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Comparison of the Effectiveness of Grief Counseling and God-Oriented Spiritual Counseling on Depression Symptoms and Suicidal Ideation in People with COVID-19 Grief

Soheila Panahi[1], Robabeh Ataeifar[2], Maryam Bahrami-Heideji[2], Nahid Havasi-Somar[2], Biuk Tajeri[2]

[1] PhD Student, Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran
[2] Assistant Professor, Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran

Corresponding Author: Robabeh Ataeifar; ***Assistant Professor, Department of Psychology, Karaj Branch, Islamic Azad University, Karaj, Iran***
Email: ro.ataeifar@iau.ac.ir

Qualitative Study

Abstract

Background: Due to the COVID-19 pandemic, grief is currently a widely experienced psychological problem. Depression symptoms and suicidal ideation are associated with COVID-19 grief. Therefore, the present study was conducted to compare the effectiveness of grief counseling and God-oriented spiritual counseling on depression symptoms and suicidal ideation in people with COVID-19 grief.

Methods: The present experimental study was conducted with a pretest-posttest design, a control group, and follow-up. The study population consisted of all residents of Shahr-e-Rey, Iran, who had lost a member of their family due to COVID-19. Through purposive sampling, 51 individuals who were willing to participate in the study and met the study inclusion criteria were selected and were randomly assigned to 2 experimental groups and 1 control group (17 in each group). In the 3 stages of pretest, posttest, and follow-up, data were collected using the Beck Depression Inventory (Beck et al., 1996) and Beck Scale for Suicidal Ideation (Beck et al., 1988). The collected data were analyzed using repeated measures analysis of variance (ANOVA) in SPSS software.

Results: The results showed that both methods of intervention were effective in reducing depressive symptoms and suicidal thoughts. However, the effect of God-oriented spiritual counseling was greater than the other intervention. The study findings showed that the interaction effect of group × time for symptoms of depression ($\eta 2 = 0.343$; $P < 0.001$; $F = 12.53$) and suicidal thoughts ($\eta 2 = 0.148$; $P < 0.001$; $F = 4.16$) were significant at the 0.01 level.

Conclusion: In general, the present study showed that God-oriented spiritual counseling, compared to grief counseling, is more effective on the symptoms of depression and suicidal thoughts.

Keywords: Grief, God-oriented spiritual counseling, Depressive symptoms, Suicidal ideation

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Introduction

Coronavirus disease (Covid-19) is an infectious disease that was first identified in December 2019 in the city of Wuhan, China. According to estimates, the mortality rates of this disease range from 4 to 11% (Salehi et al., 2021). As a result of the initial global spread of this virus two and a half years ago, 552 million people were infected and approximately 6.34 million died. According to official statistics, by July 2021, about 7.24 million people in Iran were infected and nearly 141 thousand people died because of this disease (Rassouli, Ashrafizadeh, Shirinabadi, & Akbari, 2020). Considering that each death related to Covid-19 bereaves about 9 people, it can be said that in Iran, with the death of nearly 141 thousand people, more than 1 million people have experienced grief (Verdery, Smith-Greenaway, Margolis, & Daw, 2020). Moreover, this epidemic has changed the experience of the natural process of mourning. Bereaved people hold very private funerals and burials, which often take place without the presence of family members and the physical presence and consolation of friends and acquaintances, and with minimal rituals and consolations (Wallace, Wladkowski, Gibson, & White, 2020). The lack of physical presence of friends and acquaintances at the mourning ceremony leads to an incomplete mourning process (Zhai & Du, 2020). The psychological, social, and physical consequences of social distancing (quarantine) can also disrupt the natural mourning process and complicate its process. It has been shown that unexpected deaths, low social support, restrictions on visiting while sick, a lack of care during illness, feelings of guilt, job insecurity, and financial insecurity are likely to cause complicated grief and depression after the death of a loved one (risk factors are prominent among deaths caused by Covid-19) (Wallace et al., 2020, Goveas & Shear, 2020).

