

## CULTURAL, RELIGIOUS, AND SOCIAL INFLUENCES ON RECOVERY FROM PROLONGED GRIEF DISORDER: PERSPECTIVES OF PAKISTANI CLINICIANS

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### ABSTRACT

Prolonged Grief Disorder (PGD) is a recently recognized mental health condition characterized by persistent and intense grief that extends beyond culturally expected mourning periods and significantly impairs daily functioning. While previous research has largely focused on identifying symptoms and diagnostic procedures, comparatively little attention has been given to understanding factors that facilitate or hinder recovery, particularly within culturally diverse societies. The present qualitative study explores Pakistani clinicians' perspectives regarding cultural, religious, social, and psychological influences on recovery from PGD. Twelve mental health clinicians practicing in Pakistan participated in semi-structured interviews. Data were analyzed using Reflexive Thematic Analysis following Braun and Clarke's six-step framework. Four major themes emerged from the analysis: Helpful and Healthy Methods, Cultural and Religious Perspectives, Disturbed Social Life, and Challenges in Healing. Findings revealed that psychoeducation, family counseling, social support, religious faith, and increased mental health awareness serve as important facilitators of recovery. Conversely, cultural expectations, societal stigma, emotional attachment to the deceased, social isolation, self-blame, environmental pressures, and discontinuity in treatment often delay the healing process. Religious rituals and cultural mourning practices were found to function both as protective and risk factors depending on how individuals interpreted and utilized these practices. The findings underscore the importance of culturally sensitive interventions that acknowledge the role of family systems, religious beliefs, and community structures in grief recovery. Integrating these elements into mental health services may improve treatment outcomes and promote psychological well-being among individuals experiencing prolonged grief. The study contributes to the growing literature on PGD by highlighting the significance of cultural context in shaping recovery experiences and therapeutic responses.

**Keywords:** Prolonged Grief Disorder, Recovery, Religious Coping, Cultural Influences, Social Support, Mental Health, Pakistan

## INTRODUCTION

Grief is a universal human experience that occurs following the loss of a significant person, relationship, or attachment. Although grief is generally considered a natural and adaptive response to bereavement, some individuals experience persistent and debilitating symptoms that interfere with their ability to function effectively in daily life. These prolonged reactions may develop into what is currently recognized as Prolonged Grief Disorder (PGD), a condition characterized by intense yearning, emotional pain, difficulty accepting the loss, and persistent preoccupation with the deceased. Unlike normal grief, which gradually diminishes over time, PGD persists and significantly impairs social, occupational, and psychological functioning.

The inclusion of Prolonged Grief Disorder in major diagnostic classification systems has attracted increasing attention from researchers and clinicians worldwide. Recent developments in psychiatric research have emphasized the importance of distinguishing PGD from other psychological conditions such as depression, anxiety disorders, and post-traumatic stress disorder. While these disorders may share certain symptoms, PGD possesses unique characteristics centered on persistent attachment to the deceased and difficulties adapting to life after loss.

Recovery from grief is not merely an individual psychological process but is deeply embedded within social, cultural, and religious contexts. The manner in which individuals express grief, seek support, and make meaning of their loss is often influenced by cultural traditions, societal expectations, and spiritual beliefs. Consequently, understanding recovery from PGD requires examining the broader sociocultural environment in which bereavement occurs.

In Pakistan, grief is commonly experienced within collective family and community structures. Family members, religious leaders, neighbors, and social networks often play active roles during mourning periods. Religious practices, including prayer, Quran recitation, charitable acts, and remembrance ceremonies, are

frequently utilized as coping mechanisms. These practices may provide comfort, meaning, and social support. However, cultural expectations regarding acceptable expressions of grief can also create pressure for bereaved individuals, particularly when symptoms persist beyond socially accepted mourning periods.

Despite growing recognition of PGD internationally, research examining recovery processes within non-Western societies remains limited. Existing studies have predominantly focused on symptom identification, prevalence estimates, and diagnostic criteria. Comparatively less attention has been devoted to understanding how cultural and religious factors influence recovery trajectories. This gap is particularly significant in Pakistan, where cultural norms and religious traditions play a substantial role in shaping emotional experiences and coping behaviors.

Mental health professionals frequently encounter individuals whose grief experiences are intertwined with cultural beliefs and societal expectations. Clinicians must therefore navigate complex interactions between psychological symptoms, religious practices, family dynamics, and social pressures. Understanding these interactions is essential for developing effective and culturally appropriate interventions.

