



Grief Due to Loss of Significant Others: The Role of Social Support, Spiritual Intelligence and Wellbeing-Life Satisfaction

Susana Prapunoto*, Christiana Hari Soetjningsih
Satya Wacana Christian University, Indonesia
 susana.prapunoto@uksw.edu*

<p>Submitted: 2024-04-04</p> <p>Published: 2024-06-01</p> <p>Keywords: Grief, Social Support, Spiritual Intelligence, Wellbeing-Life Satisfaction</p> <p>Copyright holder: © Prapunoto, S., & Soetjningsih, C. H.</p> <p>This article is under:</p> <div></div> <p>How to cite: Prapunoto, S., & Soetjningsih, C. H. (2024). Grief Due to Loss of Significant Others: The Role of Social Support, Spiritual Intelligence and Wellbeing-Life Satisfaction. <i>Bulletin of Counseling and Psychotherapy</i>, 6(2). https://doi.org/10.51214/00202406898000</p> <p>Published by: Kuras Institute</p> <p>E-ISSN: 2656-1050</p>	<p>ABSTRACT: Grief can be a disruptive event to one's productivity and well-being. In particular, grief experienced by a close loved one. Especially for individuals who have a strong sense of judgement and local cultural respect such as taboos to convey problems or grief to others. The purpose of this study was to examine the role of social support, spiritual intelligence, wellbeing-life satisfaction on bereavement. The research sample was Javanese people who have a strong tribal culture but experienced the unexpected loss of a close person in Surakarta and Kartasura, Indonesia. Data collection techniques used the Satisfaction with Life Scale (SWLS), Spiritual Intelligence Self Report Inventory (SISRI), Multidimensional Scale of Perceived Social Support (MSPSS), and Pandemic Grief Scale (PGS). Data analysis techniques using quantitative methods with multiple linear regression techniques. The results showed that social support, spiritual intelligence, wellbeing-life satisfaction simultaneously contribute to a person's grieving condition.</p>
---	---

INTRODUCTION

The covid-19 pandemic has passed. However, outbreaks of disease, natural disasters, such as earthquakes, tsunamis, volcanic eruptions, floods, droughts, hurricanes, and landslides, as well as non-natural disasters, such as pandemics, epidemics, and social disaster disease outbreaks, bioterrorism, diseases, other deadly accidents that come suddenly, can occur. Grief can happen at any time to anyone.

Bereavement is a natural, universal, yet unique and personal experience for each person who is left behind by someone close and dear to them, or on whom they will forever depend. Everyone can have experiences of grief in relation to parents, spouses, children, grandparents, friends, community members and other significant others. Whilst grief is a process that everyone will experience over the course of their life, it is an important part of the person's life journey going forward. In fact, certain people can experience prolonged grief or complicated grief (Prigerson et al., 2009), which has an impact on their physical and mental health. The reaction and way of dealing with life to the event of loss will affect the person's life forever. The way the person's perspective shapes the world around him, his future will affect his behaviour and psychological well-being. It is undeniable that grief is ultimately related to wellbeing-life satisfaction. Szanto et al. (2006) found that the risk of death increases when a person experiences complicated grief.

Among the many griefs due to the loss of a loved one, in the Covid-19 pandemic many people experienced grief that was not predicted before. Grief cannot be seen as just a state, but a process. There are those who experience recovery within six months, one year, two years, three years, and there are even those who have not managed to overcome their grief so that they experience a prolonged grief process. Various symptoms of grief such as frequent crying when remembering the

person, they loved left them, some experience insomnia, weakness when remembering the person who left them. Even severe and prolonged grief can have physical consequences and carry a high risk of cardiovascular disorders, cancer, and a decreased immune system. In addition to the physical risks of prolonged grief, it also carries psychological risks that are not light. Research conducted by [Szuhaney et al. \(2021\)](#), found that around 7%-10% of bereaved adults will experience symptoms of prolonged grief disorder. Meanwhile, [Melhem et al. \(2013\)](#) found that children and adolescents who lose a loved one, around 5%-10% will experience depression, post-traumatic stress disorder (PTSD), and/or prolonged grief disorder after the loss. Many families lose a loved one without being psychologically prepared so that not a few experience emotional experiences to prolonged stress. In complicated grief research conducted by [Mason et al. \(2020\)](#) regarding the impact of grief that can pose significant physical, psychological, and economic risks to family caregivers who are left behind. An integrative review of the literature published in 2009-2018 on complicated grief was conducted using PubMed, PsychINFO, and Web of Science. Sixteen studies described risk and protective factors and 16 studies described interventions for complicated grief. Caregiver-related risk factors included less education, depression, anxiety, poor physical health, and maladaptive dependency and attachment traits. Additional risk factors included lower perceived social support, end-of-life family conflict, and families having difficulty accepting the death. Risk factors associated with receiving care were younger age, fear of death, and place of death, and protective factors included utilisation of hospice in reducing fear of death, high pre-death spirituality, and life satisfaction with palliative care.

