



Comparison of the effectiveness of grief counseling and god-oriented spiritual counseling on death anxiety and perceived spirituality in individuals with COVID-19 grief

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Original Article

Abstract

BACKGROUND: During the COVID-19 pandemic, grief and bereavement have been the most prevalent psychological problems experienced. Therefore, the aim of the present study was to compare the effectiveness of grief counseling and God-oriented spiritual counseling on death anxiety and spirituality in people with COVID-19 grief.

METHODS: The present quasi-experimental study was conducted with a pretest-posttest design, a control group, and follow-up. The population consisted of all inhabitants of Shahr-e-Rey who had lost a member of their family due to COVID-19 in 2021. Participants (n = 51) were selected through purposive sampling based on their acceptance to participate in the study and the inclusion criteria, and were randomly assigned to 2 experimental groups (n = 34) and 1 control group (n = 17). Data were collected using Templer's Death Anxiety Scale (DAS) and the Spiritual Perspective Scale (SPS) in the pretest, posttest, and follow-up stages. The collected data were analyzed in SPSS software using repeated measures ANOVA.

RESULTS: The results showed that both methods of intervention were effective in reducing death anxiety and increasing perceived spirituality. However, God-oriented spiritual counseling was more effective in reducing death anxiety and increasing perceived spirituality compared to grief counseling (P < 0.05).

CONCLUSION: The results strongly support the effectiveness of grief counseling and God-oriented spiritual counseling on death anxiety and perceived spirituality. Policymakers and mental health experts can use both counseling approaches (based on cognitive-behavioral therapy and complex bereavement therapy) in designing individual and community-oriented interventions related to bereavement, provided they pay attention to the needs of the target community.

KEYWORDS: God-Oriented Spiritual Counseling; Death Anxiety; Perceived Spirituality

Date of submission: 31 Aug. 2022, **Date of acceptance:** 12 Oct. 2022

Citation: 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 death anxiety and perceived spirituality in individuals with COVID-19 grief. *Chron Dis J* 2023; 11(1): 18-28.

Introduction

The catastrophic and unstoppable nature of COVID-19 has had a series of devastating effects from an economic, social, and psychological point of view at a global level.¹

Furthermore, COVID-19 has caused dramatic collapses in healthcare systems around the world, leading to significant losses of health and life, particularly among older adults who require intensive care.² The experience of loss after the death of a significant person causes bereavement, which is a psychological state of all-encompassing grief and often has significant negative consequences in the daily life of the

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grieving person.³ The COVID-19 pandemic has caused fundamental changes in the experience of mourning and the mourning process. Bereaved families have serious restrictions in holding traditional ceremonies for the deceased due to the fear of spreading the virus. Moreover, physical and social distancing has made the usual mourning ceremony and the collective presence of people at the funeral, the third, seventh, and fortieth ceremonies, and visitation of friends and relatives impossible.^{2,4}

The lack of physical presence of friends and acquaintances at the morning ceremony leads to an incomplete mourning process.⁵ These conditions have led to an increase in the frequency and intensity of the experienced mourning processes and their consequences.⁶ Studies have shown that unexpected deaths, low social support, visiting restrictions during illness, lack of care during illness, lack of preparation for death, feelings of guilt, and job and financial insecurity (risk factors that occur in deaths caused by COVID-19 are prominent) increase the possibility of complicated grief and depression after the death of a loved one.^{6,7} People who are mourning a loved one as a consequence of COVID-19 experience more severe grief symptoms than people who have lost a loved one due to another incident.⁸ Some researchers have stated that the severity of grief in those who lost a loved one to coronavirus is so severe that they suffer from functional disorders.⁹ Murata et al. also reported that 55% of people who lost a loved one due to COVID-19 experienced severe grief symptoms.¹⁰

