



## **The Impact of a Group Counseling Program on a Sample of Bereaved Refugee Adolescents in Jordanian Schools**

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Intervening with bereaved students through counseling and psychotherapy can aid in reducing negative emotions and enhancing their adaptability. The current study aimed to identify the effectiveness of a group counseling program in reducing guilt and prolonged grief and increasing the psychological resilience of a sample of bereaved refugee adolescents in Jordanian schools. The study sample comprised 30 Syrian refugee students split equally between an experimental group and a control group. The authors used measures assessing levels of guilt, prolonged grief and psychological resilience, as well as a counseling program consisting of 14 sessions. After the group counseling program was developed and validated, the study authors implemented it in the experimental group. The results showed that there were statistically significant differences between the experimental group and the control group in terms of reducing guilt and prolonged grief levels, as well as increasing psychological resilience. Following the discussion of the results, the research implementation and limitations were added.

**Keywords:** bereaved refugees, guilt, prolonged grief, psychological resilience, adolescents

### **INTRODUCTION**

Adolescence is a critical developmental phase that includes a wide range of emotions. According to Rosner et al. (2010), adolescents can experience negative feelings such as sadness, guilt, social withdrawal, and loneliness due to traumatic experiences. The effects of these experiences can be long-lasting and impact their emotional and psychological development. The UN Refugee Agency (UNHCR, 2021) reported record numbers of displaced persons in 2021, with over 84 million refugees, many of whom were children and adolescents facing extreme hardships and traumatic experiences.

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Majeed (2015) states that guilt is an individual's sense of remorse and self-blame that can result in self-reproach, loneliness, depression, and other negative emotions. Guilt can originate from family, society, and socialization, so high levels of guilt are associated with aggression, fear, and melancholy, while low levels can lead to a lack of responsibility and criminal behavior (Baza, 2005).

According to Faiver et al. (2000), guilt can be helpful in moderate doses, but harmful guilt can become a source of self-deprecation and lead to serious psychological conditions such as depression, anxiety, anger, and frustration. Salman (2013) adds that feelings of guilt can cause excessive self-criticism and atonement for harm caused, which can lead to psychological distress.

According to Arman (2014), individuals in society who are faced with negative emotions during tragedy often struggle with a complex mix of emotions, including loss, grief, sorrow, guilt, and a lack of psychological resilience. Najati (1982) defines guilt as an individual's sense of remorse, regret, and self-blame for their actions. Research by Majeed (2015) suggests that guilt arises independent of morality or ethics and can manifest as self-reproach, loneliness, incompetence, depression, and the fear of doing harm.

Guilt has many origins, including the family, which includes parents and society members, as well as the social and religious norms acquired by individuals or children during socialization. High levels of guilt are associated with aggression, fear, and melancholy, all of which are negative sentiments or emotions that render people nonadaptive and result in psychological illness. Low levels of guilt are associated with a lack of responsibility, criminal behavior, and apathy. There are also fictitious feelings of guilt or delusions that do not exist, which can lead to suicidal tendencies in individuals who cannot prove their innocence. (Baza, 2005).

Depending on its intensity and duration, guilt can be either helpful or harmful. Guilt moderately inhibits abnormal behavior and motivates individuals to correct their errors. Comparatively, inappropriate or harmful guilt, which is also painful, becomes a serious psychological condition and a source of self-deprecation because one constantly feels the foreshortening and failure caused by this feeling. (Faiver et al., 2000). Guilt is one of the basic components of depression and is associated with many psychological disorders, such as anxiety, anger, hostility, suppression, and frustration. Feelings of guilt cause a sense of repentance and excessive self-criticism, torturing the individual as atonement for the harm they have caused. (Salman, 2013).

Feelings of guilt create a state of distress, tension, and anxiety that controls the individual. Additionally, guilt may seem to synchronize with the loss experienced by some grieving individuals, such as losing a loved one. It can cause despair, sadness, psychological loneliness, denial, and isolation. (Kaplan, 2004). Therefore, if individuals do not have the skills to deal with and cope with guilt and do not find the appropriate therapeutic interventions, they will end up feeling helpless and having no control over what is going on around them (Keyser et al., 2000). Grieving individuals need to have a good level of psychological resilience and firmness to organize this type of difficult

situation. Salmon (2015) highlights that psychological resilience matters in the grieving process, as it allows individuals to cope with the difficulty of the situation. In addition, Charles (2013) found a correlation between psychological resilience and personal happiness among adolescents. A study by Ng et al. (2012) confirmed how important psychological resilience is in the lives of teenagers, as it shows how well they can deal with problems and crises.