Humans as social beings recognise that every community needs to be equipped with social contacts to provide responsive, timely and sustainable assistance. This refers to support that comes from direct relationships from social networks such as family, colleagues, and other group relationships as a place to lean on in difficult times in life so that a person will feel comfortable and have a positive impact on their psychological well-being ([Duan et al., 2019](#)) Thus current and future social support is important for dealing with the grief process. [Aoun et al. \(2020\)](#) asserts that social support is one of the strongest determinants of positive psychosocial outcomes after bereavement. Meanwhile [Shin & Park \(2022\)](#) have examined the relationship between social support from different types of relationships (i.e. spouse, child, friend, and parent) and psychological well-being (i.e. happiness and depressive symptoms), as well as the mediating effects of basic psychological need satisfaction (i.e. autonomy, competence, and relatedness) in these relationships in people experiencing grief. Research on social support was also conducted on 823 adults in South Korea. It was found that social support from partners and friends had the strongest relationship with happiness and depressive symptoms, as well as the need for autonomy and strong relationships mediated the relationship between social support from partners and friends, with happiness and depressive symptoms. However, these relationships differed by age group. This research is in line with Çakar 's study ([2020](#)) on the role of social support in the relationship between levels of loss and grief and well-being, tested using descriptive techniques in Turkey. Structural equation modelling was used to examine the mediating role of social support in the relationship between grief and well-being among high school students. It was found that social support fully mediated the relationship between grief and well-being. The high level of social support in the loss and mourning process makes it easier for them to cope with grief and positively affects their well-being. This research is in line with the results of research by [Logan et al. \(2018\)](#) which states that social support is one of the strongest determinants of bereavement outcomes. Despite this, few people show the intention to provide social support to the bereaved. Most bereavement support is informal so that real, constructive and timely bereavement support has not been widely felt. Not much different [Cacciatore et al. \(2021\)](#) state, that social support improves well-being and health in many populations. Conversely, poor social support and loneliness are social determinants of poor health outcomes that can adversely affect physical, emotional, and mental health. Social support is particularly needed in traumatic grief. Even if the ways in which bereaved individuals interpret and define social support are not well

understood, and little is known about what specific behaviours are considered helpful. This study assessed bereaved individuals' satisfaction with social support in traumatic grief, said to play an important role. Findings showed the highest satisfaction was derived from pets compared to professional, family, and community support. Nonetheless emotional support was the most desired type of support following a traumatic loss.

A study conducted by [Sun et al. \(2024\)](#) on the subjective well-being of 244.221 participants from 51 countries in terms of calmness, hope, anxiety, loneliness, and sadness of people experiencing grief showed that changes in subjective well-being occurred with the intervention. Covid-19 has triggered the dynamics of psychological well-being, especially in the families of patients who experience grief. Feelings of grief due to loss are common emotions experienced as a result of the COVID-19 pandemic by individuals, and also felt by the community ([Wallace et al., 2020](#)). Feelings of grief as a form of expression of negative emotions are also related to cognitive appraisal of the situations and conditions experienced. This is as stated by [Diener \(2000\)](#) that subjective well being is an individual's assessment of their life, including a cognitive assessment of their life satisfaction and an affective assessment of the positive emotions and negative emotions experienced.

Research conducted by [Alrashidi et al. \(2022\)](#) examined the mediating effect of spiritual intelligence and subjective well-being of nurses in the context of COVID-19 in the Hail region, Saudi Arabia. The results show that those who have better spiritual intelligence have better wellbeing-life satisfaction, so they are better able to adjust when facing grief during covid-19. This is in line with the results of Edara's study ([2018](#)) which found that individuals who have high spiritual intelligence, have an intimate relationship with God or with people around them, tend to be able to respond well to grief. This is an adaptive response from people who experience grief situations by creating meaning in grief, building, and validating ([Neimeyer, 2016](#)). Similarly [Zhang et al. \(2014\)](#) asserts that spiritual values enable individuals to maintain an optimistic outlook on life and find meaning in life even in difficult situations. This requires spiritual intelligence, which is a philosophical process involving spirituality in line with religious beliefs. Spiritual intelligence, which is related to cognitive capacity, thus requires positive stimulation in its development ([Fidelis et al., 2023](#)).

The covid-19 pandemic has passed, but everyone has conditions that are open to experiencing grief from other causes. Anyone can experience grief due to the death of a loved one, it is unpredictable, and it can happen at any time. This research was conducted in Surakarta and Kartasura, Central Java, Indonesia, because these areas have a strong tribal appreciation of socio-cultural-spiritual values that are quite strong in Indonesia. They also have a habit of not easily conveying problems or sadness to others. It is hoped that the results of this study can support the development of appropriate strategies, so that people who experience grief can begin to make meaning of the grief experienced, especially to prevent complicated grief ([Neimeyer & Thompson, 2014](#); [Neimeyer, 2016](#)) and live an adaptive life. This particular condition is the background for this study.

