongside psychotherapy, be considered for those mourning a loss during the COVID-19 pandemic.

Keywords: Grief coping, Spiritual therapy, Group Grief Counseling, Covid-19.

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Introduction



Since the initial outbreak of COVID-19 in Wuhan, China, in December 2019, the entire world has been profoundly impacted. The coronavirus, a pathogen responsible for acute respiratory syndrome, rapidly escalated into a global pandemic. Its persistent spread, coupled with high rates of infection and mortality, has instilled widespread fear and uncertainty. And anxiety became prevalent, significantly impacting mental health. The constant reminder of mortality further exacerbated these negative effects on individuals' psychological well-being¹. The COVID-19 pandemic had a swift and profound impact on global mortality. Since the initial cases were identified in 2019, more than 700 million people have been infected, with over 6 million deaths reported worldwide as of May 2023². In Iran, official statistics report that by mid-May 2022, approximately 7.22 million people had contracted COVID-19, with 141,000 fatalities attributed to the disease³. Additionally, research has highlighted the negative impacts of the disease, demonstrating that deaths attributed to COVID-19 are linked to risk factors that may contribute to prolonged grief disorder and other adverse outcomes for grieving relatives⁴. Another study found that direct experiences of mourning significantly impact individuals' anxiety and stress levels, while vicarious mourning is closely associated with depression, owing to the emotional empathy felt towards others⁵.

Losing a significant person through death is an inherently tragic experience. The COVID-19 pandemic has compounded this tragedy, with millions worldwide mourning the loss of at least one loved one. This widespread grief has led to severe psychological effects and physical reactions, ultimately resulting in profound experiences of mourning⁶. Deaths attributed to COVID-19 are linked to risk factors that can contribute to prolonged grief disorder, post-traumatic stress, and other grief-related consequences. Individuals experiencing grief due to COVID-19 often face additional challenges, such as job loss, diminished emotional support, and an increased need for healthcare⁷. Grief is the profound emotional response to the death of loved ones. It is a natural and deeply human experience that can be intensely painful, often impacting both physical and mental health adversely³. Research indicates that abnormal mourning is prevalent among families who have lost loved ones to COVID-19. This type of mourning can adversely impact an individual's physical health, social well-being, and overall functioning⁸. Additionally, another study demonstrated that deaths related to the pandemic can impact cultural norms,

rituals, and social practices associated with death and mourning, potentially heightening the risk of complicated grief⁹.

Individuals experiencing grief are at increased risk for both mental and physical health issues compared to others. These can include depression, suicidal thoughts, sleep disorders, anxiety, high blood pressure, and difficulties in personal and professional relationships. If left unresolved, grief may become a significant public health challenge in the realm of mental health¹⁰; therefore, addressing methods to alleviate the symptoms of this disorder is of significant importance. Researchers have highlighted that religion and spirituality are crucial resources for helping individuals adapt to stressful life events, and they can offer substantial support to those experiencing grief¹¹. Modern definitions often describe spirituality as a psychological framework associated with belief in the supernatural or the quest for life's meaning. Similarly, spiritual therapy is understood as the practice of harnessing one's faith to address and overcome emotional, spiritual, and psychological challenges¹². Research findings indicate that addressing spirituality and offering spiritual care are crucial components of a holistic approach for individuals experiencing grief¹³. Additionally, the study findings suggest that spiritual-religious interventions can alleviate complex grief disorder symptoms and enhance the psychological resilience of mothers affected by this condition¹⁴.

If grief remains unresolved, the grieving individual's relief and improvement may be delayed, and in some cases, it may persist unresolved, potentially leading to disorders such as sleep disturbances, depression, anxiety, and guilt. One potential intervention that could assist individuals in managing their grief is group grief counseling focused on coping with loss¹⁵. Training in coping skills for managing mental stress from grief can significantly alleviate symptoms of grief and enhance overall mental health. Additionally, group counseling therapy has proven to be one of the most effective methods for reducing psychological distress and improving mental health outcomes¹⁶. A study aimed at assessing the effectiveness of group training for grief management in enhancing the experience of grief due to COVID-19 revealed that educational interventions grounded in the lived experiences of grieving women can significantly improve the grief process. These findings suggest that such tailored interventions can be highly effective in supporting individuals through their grief¹⁷. Research has also indicated that group grief counseling is an effective treatment for issues related to loss. Furthermore, integrating this approach with religious teachings may shorten the duration of treatment and alleviate the psychological pressures associated with grief¹⁶. Other research has indicated

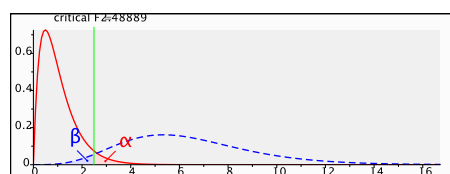
that group counseling, along with the application of relevant techniques, can enhance individuals' resilience and assist them in navigating and overcoming adverse events and situations¹⁸.

The COVID-19 pandemic disrupted the normal lives of families, significantly altering their lifestyles and leading to widespread issues such as depression, fear, anxiety, and chronic stress. Additionally, the experience of losing loved ones during this period has been profoundly stressful, resulting in numerous physical, psychological, and social consequences¹⁹. Addressing effective treatments for alleviating grief in individuals who have lost a loved one is crucial. However, despite the significance of this issue, there is a lack of research directly examining the impact of spiritual therapy and group counseling on the grief experience during the COVID-19 pandemic. Thus, a research gap exists in this area. This study aims to address this gap by being among the first to compare the effectiveness of spiritual therapy versus group grief counseling on the experience of mourning a lost loved one during the COVID-19 pandemic. The primary research question is: How does spiritual therapy affect the grief experience of individuals who have lost a loved one during the COVID-19 era in comparison to group grief counseling?

Materials and Methods

The purpose of this research was applied semi-experimentally, featuring a pre-test-post-test design with a follow-up phase three months later. The study included one control group and two experimental groups. It investigated the effectiveness of two intervention methods: spiritual therapy and group grief counseling. The primary dependent variable was the experience of mourning the loss of a loved one, assessed during both the post-test and follow-up phases. The statistical population for this research comprised all individuals in Tehran who experienced the loss of a family member due to COVID-19 between July and September 2020. The primary sample consisted of 45 participants divided into two experimental groups (n=15 each) and one control group (n=15). Participants were selected using a convenience sampling method and were randomly assigned to their respective groups through a coin-tossing procedure. This resulted in the formation of three groups: two experimental and one control. Sample size adequacy was determined using G-Power software, with parameters set at $\alpha=0.05$, effect size = 0.25, and power test=0.95, across three groups²⁰. According to these specifications, the required sample size was calculated to be 42 participants. However, to account for potential attrition during the research process, the researcher increased the sample size to 45 participants.