The present study seeks to address this gap by exploring clinicians' perspectives regarding recovery from Prolonged Grief Disorder in Pakistan. Rather than focusing solely on symptom presentation or assessment procedures, this research examines factors that facilitate healing as well as barriers that impede recovery. Particular attention is given to the influence of family support, religious beliefs, social relationships, cultural values, and environmental challenges.

The findings of this study may contribute to the development of culturally sensitive therapeutic approaches that better reflect the realities of grieving individuals within Pakistani society. Furthermore, the study aims to inform mental health practitioners, researchers, policymakers, and educators about the importance of

integrating cultural and religious considerations into grief interventions.

## Literature Review

### Prolonged Grief Disorder

Prolonged Grief Disorder is characterized by persistent emotional distress following bereavement that exceeds expected cultural norms and causes significant impairment in functioning. Individuals experiencing PGD often report intense yearning for the deceased, emotional pain, identity disruption, loneliness, and difficulties engaging in everyday activities. Research suggests that while most bereaved individuals gradually adapt to their loss, a minority experience persistent symptoms that interfere with recovery and adjustment. Recent diagnostic developments have increased awareness regarding the clinical significance of PGD. Researchers have emphasized that PGD is distinct from depression because the primary focus remains on the deceased individual rather than generalized hopelessness. Similarly, although trauma symptoms may coexist, grief-related distress remains the central feature of the disorder.

### Cultural Influences on Grief and Recovery

Culture significantly shapes how grief is experienced, expressed, and managed. Different societies establish expectations regarding mourning behaviors, acceptable emotional expressions, and the duration of bereavement. These cultural frameworks influence both individual coping strategies and community responses to loss.

Research has demonstrated that collectivist cultures often emphasize family involvement and communal support during mourning periods. Such support may serve as a protective factor by reducing feelings of isolation and promoting emotional expression. However, cultural norms may also create pressure to conform to socially prescribed grieving patterns, potentially complicating recovery for individuals whose experiences do not align with societal expectations.

Within Pakistani society, grief is commonly viewed as a shared experience involving extended family members and community networks. Cultural rituals surrounding death provide structure and support, yet they may also reinforce expectations regarding how grief should be expressed. Consequently, individuals experiencing prolonged grief may face misunderstandings or judgment from others who perceive their reactions as excessive or inappropriate.

### Religious Coping and Bereavement

Religion represents one of the most influential factors affecting grief recovery. Spiritual beliefs often provide explanations for suffering, death, and life after death, helping individuals construct meaning from loss. Religious coping strategies may include prayer, participation in religious rituals, seeking guidance from religious leaders, and engaging in acts of charity or remembrance. Among Muslim populations, beliefs regarding divine will, patience, and reunion in the afterlife frequently contribute to coping and resilience. Religious teachings may encourage acceptance of loss while providing hope for future spiritual reunion with loved ones. These beliefs can reduce existential distress and facilitate emotional adaptation.

Nevertheless, religious coping may sometimes become complicated when individuals interpret their loss as punishment, experience anger toward God, or develop unrealistic expectations regarding reunion with the deceased. Therefore, the relationship between religion and grief recovery remains complex and multidimensional.

### Family Support and Social Relationships

Social support consistently emerges as one of the strongest predictors of positive adjustment following bereavement. Family members often provide emotional reassurance, practical assistance, and opportunities for sharing memories of the deceased. Such support may reduce loneliness and encourage adaptive coping. Conversely, strained family relationships, unresolved conflicts, or lack of understanding

can intensify grief reactions. Individuals experiencing prolonged grief frequently report feeling disconnected from others, misunderstood, or pressured to move on before they are emotionally prepared. These experiences can contribute to social withdrawal and further psychological distress.

Research indicates that effective grief interventions often incorporate family systems approaches, recognizing that bereavement affects not only individuals but entire relational networks. Family counseling and psycho education may therefore play important roles in facilitating recovery.

### **Barriers to Recovery**

Several factors may hinder recovery from PGD. Persistent emotional attachment to the deceased, avoidance of reminders, self-blame, social isolation, and negative cognitive beliefs have all been associated with prolonged grief symptoms. Environmental stressors, financial difficulties, lack of access to mental health services, and stigma surrounding psychological treatment may further complicate recovery.

In many societies, including Pakistan, mental health stigma remains a significant obstacle to help-seeking behavior. Individuals experiencing grief-related difficulties may hesitate to seek professional assistance due to fear of judgment or concerns regarding social reputation. Limited awareness of PGD among both the public and healthcare professionals may also contribute to delayed recognition and intervention.