Study Aim and Hypothesis

This study aims to examine social support, spiritual intelligence, and wellbeing-life satisfaction as predictors of grief simultaneously. The hypothesis is that social support, wellbeing-life satisfaction, and spiritual intelligence are simultaneously as predictors of grief.

METHODS

Design

This study was used a correlational design with a cross sectional survey to determine social support, wellbeing-life satisfaction and spiritual intelligence are simultaneously as predictors of grief.

Participants

The participants in this study were Javanese people in Surakarta and Kartasura-Indonesia who had a strong tribal culture but experienced the loss of significant others. The sampling technique was using purposive sampling technique. However, after the data were collected, only 59 people could be used with the characteristics including having a Java tribe who lives in Surakarta and Kartasura-Indonesia, registered as a community member, have lost family members such as spouses, parents or children, grand mother or grand father who are exposed to Covid-19, the age of the community members ranges from 17 years to 60 years and above.

Instruments

Data collection techniques are carried out using some instrument. Before use, a reliability test was carried out on all scales to be used. The reliability test carried out uses the standards determined by [Azwar \(2012\)](#), which states that if the Cronbach's alpha correlation results are closer to 1 then this can be interpreted as reliable.

The Spiritual intelligence using the Spiritual Intelligence Self Report Inventory (SISRI) from [King & DeCicco \(2009\)](#) reveals critical existing thinking, personal meaning production, transcendental awareness, conscious state expansion. SISRI consisted of 24 statement items. Some examples of statements on the SISRI were: "I have often questioned or pondered the nature of reality" and "I recognize aspects of myself that are deeper than my physical body." The reliability coefficient of the SISRI is .910, this means that the SISRI meets the reliability requirements.

The Multidimensional Scale of Perceived Social Support (MSPSS) developed by [Zimet et al. \(1988\)](#) and [Stewart et al. \(2014\)](#) reveals family support, friends support, and significant others support. MSPSS consisted of 12 statement items. Some examples of statements on the MSPSS were: "My family really tries to help me", "I have friends with whom I can share my joys and sorrows", "There is a special person who is around when I am in need". The reliability coefficient of the MSPSS is .826, this means that the MSPSS meets the reliability requirements.

The Satisfaction With Life Scale (SWLS) from [Diener et al. \(1993\)](#) to assess satisfaction with the respondent's life as a whole and consisted of 5 statement items. Some examples of statements on the SWLS were: "In most ways, my life is close to my ideal" and "The conditions of my life are excellent". The reliability coefficient of the SWLS is .786, this means that the SWLS meets the reliability requirements.

The Pandemic Grief Scale (PGS) developed by [Lee & Neimeyer \(2020\)](#) was used to assess pandemic-related dysfunctional grief of those who loved ones during covid-19, supplemented by symptoms of problematic grief that were adapted from the Persistent Complex Bereavement Inventory. The PGS consisted of 5 statement items. Some examples of statements on the PGS were: "I wished to die in order to be with the deceased" and "I experienced confusion over my role in life or felt like my identity was diminished because of the loss". The reliability coefficient of the PGS is .738, this means that the PGS meets the reliability requirements.

Data Analysis

Hypothesis testing was carried out using quantitative multiple linear regression methods. previously classical tests were carried out including normality, linearity, multicollinearity as prerequisites. The scale to be used has also been tested for validity and reliability before use. Data processed with IBM SPSS Statistics 25 for Windows software.

RESULT AND DISCUSSION

Result

The classical test results as a prerequisite for multiple linear regression show the results that the normality of residual test shows $K-SZ = .735$ and $n.sign = .663$ ($p > .05$). This means that the data is

normally distributed. The linearity test shows the results of F deviation = 1.676 and n.sign = .99 ($p > .05$) which means the data shows linear. While the results of the multicollinearity test show the tolerance value of the three variables $> .10$. and the VIF value is < 10.00 , so it can be concluded that there is no multicollinearity.

Hypothetical testing

Table 1. ANOVA

<i>Model</i>	<i>Sum of Squares</i>	<i>df</i>	<i>Mean Square</i>	<i>F</i>	<i>Sig.</i>
Regression	216.330	3	72.110	4.744	.005 ^a
Residual	836.077	55	15.201		
Total	1052.407	58			

The Anova test results showed that $F=4.744$ and a significance value of .005 ($p < 0.05$). This means that social support, wellbeing-life satisfaction, and spiritual intelligence are predictors of grief simultaneously and significantly.