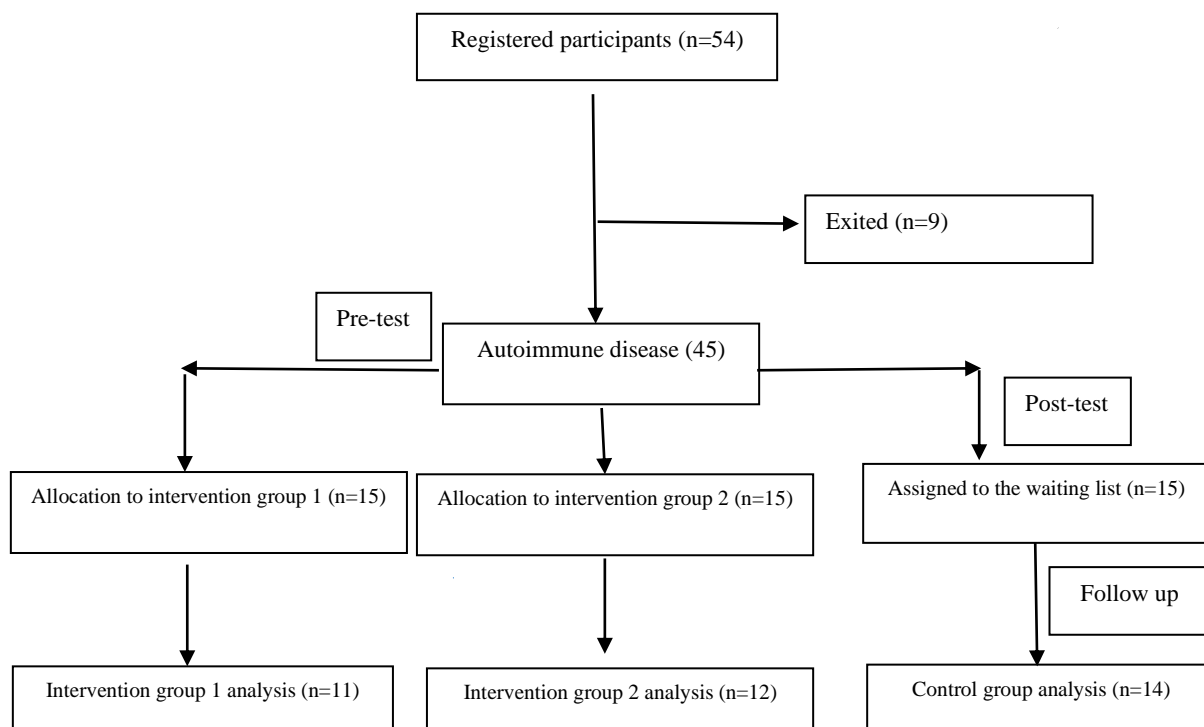
Figure 1. Sample size calculation with G*Power software



The inclusion criteria were as follows: residence in Tehran, informed consent to participate in the research, sufficient literacy and comprehension to respond to the questions, prior training in spiritual therapy and grief counseling, and the recent death of a close relative. Participants were excluded from the study if they were under 20 years old, had any physical or mental disorders that interfered with their ability to respond, failed to complete more than 8 items on the questionnaires, missed more than two sessions, were delayed in attending four sessions, or showed unwillingness to continue with the study. The research was conducted in the following manner: First, the researcher obtained the necessary permits from the university where they were enrolled. Next, the researcher visited two psychological and counseling clinics in Tehran, which had been selected through a targeted sampling method. After the visit, the researcher contacted individuals who had experienced a loss and sought counseling, coordinating with psychological and counseling clinics. Information about the meetings, objectives, and research permissions was provided to those who expressed willingness to participate. Participants were assured that none of the research forms contained personal information and were informed that they could withdraw from

the study at any time if they chose to do so. Due to limitations in participant availability, the research process and completion of the questionnaires in person took three months. Participants were randomly assigned to one of three groups, each consisting of 15 individuals: the spiritual therapy group, the grief counseling group, and a control group. Participants in the first experimental group underwent eight sessions of spiritual therapy²¹⁻²². Those in the second experimental group attended six sessions of group grief counseling²³⁻²⁴. Meanwhile, participants in the control group were placed on a waiting list and did not receive any training during the study period. The intervention, consisting of 6 and 8 sessions, respectively, was conducted by a clinical psychologist in group settings twice a week at a clinic associated with the research site. A summary of the topics and content covered in these sessions is presented in Tables 1 and 2. By the follow-up stage, 37 participants out of the original 60 remained in the study. Ethical considerations were strictly adhered to throughout the research, and participants were given the option to withdraw from the study at any time. The CONSORT flow chart is illustrated in Figure 2.

Figure 2. The flow diagram of the study



Grief Experience Questionnaire (GEQ-34): Grief Experience Questionnaire by Bailey and Dunham in 2000 with the aim of evaluating the level of feelings of people after the death of loved ones from different dimensions of guilt, trying to justify and get along, physical reactions, feelings left out, judging someone or others, embarrassment/shame, notoriety. Individuals and their validity and reliability have been confirmed by the researcher²⁵. This scale includes 34 items,

each of which is scored on a five-point Likert scale from one (never) to five (always). This questionnaire has 6 dimensions, which include: guilt dimension, including questions 13-33-28-26-30-24-20-23; trying to justify and get along, including questions 8-9-11-12-10-14; physical reactions, including questions 1-2-3-4-5; feeling left out including questions 19-18-16-31, judging someone or others including questions 15-22-34-33, shame/embarrassment including questions 21-29-27-25,

and the notoriety section included questions 6-7-17. The test scores range from 34 to 170. Scores between 34 and 68 indicate a low level of grief experience, scores between 68 and 102 reflect an average level of grief experience, and scores above

102 denote a high level of grief experience. The reliability of this scale in Iran, according to the studies, the value of Cronbach's alpha was equal to 0.8626. In the present study, Cronbach's alpha for this questionnaire was 0.815.