Moreover, the more suffering related to coronavirus manifests itself in people's lives (for example, the death of a loved one due to coronavirus), the more they will perceive the fear of death.¹¹ In addition, the conditions of the COVID-19 epidemic have led to an increase in the level of death anxiety, as numerous factors in this situation (such as unclear future, the speed of the spread of the virus, the death rate, the lack of definitive treatment of the disease,

and the rapid spread of the virus from one person to another) are associated with death.¹² Research results have also shown that spiritual interventions can be effective in the areas of depression, anxiety, eating disorders, anger, and marital satisfaction.¹³

Lee and Neimeyer¹⁵ believe that the mental health needs of people who have lost their loved ones due to coronavirus have been largely ignored.¹⁵ Therefore, people who experience severe symptoms of bereavement should be identified by the primary care system, and their process of bereavement should be guided through the provision of mental health services.¹⁶ Thus, to control and intervene in the bereavement of the bereaved after the spread of coronavirus, the Ministry of Health, Treatment, and Medical Education¹⁷ designed and implemented a 5-session bereavement counseling protocol using a cognitive-behavioral approach for survivors of COVID-19 deaths. This protocol uses behavioral (such as teaching ways to cope with loss and acceptance of social and interpersonal support), cognitive (such as cognitive reconstruction, and problem-solving training), and emotional techniques (such as identifying and expressing emotions and training emotional regulation skills), cognitive-behavioral approach, as well as complex grief treatment (narrating the story of death and loss, facilitating adaptation to loss and overcoming its obstacles, helping to find a way to keep the covenant with the person in the past while feeling comfortable and peaceful in the new life without him/her, and finding meaning). This protocol seeks to help the survivors of the deceased due to COVID-19 to adapt to the loss of the loved one and the new reality of life without him/her. However, its effectiveness has not yet been thoroughly investigated in any research.

Considering that spirituality is an integral part of mental and physical health, researchers have tried to design consultations based on spirituality. God-oriented spiritual counseling

considers the human being to have two basic spiritual and natural (material) dimensions. Due to the fundamentality of the spiritual dimension, paying attention to the origin and resurrection of man, and his primary tendency to seek God is the focus of this therapeutic method. In this psychological intervention, the activation of the spiritual dimension is emphasized as an effective method for psychological balance and excellence. By correctly activating the area of perceived origin, a person engages with spirituality because a certain thought about the existence of God is formed in him/her, and the wrong ideas that were the result of educational patterns and experiences during the individual's transformation are eliminated and he/she forms a correct idea of God and consciousness. Thus, the perception of the attributes of creativity and lordship is formed in them. This issue causes the unification of human actions and behaviors.^{18,19} In a semi-experimental study, Rohani et al.²⁰ concluded that the short-term model of multidimensional spiritual therapy in the experimental group led to a significant reduction in depression symptoms. Faraji et al.²¹ showed that God-oriented spiritual counseling reduces the symptoms of mental disorders and their subscales. The research by Mehdipour et al.²² indicated that spiritual-religious interventions have a significant effect on the symptoms of morbid grief disorder and psychological hardness.

Despite the high prevalence of bereavement among the survivors of COVID-19, a comprehensive study has not yet been conducted to investigate the effectiveness of bereavement counseling and God-oriented spiritual counseling in these people. Due to the characteristics of bereavement in the Corona era, its high stress, other simultaneous losses such as job loss, lack of social and emotional support, and the lack of performance of many relaxing traditional rituals, the grief of the death of a loved one

due to COVID-19 differs from other cases.²³

Therefore, this research aimed to answer the questions: Does grief counseling and God-oriented spiritual counseling have an effect on death anxiety and perceived spirituality in the survivors of the deceased due to COVID-19? and Which intervention is more effective?

Methods

This quasi-experimental study was conducted with a pretest-posttest design, a control group, and follow-up. The population consisted of all inhabitants of Shahr-e-Rey who had lost a member of their family due to COVID-19 in 2021. The study participants were selected through purposive sampling based on their acceptance to participate in the study and meeting the inclusion criteria, and were randomly assigned to 2 experimental groups and 1 control group. Considering the number of applicants for the experimental studies, 51 people were selected for experimental studies from among the community under study.²⁹ After the targeted non-transcendental sampling, participants were randomly divided into 3 groups of 17 (2 experimental groups and 1 control group).