Table 2. Summary of Research Hypotheses Testing Result

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Sig. F Change
1	.453 ^a	.206	.162	3.899	.005

Table 2. shows that simultaneously social support, spiritual intelligence, and wellbeing-life satisfaction are predictors and contribute to grief by 20.6%, the rest is influenced by other variables not examined in this study.

Discussion

The results of this study showed that social support, spiritual intelligence, wellbeing-life satisfaction are simultaneously contributed to a person's state of grief. Social support, spiritual intelligence, wellbeing-life satisfaction showed a negative correlation with grief. It means that when individuals have low social support, spiritual intelligence and wellbeing-life satisfaction, the grief experienced will be high. Thus, a strategy to increase social support, spiritual intelligence and wellbeing-life satisfaction is important, so that grief is not prolonged. This result is in line with the study conducted by [Duan et al. \(2019\)](#), [Aoun et al. \(2020\)](#), [Shin and Park \(2022\)](#), [Çakar \(2020\)](#), [Cacciatore et al. \(2021\)](#), [Sun et al. \(2024\)](#), [Wallace et al.\(2020\)](#), [Alrashidi et al. \(2022\)](#), [Edara \(2018\)](#), [Neimeyer \(2016\)](#), and [Zhang et al. \(2014\)](#). This is thought to be because in Javanese culture social life, religious life appreciation and wellbeing-life satisfaction are important values that people live by everyday. This is in line with Javanese philosophy, eat or don't eat, as long as you get together. Likewise, the influence of religion and local culture that teaches life to surrender to God, will encourage people who recognise God's power, also experience wellbeing- satisfaction in life, so that grief can be low and well controlled.

The grief and unexpected loss of a significant person in one's life during the Covid 19 pandemic is a difficult experience, having to say goodbye forever, making the meaning of separation from loved ones a heavy experience in life ([Wallace et al., 2020](#)). In addition, losing a family member, especially a spouse, is a difficult experience. Especially if the married couple has a strong level of attachment as stated by [Natalia et al. \(2022\)](#) which states that for Javanese people, losing a partner is synonymous with half a soul or half a life lost. Losing a spouse can lead to low subjective well-being ([Moniex & Wilani, 2020](#)), as well as being stressful, guilt, anxiety, emotional exhaustion, and behavioural changes. People who are grieving are often unprepared to deal with social pressures and often become emotional as a result of the loss. When the deceased is the breadwinner of the family, economic pressure often becomes a stressor, causing people to feel helpless and depressed, because

in addition to the psychological pressure of loss, they also have to face financial responsibilities that may not be light. This means that people who experience grief must face the reality of their lives without any social support from other parties, especially their closest family. People who experience this condition can be predicted to experience intense grief. Nonetheless, the feeling of losing a loved one and the reaction of grief are commonly experienced across cultures, however, in cross-cultural terms, there are differences and variations in their expression (Hilberdink, 2023). For people in the Javanese culture of mutual support, no matter what happens, the important thing is to get together, the absence of social support can be a tremendous blow in life. Conversely, the presence of strong social support will be an important strength to be able to face life that is not easy (Aoun, 2020; Shin & Park, 2022). Social support is one of the strongest determinants of positive psychosocial outcomes following bereavement. It also makes them feel experienced and wellbeing-life satisfaction as stated by Cacciatore et al. (2021) and Sun et al. (2024).

It is known that grief involves cognitive, emotional, and behavioural responses. Although for some people, grief may begin to diminish over time, others, however, experience complicated grief. For the people of Surakarta and Kartasura - Indonesia, social support has an important place, because they place a culture of mutual support as eastern culture. However, some psychological approaches still use treatment strategies that are dominated by western-orientated grief approaches (Hilberdink, 2023). The impact of Western psychological concepts on art therapy needs to be considered due to different cultures and suggests the relevance of non-Western and Indigenous cultures in the practice of building mental health. Therefore, an approach that is based on local wisdom according to local culture is needed. Art therapies that are widely developed in the west need to be adapted to eastern cultures. Batik painting, for example, can be an alternative art therapy strategy that is psychologically rooted in local culture. Batik also contains philosophical meanings that often serve as guidance in dealing with life. For example, batik parang rusak teaches that even though the waves and storms of life hit, the rock will still stand tall, even stronger. This is in line with Krueger (2023) who asserts that based on art therapy literature relating to cultural diversity, there is a need to explore the potential role of art therapy in the context of global mental health provision.