### **Need for Culturally Sensitive Interventions**

Given the influence of cultural and religious factors on grief experiences, scholars increasingly advocate for culturally sensitive approaches to assessment and treatment. Such interventions should acknowledge local beliefs, traditions, family structures, and spiritual practices while addressing psychological symptoms. Culturally informed care may enhance therapeutic engagement, reduce stigma, and improve treatment outcomes.

The present study contributes to this growing body of literature by exploring recovery from PGD through the perspectives of Pakistani clinicians who regularly encounter grief-related concerns within culturally diverse clinical settings.

### **Method**

#### **Research Design**

The present study employed a qualitative research design using Reflexive Thematic Analysis (RTA) to explore cultural, religious, social, and psychological influences on recovery from Prolonged Grief Disorder (PGD). Reflexive thematic analysis, developed by Braun and Clarke (2006), was selected because it allows researchers to identify, analyze, and interpret patterns of meaning within participants' experiences. This approach is particularly useful when examining complex psychological phenomena embedded within specific cultural contexts.

The study adopted a constructivist perspective, acknowledging that meanings related to grief, recovery, and healing are socially constructed and influenced by cultural and religious environments. Rather than seeking a single objective truth, the study aimed to understand how clinicians interpret and make sense of recovery processes among individuals experiencing prolonged grief.

#### **Participants**

Twelve mental health clinicians practicing in Pakistan participated in the study. Participants were selected through purposive sampling to ensure that they possessed relevant clinical experience in working with grief-related concerns. The inclusion criteria were:

- Practicing mental health clinicians in Pakistan.
  - Minimum Bachelor's degree in Psychology, Clinical Psychology, Counseling Psychology, or related field.
  - At least one year of clinical experience.
  - Experience working with bereaved individuals.
- Participants ranged in age from 26 to 37 years. All participants had direct experience providing

psychological services to individuals experiencing grief and bereavement-related difficulties.

### Sampling Technique

Purposive sampling was employed because it enables the selection of information-rich participants who possess relevant knowledge regarding the phenomenon under investigation. The primary purpose was not statistical generalization but rather obtaining in-depth insights into clinicians' experiences and perspectives concerning recovery from PGD.

### Data Collection

Semi-structured interviews were conducted using an interview guide specifically developed to explore recovery processes, barriers to healing, cultural influences, religious practices, and supportive interventions for prolonged grief. The semi-structured format provided flexibility, allowing participants to discuss their experiences freely while ensuring consistency across interviews. Follow-up questions were used to clarify responses and obtain deeper understanding of participants' perspectives. Interviews were conducted in a confidential environment. Participants provided informed consent prior to participation and were informed of their right to withdraw at any stage without consequences.

### Data Analysis

Data were analyzed using Braun and Clarke's (2006) six-step Reflexive Thematic Analysis framework:

#### Phase 1: Familiarization with Data

Interview transcripts were repeatedly reviewed to gain a comprehensive understanding of participants' experiences.

#### Phase 2: Generating Initial Codes

Meaningful statements relevant to grief recovery, cultural influences, social support, and barriers to healing were systematically coded.

#### Phase 3: Searching for Themes

Related codes were grouped together to identify broader patterns and thematic categories.

#### Phase 4: Reviewing Themes

Themes were refined to ensure coherence and meaningful representation of participant experiences.

#### Phase 5: Defining and Naming Themes

Each theme was clearly defined and named according to its central organizing concept.

#### Phase 6: Producing the Report

Themes were interpreted and supported through participants' verbatim quotations.

**Table 1**  
**Demographic Characteristics of Participants (N = 12)**

Participant ID	Gender	Age Range	Qualification	Clinical Experience	Professional Role
P1	Female	26-30	BS Psychology	2 Years	Clinical Psychologist
P2	Female	31-35	MS Clinical Psychology	5 Years	Clinical Psychologist
P3	Male	31-35	MS Clinical Psychology	6 Years	Counselor
P4	Female	26-30	BS Psychology	3 Years	Clinical Psychologist
P5	Female	31-35	MS Clinical Psychology	7 Years	Clinical Psychologist
P6	Male	26-30	MS Psychology	4 Years	Counselor
P7	Female	31-35	MPhil Clinical Psychology	8 Years	Clinical Psychologist
P8	Female	26-30	BS Psychology	2 Years	Clinical Psychologist
P9	Male	31-35	MS Clinical Psychology	5 Years	Counselor
P10	Female	36-40	MPhil Clinical Psychology	10 Years	Clinical Psychologist

Participant ID	Gender	Age Range	Qualification	Clinical Experience	Professional Role
P11	Female	31-35	MS Clinical Psychology	6 Years	Clinical Psychologist
P12	Male	26-30	BS Psychology	3 Years	Counselor

The participant group consisted of twelve mental health clinicians working in various clinical settings across Pakistan. Participants possessed diverse educational backgrounds and levels of professional experience, enabling a comprehensive exploration of perspectives regarding recovery from Prolonged Grief Disorder. The sample included clinical psychologists and counselors who had direct experience working with bereaved individuals experiencing prolonged grief symptoms.