The inclusion criteria included the death of a first-degree relative due to COVID-19 disease in the last 3-6 months, age of 30-40 years, female sex, having literacy in reading and writing, the ability to speak Farsi, a belief in the existence of God, and the completion of the conscious consent form before entering the research. The study exclusion criteria included receiving any mourning interventions, or psychological and pharmaceutical treatments before or at the time of the implementation of the present study, severe physical or mental disorders (such as drug abuse, personality disorders, psychosis, or symptoms such as delusions, hallucinations, and lack of awareness of time and place) that made the intervention impossible, and absenteeism from more than 2 sessions. Then, the people who were bereaved were contacted

individually and those who were eligible for participation in the research were given explanations regarding the general objectives of the research, its advantages and disadvantages, and the process and duration of the research so that they could decide to take part in the research with complete knowledge. After random sampling and customization in the groups, the pretest was carried out, and participants responded to a set of questionnaires online (via Google Meet). Along with the pretest, the written informed consent for participation in the research was also completed by the participants. Next, the 5 Grief consulting protocol¹⁷ (Table 1) was implemented in the first *experimental* group and the 7 sessions of the God-oriented spiritual counseling protocol¹⁸ (Table 2) in the second experimental group online via the Google Meet program. The current research has been registered in the Ethics Committee of the Islamic Azad University of Karaj under the code of ethics number IR.IAU. K. REC.1401.007.

Due to the coronavirus outbreak and in order to prevent the participants from getting infected, the intervention was performed

online. Finally, in the experimental and control group was completed after the last consulting session. In addition, the follow-up was implemented after 2 months. Participants' responses were then entered into SPSS software (version 26; IBM Corp., Armonk, NY, USA) to perform statistical analysis in order to examine the study hypotheses. In this study, symptoms of depression, suicidal thoughts, and perceived spirituality were the dependent variables, and information about them was collected in 3 stages, pretest, posttest, and follow-up, in the experimental and control groups. To test the effectiveness of implementing the independent variables on the dependent variables, repeated measures analysis of variance (ANOVA) was used. It is necessary to explain that, before testing the research hypotheses, the assumptions related to repeated measures ANOVA, including the normality of the data distribution, the homogeneity of the error variances, the homogeneity of the covariance matrices of the dependent variables, and the condition of Mauchly's sphericity or equality of the error covariance matrix, were examined. Repeated measures ANOVA was used to compare the 3 study groups.

Table 1. Description of the grief counseling protocol

Meeting	Description of the meetings
First session	Purpose: Assessment, creating a therapeutic alliance to continue mourning intervention Dedicated purposes: Collecting demographic information, psychological assessment Meeting content: Assessment of demographic properties, psychological evaluation, dear death narrative, evaluation of mourning intensity, discussion about the structure of meetings
Second session	Purpose: Flexible evaluation of event, increased understanding of the reality of loss Dedicated purposes: Increasing the understanding of the reality of loss, helping to cope with the pain caused by loss Meeting content: Narrative of death, narrative of mourning, assessment of dominant emotions, summation, presentation of homework
Third session	Purpose: Coping with mourning, finding the meaning Dedicated purposes: Assessment of defenses and coping methods, helping survivors to find the meaning in painful experiences Meeting content: Review of homework, coping with mourning methods, participant's method to cope with mourning, finding the meaning, presentation of homework
Fourth session	Purpose: Recovering and adjusting to life without the deceased Dedicated purposes: Helping survivors to live without the deceased and adjust to the loss using problem-solving method Meeting content: Review of homework, evaluating the role of the deceased in a person's life, Problems after the death of the deceased, problem-solving method, teaching problem solving methods, presentation of homework
Fifth meeting	Purpose: Evaluating the mourning process, returning to life without the deceased Dedicated purposes: Assessment of the changes that have occurred according to the references themselves Meeting content: Review of homework, evaluating the emotions and affects, assessment of behavioral changes, evaluating the changes in attitude, summation, farewell