Batik is an art therapy that has been touched by local culture and is not free from the influence of ethnicity. To make batik, one needs full contemplation and awareness of the philosophical meaning of the events one has gone through. Mayra and Monda (2023) in their study also found that spiritual intelligence was shown to mediate the relationship between self-awareness and wellbeing-life satisfaction. This study has implications in enhancing self-awareness and assessing spiritual intelligence to help young adults experience wellbeing-life satisfaction. Meanwhile, Fidelis et al. (2023) also found that in addition to spiritual intelligence, social support is simultaneously a variable that has a role in dealing with grief. This study shows that spiritual intelligence enables a person to make judgements about the philosophical meaning of life experiences and the role of community in their development. It is clear that the community in which one grows plays a major role in enhancing spiritual intelligence, especially in helping members make meaning of difficult events in their lives. Efforts to build positive emotions in people experiencing grief require spiritual intelligence. In their study, Liu et al. (2021) found that spiritual intelligence with ethnicity moderation has a significant role in increasing life satisfaction. It is in line with del Castillo's study (2021) and Ab. Razak et al. (2021), who found that spiritual intelligence is proven to be able to overcome grief and loss during the Covid 19 pandemic because it can direct and shape positive psychological conditions, peace, healing, satisfaction, hope and joy. Spiritual intelligence, social support, wellbeing-life satisfaction can reduce grief. It means that when social support, spiritual intelligence, and wellbeing-life satisfaction are simultaneously endeavoured, the level of grief can be reduced (Alrashidi et al., 2022). Social support and spiritual intelligence promote positive mental health (Sher et al., 2023), and offer important values to reduce grief (Neimeyer, 2016). Although this study results align with other studies that state that social support, spiritual intelligence and wellbeing-life satisfaction are jointly predictors of grief,

the solutions provided for social support, spiritual intelligence and wellbeing-life satisfaction are adapted to local culture and ethnicity. Although the results of this study are in line with other studies that state that social support, spiritual intelligence, and wellbeing-life satisfaction are jointly predictors of grief, the solutions provided for social support, spiritual intelligence, and wellbeing-life satisfaction are adapted to local culture and ethnicity to prevent prolonged grief.

Implications

This study has implications for the practical and theoretical importance of the role of social support, spiritual intelligence, and wellbeing-life satisfaction on grief. This is important because people can never predict the time and place when they will experience the loss of a loved one forever. In addition, for those who have experienced and are still experiencing prolonged grief, it is important to design appropriate strategies and attract community support, as well as education for the client's family so that they provide high care for individuals experiencing prolonged grief. The importance of social support from empathetic spouses, parents, children, siblings, and peers can be a motivator for hopeful living. The role of the community can also support productivity, so that those experiencing grief can feel the meaningfulness of life, time filled with quality so that they can finally enjoy wellbeing-life satisfaction. Art therapy training will also help balance the right and left hemispheres of the brain so that they do not drown in constant grief. The art therapy treatment of making batik, considering that the batik business in the city of Surakarta and Kartasura-Indonesia are also growing well, so that in addition to making batik to express their grief emotions and hopes in symbolic form, the results of their work can also increase their economic income. Social support contributes to a person's state of grief as [Sarafino and Smith \(2011\)](#) says that social support from others can show that a person is loved, cared for, valued, respected, and involved in a network of communication and mutual obligations. Likewise, those who have religiosity show a more surrendered attitude and have a shorter grief time even though the relationship with the deceased is strong attachment. In addition, those who are not economically dependent on the deceased, move on faster than those who are fully dependent on the significant others who died. Training for trainers is also very good so that more trainers can provide the right approach. In addition, counselling can be a helpful strategy that can help alleviate the psychological burden of being alone for so long. The study also informs counsellors, psychologists, social workers, religious leaders, and other clinicians to identify family roles at high risk of *complicated grief* and refer or implement early interventions to reduce its impact.

Limitations and Further Research

The limitation is that not all samples filled in as expected, presumably due to the stressful conditions they experienced, resulting in a concentration of incomplete data filling. In addition, some of the samples moved to their families outside the area, making it unreachable to visit. Future research to look at the differences between the well-being-life satisfaction of families left behind in areas where the influence of socio-cultural values and spiritual assistance is strong compared to those who are not, comparisons between each age category for the same variables are also needed. Likewise, a broader study may help to produce more representative results.

CONCLUSION

This study has shown that together grief, social support, spiritual intelligence, wellbeing- life satisfaction are simultaneously predictors of grief for people who have lost their significant others. This shows that Javanese socio-cultural values, the role of spiritual community leaders are undeniably instrumental in fostering the wellbeing-life satisfaction of relatives who experience grief due to the unpredictable abandonment of a much-loved person.

ACKNOWLEDGMENTS

We would like to thank Rev. Lidia Natalia, S.Si., M.Si., Shella Monica Santoso, S.Psi. and Agnes Tnunay, S.Pd. for supporting this research as enumerators. Also thank you to Satya Wacana Christian University for funding this research.

AUTHOR CONTRIBUTIONS STATEMENT

SP and CHS agree to the final version of this article.