Epidemiological and clinical studies have reported a relationship between depression and loss and bereavement (Kendler, Hettema, Butera, Gardner, & Prescott, 2003). Depression is a natural experience in the grieving process (Palmer, Saviet, & Tourish, 2016). A person who experiences depression during this period feels like the world is worthless, lacks energy, does not enjoy life, and is in a low mood. The deaths caused by Covid-19 may also affect the way a person thinks about him/herself, the world, and the future, and may result in depression. Victims of the pandemic, for example, may no longer perceive the world as a safe place, might not feel in control of the situation, and might lack self-efficacy. Those who lost a loved one during the epidemic felt lonely from the beginning because of the epidemic's restrictions on religious and cultural ceremonies. This feeling of loneliness and the inability to perform religious and cultural rituals cause depression, (Mortazavi, Assari, Alimohamadi, Rafiee, & Shati, 2020). Another negative psychological consequence of complex and severe bereavement is suicidal thoughts and actions (Simon, Saxe, & Marmar, 2020). The thought of suicide is usually because the person considers the world worthless and does not enjoy it, or the individual is also looking for death in order to reunite with the lost loved one. Research has shown that people who are bereaved due to Covid-19 have increased suicidal thoughts in the future (Gunnell et al., 2020). However, the mental health needs of those who have lost loved ones to Coronavirus have been neglected (Lee & Neimeyer, 2022). While the death of family members and close friends is one of the most stressful life events and is one of the most stressful, little attention is paid to the grief of the survivors of deceased covid-19 patients, which has serious behavioral (such as restlessness and fatigue) and psychological (depression and suicidal thoughts) consequences (such as increasing the risk of heart attack) (Stroebe, Schut, & Stroebe, 2007). Research has shown that

grief counseling and treatment are necessary and effective in these circumstances (Goveas & Shear, 2020). To guide people through their natural bereavement process, primary care systems should identify people experiencing severe symptoms of bereavement and provide them mental health services (Simon et al., 2020). The provision of such services might improve patients' psychological well-being (Momeni & Sahab Negah, 2020).

As a response to the global spread of the Coronavirus, the Ministry of Health, Treatment, and Medical Education has developed a 5-session protocol designed to provide grief counseling to survivors of the deceased, caused by covid-19 the primary health system by utilizing a cognitive-behavioral approach (Hajebi, Rasoulian, Khadim al-Reza, Fathi, & Asadi, 2020). This protocol uses behavioral, cognitive, and emotional techniques, as well as complex grief treatment. 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. Human beings have two basic spiritual and natural (material) dimensions, and multidimensional spiritual therapy takes into account both of these dimensions. The focus of therapy is on the origin and the resurrection of man and his tendency to seek God, due to the originality of the spiritual dimension. In this psychological intervention, the activation of the spiritual dimension is emphasized as an effective method for achieving psychological balance and transcendence. To engage with spirituality, a person must activate their area of perceived origin correctly, because he/she is formed with a certain idea about the existence of God. As a result of the incorrect ideas that resulted from educational patterns and experiences during the individual's transformation, he has the correct idea of consciousness and God. One's perception of the attributes of creativity and lordship is formed in them. This issue unifies human actions and behaviors (Janbozorgi, 2016).

In a semi-experimental study, Rohani, Janbozorgi, Ahadi, and Beliad (2018) concluded that the short-term pattern of multidimensional spiritual therapy in the experimental group led to a significant reduction in depression symptoms. Faraji, Nouhi, Peiade-koohsar, and Janbozorgi (2021) showed that God-oriented spiritual counseling reduces the symptoms of mental disorders and their subscales. Despite the prevalence of bereavement among Covid-19 survivors, no comprehensive study has been conducted to investigate the effectiveness of bereavement counseling and God-oriented spiritual counseling. 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 performing many relaxing traditional rituals, grief is experienced differently because of Covid-19 (Stroebe & Schut, 2021). Thus, the present research was conducted with the aim to compare the effectiveness of grief counseling and God-oriented spiritual counseling among the survivors of the deceased due to Covid-19.