Table 2. Description of the God-Oriented Spiritual Counseling

Meeting	Description of the meetings
First session	<p>Purpose: Providing intellectual proof for God using an exploratory method</p> <p>Dedicated purposes: Monotheistic feedback, contact yourself</p> <p>Meeting content: Contact yourself (before the start and after the end of anything, is there a will or starter or terminator? what is the consequences of acceptance or denial?), Is there God? (If you cannot prove God, then try to deny it without using learned), God's discovery through natural reason raises the spiritual commitment of a person towards her/himself, perception of being with God, the absolute and unique existence</p>
Second session	<p>Purpose: Knowing the God concepts</p> <p>Dedicated purposes: the relationship with the past session</p> <p>Meeting content: Expressing any concept of God, expressing their history, observation and analyzing life conflicts and their relationship with spiritual conflicts, practice the homework worksheet</p>
Third session	<p>Purpose: Deconceptualization of origin</p> <p>Dedicated purposes: Expressing the experiences</p> <p>Meeting content: Reviewing homework, rewriting one's images of God, drawing them all because of the invalidation and documented by the Qur'an, expressing a new challenge, how can have a valid understanding of God?, summary, and conducting the dedication and discovery of God-image</p>
Fourth session	<p>Purpose: The discovery of God-image</p> <p>Dedicated purposes: Expressing the experiences (the experiences of this session are a bit challenging and worrying)</p> <p>Meeting content: Motivational Question (In your opinion, what is the best way to get a good understanding of something that you have only a cursory knowledge of?), discussion (usually the discussion goes to the side that the best source for God is the Qur'an, except for someone who does not accept the Qur'an or the Holy Book), summary, and worksheet on searching in authentic religious sources, especially the Qur'an</p>
Fifth meeting	<p>Purpose: Creativity</p> <p>Dedicated purposes: A sense of self-worth and uniqueness</p> <p>Meeting content: Expression of experiences, my relationship with the real God, how did he create me?</p> <p>Intellectual discussion: Does indirect creation make sense?</p> <p>Spiritual discussion: What does the God say about our creation?</p>
Sixth session	<p>Purpose: The Lordship</p> <p>Dedicated purposes: Spiritual support and the importance of God's ownership</p> <p>Meeting content: Expressing experiences, is it possible that God does not have a plan or care for his creation? Spiritual evidence of the Lordship (God's guidance, sustenance, management, and ownership), why God's Lordship helps our mental health?</p>
Seventh session	<p>Purpose: Towards a pure life and spiritual identity</p> <p>Meeting content: Expression of experiences, who can set the best plan for human happiness? What is the validity of life plans?</p>

In the present study, Templer's Death Anxiety Scale (DAS) and the Spiritual Perspective Scale (SPS) were used to collect data and implement the intervention.

Death Anxiety Scale: Templer created the DAS in 1970. This scale includes 15 items which measure subjects' attitudes towards death. Subjects respond to each question with a yes or no answer. The total scores of this scale vary between 0 and 15, and higher scores indicate greater anxiety about death.²⁴

The reliability and validity of this questionnaire were investigated in Iran by Rajabi and Bahrani;²⁵ they reported the two-dimensional reliability coefficient ($r = 0.60$) and the internal consistency coefficient ($\alpha = 0.73$) of the DAS. The Overt Anxiety Scale was used to assess the validity of the DAS, and the result was a correlation of 0.34 between these two scales. The reliability of Templer's DAS was reported to be 0.81 by Rajabi and Bahrani.²⁵

Spiritual Perspective Scale: The SPS, designed by Reed, is a 13-question instrument that measures beliefs and behaviors related to personal and non-organizational forms of religiosity.²⁶ It is scored on a Likert scale ranging from 1 to 6, with higher scores showing more robust religious views.