Table 1. Summary of spiritual therapy sessions

The first session: introduction of therapy and the method of spiritual therapy, discussion about the limits of confidentiality, informed consent of people to complete the training process, members getting to know each other and talking about the concept of spirituality and religion and its impact when experiencing grief
The second session: self-awareness and communication with oneself, listening to the inner voice, strengthening self-image (the word of God and communication with God or any superior power that the client believes in and praying)
The third session: conversation with God, communication with the holy being, and presentation of exercises and evaluation of the previous session
The fourth session: an overview of coping skills during the experience of grief and setting the meeting agenda, identifying and recognizing spontaneous thoughts, practicing recording thoughts
The fourth session: altruism and unforgiveness and guilt and self-forgiveness when experiencing grief and presenting exercises and evaluating the previous session
The fifth session: Death and fear of death and suffering and presentation of exercises and evaluation of the previous session
Sixth session: Faith and trust in God and presentation of exercises and evaluation of the previous session
The seventh session: gratitude and giving exercises and evaluation of the previous session
The eighth session: the final session to review the previous sessions and summarize and implement the post-test

Table 2. Summary of group training sessions for coping with grief

The first session: Familiarizing the members with each other and creating a safe environment. Goal: Creating a safe and supportive environment for group members. Activities: Introduction: Each member was introduced and talked about their grief experience. Determining the rules of the group (respecting the opinions of others, maintaining confidentiality, etc.). Familiarity with grief: explaining the experience of grief and the emotions associated with it
Session 2: Identifying people's feelings about the grief experience. Purpose: To help members identify and express their feelings. Activities: Group discussion: Members talked about their feelings (sadness, anger, guilt, etc.). The members wrote their feelings in a notebook and shared them as a group.
The third session: a review of the previous meeting and review of assignments, education based on the occurrence of events about the experience of grief and its relationship with benevolence, wisdom, planning, patience, and strengthening of human beings by God, and submission of homework
Fourth session: spiritual connection and religious orientation. Examining and reviewing the homework of the previous session, examining the effects of connecting with a higher power, the feeling of spirituality, examples of practical behaviors based on life memories and presenting homework at home.
The fifth session: religious focus. Examining and reviewing the homework of the previous session, spiritual support from others, interest in like-minded people, asking for prayer and receiving spiritual support from other members of the intervention group, doing spiritual activities, concentrating, and thinking about God, loyalty, secrets and needs about Grief experience, thinking about forgiveness as the driving force of faith
The sixth session: The final session to review the group training sessions for coping with grief and summarizing and performing the post-test. Group discussion: Members can talk about their experiences in meetings and express their feelings. Examining how members coped with their grief and what changes they felt in their lives.

In this study, descriptive statistics such as the mean and standard deviation were employed for summarizing the data, while inferential statistics were analyzed using covariance analysis with repeated measures. The data were processed using the Kruskal-Wallis H test, repeated measures ANCOVA,

and Bonferroni's post hoc test, with a significance level set at 0.05. All statistical analyses were conducted using SPSS version 27 and JASP version 18.1.0. The Shapiro-Wilk test was utilized to assess the normality of the data distribution, and Levene's test was used to check for homogeneity of variances.

Results

In this study, information was collected from the participants in three stages: pre-test, post-test, and follow-up from spiritual therapy, training to deal with grief and control groups. First, the researcher investigated and explained the demographic variables of the research. The participants were divided into three age groups: 20 to 30 years, 31 to 40 years, and 41 years and above. In terms of level of education, the participants were divided into three groups: Diploma, Bachelor,

and Higher education (PhD, MSc). Likewise, the participants were divided into two groups, male and female. In terms of the death of loved ones, people were divided into five groups: father, mother, sister, brother, or spouse. The results of the Kruskal-Wallis H test also showed that there was no significant difference between the participants in terms of demographic variables ($P\text{value} > 0.05$).

Table 3. Demographic characteristics in the experimental and control groups

Variables	Demographic information	Spiritual therapy	%	Training to deal with grief	%	Control	%	Kruskal-Wallis H	Pvalue
Age	20 - 30	2	18.2%	4	33.3%	5	35.7%	0.105	0.949
	31 - 40	7	63.6%	5	41.7%	5	35.7%		
	41 and up	2	18.2%	3	25.0%	4	28.6%		
	Total	11	100.0%	12	100.0%	14	100.0%		
Education	Diploma	6	54.5%	5	41.7%	7	50.0%	1.167	0.558
	Bachelor	5	45.5%	4	33.3%	5	35.7%		
	Higher education	0	0.0%	3	25.0%	2	14.3%		
	Total	11	100.0%	12	100.0%	14	100.0%		
Gender	Man	7	63.6%	8	66.7%	7	50.0%	0.835	0.659
	Female	4	36.4%	4	33.3%	7	50.0%		
	Total	11	100.0%	12	100.0%	14	100.0%		
Missing person ratio	Father	6	54.5%	6	50.0%	6	42.9%	0.214	0.899
	Mother	2	18.2%	1	8.3%	3	21.4%		
	Brother	1	9.1%	2	16.7%	3	21.4%		
	Sister	1	9.1%	2	16.7%	1	7.1%		
	Wife or husband	1	9.1%	1	8.3%	1	7.1%		

The researcher also examined the mean and standard deviation of the research variables in the research groups in Table 4.

Table 4 Description of research variables

Variable	Time	Groups	Mean	SD	Shapiro-Wilk	Pvalue	Minimum	Maximum
Feel guilty	Pre-test	Spiritual therapy	26.818	1.722	0.923	0.345	24	29
		Group training to deal with grief	28.667	2.309	0.962	0.815	24	32
		Control	27.571	2.138	0.959	0.707	24	31
	Post-test	Spiritual therapy	22.636	1.690	0.964	0.820	20	26
		Group training to deal with grief	22.833	1.749	0.975	0.954	20	26
		Control	28.929	2.495	0.865	0.036	24	32
	Follow up	Spiritual therapy	20.182	2.228	0.961	0.788	17	24
		Group training to deal with grief	23.083	1.505	0.946	0.575	21	26
		Control	28.286	2.758	0.812	0.007	24	31
Trying to justify and get along	Pre-test	Spiritual therapy	19.636	1.912	0.941	0.531	17	23
		Group training to deal with grief	19.500	2.067	0.983	0.993	16	23
		Control	19.286	1.858	0.916	0.191	17	23
	Post-test	Spiritual therapy	17.545	1.128	0.878	0.097	16	20
		Group training to deal with grief	17.583	1.240	0.903	0.172	16	20
		Control	18.857	2.070	0.939	0.400	16	23
	Follow up	Spiritual therapy	17.182	1.401	0.832	0.025	16	20
		Group training to deal with grief	17.083	1.379	0.803	0.010	16	20
		Control	19.571	1.697	0.947	0.512	16	22
Physical reactions	Pre-test	Spiritual therapy	15.455	1.293	0.909	0.238	14	18
		Group training to deal with grief	15.583	1.165	0.920	0.282	14	18
		Control	15.857	1.292	0.923	0.243	14	18
	Post-test	Spiritual therapy	14.727	0.647	0.793	0.008	14	16
		Group training to deal with grief	15.583	1.165	0.920	0.282	14	18
		Control	15.786	1.369	0.916	0.190	14	18
	Follow up	Spiritual therapy	15.455	1.214	0.882	0.110	14	18