### Results

The analysis generated four major themes regarding recovery from Prolonged Grief Disorder among individuals within the Pakistani cultural context.

The themes included:

- Helpful and Healthy Methods
- Cultural and Religious Perspectives
- Disturbed Social Life
- Challenges in Healing

These themes collectively illustrate both facilitators and barriers influencing recovery from prolonged grief.

**Table 2**  
**Themes, Subthemes, and Codes Identified Through Reflexive Thematic Analysis**

Major Themes	Subthemes	Codes
Helpful and Healthy Methods	Educating People	Recovery, Awareness, Psycho education, Mental Health Literacy
	Informative Seminars and Family Counseling	Family Counseling, Family Therapy, Workshops, Acceptance of Mental Health
	Social Media Awareness	Awareness Campaigns, Online Education, Community Outreach
Cultural and Religious Perspectives	Dealing with Differences	Individual Variations, Coping Styles, Personal Experiences
	Cultural Values	Cultural Norms, Mourning Practices, Societal Expectations
	Religious Rituals	Prayer, Faith, Quran Recitation, Hope of Reunion
Disturbed Social Life	Isolation	Loneliness, Withdrawal, Emotional Distance
	Avoidance of Socialization	Avoidance Behaviors, Reduced Participation, Fear of Reminders
	Aloof Lifestyle	Disconnection, Loss of Interest, Social Detachment
Challenges in Healing	Depression and Emotional Distress	Sadness, Hopelessness, Emotional Numbness, Hallucinations
	Persistent Grief	Emotional Yearning, Crying Spells, Attachment to Deceased
	Environmental Barriers	Stigma, Family Pressure, Financial Stressors, Treatment Discontinuity

### **Theme 1: Helpful and Healthy Methods**

This theme represents factors that facilitate adaptation and recovery following bereavement. Participants consistently emphasized the importance of psycho education, family involvement, community awareness, and faith-based coping strategies.

Three subthemes emerged:

#### **Educating People**

Participants highlighted the importance of educating individuals and families regarding prolonged grief. Many clinicians reported that individuals often fail to recognize when grief has become clinically significant.

One participant stated:

*"It is important to educate people that prolonged grief is not simply sadness. When grief starts affecting daily life for a long period, professional support becomes necessary."*

Another participant explained:

*"When people understand what prolonged grief is, they become more willing to seek help and support."*

Psycho education was viewed as reducing stigma and promoting early intervention.

#### **Informative Seminars and Counseling**

Participants identified seminars, workshops, family counseling, and psychotherapy as valuable recovery tools.

A clinician reported:

*"Family counseling helps relatives understand what the grieving person is experiencing. This understanding creates a more supportive environment."*

Another participant stated:

*"Workshops and awareness programs can teach healthy coping strategies and help people normalize seeking psychological support."*

Family therapy was frequently described as an effective intervention because grief often affects entire family systems rather than individual members alone.

#### **Social Media Awareness**

Participants emphasized the increasing role of social media in spreading awareness about mental health.

One clinician explained:

*"Social media can educate thousands of people about grief and mental health. It can reduce misconceptions and encourage treatment seeking."*

Another participant added:

*"When accurate information is shared online, people realize they are not alone in their experiences."*

Social media was viewed as a potentially powerful tool for promoting awareness and reducing mental health stigma.

### **Theme 2: Cultural and Religious Perspectives**

This theme highlights the influence of cultural norms, religious beliefs, and societal expectations on grief recovery.

Participants consistently described religion as both a source of comfort and a framework through which individuals interpret loss.

#### **Dealing with Differences**

Clinicians reported considerable variation in how individuals respond to bereavement.

One participant stated:

*"Every individual experiences grief differently. Cultural background, personality, and family environment all influence coping."*

Another explained:

*"There is no single way to grieve. What helps one person may not help another."*

Participants emphasized the need for clinicians to respect individual differences rather than imposing rigid expectations regarding recovery.

#### **Cultural Values**

Participants described how cultural values influence mourning practices and grief expression.

One clinician commented:

*"Every culture has its own mourning rituals, and people follow them according to family traditions."*

Another participant observed:

*"Sometimes cultural expectations support grieving individuals, but sometimes they increase pressure on them."*

Participants reported that excessive societal expectations occasionally contribute to emotional distress.