This scale has sufficient reliability, and a standardized alpha coefficient of 0.92, which suggests that people who do not have religious adherence get lower scores on this test than people who have religious adherence. In addition, as previous research shows, the scores of this questionnaire are correlated with gender and education level; women and people with a lower level of education get higher scores on this questionnaire. The reliability and validity of this questionnaire have been confirmed, and its Cronbach's alpha coefficient has been reported to be 0.871.²⁷

Results

Table 3 shows that the mean and standard deviation of the age and grief experience of the participants was 43.65 ± 5.02 and 4.12 ± 1.11 in the grief counseling group, 41.53 ± 5.70 and 4.47 ± 1.01 in the God-oriented spiritual counseling group, and 8.33 ± 42.00 and 4.65 ± 1.41 in the control group, respectively. It should be noted that one-way ANOVA

showed no significant difference between the groups in terms of the mean and standard deviation of age and duration of the grief experience. The results of the chi-square test showed that there was no significant difference between groups in terms of marital state, level of education, duration of grief experience, age, and relation to the deceased.

Table 3 shows that the mean \pm SD scores of death anxiety and perceived spirituality in the grief counseling and God-oriented spiritual counseling groups decreased compared to the control group in the posttest and follow-up phases. In this research, to test the assumption of normality of data distribution, the Shapiro-Wilk values of death anxiety and perceived spirituality were examined for each group in the 3 study stages.

As can be seen in table 3, the Shapiro-Wilk values related to both dependent variables in all 3 groups and all 3 stages of pretest, posttest, and follow-up are insignificant at the 0.05 level. This article shows that the distribution of data related to both variations of death anxiety and perceived spirituality is normal.

The results of Levene's test showed no significant differences in error variances related to either of the two dependent variables between groups and between pretest, posttest, and follow-up stages.

Table 3. Mean \pm SD and Shapiro-Wilk values of variables in the three stages of the study

Variables	Group	Mean \pm SD		
		Pretest	Posttest	Follow-up
Death anxiety	Grief Counseling	9.88 \pm 1.96	5.56 \pm 2.55	6.56 \pm 1.67
	God-Oriented Spiritual Counseling	8.88 \pm 1.90	4.23 \pm 1.95	4.53 \pm 2.29
	Control	9.59 \pm 2.07	8.44 \pm 2.51	8.41 \pm 2.01
Perceived spirituality	Grief Counseling	32.94 \pm 6.55	44.37 \pm 8.58	44.25 \pm 7.71
	God-Oriented Spiritual Counseling	29.34 \pm 45.8	50.23 \pm 7.87	50.59 \pm 6.33
	Control	35.50 \pm 8.67	36.89 \pm 8.74	36.94 \pm 6.82
Death anxiety	Grief Counseling	0.889 \pm 0.053	0.943 \pm 0.384	0.920 \pm 0.170
	God-Oriented Spiritual Counseling	0.903 \pm 0.078	0.945 \pm 0.383	0.906 \pm 0.084
	Control	0.969 \pm 0.786	0.939 \pm 0.279	0.937 \pm 0.253
Perceived spirituality	Grief Counseling	0.941 \pm 0.366	0.924 \pm 0.199	0.937 \pm 0.309
	God-Oriented Spiritual Counseling	0.897 \pm 0.060	0.907 \pm 0.090	0.917 \pm 0.133
	Control	0.976 \pm 0.894	0.911 \pm 0.091	0.955 \pm 0.511

SD: Standard deviation

Table 4. The results of repeated measures analysis of variance in explaining the effect of independent variables on death anxiety and perceived spirituality

Variables	Effects	SS	Error of SS	F	P	η^2
Death anxiety	Group effect	222.78	267.39	19.98	0.001	0.455
	The effect of time	214.99	202.13	15.05	0.001	0.515
	The interaction effect of group \times time	82.16	384.69	5.13	0.001	0.176
Perceived spirituality	Group effect	1937.83	3017.90	15.41	0.001	0.391
	The effect of time	2385.71	2932.67	40.43	0.001	0.457
	The interaction effect of group \times time	1318.76	5765.72	5.49	0.004	0.185

SS: Sum of squares of treatments

This finding shows that the assumption of homogeneity of error variances among the data is valid. In addition, Mauchly's sphericity test showed that the chi-square value related to death anxiety and perceived spirituality is insignificant at the level of 0.05.