		Group training to deal with grief	15.333	1.231	0.873	0.072	14	18
		Control	15.857	1.292	0.923	0.243	14	18
		Spiritual therapy	13.364	1.912	0.941	0.531	10	16
	Pre-test	Group training to deal with grief	13.417	1.832	0.939	0.485	10	16
		Control	14.214	1.311	0.906	0.139	12	16
		Spiritual therapy	12.818	2.183	0.853	0.046	10	16
	Post-test	Group training to deal with grief	11.083	2.539	0.957	0.745	7	15
		Control	13.857	1.791	0.893	0.090	10	16
		Spiritual therapy	12.727	1.954	0.842	0.033	10	15
	Follow up	Group training to deal with grief	10.333	2.605	0.887	0.107	7	14
		Control	13.357	1.692	0.866	0.037	10	15
		Spiritual therapy	13.636	1.748	0.864	0.065	10	16
	Pre-test	Group training to deal with grief	13.417	2.275	0.848	0.034	10	16
		Control	13.286	1.978	0.904	0.127	10	16
		Spiritual therapy	12.091	2.119	0.878	0.097	10	16
	Post-test	Group training to deal with grief	13.750	1.815	0.856	0.043	10	16
		Control	13.643	1.781	0.896	0.099	10	16
		Spiritual therapy	12.273	2.284	0.847	0.039	10	16
	Follow up	Group training to deal with grief	13.750	1.815	0.856	0.043	10	16
		Control	14.714	0.726	0.796	0.005	14	16
		Spiritual therapy	13.636	1.748	0.864	0.065	10	16
	Pre-test	Group training to deal with grief	13.417	2.275	0.848	0.034	10	16
		Control	13.286	1.978	0.904	0.127	10	16
		Spiritual therapy	14.000	1.000	0.863	0.064	13	16
	Post-test	Group training to deal with grief	9.250	1.138	0.851	0.038	8	12
		Control	13.929	1.774	0.889	0.078	10	16
		Spiritual therapy	13.364	1.690	0.920	0.320	10	16
	Follow up	Group training to deal with grief	10.667	2.535	0.769	0.004	8	14
		Control	13.571	2.174	0.848	0.021	10	16
		Spiritual therapy	9.091	1.446	0.915	0.281	7	11
	Pre-test	Group training to deal with grief	8.500	1.243	0.912	0.228	7	11
		Control	8.929	1.328	0.923	0.246	7	11
		Spiritual therapy	8.455	1.440	0.879	0.102	7	11
	Post-test	Group training to deal with grief	8.500	1.382	0.893	0.131	7	11
		Control	8.571	1.222	0.923	0.241	7	11
		Spiritual therapy	8.364	1.120	0.889	0.135	7	10
	Follow up	Group training to deal with grief	9.000	1.348	0.927	0.354	7	11
		Control	8.857	1.292	0.923	0.243	7	11

Table 4 presents the mean and standard deviation of participants' scores across the research variables. The data indicate that the average scores for 'Feel Guilty,' 'Trying to Justify and Get Along,' 'Feeling Left Out,' and 'Shame' are quite similar across all three groups— spiritual therapy, Grief

Counseling Training, and Control—at the pre-test stage. However, the average scores in both the post-test and follow-up stages were lower in the experimental groups than in the control group. Despite this, no significant differences were observed between the groups or across stages for the variables



of Physical Reactions, Judging someone or Others, and Bad

Reputation.

Table 5 Covariance analysis test

Variable	Source	Sum of Squares	Mean Square	F	Pvalue	Eta squared
Feel guilty	Time	2.774	2.774	0.677	0.417	0.020
	Time × Pre-test	3.859	3.859	0.942	0.339	0.028
	Time × Group	25.446	12.723	3.105	0.058	0.158
	Group	736.239	368.119	71.155	< .001	0.812
Trying to justify and get along	Time	0.016	0.016	0.005	0.941	1.666×10 ⁻⁴
	Time × Pre-test	5.806	2.903	1.017	0.373	0.058
	Time × Group	0.011	0.011	0.004	0.951	1.178×10 ⁻⁴
	Group	59.507	29.754	14.314	< .001	0.465
Physical reactions	Time	20.027	20.027	21.270	< .001	0.392
	Time × Pre-test	2.243	1.122	1.191	0.317	0.067
	Time × Group	19.608	19.608	20.824	< .001	0.387
	Group	6.894	3.447	2.498	0.098	0.131
Feeling left out	Time	5.861	5.861	1.367	0.251	0.040
	Time × Pre-test	1.748	0.874	0.204	0.817	0.012
	Time × Group	4.890	4.890	1.141	0.293	0.033
	Group	117.110	58.555	12.128	< .001	0.424
Judging someone or others	Time	5.346	5.346	5.697	0.023	0.147
	Time × Pre-test	3.879	1.939	2.067	0.143	0.111
	Time × Group	4.317	4.317	4.601	0.039	0.122
	Group	51.465	25.733	4.666	0.016	0.220
Shame	Time	0.025	0.025	0.010	0.922	2.986×10 ⁻⁴
	Time × Pre-test	14.812	7.406	2.933	0.067	0.151
	Time × Group	0.005	0.005	0.002	0.964	6.248×10 ⁻⁵
	Group	229.269	114.634	27.299	< .001	0.623
Bad reputation	Time	1.201	1.201	0.715	0.404	0.021
	Time × Pre-test	0.702	0.351	0.209	0.813	0.013
	Time × Group	0.928	0.928	0.552	0.463	0.016
	Group	2.313	1.157	0.683	0.512	0.040

According to the results of the covariance analysis presented in Table 5, the Pvalue for the Between-Subjects Effects in the "Feel Guilty" variable was significant (Pvalue<0.001) in both groups. This indicates that, after controlling for the effects of the Pre-test stage, a significant difference was observed between the research groups. Additionally, the Between-Subjects Effects analysis revealed significant differences between research groups in the components of Trying to Justify and Get Along, Feeling Left Out, and Shame (Pvalue<0.001).