According to the literature, adolescents who experience loss or psychological trauma may feel guilt and sadness and need counseling and therapy to build psychological resilience. This research will examine group counseling to help adolescents who have experienced trauma build psychological resilience. This research is important because it aims to understand the effectiveness of the counseling program in reducing guilt and prolonged grief and increasing resilience among individuals. This can provide valuable insights into the design and implementation of such programs and contribute to the development of effective strategies for supporting individuals who have experienced trauma or loss. Additionally, the results of this study may have implications for mental health professionals, policymakers, and other stakeholders in the field of mental health.

#### Research Hypotheses:

##### Hypothesis

1. Are there statistically significant differences on the guilt scale between the means of the study groups due to the counseling program?
2. Are there statistically significant differences in the prolonged grief scale between the means of the study groups due to the counseling program?
3. Are there statistically significant differences in the resilience scale between the means of the study groups due to participation in the counseling program?
4. Are there statistically significant differences between the means of the experimental study groups between the post- and follow-up scales on the guilt, prolonged grief, and resilience scales due to the counseling program?

#### METHOD

Authors used the semi experimental approach by dividing the study sample into two groups, one experimental and the other controlled, to identify the effectiveness of a counseling program. The counseling program (independent variable) is meant to reduce guilt and prolonged grief and to raise the psychological resilience of the individuals in the program (dependent variable). Therefore, the study design will be as follows:

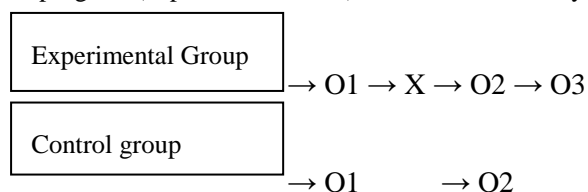


Figure 1  
Study design

Shows the symbols (O1: pre-test, X: treatment (group counseling program) O2: post-test, O3: follow-up test).

### **Study Population and Sample**

A survey was conducted on 290 students from two schools in Amman, Jordan, to determine the students who met the inclusion criteria for the study. Out of the 290 students, 57 met the criteria for high levels of guilt, grief, and low resilience and were eligible for inclusion. Of these 57 students, 30 agreed to voluntarily participate in the study.

The study sample included male Syrian refugee adolescents in grades 7-10 from a Jordanian school, specifically those who had experienced the loss of a close family member. A total of 48 bereaved refugee students were included in the study. Participants were recruited through communication with the school administration and parents, and most voluntarily consented to participate. The research team selected 30 students with high levels of sadness and guilt and low levels of psychological resilience to be randomly divided into an experimental group of 15 and a control group of 15.

### **Study Instruments**

Self-report measures were employed to evaluate the extent of guilt, grief, and resilience among the student population. The following section will provide a thorough explanation of each scale, covering details such as its purpose, scoring methods, and relevant considerations.

#### ***Extended Grief Inventory***

The authors used the Extended Grief Inventory (EGI) to measure symptoms of prolonged grief. The EGI was developed by Aladdin (2019), and has been validated in an Arab Jordanian context. It includes 28 items that align with the criteria for prolonged grief disorder (PGD) as outlined in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) and the International Classification of Diseases (ICD-11), as well as additional indicators of dysfunctional grief. The scale assesses the frequency and intensity of grief reactions experienced over the past 30 days. Factor analysis revealed three sub dimensions: positive connection, complicated grief, and traumatic intrusion and avoidance. The EGI has high internal consistency, with a Cronbach's alpha of 0.91 for the overall scale and 0.89, 0.92, and 0.86 for the sub dimensions. The test-retest reliability of the EGI was determined to be 0.87, with reliability coefficients of 0.98, 0.86, and 0.88 for the sub dimensions. Overall, the EGI is considered a reliable, valid, and applicable tool for this study.

