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Investigating the Effectiveness of Supportive Psychological Interventions Based on Spiritual Therapy on Spiritual Happiness and Resilience in Adolescents with Experience of Loss of a Parent due to COVID-19

Mojdeh Khademali[1], Gholamali Afrooz[2]✉, Mansoureh Hajhosseini[3], Zahra Naghsh[4]

1. PhD student in educational psychology Kish International Campus, Tehran University, Tehran, Iran
2. Distinguished professor of Tehran University, Tehran, Iran, afrooz@ut.ac.ir
3. Associate Professor, Department of Educational Psychology and Counseling, University of Tehran, Tehran, Iran
4. Associate Professor, Department of Educational Psychology and Counseling, University of Tehran, Tehran, Iran

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ABSTRACT

Objective: The present study aimed to design and evaluate the effectiveness of supportive psychological interventions based on spiritual therapy on spiritual happiness and resilience among adolescents who experienced the loss of a parent due to COVID-19.

Methods: This study employed a semi-experimental pretest–posttest control group design. The sample consisted of 24 female adolescents with complicated grief symptoms who had lost a parent to COVID-19 in 2022. Participants were purposefully selected from girls' high schools in Bandar Abbas, Hormozgan Province, Iran, and after matching for age and gender, were randomly assigned to an experimental group (n = 12) and a control group (n = 12). The experimental group received eight sessions of supportive psychological intervention based on spiritual therapy, while the control group received no intervention. Data were collected at pretest, posttest, and three-month follow-up using the Spiritual Happiness Questionnaire (Afaroz, 2016) and the Resilience Scale (Connor & Davidson, 1984). Repeated measures ANOVA was used for data analysis.

Results: The results indicated a significant increase in mean scores of spiritual happiness and resilience in the experimental group at the posttest and follow-up stages compared to the pretest ($p < 0.05$). These improvements were maintained at the three-month follow-up, while no significant changes were observed in the control group.

Conclusions: Supportive psychological interventions based on spiritual therapy are effective in enhancing spiritual happiness and resilience among adolescents who have experienced parental loss due to COVID-19. These findings highlight the importance of incorporating spiritually oriented psychological interventions into mental health services for bereaved adolescents.

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Introduction

Experiencing loss and bereavement is a natural and inevitable part of human life. Such experiences may occur in expected forms or as sudden and unexpected events (Stroebe & Schut, 2001). Death and the experience of loss—whether anticipated (e.g., death due to chronic illnesses such as cancer) or unanticipated (e.g., sudden illness, accidents, or acute medical conditions)—are common phenomena in hospital and medical settings (Worden, 2018).

In late December 2019, an outbreak of a novel acute respiratory disease caused by the coronavirus (COVID-19) was first reported in Wuhan, China. The disease subsequently spread to other regions of China and, ultimately, to countries worldwide (World Health Organization [WHO], 2020). Due to the relatively high mortality rate associated with COVID-19, a large number of individuals lost their lives during the pandemic, resulting in widespread bereavement among individuals and families (Eisma et al., 2021).

Bereavement is more likely to manifest as prolonged or abnormal grief reactions (i.e., complicated grief), particularly under conditions such as sudden death, the loss of a spouse or parent, perceived suffering of the deceased, feelings of guilt related to the death, lack of social support, a history of psychiatric disorders, or difficulty understanding and processing the loss (Shear, 2015). Children and adolescents, who are at a more vulnerable developmental stage, are especially susceptible to complicated grief reactions (Melhem et al., 2011). Parental loss can affect bereaved adolescents across physical, emotional, psychological, behavioral, and spiritual domains and may lead to adverse mental health outcomes, including anxiety, depression, cognitive disturbances, loneliness, social isolation, and post-traumatic stress disorder (PTSD) (Kaplow et al., 2010).

If left untreated, these psychological symptoms may have long-term health consequences extending into young adulthood, middle age, and even later life, thereby increasing the burden of mental health care and associated costs (Sandler et al., 2018). Nevertheless, numerous studies have shown that some students are able to succeed academically despite exposure to stressful, challenging, and threatening life circumstances. This adaptive process is referred to as academic resilience (Martin & Marsh, 2006).