Methods

The present study was an experimental research with a pretest-posttest design, a control group, and follow-up. The statistical population of the present study consisted of all individuals who had lost a family member due to Covid-19 in the areas covered by Tehran-Shahr-e-Rey University of Medical Sciences. Participants were selected through purposive sampling method based on the study inclusion criteria and their willingness to participate in the study and were randomly assigned

to 2 experimental and 1 control group. From among the study population, 51 people were selected for the experimental studies, considering the number of applicants for experimental studies. After the targeted non-transcendental sampling, participants were randomly divided into 3 groups of 17 individuals (2 experimental groups and 1 control group).

The study 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 gender, reading and writing literacy, the ability to speak Farsi, belief in the existence of God, and the completion of the informed consent form before entering the research. The study exclusion criteria included receiving any mourning interventions or psychological or pharmaceutical treatments before or simultaneously to the implementation of the present study, the presence of severe physical or mental disorders (such as drug abuse, personality disorders, psychosis, or symptoms such as delusions, hallucinations, lack of awareness of time and place) that made the intervention impossible, and absence from more than 2 sessions. Then, the people who were bereaved were contacted individually and the people eligible to participate in the research were provided with 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 full of 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 form of participation in the research was also completed by the participants. Next, the 5 grief counseling protocol (Table 1; Hajebi et al., 2019) was implemented in the first experimental group and the 7-session God-Oriented Spiritual Counseling protocol (Table 2; Janbozorgi, 2016) in the second experimental group online and using the Google Meet program. The current research has been registered in the Ethics Committee of the Azad University of Karaj under the code of ethics number IR.IAU. K. REC.1401.007.

In the present study, the Beck Depression Inventory (BDI-II) and Beck Scale for Suicidal Ideation (BSSI) were used to collect data and implement interventions.

Beck Depression Inventory: The BDI-II contains 21 separate items, which are scored on a Likert scale ranging from 0 to 3. The BDI-II is designed to measure depression symptoms. A score of 0 and 3 indicate the lowest and the highest intensity of the experience of a resident, respectively. The total score of this questionnaire ranges from 0 to 63.

Table 1. Description of the grief counseling protocol

Meeting	Description of the meeting
First session	Objective: Content: Demographic Properties, Psychological Evaluation, Dear Death Narrative, Evaluation of Mourning Intensity, Talk about the Structure of Meetings
Second session	Objective: Flexible event evaluation and increased understanding of the reality of lack Dedicated goals: Increasing the understanding of the reality of lack and helping to cope with the pain caused by lack
Third session	Purpose: Meeting Content: Review of homework, mourning methods, mourning manner, meaningful, assignment
Fourth Session	Purpose:Meeting Content: Task Review, Investigating the Role of the Future in one's Life, Post-Death Problems, Problems Solving Problems, Problem Solving Training, Task
Fifth meeting	Purpose: Meeting content: Task review, examining emotions and emotions, examining behavioral change,; checking the changes, in attitude, and conclusion and farewell

Table 2. Description of the God-Oriented Spiritual Counseling

Meeting	Description of the meeting
First session	Purpose: providing intellectual proof for God through an exploratory method Meeting Content: Contact yourself (before and start and after all is the will or starter or end, and what is the consequences or what is the consequences of acceptance or denial?) -It End- Registering experiences (Is there a God? Proof of denial? If you cannot prove God, then try to deny it without using learned), God's discovery through natural reason. Summary and practice workshop
Second session	Purpose: Knowing the Gods Meeting content: Expressing any concept of God, expressing their history, analyzing observation and analyzing life conflicts and their relationship with spiritual conflicts, Summary, Workout Exercise, Task
Third session	Purpose: Meeting content: Task, rewriting one's images of God, drawing them all because of the invalid and documented of the Qur'an, How can we have a valid understanding of God?, summary, completing the dedication worksheet, and discovery of godliness
Fourth Session	Objective: Meeting content: Motivational question (You know what the best you know about what you know what you have?), the discussion (usually the discussion is that the best source of God is the Qur'an, Do not accept the scriptures, summary, and worksheet regarding searching in authentic religious sources, especially the Qur'an, not topics
Fifth meeting	Goal: creativity Meeting content: Expression of experiences, my relationship with the real God, How did he create me? , Intellectual discussion: Does indirect creation make sense?
Sixth session	Purpose: Meeting content: Expressing experiences, Is it possible for God not to have a plan or care for His creation?, spiritual evidence of lordship (God's guidance, sustenance, management, and ownership), Why God's Lordship helps our mental health?
Seventh Session	Goal: Towards a pure life and spiritual identity Meeting content: Expression of experiences, Who can set the best plan for human happiness? What is the validity of life plans?