#### ***Implementation and Correction Method***

The Prolonged Grief Scale consists of 28 items covering three different aspects: positive connection (with 11 items numbered 1, 3, 7, 10, 13, 17, 20, 22, 24, 26, and 27), complicated grief (with 8 items numbered 4, 8, 9, 12, 14, 16, 18, and 25), and traumatic intrusion and avoidance (with 9 items numbered 2, 5, 6, 11, 15, 19, 21, 23, and 28). This

scale measures the frequency of symptoms experienced by participants in the past month using a five-point Likert scale, where 1 represents "never" and 5 represents "always". The total score on the scale ranges from 28 to 140, with higher scores indicating a prolonged period of grief. The three sub dimensions - positive connection (11-55), complicated grief (8-40), and traumatic intrusion and avoidance (9-45) - also have different ranges, with lower scores indicating a lower level of prolonged grief and higher scores indicating a higher level of prolonged grief (Layne et al., 2001).

### ***Sense of Guilt***

The authors utilized the Guilt List created by Aladdin (2003), which was confirmed to have appropriate psychometric characteristics for a Jordanian sample. To ensure the scale's validity, it was reviewed by experts in the field of psychology, and its self-validity factor was determined through retesting. The reliability factor was determined to be 0.74, and the split-half reliability was 0.59, making the scale a reliable and valid tool for achieving the objectives of the study.

### ***Implementation and Correction Method***

The Guilt Scale consists of 53 items that measure the level of guilt experienced by participants. The scale uses a rating scale of 1-3, where 1 represents "never" and 3 represents "mostly". A score above 106 on the scale is considered to indicate a high level of guilt, a score between 79 and 105 is considered to indicate a moderate level of guilt, and a score between 53 and 78 is considered to indicate a low level of guilt. The scale has been validated for its reliability, validity, and applicability to the study population.

### ***Psychological Resilience***

The authors utilized the psychological resilience scale developed by Abughali (2017) in an Arab-Palestinian setting after evaluating the scale's psychometric properties. The scale includes 64 items that reflect symptoms of psychological resilience and is divided into eight dimensions: personal competence, emotional organization, problem-solving skills, rigidity, spiritual values, flexibility, social competence, and positive outlook on the future. The validity of the scale's content was established through expert review, with 90% agreement among the reviewers. The scale's construct validity was also established through correlations between the items and the overall dimension to which they belong, with correlation coefficients ranging from 0.55 to 0.85, which were statistically significant at  $p < 0.05$ . The internal consistency of the scale was determined by retesting the reliability factor, which was found to be 0.87, and using Cronbach's alpha, with coefficients ranging from 0.72 to 0.89 for the various dimensions. Overall, the scale was found to be reliable and valid for the purpose of the study.

### ***Implementation and Correction Method***

The scale used in this study comprises 64 items, each rated on a scale of 1-4, with 1 indicating "rarely" and 4 indicating "always". All items are positive in nature, and the rating for each dimension ranges from 8-22. The overall score for the scale ranges from 64-256, with a higher score indicating a higher level of psychological resilience. The

study employs the following means to determine the level of psychological resilience: scores between 1-1.74 indicate "no psychological resilience"; scores between 1.75-2.49 indicate "basic psychological resilience"; scores between 2.50-3.24 indicate "moderate psychological resilience"; and scores between 3.25-4 indicate "high psychological resilience."

#### ***Group Counseling Program:***

The Psychotherapy program aimed to reduce feelings of grief and guilt and increase psychological resilience among adolescent students in Jordanian schools, grades 7-10. The program consisted of 14 counseling sessions, each lasting 60-90 minutes, and was implemented at a rate of two sessions per week based on the student's willingness to participate. At the start of the program, participants scored high on prolonged grief and guilt scales and low on the psychological resilience scale. Over the course of 7 weeks, the counseling program offered an interactive activity, such as music, art, and role-playing, to increase self-awareness and allow students to express their negative feelings in a supportive and safe environment. Additionally, cognitive techniques such as positive self-talk and stress management strategies were employed to help students cope with their emotions. The program also aimed to improve communication, self-affirmation, and conflict management skills to foster better relationships with family and peers. The program was tailored to meet the specific needs of Syrian refugee adolescents.

#### ***Program Validity***

To ensure the program's relevance to its intended purpose, authors sought the opinion of a panel of experts consisting of ten professors from the Educational Sciences department at various universities in Jordan. The panel was given a copy of the counseling program, and their feedback was overwhelmingly positive, resulting in an overall approval rating of 90% after considering their comments and recommendations.