Students with high levels of academic resilience maintain strong motivation and satisfactory academic performance even in the face of stressors that place them at risk for poor academic outcomes or school dropout. The framework of academic resilience differs from traditional deficit-

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based approaches, as it emphasizes how students achieve success under adverse conditions rather than focusing solely on factors contributing to failure (Waxman et al., 2003). Research conducted within adaptive and mastery-based learning environments has demonstrated that students' academic competence and resilience are significantly associated with improved academic performance (Cassidy, 2016). Consequently, academic resilience is considered a key indicator of positive educational adjustment and is strongly linked to later life success.

Failure to achieve successful adaptation in the academic domain has been identified as an important predictor of adverse behavioral and psychological outcomes, including delinquency, substance use, and engagement in high-risk or unethical behaviors (Masten, 2014). Therefore, strengthening resilience among bereaved adolescents is of critical importance.

Spiritual happiness refers to a deep sense of inner peace, compassion, hope, forgiveness, and spiritual vitality, accompanied by a heartfelt belief in a transcendent creator. It represents a profound and enduring form of satisfaction that exists beneath the superficial and transient pleasures of everyday life. Spiritual happiness is not merely an emotional state but a worldview and belief system that guides individuals through life's challenges, enabling them to perceive experiences more realistically and meaningfully (Afaroz, 2016). The theory of spiritual happiness emphasizes the belief that life events are divine blessings and expressions of grace, contributing to personal growth and inner fulfillment.

A growing body of research has highlighted the relationship between spirituality, religion, and mental health. A review study reported moderate associations between mental health functioning—encompassing emotional, behavioral, and cognitive dimensions—and religiosity and spirituality (Koenig, 2012). Another study conducted among military personnel found that higher levels of religiosity and spirituality were associated with a reduced risk of PTSD, major depression, alcohol use disorder, and suicidal ideation (Pargament & Sweeney, 2011). Additionally, a review of spiritual interventions within Iran's health care system revealed positive associations between spirituality and health outcomes such as hope, quality of life, happiness, coping, job satisfaction, and mental health, as well as negative associations with anger, depression, anxiety, stress, and obsessive symptoms (Aghababaei & Tabik, 2013).

Research has also demonstrated that positive religious coping and trust in God are associated with lower levels of depressive symptoms, whereas negative religious coping and spiritual struggle are

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linked to increased depression (Ano & Vasconcelles, 2005). Other studies have shown that religiosity is related to lower psychological distress, reduced risk of physical illness, and decreased mortality rates (Koenig et al., 2012). Furthermore, spiritual well-being has been associated with reduced suicidal ideation and major depression among patients undergoing hemodialysis and with pain reduction in cancer patients, while trust in God has been positively linked to physical health outcomes (Alavi et al., 2017).

Overall, recent research suggests that both religious engagement and behavioral sciences contribute significantly to psychological well-being. These studies emphasize the growing importance of religiosity and spirituality in promoting physical and mental health, enhancing meaning in life, and fostering optimism (Park, 2010). Spiritual development is influenced by multiple factors, including supportive environments and psychological well-being. Research has indicated that impaired attachment quality to parents not only leads to psychological problems during adolescence and adulthood but also contributes to spiritual difficulties, such as reduced trust in God later in life (Granqvist & Kirkpatrick, 2008).

Importantly, research has shown that therapeutic interventions targeting psychological and emotional difficulties can guide individuals toward psychological and spiritual self-actualization (Wong, 2012). Supportive psychological interventions based on spiritual therapy represent a therapeutic approach that utilizes spiritual and religious resources to enhance psychological well-being. These interventions are grounded in spiritual and religious principles and aim to help individuals deepen their connection with God, spirituality, values, and beliefs, and to apply these resources in daily life (Pargament, 2007).

Such interventions are typically designed to enhance stress tolerance, alleviate emotional pain, and reduce symptoms of anxiety and depression. They generally focus on four core elements: spirituality, values, life goals, and interpersonal relationships (Koenig, Pearce, & Nelson, 2015). Within spiritually based supportive interventions, these elements are addressed through value clarification and meaning-making, present-moment awareness, spiritual practices (e.g., prayer, meditation, breathing exercises), and strengthening interpersonal and social support networks.