Conversely, significant interaction effects between time and group were observed in the components of Physical Reactions and Judging someone or Others (Pvalue<0.05). Conversely, neither the intergroup or intragroup effects nor the interaction effects were significant for the variable related to bad reputation. In Table 6, the researcher analyzed the pairwise interaction effects between stages and groups concerning the components of Physical Reactions and Judging Someone or Others in the study.

Table 6 Post Hoc comparisons - Group × Time

Variable		Mean Difference	SE	t	pbonf	
Physical reactions	Spiritual Therapy, Post-test	Group, training, to, deal, with, grief, Post-test	-0.808	0.450	-1.795	1.000
		Control, Post-test	-0.909	0.438	-2.074	0.632
		Spiritual Therapy, Follow up	-0.561	0.415	-1.350	1.000
		Group training to deal with grief, Follow up	-0.502	0.451	-1.114	1.000
	Group training to deal with grief, Post-test	Control, Follow up	-1.159	0.437	-2.655	0.150
		Control, Post-test	-0.101	0.426	-0.236	1.000
		Spiritual Therapy, Follow up	0.247	0.451	0.549	1.000
		Group training to deal with grief, Follow up	0.306	0.396	0.772	1.000
	Control, Post-test	Control, Follow up	-0.351	0.425	-0.825	1.000
		Spiritual Therapy, Follow up	0.348	0.437	0.797	1.000
		Group training to deal with grief, Follow up	0.407	0.425	0.956	1.000
		Control, Level 2	-0.250	0.369	-0.678	1.000
	Spiritual Therapy, Follow up	Group training to deal with grief, Follow up	0.059	0.450	0.130	1.000
		Control, Follow up	-0.598	0.438	-1.365	1.000
	Group training to deal with grief, Follow up	Control, Follow up	-0.657	0.426	-1.542	1.000
Judging someone or	Spiritual Therapy, Post-test	Group, training, to, deal, with, grief, Post-test	-1.678	0.751	-2.236	0.457
		Control, Post-test	-1.582	0.726	-2.181	0.519



others	Spiritual Therapy, Follow up	Spiritual Therapy, Follow up	-0.233	0.414	-0.563	1.000
		Group training to deal with grief, Follow up	-1.674	0.751	-2.231	0.463
		Control, Follow up	-2.617	0.725	-3.608	0.012
	Group training to deal with grief, Post-test	Control, Post-test	0.096	0.707	0.135	1.000
		Spiritual Therapy, Follow up	1.445	0.751	1.926	0.909
		Group training to deal with grief, Follow up	0.004	0.395	0.010	1.000
	Control, Post-test	Control, Follow up	-0.939	0.707	-1.328	1.000
		Spiritual Therapy, Follow up	1.350	0.725	1.861	1.000
		Group training to deal with grief, Follow up	-0.092	0.707	-0.130	1.000
	Spiritual Therapy, Follow up	Control, Follow up	-1.035	0.367	-2.823	0.120
		Group training to deal with grief, Follow up	-1.442	0.751	-1.921	0.919
	Group training to deal with grief, Follow up	Control, Follow up	-2.384	0.726	-3.286	0.030
		Control, Follow up	-0.943	0.707	-1.334	1.000

According to Table 6, only the component of Judging someone or others was found to be significantly different between the stages and groups of spiritual therapy, Post-test, and Control in the follow-up stage (Pvalue=0.012). Likewise, a difference was found between the stages and groups of spiritual therapy, Follow up, and the Control group in the Follow-up stage (Pvalue=0.030). Based on this, it can be confirmed that the

intervention approaches in the research were not effective on physical reactions; on the other hand, only the spiritual therapy approach was effective in judging someone or another's component, which caused its reduction. In Table 7, the researcher investigated the pairwise comparison between the research groups.

Table 7 Bonferroni's post hoc test to examine differences between three groups

Variables	Time	(I) Group	(J) Group	Mean Difference	Std. Error	Pvalue
Feel guilty	Post-test	Spiritual therapy	Group training to deal with grief	0.293	0.891	1.000
			Control	-6.092*	0.818	<0.001
		Group training to deal with grief	Control	-6.386*	0.809	<0.001
	Follow up	Spiritual therapy	Group training to deal with grief	-2.834*	1.018	0.026
			Control	-8.076*	0.934	<0.001
		Group training to deal with grief	Control	-5.242*	0.925	<0.001
Trying to justify and get along	Post-test	Spiritual therapy	Group training to deal with grief	-0.031	0.670	1.000
			Control	-1.293	0.649	0.163
		Group training to deal with grief	Control	-1.263	0.632	0.162
	Follow up	Spiritual therapy	Group training to deal with grief	0.104	0.641	1.000
			Control	-2.376*	0.620	0.002
		Group training to deal with grief	Control	-0.104	0.641	1.000
Feeling left out	Post-test	Spiritual therapy	Group training to deal with grief	1.718	0.892	0.188
			Control	-1.308	0.881	0.442
		Group training to deal with grief	Control	-3.026*	0.859	0.004
	Follow up	Spiritual therapy	Group training to deal with grief	2.394*	0.890	0.033
			Control	-0.627	0.879	1.000
		Group training to deal with grief	Control	-3.021*	0.857	0.004
Shame	Post-test	Spiritual therapy	Group training to deal with grief	4.723*	0.578	<0.001
			Control	0.028	0.559	1.000
		Group training to deal with grief	Control	-4.695*	0.544	<0.001
	Follow up	Spiritual therapy	Group training to deal with grief	2.672*	0.917	0.019
			Control	-0.248	0.886	1.000
		Group training to deal with grief	Control	-2.920*	0.863	0.006

According to Table 7, in the Feel Guilty variable, there was a significant difference between the spiritual therapy group and the group training to deal with grief and the control (Pvalue<0.001). Given the significant differences between the groups and the reduction in average scores for this variable, the findings from both the post-test and follow-up stages suggest that the intervention approaches used in this study have a notable impact on the 'Feel Guilty' variable. Both experimental interventions led to a decrease in feelings of guilt compared to the control group, and this effect was consistently maintained

over time. While there were no significant differences between the test groups in the post-test phase, a notable reduction in feelings of guilt was observed in the Spiritual Therapy group during the follow-up phase (Pvalue=0.026). This indicates that the Spiritual Therapy method proved to be more effective in reducing guilt over time. Also, in the Trying to justify and get along component, there was no significant difference between the spiritual therapy group and the group training to deal with grief and the control (Pvalue>0.05). While there were no significant differences between the test groups in the post-test

phase, a notable reduction in feelings of guilt was observed in the Spiritual Therapy group during the follow-up phase (P -value=0.026). This indicates that the Spiritual Therapy method proved to be more effective in reducing guilt over time. In the Feeling Left Out variable, there was no significant difference between the spiritual therapy group and the control group in the post-test phase (P -value>0.05). However, the Grief Counseling group showed a significant difference compared to the control group (P -value=0.004). The follow-up phase was also observed, and as a result, it can be confirmed that the Group training method to deal with grief has reduced Feeling

Discussion

This study aimed to compare the effectiveness of spiritual therapy and group grief counseling in managing the experience of mourning a lost loved one during the COVID-19 pandemic. The findings indicate that both interventions—spiritual therapy and group grief counseling—were effective in reducing feelings of guilt, with spiritual therapy proving to be more effective. Additionally, spiritual therapy uniquely reduced trying to justify and cope, while group grief counseling specifically alleviated feelings of left out and shame.