#### ***Procedures***

- Authors approached the Jordanian Ministry of Education to obtain approval to implement the counseling program for Syrian refugee students in Jordanian schools.
- Study tools were implemented to measure guilt, prolonged grief, and psychological resilience for participants.
- The results showed 48 bereaved refugee students with high prolonged grief, high guilt, and reduced psychological resilience.
- Thirty adolescent refugee students voluntarily consented to participate in the program.
- The study sample was divided into equal experimental and control groups of 15 students each.
- The control group was informed that they were on the waiting list.

- Means and standard deviations of guilt, prolonged grief, and psychological resilience were calculated for equivalency, and then the independent samples t-test was conducted to examine significant differences between the two groups' means.
- Group counseling program implemented with the experimental group.
- Remote posttests were conducted on both groups after program completion to measure prolonged grief, guilt, and psychological resilience.
- Data analyzed and results presented.

Table 1

Means, standard deviations, and t test results of guilt, prolonged grief, and psychological resilience scales

Group		Mean	SD	T	Sig
Positive connection	Experimental	23.96	3.88	-0.34	0.74
	Control	24.39	3.06		
Complicated grief	Experimental	27.31	4.88	0.88	0.39
	Control	25.38	6.99		
Traumatic intrusion & avoidance	Experimental	30.64	5.11	-0.15	0.89
	Control	30.94	6.34		
Prolonged grief	Experimental	95.80	14.16	1.03	0.31
	Control	89.53	18.95		
Guilt	Experimental	110.80	17.95	0.23	0.82
	Control	109.47	13.47		
Psychological resilience	Experimental	164.53	48.05	1.16	0.26
	Control	145.33	42.78		

Table 1 shows the results from the independent samples t-test for differences between the experimental and control groups for various variables. The results indicate that the t-value for positive connection ( $t=-0.34$ ,  $p \geq 0.05$ ) was not statistically significant, and the t-value for complicated grief ( $t=0.88$ ,  $p \leq 0.05$ ) was not statistically significant. The results also showed no statistically significant differences between the groups for traumatic intrusion and avoidance ( $t=-0.15$ ,  $p \geq 0.05$ ), prolonged grief ( $t=1.03$ ,  $p \geq 0.05$ ), guilt ( $t=0.23$ ,  $p \geq 0.05$ ), and psychological resilience ( $t=1.16$ ,  $p \geq 0.05$ ). Overall, the t-values were not statistically significant, suggesting that the experimental and control groups were equivalent on the pre-test.

## FINDINGS

The goal of the current study is to examine the effectiveness of a counseling program on reducing prolonged grief and guilt and raising psychological resilience among a sample of bereaved refugee adolescents in Jordanian schools.

**Hypothesis One:** Are there statistically significant differences in the means of the study groups on the guilt scale due to implementation of the counseling program?

To examine the study hypotheses, a one-way ANCOVA was conducted to control for the pre-test and find any significant differences in the post-test scores of guilt between the two groups. See table 2 below.

Table 2  
Means and SD for Pre and post tests

Group	Pre-Guilt			Post-Guilt		
	N	Mean	SD	N	Mean	SD
Experimental	15	110.80	17.95	15	86.13	15.71
Control	15	109.47	13.47	15	123.93	9.47

As displayed in table 2, the mean for pre-guilt scores for the experimental group on the pre-test equaled,  $M= 110.80$ ,  $SD= 17.95$ , while the mean dropped on the post-test to,  $M= 86.13$ ,  $SD= 15.71$ . The mean for guilt for the control group on the pre-test amounted to,  $M= 109.47$ ,  $SD= 13.47$ , while the post-test mean increased to,  $M= 123.93$ ,  $SD= 9.47$ .

To examine if there were statistically significant differences between the means in the post-test; authors conducted a one-way ANCOVA. See table 3 below.