REFERENCES

- Ab Razak, R. R., Mohd Yusoff, H. A. N., Mohd Isa, N. A., Embong, R., & Maslan, A. (2021). Spiritual intelligence during catastrophe: the covid-19 pandemic case. *International Journal of Academic Research in Business and Social Sciences*, 11(8). <https://doi.org/10.6007/ijarbss/v11-i8/10672>
- Alrashidi, N., Alreshidi, M. S., Dator, W. L., Maestrado, R., Villareal, S., Buta, J., Pangket, P., Mostoles, R. J., Gonzales, A., Mina, E., & Pasay An, E. (2022). The mediating role of spiritual intelligence on well-being and life satisfaction among nurses in the context of the covid-19 pandemic: a path analysis. *Behavioral Sciences*, 12(12), 515-527. <https://doi.org/10.3390/bs12120515>
- Aoun, S. M., Keegan, O., Roberts, A., & Breen, L. J. (2020). The impact of bereavement support on wellbeing: a comparative study between Australia and Ireland. *Palliative Care and Social Practice*, 14, 1–14. <https://doi.org/10.1177/2632352420935132>
- Azwar, S. (2012). *Penyusunan skala psikologi*. Edisi 2. Pustaka Pelajar. <https://pustakapelajar.co.id/buku/penyusunan-skala-psikologi/>
- Brajša-Žganec, A., Kaliterna Lipovčan, L., & Hanzec, I. (2018). The relationship between social support and subjective well-being across the lifespan. *Drustvena Istrazivanja*, 27(1), 47–65. <https://doi.org/10.5559/di.27.1.03>
- Cacciatore, J., Thieleman, K., Fretts, R., & Jackson, L. B. (2021). What is good grief support? Exploring the actors and actions in social support after traumatic grief. *PLoS ONE*, 16(5). <https://doi.org/10.1371/journal.pone.0252324>
- Çakar, F. S. (2020). The role of social support in the relationship between adolescents' level of loss and grief and well-being. *International Education Studies*. 13(12), 27-40. <https://doi.org/10.5539/ies.v13n12p27>
- Caycho-Rodríguez, T., Valencia, P. D., Vilca, L. W., Lee, S. A., Carbajal-León, C., Vivanco-Vidal, A., Saroli-Aranibar, D., Reyes-Bossio, M., White, M., Rojas-Jara, C., Polanco-Carrasco, R., Gallegos, M., Cervigni, M., Martino, P., Palacios, D. A., Moreta-Herrera, R., Samaniego-Pinho, A., Rivera, M. E. L., Figares, A. B., Gallegos, W. L. A. (2023). COVID-19 bereavement in ten latin american countries: measurement invariance of the pandemic grief scale and its relation to suicidal ideation. *Omega (United States)*, 88(2), 591–619. <https://doi.org/10.1177/00302228211048566>
- Chu, P., Saucier, D. A., & Hafner, E. (2010). Meta-analysis of the relationships between social support and well-being in children and adolescents. *Journal of Social and Clinical Psychology*, 29(6), 624–645. <https://doi.org/10.1521/jscp.2010.29.6.624>
- Correspondence Health, spirituality and Covid-19: Themes and insights. (2020). <https://doi.org/10.1093/pubmed/f>
- Castillo, F. A. (2021). Health, spirituality and Covid-19: Themes and insights. *Journal of Public Health (Oxford, England)*, 43(2), e254–e255. <https://doi.org/10.1093/pubmed/fdaa185>
- Diener, E., Emmons, R. A., Larsen, R. J., & Griffin, S. (1993). The Satisfaction with Life Scale. *Journal of Personality Assessment*, 49, 71-75. <https://doi.org/10.1037/1040-3590.5.2.164>
- Diener, E. (2000). Subjective well-being: The science of happiness and a proposal for a national index. *American Psychologist*, 55(1), 34–43. <https://doi.org/10.1037/0003-066X.55.1.34>