Despite the growing body of literature on spirituality and mental health, relatively few studies have examined the effectiveness of supportive psychological interventions based on spiritual therapy on spiritual happiness and resilience among adolescents who have experienced the loss of a parent

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due to COVID-19. Therefore, the present study aimed to determine the effectiveness of a spiritually based supportive psychological intervention program on spiritual happiness and resilience in adolescents bereaved by parental loss due to COVID-19.

Based on prior research, theoretical frameworks, and empirical evidence, the following hypotheses were proposed:

1. Supportive psychological interventions based on spiritual therapy will have a significant and sustained effect on enhancing spiritual happiness among adolescents who have experienced parental loss due to COVID-19.

2. Supportive psychological interventions based on spiritual therapy will have a significant and sustained effect on enhancing resilience among adolescents who have experienced parental loss due to COVID-19.

Material and Methods

The present study employed a quasi-experimental design with a pretest–posttest control group and a three-month follow-up assessment. This design is commonly used in applied psychological research when random sampling from the population is not feasible but experimental control is required (Campbell & Stanley, 1963). The statistical population consisted of all female high school students with symptoms of complicated grief who were enrolled during the 2021–2022 academic year (1400–1401) in girls' secondary schools in Bandar Abbas, Hormozgan Province, Iran. Based on methodological recommendations for experimental intervention studies with repeated measures, a sample size of 12 participants per group was considered adequate (Cohen, 1992), resulting in a total sample of 24 adolescents.

Participants were selected using purposive and convenience sampling based on predefined inclusion criteria. After initial screening and clinical interviews, eligible participants were randomly assigned to either an experimental group (n = 12) or a control group (n = 12).

Inclusion criteria were as follows:

1. Loss of father or mother due to COVID-19
2. Diagnosis of unresolved/complicated grief based on DSM-5 criteria (American Psychiatric Association [APA], 2013)
3. Female students enrolled in secondary education

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4. Age range between 13 and 17 years
5. No history of psychiatric disorders or hospitalization, verified through clinical interviews and medical records
6. No current use of psychiatric medications
7. No simultaneous participation in other psychological interventions

Exclusion criteria included:

1. Incomplete or unreliable questionnaire responses
2. Absence from more than two intervention sessions
3. Voluntary withdrawal or unwillingness to continue participation
4. Initiation of psychiatric medication during the intervention period

Measures

Afaroz Spiritual Happiness Questionnaire (ASHQ): Spiritual happiness was measured using the Afaroz Spiritual Happiness Questionnaire (ASHQ), developed in 2016. The questionnaire consists of 60 items across two subscales: beliefs (20 items) and emotions and behaviors (40 items). Responses are rated on a Likert-type scale. Scores below 60 indicate low spiritual happiness, while scores above 160 reflect high spiritual happiness. Afaroz (2016) reported a Cronbach's alpha of .77. Subsequent validation studies reported excellent internal consistency ($\alpha = .95$; Mehrivarniaab, 2018). In the present study, Cronbach's alpha was .97, indicating excellent reliability.

Connor–Davidson Resilience Scale (CD-RISC): Resilience was assessed using the Connor–Davidson Resilience Scale (CD-RISC) (Connor & Davidson, 2003). The scale contains 25 items rated on a five-point Likert scale ranging from 1 (not true at all) to 5 (true nearly all the time), yielding a total resilience score. Higher scores indicate greater resilience. The Persian version of the CD-RISC was validated by Jokar (2007) and demonstrated satisfactory psychometric properties. The CD-RISC is suitable for both clinical and non-clinical populations and can be administered individually or in groups.

Intervention Procedure

After obtaining approval from the Ethics Committee and receiving official permission from the University of Tehran, Kish International Campus, the researcher coordinated with the Hormozgan Provincial Department of Education to gain access to schools. Eligible participants were identified

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through clinical interviews and initial psychological screening. After obtaining written informed consent from participants and their legal guardians, 24 eligible students were enrolled in the study. All participants completed the demographic questionnaire, the ASHQ, and the CD-RISC at the pretest stage. The experimental group then participated in eight sessions of supportive psychological intervention based on spiritual therapy, while the control group received no intervention during this period.