Table 3  
ANCOVA results for differences between pre- and post-tests of guilt

Source	Type III Sum of Squares	DF	Mean Square	F	Sig.
Pre-test	558.96	1	558.96	3.64	0.07
Group	10484.66	1	10484.66	68.22	0.00
Error	4149.70	27	153.69		
Total	15424.97	29			

Table 3 shows that the f value for the pre-test,  $F(1, 27) = 3.64$ ,  $p \geq 0.05$ , indicated no significant impact on the posttest. The f value for the differences between the experimental and control groups,  $F(1, 27) = 68.22$ ,  $p \leq 0.05$ , indicated significant differences on the posttest, with the means of the experimental group decreasing, suggesting a positive impact of the counseling program on reducing guilt among participants.

**Hypothesis Two:** Are there statistically significant differences between the means of the experimental and control groups on the prolonged grief scale due to the counseling program?

To examine the study hypotheses, authors conducted a one-way ANCOVA to control for the pre-test and find any significant differences in the post-test of prolonged grief between the two groups. The results are shown in table 4 below.

Table 4  
Means and SD for pre and post-tests

	Experimental			Control		
	N	Mean	SD	N	Mean	SD
1-Positive connection pre-test	15	23.96	3.88	15	24.39	3.06
2-Positive connection post-test	15	20.40	4.77	15	26.93	2.71
3-Complicated grief pre-test	15	27.31	4.88	15	25.38	6.99
4-Complicated grief post-test	15	17.88	4.97	15	28.95	6.31
5-Traumatic intrusion and avoidance pre-test	15	30.64	5.11	15	30.94	6.34
6-Traumatic intrusion and avoidance post-test	15	19.93	6.86	15	33.99	5.91
7-Prolonged grief pre-test	15	95.80	14.16	15	89.53	18.95
8-Prolonged grief post-test	15	55.60	15.52	15	105.93	16.39



As reported in Table 4, the mean score for prolonged grief in the experimental group decreased from  $M = 95.80$ ,  $SD = 14.16$  in the pre-test to  $M = 55.60$ ,  $SD = 15.52$  in the post-test. Conversely, the mean score for prolonged grief in the control group increased from  $M = 89.53$ ,  $SD = 18.95$  in the pre-test to  $M = 105.93$ ,  $SD = 16.39$  in the post-test. A similar pattern was observed for the mean score of positive connection, which decreased in the experimental group from  $M = 23.96$ ,  $SD = 3.88$  in the pre-test to  $M = 20.40$ ,  $SD = 4.77$  in the post-test, while it increased in the control group from  $M = 24.39$ ,  $SD = 3.06$  in the pre-test to  $M = 26.93$ ,  $SD = 2.71$  in the post-test. Additionally, the mean score for complicated grief decreased in the experimental group from  $M = 27.31$ ,  $SD = 4.88$  in the pre-test to  $M = 17.88$ ,  $SD = 4.97$  in the post-test, while it increased in the control group from  $M = 25.38$ ,  $SD = 6.99$  in the pre-test to  $M = 28.95$ ,  $SD = 6.31$  in the post-test. Additionally, the mean score for traumatic intrusion and avoidance decreased in the experimental group from  $M = 30.64$ ,  $SD = 5.11$  in the pre-test to  $M = 19.93$ ,  $SD = 6.86$  in the post-test, while it increased in the control group from  $M = 30.94$ ,  $SD = 6.86$  in the pre-test to  $M = 33.99$ ,  $SD = 5.91$  in the post-test. The authors then conducted a one-way ANCOVA to determine if there were statistically significant differences in the post-test means between the two groups, with the results presented in Table 5.

Table 5  
Means and SD for pre and post-test between the experimental and control groups

	Source	Type III Sum of Squares	DF	Mean Square	F	Sig.
Positive connection	Pre-test	2.91	1	2.91	0.19	0.67
	group	322.74	1	322.74	20.83	0.00
	Error	418.29	27	15.49		
	Total	741.33	29			
Complicated grief	Pre-test	73.95	1	73.95	2.41	0.13
	group	980.08	1	980.08	31.91	0.00
	Error	829.35	27	30.72		
	Total	1821.83	29			
Traumatic intrusion & avoidance	Pre-test	0.87	1	0.87	0.02	0.89
	group	1481.50	1	1481.50	34.86	0.00
	Error	1147.49	27	42.50		
	Total	2632.96	29			
Prolonged grief	Pre-test	781.73	1	781.73	3.32	0.08
	group	19781.08	1	19781.08	84.04	0.00
	Error	6354.81	27	235.36		
	Total	26137.37	29			