The psychometric properties of this questionnaire were investigated by Beck et al. (1996) and a high internal consistency (α = 0.57) and high test reliability (r = 0.93) were reported. Moreover, the Persian version of the questionnaire was presented by Ghassemzadeh, Mojtabai, Karamghadiri, and Ebrahimkhani (2005), and its validity and reliability were confirmed. The reliability of this questionnaire was evaluated using the Cronbach's alpha internal consistency method (α = 0.87), and the test-retest method (r = 0.74).

Beck Scale for Suicidal Ideation: The BSSI was designed by Beck et al. in 1988 to measure suicidal thoughts, desire, planning, and preparation. This scale consists of 19 questions that are scored on a Likert scale ranging from 0 to 2; thus, the total score of the scale ranges between 0 and 38. The first 5 questions have a screening scale, so that if the participant scores 0 on questions 4 or 5, there is no need to continue answering and his/her idea score is 0; otherwise the participant will have to answer all questions. The Cronbach's alpha coefficient of this scale was about 0.90. Moreover, the correlation coefficient of this scale was 0.75 with a backdrop of 0.75 with a disappointment scale of 0.62, indicating the validity of this scale (Beck et al., 1988). In Iran, researchers calculated a Cronbach's alpha coefficient of 0.83 and reported the scores of the idea scale and the R = 0.57 correlational depression scale (Esfahani, Hashemi, & Alavi, 2015). The reliability of this questionnaire was assessed through Cronbach's alpha internal consistency method (α = 0.87), and the test-retest method (r = 0.74).

Due to the outbreak of the Coronavirus and in order to prevent its transmission to the participants, the intervention was performed online. The aftermath of all participants in the experimental and control group was completed after the last consulting session. Moreover, the follow-up was performed after 2 months. Participants' responses were then entered into SPSS software (version 26; IBM Corp., Armonk, NY, USA) to perform statistical analysis to examine the hypotheses. In this study, the symptoms of depression, suicidal thoughts, and perceived spirituality were the dependent variables, and information about them was collected in the 3 stages of pretest, posttest, and follow-up from the participants of 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 groups in this study.

Results

The mean and standard deviation (SD) of the age and grief experience score of the participants was 43.65 ± 5.02 years and 4.12 ± 1.11 in the grief counseling group, 41.53 ± 5.70 years and 4.47 ± 1.01 in the God-oriented spiritual counseling group, and 8.33 ± 42.00 years and 4.65 ± 1.41 in the control group, respectively (Table 3). One-way ANOVA test results showed that there was no significant difference between the groups in terms of the mean and SD of age and duration of the grief experience.

The x^2 test results showed that there was no significant difference between the groups in terms of marital status, level of education, duration of grief experience, age, and relation to the deceased (Table 4).

Table 5 shows that the mean scores of depression symptoms and suicidal thoughts 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 depression symptoms and suicidal thoughts 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 in the pretest, posttest, and follow-up are insignificant at the 0.05 level. This article shows that the distribution of data related to variations of both depression symptoms and suicidal thoughts is normal.

According to the results of Levene's test, there were 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 6).