### Religious Rituals

Religious practices emerged as one of the most significant recovery factors.

Participants frequently mentioned prayer, Quran recitation, remembrance activities, and faith in divine wisdom.

One participant stated:

*"Religious beliefs help individuals find meaning in loss and accept what has happened."*

Another clinician explained:

*"Many people find comfort in believing they will reunite with their loved ones in the afterlife."*

Participants described faith as providing emotional stability, hope, and acceptance during bereavement.

However, some clinicians reported that individuals occasionally struggle with feelings of anger toward God or confusion regarding religious interpretations of loss.

### Theme 3: Disturbed Social Life

The third theme reflects the social consequences of prolonged grief and their impact on recovery.

Participants described social withdrawal, isolation, and disrupted relationships as common barriers to healing.

#### Isolation

Clinicians reported that many individuals gradually distance themselves from family, friends, and social activities.

One participant stated:

*"Many grieving individuals stop attending social gatherings because they feel emotionally exhausted."*

Another explained:

*"They isolate themselves because they believe others cannot understand their pain."*

Isolation was frequently associated with worsening emotional distress.

#### Avoidance of Socialization

Participants reported that avoidance behaviors often develop following bereavement.

One clinician stated:

*"Some individuals avoid places, people, and conversations that remind them of the deceased."*

Another participant noted:

*"Avoidance may provide temporary relief, but it prevents emotional processing and adjustment."*

Excessive avoidance was viewed as a significant obstacle to recovery.

#### Aloof Lifestyle

Participants described how prolonged grief can result in disconnection from present life experiences.

One clinician reported:

*"People become trapped in memories of the deceased and lose interest in current relationships."*

Another stated:

*"They remain emotionally attached to the past and struggle to engage with the present."*

Such patterns often contributed to loneliness, anxiety, and diminished quality of life.

### Theme 4: Challenges in Healing

The final theme captures the numerous psychological, emotional, and environmental barriers that complicate recovery from Prolonged Grief Disorder. Participants consistently reported that although many individuals desire recovery, several internal and external factors prolong their suffering and delay adjustment.

Three subthemes emerged under this major theme:

#### Depression and Emotional Distress

Participants frequently identified depressive symptoms as one of the most significant barriers to recovery. According to clinicians, prolonged grief often coexists with persistent sadness, hopelessness, emotional numbness, and reduced motivation.

One participant explained:

*"Many individuals become so overwhelmed by grief that they lose interest in life itself. They stop engaging in activities that once brought them happiness."*

Another clinician stated:

*"The sadness becomes chronic. They feel emotionally exhausted and unable to imagine a future without the deceased."*

Several participants described physical numbness and emotional paralysis as common experiences

among individuals struggling with prolonged grief.

One clinician remarked:

*"Some people describe themselves as feeling empty. They say they are alive physically, but emotionally they feel disconnected from everything around them."*

Participants further reported that some bereaved individuals experience sensory experiences associated with the deceased.

A participant noted:

*"Some clients report seeing or hearing the deceased. These experiences often intensify their attachment and make acceptance more difficult."*

Such experiences contribute to ongoing emotional distress and may interfere with the adaptation process.

### **Persistent Grief**

Participants described persistent grief as a state in which emotional pain remains intense long after the loss occurred.

One clinician explained:

*"The person continues to experience intense yearning every day. It feels as if the loss happened yesterday, even after months or years."*

Another participant stated:

*"They repeatedly revisit memories of the deceased and struggle to create new routines or goals."*

Many clinicians observed that persistent grief frequently manifests through crying spells, intrusive memories, emotional yearning, and inability to accept the permanence of loss.

One participant reported:

*"The grieving individual constantly wishes that the loved one would return. This emotional longing prevents them from moving forward."*

Participants emphasized that prolonged emotional attachment often reinforces avoidance behaviors and prevents adaptation to life after loss.

### **Environmental Barriers**

Environmental and social barriers were identified as important contributors to delayed recovery.

Participants reported that societal stigma, family pressure, financial stressors, and lack of mental health awareness often interfere with treatment engagement.

One clinician explained:

*"People are often told to move on quickly or stop talking about their grief. These responses make individuals feel misunderstood and unsupported."*

Another participant stated:

*"Some clients discontinue therapy because family members do not understand the importance of mental health treatment."*

Participants further described how constant reminders of the deceased can maintain emotional suffering.

One clinician noted:

*"Family members sometimes repeatedly discuss the deceased, believing they are helping. However, for some individuals, these reminders intensify emotional pain."*

Environmental pressures were therefore viewed as significant obstacles to recovery, particularly when combined with inadequate social support.