Table 5 shows that ANCOVA showed no effect of pre-test on post-test for prolonged grief, positive connection, complicated grief, and traumatic intrusion/avoidance ( $F(1, 27) = 3.32$ ,  $p = 0.05$ ;  $F(1, 27) = 0.19$ ,  $p = 0.05$ ;  $F(1, 27) = 2.41$ ,  $p = 0.05$ ;  $F(1, 27) = 0.02$ ,  $p = 0.05$ ). However, the post-tests for the same variables showed significant differences between the experimental and control groups ( $F(1, 27) = 84.04$ ,  $p \leq 0.05$ ;  $F(1, 27) = 20.83$ ,  $p \leq 0.05$ ;  $F(1, 27) = 31.91$ ,  $p \leq 0.05$ ;  $F(1, 27) = 34.86$ ,  $p \leq 0.05$ ). The means of the experimental group decreased, implying that the counseling intervention program reduced prolonged grief and the subscales in the control group.

**Hypothesis Three:** Are there statistically significant differences in the means of the study groups on the resilience scale due to the counseling program?

To examine the study hypotheses, authors conducted a one-way ANCOVA to control the pre-test and find any significant differences in the post-test of resilience among the two groups.

Table 6  
Means and SD for pre and post-tests for experimental and control groups

Group	Pre-Resilience			Post-Resilience		
	N	Mean	SD	N	Mean	SD
Experimental	15	164.53	48.05	15	191.67	37.36
Control	15	145.33	42.78	15	125.93	38.43

As shown in Table 6, the mean resilience score on the pre-test for the experimental group was  $M= 164.53$ ,  $SD= 48.05$ , while the mean increased on the post-test to  $M= 191.67$ ,  $SD= 37.36$ . The mean of resilience score on the pre-test among the control group was  $M= 145.33$ ,  $SD= 42.78$ , while the mean of the post-test decreased to  $M= 125.93$ ,  $SD= 38.43$ . To examine if there were statistically significant differences between means of the post-test, authors conducted a one-way ANCOVA. The results are shown in Table 7.

Table 7  
Means and SD for pre and post-tests for experimental and control groups

Source	Type III Sum of Squares	DF	Mean Square	F	Sig.
Pre-test	2113.46	1	2113.46	11.36	0.00
Group	5164.70	1	5164.70	27.76	0.00
Error	5023.08	27	186.04		
Total	26137.37	29			

Table 7 shows a significant impact of the pre-test on the post-test, with an f value of  $F(1, 27) = 11.36$  ( $p \leq 0.05$ ). The f value for differences between the experimental and control groups was also significant, at  $F(1, 27) = 27.76$  ( $p \leq 0.05$ ), with the mean of the experimental group increasing, indicating the positive effect of the counseling program on resilience scores in the post-test.

**Hypothesis Four:** Are there statistically significant differences between the means of the two groups between the post- and follow-up scores for guilt, prolonged grief, and resilience scales due to the counseling program?

Table 8  
Paired sample t test for differences between the post- and follow-up

		Mean	SD	T	Sig
Positive connection	Post	20.40	4.77	1.55	0.14
	Follow-Up	18.50	3.04		
Complicated grief	Post	17.88	4.97	2.98	0.01
	Follow-Up	14.23	3.71		
Traumatic intrusion & avoidance	Post	19.93	6.86	3.40	0.00
	Follow-Up	15.17	3.54		
Prolonged grief	Post	55.60	15.52	2.99	0.01
	Follow-Up	48.60	14.79		
Guilt	Post	86.13	15.71	0.21	0.84
	Follow-Up	85.47	15.13		
Psychological resilience	Post	191.67	37.36	-1.82	0.09
	Follow-Up	209.33	41.91		

As seen in Table 8, the paired sample t-test results for the differences between the post-test and follow-up tests were  $t= 1.55$ ,  $p \geq 0.05$  for positive connection,  $t= 2.98$ ,  $p \leq 0.05$  for complicated grief,  $t= 3.40$ ,  $p \leq 0.05$  for traumatic intrusion and avoidance,  $t= 2.99$ ,  $p \leq 0.05$  for prolonged grief,  $t= 0.21$ ,  $p \geq 0.05$  for guilt, and  $t= -1.82$ ,  $p \geq 0.05$  for psychological resilience scores. The t values for complicated grief, traumatic intrusion and avoidance, and prolonged grief scores exhibited significant differences and means in the follow-up test, decreasing compared to the post-test, while the t values for positive connection, guilt, and psychological resilience did not exhibit any significant differences. These results demonstrate that the means either continued to decrease or maintained the same level of progress after the counseling program was implemented. Therefore, the counseling program exhibited effectiveness even during the follow-up period.