The findings of the present study indicate that both spiritual therapy and group training for coping with grief effectively reduce feelings of guilt in individuals experiencing grief. However, spiritual therapy was found to be more effective. This result is consistent with previous research^{14,16,17}. One study found that spiritual-religious interventions can alleviate grief disorder¹⁴. Additionally, research investigating the effectiveness of group training in managing grief, particularly in the context of COVID-19, demonstrated that educational interventions based on the lived experiences of grieving women can significantly improve their grief experience¹⁷. In a study, it was noted that group grief counseling is an effective therapeutic approach for addressing issues arising from loss. Additionally, incorporating religious teachings into this method may help shorten the treatment duration and alleviate the psychological stress associated with grief¹⁶.

To clarify this issue, it is important to note that spirituality is a uniquely defining characteristic of human beings, encompassing both existential and transcendent dimensions. As such, spirituality and religiosity play a pivotal role in shaping human experiences, often serving as key resilience strategies when confronting adversity. By fostering an optimistic and responsible outlook, spirituality can reshape life's meaning and help individuals transcend existential emptiness²⁷. On one hand, connecting with spiritual sources can serve as a powerful and fundamental source of energy, directly enhancing a person's mood. On the other hand, spirituality indirectly influences an individual's interpretation of events, fostering psychological strengths such as happiness and optimism, which can be particularly effective in reducing feelings of guilt among the grieving. Spiritual therapy, by shifting individuals' attitudes, encourages them to reframe negative events, leading to better control over negative thoughts and emotions. This process helps them to treat themselves with kindness, ultimately reducing their experience of guilt²⁸. Compared to spiritual therapy, group grief counseling not only enhances communication between the client and therapist but also fosters

left out, but the spiritual therapy method was not effective in the Shame variable, in the post-test phase, between the spiritual group. There was a significant difference between spiritual therapy and the control group with the Group training to deal with grief group (P -value<0.05). Similarly, the Group training to deal with grief group had a significant difference with the control group in the follow-up phase (P -value=0.006). It can be confirmed that the group training method to deal with grief reduced Shame and this effect was stable, but the spiritual therapy method was not effective on Shame.

greater intimacy, self-disclosure, and openness. It promotes a sense of peace, expedites recovery, and aids in resolving both internal and external conflicts. Moreover, group counseling is recognized as one of the most effective methods for reducing and addressing psychological trauma and disorders. This approach helps individuals modify distorted thinking patterns and dysfunctional behaviors that arise in response to the grief they experience¹⁶. To explain why spiritual therapy had a greater impact on reducing feelings of guilt, it can be argued that this approach creates a non-threatening environment with unconditional positive regard, allowing individuals to express repressed emotions such as anger and sorrow. This provides an opportunity to resolve unfinished emotional issues, or "incomplete gestalts." As a result, the mental energy previously consumed by unresolved pain and emotional wounds is released, psychological defenses are lowered, and individuals become more capable of reassessing their roles in the situation. This process helps them abandon rigid, absolutist thinking, reflect on their behavior, forgive themselves, and consequently experience less guilt²⁹.

The findings of the present study, demonstrating that spiritual therapy reduces the try to justify and cope, while group grief counseling alleviates feelings of being left out and shame in grieving individuals, are consistent with previous research^{30-31,18}. In a study, it was stated that group counseling and performing relevant techniques can increase people's capacity for resilience and help them overcome unfortunate events and incidents¹⁸. A study also showed that spiritual counseling is effective in depressive symptoms and suicidal thoughts in grieving people³⁰. Also, a study indicated that spiritual therapy is effective in improving overall mental and even physical health³¹. This finding can be explained by the fact that spiritual therapy, by focusing on the individual's belief system, plays a key role in the cognitive appraisal process during coping. It helps individuals reframe negative events, fostering a stronger sense of control, while also reducing self-justification and avoidance of reality²⁸. Spirituality enhances individuals' self-awareness and fosters a deeper understanding of themselves, leading to personal growth experiences. This heightened insight reduces fear and promotes empowerment, encouraging people to confront reality rather than engage in self-justification. Consequently, through targeted interventions that build insight and awareness of current circumstances, concerns are alleviated or diminished, fostering increased responsibility and personal growth³². Grief counseling is also associated with increasing knowledge and expertise of self-evaluation and emphasizes a wide range of educational goals such as increasing knowledge,



creating capacity for self-awareness and reflection, improving communication skills, making people have a deeper understanding of beliefs, and report their personal attitudes toward death and dying, which may influence caregiving and reduce feelings of being left out and shame in those experiencing grief³³.

Despite the important implications of this study, several limitations should be acknowledged. First, the research was conducted on individuals who experienced grief during the COVID-19 pandemic. Due to the unique circumstances of the pandemic, many social gatherings, including funerals and memorial services, were severely restricted to prevent the spread of the virus. As a result, families were often deprived of the social support typically offered by friends and relatives. Therefore, caution must be exercised when generalizing these findings to individuals who experienced grief under normal conditions. Additionally, the study did not account for the wide range of causes of death, which can lead to varied grief responses, especially in cases of sudden loss. It is recommended that future researchers explore and compare the experiences of grieving individuals who have lost loved ones to different life-threatening diseases. Additionally, replicating the study with larger sample sizes or within different communities could enhance the generalizability of the findings. In this study, a self-report tool was used, which may lead participants, either consciously or unconsciously, to present themselves in a favorable light or minimize their true feelings. Therefore, future research should consider utilizing in-depth interviews to identify and account for other influencing factors. This study examined the prevalence of complicated grief within the specific cultural context of the Iranian population, using a sample size that was both appropriate and reliable. However, caution is necessary when generalizing the findings to other cultures. Another limitation of the study was the emotional state of the participants, as they were grieving, which made it challenging for them to recount their experiences and revisit painful memories. The psychological strain placed on the participants posed challenges for the research process. Future studies are encouraged to explore the impact of these therapeutic approaches on other emotional, cognitive, and behavioral constructs, such as self-efficacy and rumination, in individuals experiencing grief.