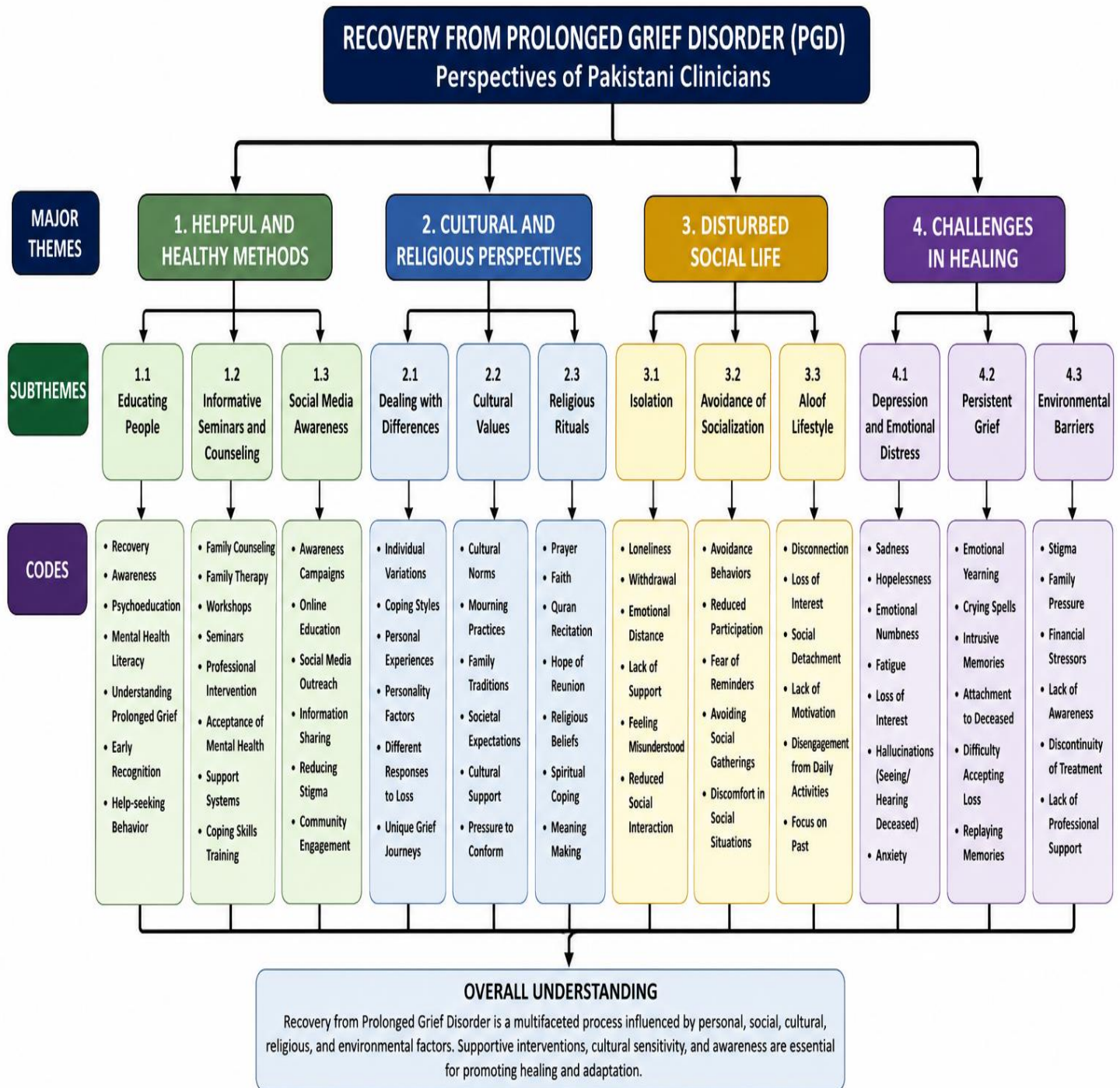


Figure 1: Thematic Map of Recovery from Prolonged Grief Disorder

**Discussion**

The present study explored clinicians' perspectives regarding cultural, religious, social, and psychological influences on recovery from Prolonged Grief Disorder in Pakistan. The

findings demonstrate that recovery from prolonged grief is shaped by a complex interaction of personal, social, cultural, and environmental factors.

The first major theme, Helpful and Healthy Methods, highlights the importance of psycho education, family support, counseling, and mental health awareness in promoting recovery. Clinicians consistently emphasized that many individuals lack knowledge regarding prolonged grief and therefore fail to recognize when professional intervention may be beneficial. These findings align with previous literature suggesting that psycho education can reduce stigma, increase help-seeking behaviors, and facilitate adaptive coping strategies.