## DISCUSSION

**Hypothesis One:** Are there statistically significant differences between the means on the guilt scale for the study groups due to the counseling program?

According to various sources, guilt is a common reaction to grief and loss of a loved one. Walter (2003) highlights that survivors may feel responsible for their loved one's death. To help individuals cope with these feelings, Parkes and Holly (2009) suggest understanding bereavement and grief, while Fotinos (1996) highlights the importance of group psychological counseling. In empowering individuals psychologically (Samawi et al., 2022). In this type of counseling, the counselor plays a crucial role in creating a positive safe environment for self-disclosure and should have effective listening skills (Sadock et al., 2017). Such a program has been found to be effective for extreme situations of loss or grief, particularly for grieving adolescents (Buckle & Fleming, 2010). One example of such a program is a counseling program for refugee adolescents, which showed positive results (Sijo, 2003).

**Hypothesis Two:** Are there statistically significant differences between the means of the study groups for scores on the prolonged grief scale due to the counseling program?

Dealing with grief, loss, and bereavement is a challenging aspect of health and social care (Wimpenny & Costello, 2011). Counselors aim to facilitate the identification of healthy coping mechanisms and adaptive ways to deal with grief. The goal is to help bereaved individuals explore their feelings, thoughts, and memories related to the loss of a loved one in a way that aligns with their personality, preferences, values, and goals. To provide effective support, counselors need practical knowledge of current theories of bereavement, including the idea that bereaved individuals may feel socially isolated and different in close relationships (Winokuer & Harris, 2012). Children and adolescents, who may experience prolonged grief and unbearable pain for years after the loss of a parent (Tedeschi & Lawrence, 2003), and adolescents dealing with identity formation after a loss of a friend or family member (David, 2011), can benefit from group psychological counseling.

Adolescents often have high expectations of support from their peers, and group counseling can provide a supportive environment for them to sympathize with others facing similar bereavement (Quarmby, 1993). The limited or loss of parental empathy can have a strong effect on a person's mental health and social behavior. This has been demonstrated by Syahril et al. (2020), who found that parental empathy is a strong predictor of mental health and social behavior. This highlights the importance of parental empathy and its influence on a person's mental and social wellbeing. Group psychological counseling provides an opportunity to understand bereavement and increase responsibility to support those affected by death. Bonds with others are strong and necessary for our survival as social creatures, and often our professional and human commitments lead us to care for others, especially vulnerable groups such as refugees who may struggle with adapting to new emotions and reduced self-efficacy (Lacour et al., 2020). Many studies have confirmed the effectiveness of group psychotherapy interventions for complex grief, including refugee adolescents and children in Jordan (Rosner et al., 2011 & Saad; 2016 Bunn et al., 2021).

**Hypothesis three:** Are there statistically significant differences between the means of the study groups on resilience scores due to the counseling program?

According to Sabatini (2012), the success of a group counseling program is due to the unique environment created by a counselor who bridges the gap between school and family. Schools in Jordan provide a model of educational environments that promote student adaptation, with the teacher playing a key role in this process. According to a study conducted by Al-Bataineh et al. (2021), these schools are designed to foster a sense of belonging and connectedness, which can help students to better adjust to their new environment and learn effectively. On the other hand, many schools worldwide lack a coherent policy to support bereaved students, and many parents do not communicate with schools about the absence of their child. When the school team, which usually consists of the counselor, nurse, officials, psychologist, and teacher, receives information about the student's bereavement, they must meet and devise a plan for the student's return to school. Adolescents experience grief differently from adults, and

therapy groups provide valuable opportunities for them to cope with their feelings and learn to seek help in the future (Baxter & Stuart, 1999). The 60–90-minute counseling sessions, which are practical and systematic, provide a safe and nurturing environment for members to openly discuss their issues. In psychotherapy, honesty, compassion, and warmth are central to understanding and working through grief. Cognitive behavioral therapy has been found to be the most effective form of therapy for prolonged grief (Stroebe et al., 2012). Counselors in counseling programs use effective techniques to encourage self-awareness and encourage individuals to reflect on their attitudes, goals, and behaviors (Corey, 2009). The experimental group in the program had increased awareness of their behavior and communication patterns after being exposed to the qualitative training experiences.