Based on the findings of this study, both Spiritual Therapy and Group Grief Counseling are effective in alleviating symptoms among individuals who have experienced grief. However, Spiritual Therapy offers additional benefits by enhancing emotional well-being, particularly by reducing feelings of guilt and the try to justify. This improvement is achieved through the individual's connection to a higher, transcendent power. Therefore, it is recommended that Spiritual Therapy, in combination with psychotherapy, be incorporated into the treatment of individuals who have faced grief during the COVID-19 pandemic. Based on the findings of this research, more tailored and specialized support can be offered to individuals and families experiencing grief, considering the various factors influencing their mourning process. Each of the themes identified in this study can be further explored in future research focused specifically on grieving individuals, contributing to a deeper understanding of this field. It is recommended that counselors, psychologists, and professionals

involved in rehabilitation consider applying the findings of this research in their grief counseling practices to help alleviate the symptoms of grief.

Ethical Considerations

The research involving participants followed the ethical guidelines established by the Tehran Branch of Islamic Azad University, under the code IR.IAU.CTB.REC.1403.167.

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Conflict of Interest

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References

- Özgüç S, Kaplan Serin E, Tanriverdi D. Death anxiety associated with coronavirus (COVID-19) disease: A systematic review and meta-analysis. *OMEGA-Journal of Death and Dying*. 2024 Feb;88(3):823-56. doi: [10.1177/0030228211050503](https://doi.org/10.1177/0030228211050503)
- Andrews HS, Herman JD, Gandhi RT. Treatments for COVID-19. *Annual Review of Medicine*. 2024 Jan 29;75:145-57. doi: [10.1146/annurev-med-052422-020316](https://doi.org/10.1146/annurev-med-052422-020316).
- Panahi S, Ataeifar R, Bahrami HM, Havassi SN, Tajeri B. The Effect of Spiritually Multidimensional Psychotherapy on Grief Experience and Grief Intensity in the Bereaved during the COVID-19 Pandemic. *Journal of Pizhūhish dar dīn va salāmat*. 2023 Jan 1;9(1):134-49.
- Selman LE, Chao D, Sowden R, Marshall S, Chamberlain C, Koffman J. Bereavement support on the frontline of COVID-19: recommendations for hospital clinicians. *Journal of pain and symptom management*. 2020 Aug 1;60(2):e81-6. doi: [10.1016/j.jpainsymman.2020.04.024](https://doi.org/10.1016/j.jpainsymman.2020.04.024).
- Caci B, Giordano G. Direct Losses and Media Exposure to Death: The Long-Term Effect of Mourning during the COVID-19 Pandemic. *Journal of Clinical Medicine*. 2024 Jul;13(13). doi: [10.3390/jcm13133911](https://doi.org/10.3390/jcm13133911)
- Kgadima PN, Leburu GE. COVID-19 ruptures and disruptions on grieving and mourning within an African context: Lessons for social work practice. *OMEGA-Journal of Death and Dying*. 2024 May;89(1):191-206. doi: [10.1177/0030228211070149](https://doi.org/10.1177/0030228211070149)
- Javidnia S, Mojtabaei M, Bashardost S. Comparison of the Effectiveness of Emotion-focused-therapy and Mindfulness-based Cognitive Therapy on Emotion Dysregulation in Women with Covid-19 Grief Disorder. *Iranian Journal of Psychiatric Nursing (IJPN) Original Article*. 2022 Feb;9(6). doi: [10.22054/qccpc.2022.65527.2862](https://doi.org/10.22054/qccpc.2022.65527.2862)
- Chalaki Nia N, Alizadeh Jouimandi F, Noghabi D, Hoseini ST, Moharari F, Keshavarz A, Ebrahimi M. Relationship between spiritual health and the effects of grief in bereaved survivors of covid-19 in mashhad, iran 2020. *Journal of Mazandaran University of Medical Sciences*. 2021 Jul 10;31(198):109-18. <http://jmums.mazums.ac.ir/article-1-16410-en.html>.
- Joaquim RM, Pinto AL, Guatimosim RF, de Paula JJ, Costa DS, Diaz AP, da Silva AG, Pinheiro MI, Serpa AL, Miranda DM, Malloy-Diniz LF. Bereavement and psychological distress during COVID-19 pandemics: The impact of death experience on mental health. *Current Research in Behavioral Sciences*. 2021 Nov 1;2:100019. doi: [10.1016/j.jpainsymman.2020.05.012](https://doi.org/10.1016/j.jpainsymman.2020.05.012).
- Ramezani M, Salaree MM, Badri T, Toosi M. Emotional Distance, Mourning Experience in Survivors of Covid-19 Deceased. *Iranian Journal of Rehabilitation Research*. 2023 Dec 10;10(1):0-. doi: [10.22034/IJRN.10.1.1](https://doi.org/10.22034/IJRN.10.1.1).
- Rostami M, Rasouli M, Kasaei A. Comparison of the effect of group counseling based on spirituality-based therapy and acceptance and commitment therapy (ACT) on improving the quality of life the elderly. *Biannual Journal of*



Applied Counseling. 2019 Aug 23;9(1):87-110. https://journals.scu.ac.ir/article_14605_185a69fdc6a85ba919a2b044ed310058.pdf.

12. Hedayati Dana S, Saberi H, Nasrollahi B. Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy and Spiritual Therapy on Emotional Resilience. *Journal of Research in Behavioural Sciences*. 2023 Apr 10;21(1):1-0. http://rbs.mui.ac.ir/browse.php?a_code=A-10-776-2&sid=1&slc_lang=en.

13. Martins H, Romeiro J, Casaleiro T, Vieira M, Caldeira S. Insights on spirituality and bereavement: A systematic review of qualitative studies. *Journal of Clinical Nursing*. 2024 Feb 12. doi: [10.1111/jocn.17052](https://doi.org/10.1111/jocn.17052).

14. Mehdi pour F, Arefnia R, Zarei E, Zarei EZ. Effects of spiritual-religion interventions on complicated grief syndrome and psychological hardness of mothers with complicated grief disorder. *Health, Spirituality and Medical Ethics*. 2020 Jun 10;7(2):20-6. doi: [10.29252/jhsmc.7.2.20](https://doi.org/10.29252/jhsmc.7.2.20)

15. Aghei A. Effectiveness of group therapy perplexity of detoxification technique (with emphasis on the grief resulted from lack of meaning) on happiness and resilience. *Counseling Culture and Psychotherapy*. 2020 Dec 21;11(44):235-52. doi: [10.22054/qccpc.2020.52156.2400](https://doi.org/10.22054/qccpc.2020.52156.2400).