These findings are consistent with Boelen and Smid (2017), who reported that psychoeducation helps bereaved individuals differentiate between normal grief and clinically significant grief reactions. Similarly, Worden (2018) suggested that understanding the grieving process reduces uncertainty and promotes adaptive coping. When individuals receive accurate information about grief, they are more likely to seek support and engage in healthy emotional processing.

Participants also highlighted the role of family counseling and family therapy in facilitating recovery. This finding may be particularly relevant within Pakistani society, where family structures remain central to emotional support and decision-making. Family members often influence help-seeking behavior, treatment adherence, and coping practices. Therefore, family acceptance of mental health interventions can substantially impact recovery outcomes.

These findings support Walsh and McGoldrick's (2013) family systems perspective, which suggests that bereavement affects the entire family unit rather than only the individual experiencing loss. Recent studies further support this interpretation. Pleshka et al. (2025) found that psychotherapeutic interventions that involve family members produce greater reductions in grief severity than individual-focused approaches alone. Family support may therefore function as both a protective factor and a therapeutic resource.

Participants additionally emphasized the growing role of social media in increasing mental health awareness. In recent years, digital platforms have

become important sources of psychological information. Public awareness campaigns can challenge misconceptions regarding grief and reduce stigma associated with psychological treatment. Ahmed (2021) reported that mental health stigma remains prevalent in Pakistan, often preventing individuals from seeking professional assistance. Consequently, awareness initiatives may contribute to early identification of PGD and encourage treatment utilization.

Family counseling emerged as a particularly important recovery facilitator. In collectivistic societies such as Pakistan, family systems play a central role in emotional support and decision-making. Consequently, interventions that involve family members may enhance understanding, improve communication, and strengthen support networks. Family-based approaches may be especially valuable because grief affects not only individuals but also broader relational systems.

Social media awareness was identified as an increasingly influential factor in mental health promotion. Participants reported that online platforms can disseminate accurate information regarding grief and encourage treatment-seeking behaviors. Given the widespread use of digital communication technologies, social media campaigns may represent an effective method for increasing public awareness regarding PGD.

The second major theme, Cultural and Religious Perspectives, highlights the significant role of culture and religion in shaping recovery experiences. Religious beliefs were consistently described as sources of comfort, meaning, and hope. Participants emphasized that faith often helps individuals interpret loss within a broader spiritual framework and provides reassurance regarding reunion in the afterlife. These findings support Meaning Reconstruction Theory (Neimeyer, 2001), which proposes that recovery following bereavement depends largely upon an individual's ability to reconstruct meaning after loss. Religious beliefs often provide explanations regarding death, suffering, and the continuation of existence beyond earthly life. Consequently, faith may help individuals integrate loss into a coherent worldview.

Similarly, Park (2019) found that religious coping assists individuals in making sense of traumatic experiences and promotes psychological adjustment. Within Islamic cultures, beliefs regarding divine decree (Qadar), patience (Sabr), and reunion in the afterlife may provide emotional comfort and facilitate acceptance of loss. Participants frequently described these beliefs as helping bereaved individuals tolerate uncertainty and maintain hope.

Recent research has further highlighted the importance of culturally sensitive grief assessment. Killikelly et al. (2025) argued that grief experiences are profoundly shaped by cultural worldviews and that clinicians must consider cultural beliefs when assessing and treating PGD. The present findings support this recommendation by demonstrating that cultural and religious influences are deeply embedded within bereavement experiences in Pakistan.

However, participants also noted that cultural expectations occasionally create difficulties for grieving individuals. In collectivistic societies, cultural norms often dictate acceptable expressions of grief, mourning rituals, and expected recovery timelines. Individuals whose grief persists beyond socially accepted periods may experience criticism, misunderstanding, or pressure to "move on."

These findings are consistent with Rosenblatt (2017), who suggested that cultural expectations can function as both supportive and restrictive forces. While communal mourning rituals provide social support and collective healing, rigid social expectations may invalidate prolonged emotional suffering. Hinton et al. (2013) similarly reported that cultural beliefs influence symptom expression and recovery trajectories among bereaved populations worldwide.

These findings support previous research indicating that religious coping may enhance psychological resilience following bereavement. Beliefs concerning divine wisdom, patience, and spiritual continuity may help individuals tolerate emotional pain while gradually adapting to loss. However, participants also acknowledged that religious beliefs can occasionally complicate

recovery when individuals experience anger toward God or struggle to reconcile their loss with spiritual expectations.