Posttest assessments were conducted immediately after the intervention, and a three-month follow-up session was held to evaluate the durability of treatment effects. For ethical reasons, no interaction occurred between the experimental and control groups during the study. Upon completion of the research, the control group was provided with the intervention content in the form of an educational package.

Intervention Protocol

The intervention consisted of eight structured group sessions, each lasting approximately 90 minutes. The program focused on spirituality, meaning-making, emotional regulation, interpersonal relationships, and coping with grief. A summary of the intervention sessions is presented below:

Session 1: Introduction, goal setting, overview of grief disorder, role of spirituality, identifying personal meaning and life goals, reflective and experiential exercises.

Session 2: Identification of spiritual values, linking values to personal goals, communication skills, active listening.

Session 3: Breathing exercises, mindfulness, spirituality and acceptance of death, grief rituals.

Session 4: Meditation practices and mental relaxation techniques.

Session 5: Self-awareness, self-connection, and self-acceptance.

Session 6: Spiritual connection and value-based living, gratitude, self-respect, and personal rights.

Session 7: Stress and anxiety management, spiritual coping strategies, nature-based spiritual practices.

Session 8: Utilizing external resources, social support, reviewing progress, maintaining therapeutic gains.

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Data Analysis

Data were analyzed using repeated-measures analysis of variance (ANOVA) to examine changes in spiritual happiness and resilience across pretest, posttest, and follow-up stages. Statistical analyses were conducted using SPSS software, and significance was set at $p < .05$.

Results

With respect to demographic variables, the two study groups were fully comparable, and no meaningful differences were observed between the experimental and control groups. The mean age of participants in the control group was 15.05 years, whereas the mean age in the experimental group was 16.05 years. Descriptive statistics, including means and standard deviations of the study variables across the pretest, posttest, and follow-up stages for both groups, are presented in Table 1.

Table 1. Descriptive statistics of the study variables across the pretest, posttest, and follow-up stages for groups

Variable	Phase	Experimental group		Control group	
		M	Sd	M	Sd
Academic resilience	Pretest	102.95	9.20	102.45	9.20
	Posttest	171.50	9.85	103.95	9.71
	Follow up	171.35	8.99	104	9.57
Spiritual happiness	Pretest	117.70	6.99	116	7.57
	Posttest	134.60	7.32	116.45	7.74
	Follow up	134.70	6.83	116.40	7.32

As shown in the table 1, the experimental group demonstrated noticeable increases in both academic resilience and spiritual happiness following the intervention, whereas scores in the control group remained relatively stable across all three measurement points.

To test the research hypothesis—that supportive psychological interventions based on spiritual therapy are effective in improving academic resilience and spiritual happiness among adolescents who experienced parental loss due to COVID-19—**a** 3 × 2 mixed-design repeated-measures analysis of variance (ANOVA) was conducted. In this analysis, time (pretest, posttest, follow-up) was treated as the within-subjects factor, group (experimental vs. control) as the between-subjects factor, and academic resilience and spiritual happiness as dependent variables (Field, 2018).

Prior to conducting the ANOVA, the assumption of sphericity was examined using Mauchly's test.

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Table 2. Test of the assumptions

Variable	Variance source	F	P
Academic resilience	Box's M	1.74	0.106
	Wilks' Lambda	1836.49	0.001
Spiritual happiness	Box's M	1.02	0.41
	Wilks' Lambda	1001.90	0.001

Results indicated that the sphericity assumption was met for both academic resilience ($p > .05$, $\eta^2 = 2.761$) and spiritual happiness ($p > .05$, $\eta^2 = 4.712$); therefore, no correction procedures were required (Mauchly, 1940).

Additionally, Box's M test confirmed the homogeneity of variance–covariance matrices for both academic resilience ($F = 1.746$, $p = .106$) and spiritual happiness ($F = 1.027$, $p = .418$). The results of Wilks' Lambda were statistically significant for both dependent variables ($p < .001$), indicating meaningful multivariate group differences across time.