This finding shows that the assumption of sphericity is valid for these two variables. After evaluating the assumptions of the analysis and ensuring that they are established among the data, repeated measures ANOVA and the results of multivariate analysis showed that the effect of the implementation of independent variables on death anxiety (Wilks lambda = 0.714; $\eta^2 = 0.155$; $P = 0.003$; $F = 4.31$) and perceived spirituality (Wilks lambda = 0.728; $\eta^2 = 0.147$; $P = 0.005$; $F = 4.05$) was significant at the level of 0.01.

The group \times time interaction effect was significant at the 0.01 level for death anxiety ($F = 5.13$; $\eta^2 = 0.176$; $P = 0.001$) and perceived spirituality ($\eta^2 = 0.185$; $P = 0.001$; $F = 5.49$)

(Table 4).

The results of Bonferroni's post hoc test related to time comparisons show that the mean scores of death anxiety increased following the implementation of independent variables in the posttest and follow-up stages, and the scores of perceived spirituality increased. The difference in scores of death anxiety and perceived spirituality between the pretest/posttest and pretest/follow-up stages was significant; however, this difference was not significant in the posttest/follow-up stages (Table 5).

The results of Bonferroni's post hoc test show a significant difference between the effects of grief counseling and God-oriented spiritual counseling on death anxiety and perceived spirituality; God-oriented spiritual counseling is a better method compared to grief counseling for the reduction of death anxiety and increasing of perceived spirituality in the survivors of the deceased due to COVID-19 (Table 5).

Table 5. Bonferroni's post hoc test results for pairwise comparisons of the effect of groups and times on Variables

Variables	Groups	Times	Mean difference	Standard error	P	
Death anxiety		Posttest	Pretest	3.28	0.40	0.001
		Follow-up	Pretest	2.86	0.41	0.001
		Follow-up	Posttest	-0.41	0.37	0.828
Perceived spirituality		Posttest	Pretest	-9.59	1.75	0.001
		Follow-up	Pretest	-9.68	1.52	0.001
		Follow-up	Posttest	-0.09	1.31	1.00
Death anxiety	God-Oriented Spiritual Counseling	Control	Grief Counseling	1.45	0.48	0.011
			Grief Counseling	-1.46	0.47	0.009
			God-Oriented Spiritual Counseling	-2.91	0.46	0.001
Perceived spirituality	God-Oriented Spiritual Counseling	Control	Grief Counseling	-4.52	1.60	0.020
			Grief Counseling	4.08	1.57	0.038
			God-Oriented Spiritual Counseling	8.60	1.55	0.001

Discussion

The present study was conducted with the aim of comparing the effectiveness of grief counseling and God-oriented spiritual counseling on death anxiety and perceived spirituality in the survivors of the deceased due to COVID-19. The results showed that grief counseling is effective in permanently reducing death anxiety and increasing perceived spirituality. These results are consistent with the findings of Ghamari Givi et al.,²⁶ and Momeni and Rafiee.²⁷ Ghamari Givi et al. showed that cognitive-behavioral group therapy reduces the death anxiety of the elderly by helping the elderly accept death.²⁶ In explaining the effectiveness of bereavement counseling on death anxiety, it can be mentioned that cognitive-behavioral techniques, based on which the bereavement counseling protocol is designed, motivate the individual to perform social tasks through placing emphasis on objective and behavioral activities and reduce the amount of their mental preoccupation with death through their involvement in social activities.