Table 3. Mean and standard deviation of the age and grief experience of the participants in the research

Group	Variables	Mean ± SD
Grief Counseling	Age	43.65 ± 5.02
	Duration of grief experience	4.12 ± 1.11
God-Oriented Spiritual Counseling	Age	41.53 ± 5.70
	Duration of grief experience	4.47 ± 1.01
Control	Age	42.00 ± 8.33
	Duration of grief experience	4.65 ± 1.41

SD: Standard deviation

Table 4. Demographic variables

Variables	Groups	χ^2	P
Marital status	Single	2.15	0.707
	Married		
	Widowed/ Divorced		
Level of education	Diploma	1.41	0.965
	Assistant		
	Bachelor		
	MA & PhD		
Duration of grief experience	In the last 3 to 6 months	0.87	0.424
Age (year)	30 to 40	0.612	0.49
Relation to the deceased	Mother	2.55	0.864
	Father		
	Brother/sister		
	Spouse		

This finding shows that the assumption of homogeneity of error variances among the data is valid. In addition, table 6 shows that the assumption of homogeneity of the covariance matrices of the dependent variables is established for the symptoms of depression and suicidal thoughts. Furthermore, as can be seen in table 6, Mauchly's sphericity test showed that the chi-square value related to the symptoms of depression and suicidal thoughts was insignificant at the level of 0.05. This finding shows that the assumption of sphericity is valid for these 2 variables.

After evaluating the assumptions of the analysis and ensuring that they are established among the data, repeated measures ANOVA of implementation and the results of multivariate analysis showed that the effect of the implementation of the independent variables on depression symptoms (Wilks' lambda = 0.502; η^2 = 0.293; P = 0.001; F = 9.68) and suicidal thoughts (Wilks' lambda = 0.754; η^2 = 0.132; P = 0.009; F = 3.57) was significant at the level of 0.10.

Table 7 shows that the interaction effect of group × time for symptoms of depression (η^2 = 0.343; P = 0.001; F = 12.53) and suicidal thoughts (η^2 = 0.148; P = 0.001; F = 4.16) was significant at the 0.01 level.

The results of Bonferroni's post hoc test related to time comparisons show that the mean scores of depression symptoms and suicidal thoughts have decreased following the implementing of the independent variables in the posttest and follow-up stages (Table 8).

Table 5. Mean ± standard deviation and Shapiro-Wilk values of variables in the three study stages

	Group	Mean ± SD		
		Follow-up	Posttest	Pretest
Depression symptoms	Grief Counseling	16.43 ±3.31	13.25 ±3.23	13.87 ±3.44
	God-Oriented Spiritual Counseling	18.12 ±3.71	9.29 ±3.22	9.70 ±2.59
	Control	17.44 ±3.45	16.77 ±3.96	18.33 ±2.21
Suicidal Ideation	Grief Counseling	17.94 ±3.09	13.88 ±3.40	14.63 ±3.77
	God-Oriented Spiritual Counseling	18.00 ±4.11	9.94 ±3.13	11.35 ±2.87
	Control	20.17 ±4.00	17.94 ±4.22	17.52 ±3.48
Depression symptoms	Grief Counseling	0.947 ±0.441	0.981 ±0.970	0.933 ±0.268
	God-Oriented Spiritual Counseling	0.967 ±0.762	0.948 ±0.421	0.986 ±0.991
	Control	0.965 ±0.696	0.909 ±0.083	0.930 ±0.197
Suicidal Ideation	Grief Counseling	0.929 ±0.238	0.961 ±0.687	0.939 ±0.335
	God-Oriented Spiritual Counseling	0.907 ±0.088	0.909 ±0.095	0.948 ±0.429
	Control	0.953 ±0.468	0.939 ±0.280	0.973 ±0.854

SD: Standard deviation

Table 6. The results of the hypothesis test of the homogeneity of error variances, the equality of the variance-covariance matrices, and the equality of the error covariance matrix

Variables	Levene's F			F	Box's M	χ^2	Mauchly's sphericity
	Pretest	Posttest	follow-up				
Depression symptoms	0.17	1.43	0.39	0.91	12.03	0.18	0.996
Suicide Ideation	1.54	0.86	0.80	1.49	19.63	0.87	0.983

Table 8 shows that the difference in the scores of depression symptoms and suicidal thoughts between the pretest and posttest, and pretest and follow-up stages is significant, and the difference in the mean of those scores in the follow-up compared to the posttest is not significant. The results of Bonferroni's post hoc test show that there is a significant difference between the effect of the two methods of grief counseling and God-oriented spiritual counseling on the symptoms of depression and suicidal thoughts (Table 8). It can be seen that God-oriented spiritual counseling is a better way to reduce the symptoms of depression and suicidal thoughts in the survivors of the deceased due to COVID-19 compared to grief counseling.