Table 3. The mixed ANOVA results

Variable	Variance source	SS	DF	MS	F	P	Effect size
Academic resilience	Group	14796.84	1	14796.84	172.72	0.001	0.82
	Error	3255.33	38	85.66			
	Time	24000.05	2	12000.025	2516.56	0.001	0.98
	Group * Time	21622.21	2	10811.10	2267.23	0.001	0.98
	Error	362.40	76	4.76			
Spiritual happiness	Group	1617.13	1	1617.13	30.83	0.001	0.45
	Error	1992.72	38	52.44			
	Time	2012.61	2	1006.38	758.97	0.001	0.95
	Group * Time	1820.61	2	910.30	686.57	0.001	0.95
	Error	100.76	76	1.32			

As presented in Table 3, the mixed ANOVA revealed a significant main effect of group for academic resilience, F (1, 38) = 172.726, $p < .001$, $\eta^2 = .82$, indicating an overall difference between the experimental and control groups. A significant main effect of time was also observed, F (2, 76) = 2516.562, $p < .001$, $\eta^2 = .985$, suggesting that academic resilience scores changed significantly across the three measurement occasions regardless of group. Moreover, the group × time interaction effect was statistically significant, F (2, 76) = 2267.230, $p < .001$, $\eta^2 = .984$, indicating that changes in academic resilience over time differed significantly between the experimental and control groups.

Similarly, for spiritual happiness, results showed a significant main effect of group, F (1, 38) = 30.838, $p < .001$, $\eta^2 = .448$, a significant main effect of time, F (2, 76) = 758.976, $p <$

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.001, $\eta^2 = .952$, and a significant group × time interaction, F (2, 76) = 686.571, $p < .001$, $\eta^2 = .948$. These findings indicate that the intervention had a strong and sustained effect on both academic resilience and spiritual happiness in the experimental group.

To further examine the nature of the significant interaction effects, Bonferroni post hoc tests were conducted (Bonferroni, 1936). Results are presented in Table 4.

Table 4. Bonferroni post hoc test

Variable	Group	Phase I	Phase J	I – J	P
Academic resilience	Control	Pretest	Posttest	-1.50	0.107
			Follow up	-1.55	0.152
		Posttest	Follow up	-0.05	1
	Experimental	Pretest	Posttest	-58.55	0.001
			Follow up	-58.40	0.001
		Posttest	Follow up	0.15	1
Spiritual happiness	Control	Pretest	Posttest	-0.45	0.64
			Follow up	-0.40	0.61
		Posttest	Follow up	0.05	1
	Experimental	Pretest	Posttest	-16.90	0.001
			Follow up	-17	0.001
		Posttest	Follow up	-0.10	1

In the control group, no statistically significant differences were found between pretest, posttest, and follow-up scores for either academic resilience or spiritual happiness ($p > .05$).

In contrast, the experimental group demonstrated significant increases in both academic resilience and spiritual happiness from pretest to posttest and from pretest to follow-up ($p < .001$). No significant differences were observed between posttest and follow-up scores ($p > .05$), indicating that the intervention effects were maintained over time.

Overall, the results indicate that supportive psychological interventions based on spiritual therapy significantly improved academic resilience and spiritual happiness among adolescents who experienced the loss of a parent due to COVID-19. The observed improvements were not only statistically significant but also stable at the three-month follow-up, supporting both the effectiveness and durability of the intervention.

Discussion

The present study was designed to examine the effectiveness of supportive psychological interventions based on spiritual therapy in improving academic resilience and spiritual happiness among adolescents who experienced the loss of a father or mother due to COVID-19. The findings demonstrated that

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participants in the experimental and control groups were statistically homogeneous with respect to demographic characteristics, indicating that any observed differences in outcomes could be attributed to the intervention rather than pre-existing individual differences. This homogeneity enhanced the internal validity of the study and strengthened the comparison between groups (Campbell & Stanley, 1963).