Moreover, teaching emotional regulation and expression of feelings increases the capacity of bereaved people to recognize their own and others' feelings about death, and helped them to control their anxiety by creating motivation.¹⁴ Additionally, in explaining the effectiveness of bereavement counseling on perceived spirituality, it can be said that due to the connection of bereavement to spiritual issues in our culture (such as Qada, Qadr, God's wisdom, and life after death), it seems that the spiritual well-being of people increases with increasing adaptation to bereavement and its acceptance.^{29,30} Furthermore, it should be noted that bereavement counseling includes processing the bereavement narrative and finding meaning for the continuation of life. Weathers et al.,³⁰ in their analysis of the concept of spirituality, came to the conclusion that one of

the important components of spirituality is the meaning of life. According to the religious background of the participants in the research as well as the majority of the Iranian society, the meaning of people's lives is mostly defined on the basis of spiritual teachings. Therefore, the process of recovering meaning during mourning, which is facilitated by grief counseling, also strengthens spirituality in people.

Another finding of the current research was that God-oriented spiritual counseling is effective in reducing death anxiety and increasing perceived spirituality. In this regard, Dashtbozorgi et al. reported that spiritual education based on Islamic teachings reduces the death anxiety of elderly people.³¹ Hajatnia et al. also found that spiritual therapy (including teaching the spiritual dimension of man with an emphasis on the concept of God's presence, teaching the concept of self-acceptance and unconditional reciprocity, and teaching trust and satisfaction and their relationship with lifestyle) reduced the anxiety of the elderly.³² In explaining the effectiveness of God-oriented spiritual counseling on death anxiety, it can be said that spirituality, as one of the inner needs of humans that exists in the hearts, minds, and rituals, especially religious rituals, results in a reduction in death anxiety.³³

Teaching healthy attitudes by emphasizing the reality of life, the survival of the soul, and eternal life through divine spiritual counseling puts death into perspective for people, and helps them not consider death as the end of life. Moreover, in explaining the effectiveness of God-oriented spiritual counseling on perceived spirituality, it can be mentioned that multidimensional spiritual psychotherapy is a spirituality-oriented therapy that considers god-oriented spirituality as a system with the need for seeking God, which is an innate need, at its core. In order to achieve psychological balance and excellence, Jan-Bozorgi believes

that activating the spiritual dimension is an effective method. Through God-oriented spiritual counseling, the individual is restored to spiritual transformation by emphasizing spiritual mechanisms such as cultivation, settlement, and awareness (Zekr), and emphasizing putting Godly Intellect at the center of all affair.¹⁸

Finally, the present study showed that God-oriented spiritual counseling is more effective on death anxiety and perceived spirituality compared to bereavement counseling. Since the participants of the present study were people who believed in God, God-oriented spiritual counseling, which had content consistent with their beliefs, showed more effectiveness.³⁴ In this regard, Koenig et al. stated that the more the content of a psychological treatment matches the cultural and religious background of the clients, the more effective it will be.³⁵ Therefore, the cultural and spiritual background of people should be taken into consideration in the counseling and psychotherapy they receive.

The findings of the current research should be considered along with its limitations. The first limitation is related to the sampling method and its implementation. The spread of the Covid-19 disease made it impossible to implement the intervention and collect data in person, and through random sampling. In subsequent researches, the research process can be designed more precisely by removing this limitation. The second limitation of the present study was the use of a questionnaire instead of a psychiatric interview to evaluate bereavement and other variables. Future researches can use valid tools (such as structured psychiatric interviews) to examine other variables that may play a role in the effectiveness of the intervention.

Conclusion

In general, the results of the present study showed that grief counseling and God-

oriented spiritual counseling are effective in reducing death anxiety and increasing perceived spirituality in the survivors of the deceased due to COVID-19. Moreover, the findings of this research supported the greater effectiveness of God-oriented spiritual counseling compared to bereavement counseling on death anxiety and perceived spirituality in the survivors of the deceased due to COVID-19.

Conflict of Interests

Authors have no conflict of interests.

Acknowledgments

We hereby express our gratitude to all the people who helped us in this research.

Financials support and sponsorship

The financial responsibility of the present study was the responsibility of the first author.

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