**Hypothesis Four:** Are there statistically significant differences in the means of the experimental study groups between the post and follow-up scores on the guilt, prolonged grief, and resilience scales due to the counseling program?

The bereaved refugee student group counseling program has been continuously monitored and developed by the group counselor throughout the stages of forming, initial, transition, working, and termination and followed up with procedures (Schneider-Corey et al., 2010). To gain a better understanding of the psychosocial skills of bereaved students from the perspective of both teachers and students, a study needs to be conducted focusing on the negative emotional states of bereaved students, as identified by Nopembri and Sugiyama (2021). Through this, authors can gain a better understanding of the psychosocial skills of bereaved students and the impact that these skills have on their emotions. During the current study, 14 counseling sessions were implemented using two integrated methods, including explanation, clarification, and training of skills within the counseling session and homework exercises outside of the sessions to develop long-term training and learning (Bhattacharya, 2015; Rosner et al., 2018). The use of cognitive behavioral methods by the counselor helped to reinforce the transition and reduce prolonged grief. Additionally, inspiring hope theory highlights the importance of a healthy relationship between the counselor and members and unconditional acceptance and understanding to inspire hope and reduce stress (Cutcliffe & Jevne, 2004). The cultural homogeneity of members, being Syrian and similar to the host country's culture in Jordan, helps to strengthen the retention of the group program's impact. The similarities in customs, traditions, and values between the two countries, rooted in Arab culture and Islamic teachings, encourage social solidarity and low levels of guilt (O'Neill & Keane, 2005). The grief experienced by bereaved students may stem from a culture where feelings of bereavement are not understood or dealt with properly, leading to sadness and isolation (Rawson, 2004).

## CONCLUSION

Bereavement is a severe emotional condition that causes deep pain and can include prolonged grief and guilt. It is the responsibility of psychotherapists to provide the best therapeutic methods for individuals experiencing bereavement, including children, adolescents, and adult refugees. These vulnerable groups face unique challenges due to their refugee status and need intensive follow-up and psychological support to cope with

their developmental demands. Refugee adolescents face cultural and developmental difficulties in shaping their identity, and the loss associated with their experiences may hinder proper recognition of their identity. An effective and competent school counselor can help these individuals increase their psychological resilience and view situations positively through developmental, preventive, and therapeutic interventions.

### **IMPLICATIONS**

The implications of the results of this research are significant for improving the support and treatment for individuals who have experienced loss and grief, particularly refugee adolescents. If the results support the hypotheses, it would indicate that the counseling program used in this study has a significant impact on reducing guilt, prolonging grief, and increasing resilience in the study participants. This information would support the use of group psychological counseling as an effective method of treatment for individuals who have experienced loss and grief. The findings could also be used to inform the development of similar programs for other populations, as well as to guide the training and skills of counselors working with bereaved individuals. Additionally, the study could contribute to the understanding of the role that therapy and counseling can play in improving the mental health and wellbeing of individuals facing loss and grief.

### **LIMITATION**

1. The sample size of the study might be limited, affecting the generalizability of the results.
2. The study design is limited to a post-test only control group design, which does not provide a full understanding of the impact of the counseling program over time.
3. The study may be subject to bias and confounding variables that were not controlled for in the design.
4. The results may be limited by the measures used, as self-report scales can be influenced by social desirability bias.

### **RECOMMENDATIONS**

1. To address the limitations of sample size, a larger and more diverse sample should be used in future research.
2. A randomized controlled trial or a longitudinal study design would provide a more comprehensive understanding of the impact of the counseling program over time.
3. To address potential biases, future research should control for confounding variables and use multiple measures to assess the impact of the counseling program.
4. Future research could also explore the use of alternative measures, such as interviews or observer ratings, to minimize the influence of social desirability bias.
5. Finally, the results of this study can be used to inform the development and implementation of similar counseling programs in different settings and

populations. Further research can examine the generalizability and effectiveness of the program in different contexts.

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