The results further indicated that there were no significant differences between the experimental and control groups in academic resilience and spiritual happiness at the pretest stage. However, significant differences emerged at the posttest and follow-up assessments, with the experimental group showing substantially higher levels of both academic resilience and spiritual happiness. These findings provide strong evidence supporting the effectiveness of spiritually based supportive psychological interventions. Moreover, the maintenance of these effects at the three-month follow-up suggests that the intervention produced stable and enduring outcomes, thereby confirming the proposed research hypotheses.

One possible explanation for these findings lies in the use of spirituality-based psychological techniques, particularly meditation, which was a core component of the intervention program. Meditation is a mental practice that enhances present-moment awareness without judgment and helps individuals regulate attention and emotional responses (Kabat-Zinn, 2003). Previous research has shown that meditation can reduce stress, anxiety, and emotional distress while fostering deeper self-awareness and interpersonal connectedness (Grossman et al., 2004). In addition to meditation, the intervention incorporated breathing exercises, guided imagery, values clarification, and meaning-centered reflection, all of which are commonly used in spiritually integrated psychotherapeutic approaches (Pargament, 2007).

From a theoretical perspective, spiritually based interventions may enhance resilience by facilitating cognitive reframing**,** meaning-making, and a sense of connection to a transcendent source, thereby enabling individuals to reinterpret adversity in a more adaptive manner (Park, 2010). By increasing awareness of personal values and life purpose, these interventions help individuals develop a more coherent and hopeful narrative of their experiences, which is particularly important for adolescents coping with profound loss.

The enhancement of academic resilience among bereaved adolescents is especially significant. The loss of a parent due to COVID-19 represents a major traumatic stressor that can disrupt emotional stability, academic motivation, and social functioning (Kaplow et al., 2010). During the intervention

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sessions, adolescents were taught skills to manage stress and anxiety effectively and were encouraged to develop healthier coping strategies. These skills likely contributed to improved emotional regulation, sustained motivation, and increased engagement with academic tasks.

Additionally, the intervention emphasized interpersonal relationships and social support, which play a critical role in resilience development. Adolescents who experience parental loss often require increased emotional support and may struggle with social withdrawal (Melhem et al., 2011). The group-based format of the intervention provided opportunities for participants to share experiences, strengthen communication skills, and develop supportive peer relationships, thereby enhancing their sense of belonging and emotional security.

Another important outcome of the intervention was the improvement in participants' ability to identify, express, and regulate emotions. Adolescents were guided to confront difficult emotions such as grief, anger, fear, and anxiety in a supportive environment. Emotional awareness and expression are key protective factors in adolescent mental health and resilience (Masten, 2014). Furthermore, strengthening resilience appeared to foster hope, motivation, self-efficacy, and confidence, enabling adolescents to envision a more positive future despite their loss.

Despite the promising findings, several limitations should be acknowledged. First, the relatively small sample size limits the precision of effect size estimation and reduces the generalizability of the results. Although participant attrition did not occur, future studies should employ larger samples to obtain more robust estimates of intervention effects.

Second, the use of self-report measures introduces potential biases, such as social desirability and measurement error. Future research may benefit from incorporating multi-method assessments, including clinical interviews, teacher reports, or behavioral indicators.

Third, the specific characteristics of the study sample necessitate caution in generalizing the findings to other populations. Replication studies across different cultural contexts, age groups, and educational settings are recommended. To control for expectancy effects, future research should consider implementing placebo or quasi-intervention control conditions. Additionally, longitudinal studies with extended follow-up periods would provide valuable insight into the long-term impact of spiritually based interventions.

Finally, future studies are encouraged to compare spiritually based supportive interventions with other evidence-based approaches, such as Acceptance and Commitment Therapy (ACT), to further expand the empirical literature on grief-related interventions for adolescents.

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Data availability statement

The original contributions presented in the study are included in the article/supplementary material, further inquiries can be directed to the corresponding author.

Ethics statement

The studies involving human participants were reviewed and approved by ethics committee of Tehran University.

Author contributions

All authors contributed to the study conception and design, material preparation, data collection and analysis. All authors contributed to the article and approved the submitted version.

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Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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