16. Alipour Dehaghani F. An Investigation into the Impact of Group Counseling and Treatment of Grief with an Islamic Approach on the Improvement of the Quality of Life of the Holy Shrine Defender Martyrs' Wives. *Military Psychology*. 2020 Apr 20;11(41):5-16. <https://www.sid.ir/paper/190066/en>.

17. Kalantari M, Abadi HZ, Sedrpoushan N. The effectiveness of grief coping training in a group way in improving the experience of grief caused by covid-19 in women of Yazd city. *The Journal of Tolooebehdasht*. 2023 May 24. doi: [10.18502/tbj.v22i1.12777](https://doi.org/10.18502/tbj.v22i1.12777).

18. Poorgholamy F, Rava S, Moji M, Farashbandi R, Mousavi FP. The Effectiveness of Group Mourning Counseling with Islamic Approach on Resilience and Social Health of Bereaved Mothers Affected by Covid-19 in Boushehr. <https://www.sid.ir/paper/1126049/en>.

19. Almasi S, Fazli A. Impact of the COVID-19 Pandemic and Related Factors on the Occurrence of Emotional-behavioral Problems in Children. *Pajouhan Scientific Journal*. 2023 Dec 10;21(4):224-34. doi: [10.61186/psj.21.4.224](https://doi.org/10.61186/psj.21.4.224).

20. Kang H. Sample size determination and power analysis using the G* Power software. *Journal of educational evaluation for health professions*. 2021 Jul 30;18. doi: [10.3352/jeehp.2021.18.17](https://doi.org/10.3352/jeehp.2021.18.17).

21. Mato S, Saffarinia M, Alipour A. The Effect of Spiritual Therapy on the Fear of Illness Recurrence and Illness Perception of Women with Breast Cancer. *Faṣṣnāmāh-i akhlāq-i pizishkī - i.e., Quarterly Journal of Medical Ethics*. 2022 Sep. 19 [cited 2023 Sep. 7];16(47):1-16. Available from: <https://journals.sbm.ac.ir/me/article/view/38827>

22. Mahmoodi M. The effect of spiritual therapy on the life style of hemodialysis patients. *Military Caring Sciences*. 2021 Nov 10;8(2):193-201. doi: [10.52547/mcs.8.2.193](https://doi.org/10.52547/mcs.8.2.193).

23. Kalantari M, Abadi HZ, Sedrpoushan N. The effectiveness of grief coping training in a group way in improving the experience of grief caused by covid-19 in women of Yazd city. *The Journal of Tolooebehdasht*. 2023 May 24. doi: [10.18502/tbj.v22i1.12777](https://doi.org/10.18502/tbj.v22i1.12777).

24. Wuthnow R, Christiano K, Kuzlowski J. Religion and bereavement: A conceptual framework. *Journal for the Scientific Study of Religion*. 1980 Dec 1;408-22. doi: [10.2307/1386134](https://doi.org/10.2307/1386134).

25. E. Bailey, Katherine Dunham, Michael J. Kral S. Factor structure of the grief experience questionnaire (GEQ). *Death studies*. 2000 Dec 1;24(8):721-38. doi: [10.1080/074811800750036596](https://doi.org/10.1080/074811800750036596).

26. Ravanpoor J, Mahmoudian L, Bagheri P, Babajani Gavzan J. The effectiveness of reality therapy on the experience of grief and psychological resilience among the families of the deceased of Coronavirus. *Journal of Applied Family Therapy*. 2022 Feb 20;2(Covid-19 articles collection):203-14. doi: [10.22034/ajftj.2022.325318.1355](https://doi.org/10.22034/ajftj.2022.325318.1355).

27. Freitas RA, Menezes TM, Santos LB, Moura HC, Sales MG, Moreira FA. Spirituality and religiosity in the experience of suffering, guilt, and death of the elderly with cancer. *Revista Brasileira de Enfermagem*. 2020 Jul 8;73:e20190034. doi: [10.1590/0034-7167-2019-0034](https://doi.org/10.1590/0034-7167-2019-0034).

28. Samiei L, Shojaa Nahand H, Hosseinpour M, Samiei S, Samiei R. Effectiveness of Group Spirituality Therapy on Psychological Well-Being and Self-Compassion of Substance Dependent People Undergoing Maintenance Treatment. *Journal of Psychology New Ideas*. 2024 May 10;20(24):1-3. <https://jnip.ir/article-1-1105-en.html>

29. Hedayati Dana S, Saberi H, Nasrollahi B. Comparison of the Effectiveness of Mindfulness-Based Cognitive Therapy and Spiritual Therapy on Emotional Resilience. *Journal of Research in Behavioural Sciences*. 2023 Apr 10;21(1):1-0. doi: [10.48305.21.1.1](https://doi.org/10.48305.21.1.1)

30. Panahi S, Ataefar R, Bahrami-Heideji M, Havasi-Somar N, Tajeri B. Comparison of the Effectiveness of Grief Counseling and God-Oriented Spiritual Counseling on Depression Symptoms and Suicidal Ideation in People with COVID-19 Grief. *International Journal of Body, Mind & Culture* (2345-5802). 2022 Oct 1;9(4). doi: [10.22122/ijbmc.v9i4.433](https://doi.org/10.22122/ijbmc.v9i4.433)

31. Uyun Q, Kurniawan IN, Jaufalaily N. Repentance and seeking forgiveness: the effects of spiritual therapy based on Islamic tenets to improve mental health. *Mental Health, Religion & Culture*. 2019 Feb 7;22(2):185-94. doi: [10.1080/13674676.2018.1514593](https://doi.org/10.1080/13674676.2018.1514593).

32. Sajadian A, Zaharakar K, Asadpour E. Effectiveness of transpersonal therapy (Spiritual Therapy, Yoga-Meditation) in reducing fear of cancer recurrence in breast cancer survivors: A randomized controlled trial. *Iranian Quarterly Journal of Breast Disease*. 2021 Aug 10;14(2):50-63. doi: [10.30699/ijbd.14.2.50](https://doi.org/10.30699/ijbd.14.2.50).

33. Sikstrom L, Saikaly R, Ferguson G, Mosher PJ, Bonato S, Soklaridis S. Being there: A scoping review of grief support training in medical education. *PLoS One*. 2019 Nov 27;14(11):e0224325. doi: [10.1371/journal.pone.0224325](https://doi.org/10.1371/journal.pone.0224325).