Discussion

The present study was conducted to compare the effectiveness of grief counseling and God-oriented spiritual counseling on the symptoms of depression and suicidal thoughts in the survivors of the deceased due to Covid-19. The results showed that grief counseling is effective in reducing the symptoms of depression and suicidal thoughts. These results are consistent with the researches by Yousefpour, Akbari, Ahangari, and Samari (2017), Salabifard, Tajeri, and Rafiepoor (2020), Boelen, Lenferink, and Spuij (2020), and Treml et al. (2021).

Ghamari Givi, Zahed, and Fathi (2016) investigated the effectiveness of cognitive-behavioral group therapy on depression among mournful elderly individuals. They found that cognitive-behavioral group therapy reduces depression among these individuals by helping them through emotional discharge, doing fun homework, and fighting disturbing thoughts. In explaining these findings, it can be said that the cognitive-behavioral techniques that form the basis of bereavement counseling are among the main psychological treatments used to reduce depression. According to the cognitive perspective, mournful people should be helped to change their dysfunctional beliefs and adopt a new meaning for their life (Malkinson, 2001). There is a need to reorganize one's cognition and modify one's thoughts and create a new meaning. New information (i.e., loss) is reprocessed and integrated with pre-existing cognitive structures (Neimeyer, 2000); hence, an important part of grief counseling is examining one's beliefs, redefining them, and the narrative of death and loss, and acceptance of death. Another explanation for this finding is the use of exposure therapy in grief counseling.

Table 7. The results of repeated measures analysis of variance in explaining the effect of independent variables on depression symptoms and suicidal ideation

Variables	Effects	SS	Error of SS	F	P	η^2
Depression symptoms	Group	702.74	660.05	25.54	0.001	0.516
	Time	287.53	466.92	29.56	0.001	0.381
	Group*Time	462.80	885.02	12. 53	0.001	0.343
Suicidal ideation	Group	776.08	923.30	20.17	0.001	0.457
	Time	454.63	523.4	41.69	0.001	0.465
	Group*Time	165.160	953.85	4.16	0.004	0.148

SS: Sum of Squares

Table 8. Bonferroni's post hoc test results for pairwise comparisons of the effect of groups and times on depression symptoms and suicidal ideation

Variables	Groups	Times	Mean difference	Standard error	P
Depression symptoms	Posttest	Pretest	4.23	0.60	0.001
	Follow-up	Pretest	3.36	0.62	0.001
	Follow-up	Posttest	-0.86	0.59	0.442
Suicidal ideation	Posttest	Pretest	4.78	0.63	0.001
	Follow-up	Pretest	4.23	0.66	0.001
	Follow-up	Posttest	-0.55	0.58	1
Depression symptoms	God-Oriented Spiritual Counseling	Grief Counseling	2.15	0.75	0.018
	Control	Grief Counseling	-3	0.75	0.001
	Control	God-Oriented Spiritual Counseling	-5.15	0.72	0.001
Suicidal ideation	God-Oriented Spiritual Counseling	Grief Counseling	2.38	0.88	0.029
	Control	Grief Counseling	-3.04	0.87	0.003
	Control	God-Oriented Spiritual Counseling	-5.42	0.86	0.001

According to the dual processing model theory presented by Stroebe and Schut, (2021), bereaved people at any given moment oscillate between managing two categories of stressors, those related to loss and those related to recovery and restoration. According to this view, natural grief is a regulatory process that deals with facing losses and the related emotions such as depression.

Another finding of the present study was that God-oriented spiritual counseling was effective in reducing symptoms of depression and suicidal thoughts. These results are consistent with the researches by Rohani et al. (2018), and Faraji et al. (2021).