- Duan, X., Ni, X., Shi, L., Zhang, L., Ye, Y., Mu, H., Li, Z., Liu, X., Fan, L., & Wang, Y. (2019). The impact of workplace violence on job satisfaction, job burnout, and turnover intention: The mediating role of social support. *Health and Quality of Life Outcomes*, 17(1), 93–103. <https://doi.org/10.1186/s12955-019-1164-3>
- Edara, I. R. (2018). Social and spiritual dimensions as protective factors in the relationship between acculturative stress and subjective well-being among international students in Taiwan. *Psychology*, 9(7), 1582–1604. <https://doi.org/10.4236/psych.2018.97096>
- Fidelis, A. C. F., Formiga, N. S., & Fernandes, A. J. (2023). Inteligência espiritual: uma questão de inteligência. *Research, Society and Development*, 12(2). <https://doi.org/10.33448/rsd-v12i2.40117>
- Gul, S., Malik, S., Altaf, S., & Asghar, H. (2023). Understanding the impact of bereavement, coping strategies and psychological well-being in young adolescents: a correlational study. *Journal of Health and Rehabilitation Research*, 3(2), 1128–1132. <https://doi.org/10.61919/jhrr.v3i2.288>
- Gülaçti, F. (2010). The effect of perceived social support on subjective well-being. *Procedia -Social and Behavioral Sciences*, 2(2), 3844–3849. <https://doi.org/10.1016/j.sbspro.2010.03.602>
- Hilberdink, C. E., Ghainder, K., Dubanchet, A., Hinton, D., Djelantik, A. A. A. M. J., Hall, B. J., & Bui, E. (2023a). Bereavement issues and prolonged grief disorder: a global perspective. *Cambridge Prisms: Global Mental Health*, 10(32), 1–37. <https://doi.org/10.1017/gmh.2023.28>
- King, D. B., & DeCicco, T. L. (2009). A viable model and self-report measure of spiritual intelligence. *International Journal of Transpersonal Studies*, 28(1), 68–85. <https://doi.org/10.24972/ijts.2009.28.1.68>
- Krueger, C. (2023). A reflection on global art therapy and socio-political justice. *ATOL: Art Therapy OnLine*, 13(1), 1-20. <https://doi.org/10.25602/GOLD.atol.v13i1.1704>
- Lee, S.A. & Neimeyer, R.A. (2020). Pandemic Grief Scale: A screening tool for dysfunctional grief due to a COVID-19 loss. 46(1):14-24. <https://doi.org/10.1080/07481187.2020.1853885>
- Liu, Z., Li, X., Jin, T., Xiao, Q., & Wuyun, T. (2021). Effects of ethnicity and spiritual intelligence in the relationship between awe and life satisfaction among chinese primary school teachers. *Frontiers in Psychology*, 12. <https://doi.org/10.3389/fpsyg.2021.673832>
- Logan, E. L., Thornton, J. A., Kane, R. T., & Breen, L. J. (2018). Social support following bereavement: The role of beliefs, expectations, and support intentions. *Death Studies*, 42(8), 471–482. <https://doi.org/10.1080/07481187.2017.1382610>
- Mason, T. M., Toftagen, C. S., & Buck, H. G. (2020). Complicated grief: risk factors, protective factors, and interventions. *Journal of Social Work in End-of-Life and Palliative Care*, 16(2), 151–174. <https://doi.org/10.1080/15524256.2020.1745726>
- Mayra, M., & Jyoti Mondal, P. (n.d.). *The impact of self-consciousness on life satisfaction-investigating the mediating role of spiritual intelligence*, 11(4). <https://doi.org/10.25215/1104.185>
- Melhem, N. M., Porta, G., Payne, M. W., & Brent, D. A. (2013). Identifying prolonged grief reactions in children: Dimensional and diagnostic approaches. *Journal of the American Academy of Child and Adolescent Psychiatry*, 52(6), 599-607. <https://doi.org/10.1016/j.jaac.2013.02.015>
- Milic, J., Muka, T., Ikram, M. A., Franco, O. H., & Tiemeier, H. (2017). Determinants and predictors of grief severity and persistence: the rotterdam study. *Journal of Aging and Health*, 29(8), 1288–1307. <https://doi.org/10.1177/0898264317720715>
- Moniex, N. P. D. M. & Wilani, N. M. A. (2020). Strategi coping untuk meningkatkan subjective well-being single mother di Bali. *Journal of Psychology and Humanities*. 1(1), 22-28. <https://doi.org/10.24843/widyacakra.2020.v1.i1.p69191>
- Morgan, A. K. (2023). Well-being in the age of COVID-19: The role of social support. *Cogent Public Health*, 10(1). <https://doi.org/10.1080/27707571.2023.2245525>
- Natalia, L., Soetjiningsih, C. H., & Prapunoto, S. (2022). International journal of advanced multidisciplinary research and studies spiritual intelligence and social support as predictors of