Hashemi (2019) showed that metacognitive therapy caused a slight improvement in these variables due to its greater focus on worry and rumination, but both therapies reduced suicidal ideation. It can be concluded that both religious-based cognitive behavioral therapy and meta-cognitive therapy are effective in reducing suicidal ideation. Rohani et al. (2018) reported a significant increase in the psychological well-being component after an intervention. They found that spiritual multidimensional psychotherapy is able to mobilize the spiritual dimension of clients by forming a belief framework against their cognitive challenges, encouraging them to live a healthy lifestyle, and increasing their hope, satisfaction, and life goals. People who have a strong belief in "God" without concepts and descriptions contaminated by their parents', materialistic, and limited perceptions can have a strong psychological and belief system, which is influenced by depression (Rohani et al., 2018). These people consider themselves alone, helpless, weak, and abandoned. When the four spheres (Self, Existence, Origin, and End) of human perception are activated with the focus of innate reason. In addition, from the distortions and misconceptions that are usually the result of educational experiences and patterns, they are settled and integrated and are pushed towards their reality, and thus, the level of human response, including behaviors, emotions, feelings, perceptions, cognitions, interpersonal relationships, and lifestyle, is moved towards balance and integration (Janbozorgi, 2016).

Nequee, Oraki, Janbozorgi, and Alipoor (2020) found that cognitive-behavioral therapy based on immunization against stress was less effective than spiritual multidimensional therapy in reducing negative thoughts than cognitive-behavioral

therapy that replaced irrational thoughts, with efficient cognitions and provided the patient with a complete treasure of skills without providing meaning in life.

However, the findings of some studies are inconsistent with the findings of the present study and show no significant difference between the effectiveness of these two treatment methods on the variables related to depression. For example, Taraghijah, Navabinezhad, Bou, and Kiamanesh (2007) compared the effectiveness of the cognitive-behavioral and spiritual group psychotherapy approaches in reducing depression in female students and found no statistically significant difference between the effectiveness of these two methods. In explaining the findings of the current research, it can be stated that, according to the belief of many researchers, psychotherapy and especially cognitive-behavioral therapies are influenced by the cultural background, intracultural beliefs, and values of the clients, and their effectiveness depends on the degree of harmony with the cultural and religious background of the people being treated (Hofmann, 2006). D'Souza and Rodrigo (2004) believe that integrative psychotherapy with a holistic view of humans as biological, psychological, social, and spiritual beings, and using multi-component psychological and religious solutions can change harmful and ineffective attitudes and beliefs, and create adaptive beliefs. In the field of cultural compatibility in psychological treatments, several studies have been conducted and the analysis of the results of these studies shows that patients who have received treatments compatible with their culture and religion show greater improvement (Dastani, Roshan, Janbozorgi, Shaeiri, & Aghaei, 2018). Koenig, King, and Carson (2012) have stated that when religious people are depressed, their beliefs may interfere with accepting and following classical treatments, especially psychotherapy. Many of these patients do not want conventional psychotherapy because they perceive it as inconsistent with their religious beliefs. Moreover, religious clients may feel that seeking treatment means that they have abandoned their faith for conventional treatments. In addition, religious individuals may feel guilty or ashamed about being depressed, and thus, avoid talking about it and seeking support (Koenig et al., 2012). Therefore, the cultural and spiritual background of people should be given special attention 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. Future researches can design the research process 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 the symptoms of depression and suicidal thoughts 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 the symptoms of depression and suicidal thoughts in the survivors of the deceased due to COVID-19. Policymakers and mental health experts who are concerned about bereavement

can use both counseling approaches, as long as they pay attention to the needs of their target community when designing individual and community-based interventions. Furthermore, in dealing with psychological issues related to bereavement during the crisis of the coronavirus pandemic, it is better to pay special attention to the religious/religious background of individuals.

Conflict of Interests

Authors have no conflict of interests.

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The current research has been registered by the Ethics Committee of the Islamic Azad University, Karaj Branch, under the code of ethics number IR.IAU.K.REC.1401.007.

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