- subjective well-being of churches that his family died because of covid-19: study at the gkj klasis kartasura congregation. *International Journal of Advanced Multidisciplinary Research and Studies*, 2(6), 983-986. www.multiresearchjournal.com
- Neimeyer, R. A., & Thompson, B. E. (2014). *Meaning making and the art of grief therapy*. Routledge. <https://www.researchgate.net/publication/263854699>
- Neimeyer, R. A. (2016). Meaning reconstruction in the wake of loss: evolution of a research program. *Behaviour Change*, 33(2), 65–79. <https://doi.org/10.1017/bec.2016.4>
- Prigerson, H.G., Horowitz, M.J., Jacobs, S.C., Parkes, C.M., Aslan, M., Goodkin, K., Raphael, B., Marwit, S.J., Wortman, C.B., Neimeyer, R.A., Bonanno, G.A., Block, S.D., Kissane, D.W., Boelen, P.A., Maercker, A., Litz, B.T., Johnson, J., First, M.B., & Maciejewski, P.K. (2009). Prolonged grief disorder: Psychometric validation of criteria proposed for DSM-V and ICD-11. *PLoS Medicine*, 6(8), 1-12. <https://doi.org/10.1371/journal.pmed.1000121>
- Rahmatina, Z., Nugrahaningrum, G. A., Wijayaningsih, A., & Yuwono, S. (2021). Social support for families tested positive for covid-19. *Proceeding of Inter-Islamic University Conference on Psychology*, 1(1). <https://press.umsida.ac.id/index.php/iiucp/article/view/614>
- Rimiru, T. N., & Mokua, M. G. (2020). Acceptance of loss on psychological well-being. *International Journal for Innovation Education and Research*, 8(10), 74–79. <https://doi.org/10.31686/ijer.vol8.iss10.2656>
- Sarafino, E. P. & Smith, T.W. (2011). *Health psychology: Biopsychosocial interaction*. Seventh edition. John Wiley. <https://opac.perpusnas.go.id/DetailOpac.aspx?id=806188>
- Sauteraud, A. (2015). The bereaved of the 1914-1918 war: What has really changed in 100 years?. *Journal de Therapie Comportementale et Cognitive*, 25(1), 35–37. <https://doi.org/10.1371/journal.pmed.1000121>
- Sher, A., Hussain, S., & Adeeb, M. (2023). Psychological distress and life satisfaction during covid-19 pandemic among pakistani university students: the protective role of spiritual intelligence. *Review of Applied Management and Social Sciences (RAMSS)*, 6(2), 501–513. <https://doi.org/10.47067/ramss.v6i2.347>
- Shin, H., & Park, C. (2022). Social support and psychological well-being in younger and older adults: The mediating effects of basic psychological need satisfaction. *Frontiers in Psychology*, 13. <https://doi.org/10.3389/fpsyg.2022.1051968>
- Stewart, L. H., Ferguson, B., Morgan, C. J. A., Swaboda, N., Jones, L., Fenton, R., Wall, M. B., & Curran, H. V. (2014). Effects of ecstasy on cooperative behaviour and perception of trustworthiness: A naturalistic study. *Journal of Psychopharmacology*, 28(11), 1001–1008. <https://doi.org/10.1177/0269881114544775>
- Sun, R., Balabanova, A., Bajada, C. J., Liu, Y., Kriuchok, M., Voolma, S. R., Đurić, M., Mayer, C. H., Constantinou, M., Chichua, M., Li, C., Foster-Estwick, A., Borg, K., Hill, C., Kaushal, R., Diwan, K., Vitale, V., Engels, T., Aminudin, R., Sauter, D. (2024). Emotional experiences and psychological well-being in 51 countries during the COVID-19 pandemic. *Emotion (Washington, D.C.)*, 24(2), 397–411. <https://doi.org/10.1037/emo0001235>
- Szanto, K., Shear, M. K., Houck, P. R., Reynolds, C. F., Frank, E., Caroff, K., & Silowash, R. (2006). Indirect self-destructive behavior and overt suicidality in patients with complicated grief. *Journal of Clinical Psychiatry*, 67(2), 233–239. <https://doi.org/10.4088/JCP.v67n0209>
- Szuhany, K. L., Malgaroli, M., Miron, C. D., & Simon, N. M. (2021). Prolonged grief disorder: course, diagnosis, assessment, and treatment. *FOCUS (American Psychiatric Publishing)*, 19(2), 161–172. <https://doi.org/10.1176/appi.focus.20200052>
- The Spiritual Intelligence Self-Report Inventory (SISRI-24) Scoring Procedures*. (n.d.-b). <http://www.dbking.net/spiritualintelligence/>

- Wallace, C. L., Wladkowski, S. P., Gibson, A., & White, P. (2020). Grief during the COVID-19 pandemic: Considerations for palliative care providers. *Journal of Pain and Symptom Management*, 60(1), 70–76. <https://doi.org/10.1016/j.jpainsymman.2020.04.012>
- Zhang, K. C., Hui, C. H., Lam, J., Lau, E. Y. Y., Cheung, S. fai, & Mok, D. S. Y. (2014). Personal spiritual values and quality of life: evidence from chinese college students. *Journal of Religion and Health*, 53(4), 986–1002. <https://doi.org/10.1007/s10943-013-9686-1>
- Zhang, Y., & Sun, L. (2024). The health status, social support, and subjective well-being of older individuals: evidence from the Chinese General Social Survey. *Frontiers in Public Health*, 12. <https://doi.org/10.3389/fpubh.2024.1312841>
- Zimet, G. D., Dahlem, N. W., Zimet, S. G., & Farley, G. K. (1988). The Multidimensional Scale of Perceived Social Support. *Journal of Personality Assessment*, 52(1), 30–41. https://doi.org/10.1207/s15327752jpa5201_2