Cultural values similarly exert both positive and negative influences on recovery. Mourning rituals and communal support often provide emotional comfort and social connection. At the same time, cultural expectations regarding acceptable expressions of grief may create pressure for bereaved individuals. Participants reported that some individuals experience criticism or misunderstanding when their grief extends beyond socially accepted timeframes. Such experiences may contribute to shame, isolation, and delayed recovery.

The third major theme, Disturbed Social Life, illustrates the profound social consequences of prolonged grief. Participants consistently described isolation, avoidance, and social withdrawal as significant barriers to recovery. These findings correspond with existing literature demonstrating that social disconnection is both a symptom and consequence of prolonged grief.

These findings correspond with previous research identifying social withdrawal as a core characteristic of prolonged grief. Prigerson et al. (2009) reported that individuals experiencing PGD frequently struggle to maintain social relationships because intense emotional pain limits engagement with others. Likewise, Shear (2015) noted that prolonged grief often disrupts interpersonal functioning and contributes to loneliness.

Participants further reported that avoidance behaviors are commonly used to manage grief-related distress. Individuals may avoid places, conversations, photographs, or activities associated with the deceased. While such avoidance temporarily reduces emotional discomfort, it ultimately interferes with adaptation.

This finding is consistent with Stroebe and Schut's (1999) Dual Process Model of Bereavement, which emphasizes the importance of balancing confrontation and avoidance. Adaptive grieving involves moving between loss-oriented and restoration-oriented coping

processes. Excessive avoidance prevents individuals from processing the reality of loss and developing new life roles.

Recent evidence supports this explanation. Smith et al. (2024) found that avoidance behaviors significantly predict the persistence of PGD symptoms over time. Similarly, Keser and Boelen (2025) reported that maladaptive cognitive and behavioral avoidance mechanisms contribute to both grief severity and treatment resistance.

Participants also described how many bereaved individuals become emotionally detached from current relationships while remaining psychologically connected to the deceased. These findings support attachment-based theories of grief (Field, 2006). According to attachment theory, difficulties adjusting to loss may arise when individuals struggle to reorganize attachment bonds following bereavement. Persistent emotional attachment can therefore interfere with engagement in present-day relationships and activities.

Avoidance behaviors were particularly prominent in clinicians' accounts. Although avoiding reminders of the deceased may temporarily reduce emotional distress, excessive avoidance prevents emotional processing and adaptation. Individuals who withdraw from relationships and activities may lose access to important sources of support, thereby increasing vulnerability to psychological difficulties.

Furthermore, participants described how excessive focus on memories of the deceased can interfere with engagement in present-day experiences. This observation aligns with attachment-based theories suggesting that prolonged grief involves difficulties integrating the reality of loss into one's ongoing life narrative.

The fourth major theme, Challenges in Healing, highlights the substantial obstacles many individuals encounter during recovery. Depression, emotional numbness, persistent yearning, and environmental pressures were identified as common barriers. Participants emphasized that persistent emotional attachment

often prevents individuals from establishing new goals, relationships, and sources of meaning.

These findings align with contemporary diagnostic conceptualizations of PGD. Shear et al. (2023) identified yearning, longing, and difficulty accepting the loss as central features of the disorder. Similarly, Maciejewski et al. (2016) emphasized that persistent attachment-related distress differentiates PGD from depression and anxiety disorders.

Participants also reported symptoms of emotional numbness and sensory experiences involving the deceased. These observations are consistent with Duffy and Wild (2023), who found that intense grief may be accompanied by vivid imagery, intrusive memories, and perceived sensory experiences that reinforce attachment to the deceased.

Environmental barriers emerged as another important factor influencing recovery. Participants described how financial difficulties, limited access to mental health services, family resistance, and social stigma often prevent individuals from obtaining appropriate support. These findings are particularly relevant within developing countries where mental health resources remain limited.

Recent evidence supports this interpretation. Asmat et al. (2025) identified social and environmental factors as significant predictors of both vulnerability and resilience following bereavement. Similarly, Raine et al. (2025) concluded that structural inequalities, healthcare accessibility, and community support systems substantially influence grief outcomes.

The persistence of mental health stigma was also highlighted by participants. Many bereaved individuals reportedly avoid psychological treatment because they fear social judgment or perceive seeking help as a sign of weakness. Ahmed (2021) similarly reported that stigma remains one of the most significant barriers to mental health service utilization in Pakistan. Consequently, reducing stigma should be considered a priority in grief intervention programs.

Overall, the findings suggest that recovery from Prolonged Grief Disorder is a multidimensional process shaped by psychological, cultural, social, religious, and environmental influences. The study supports established theoretical frameworks, including Meaning Reconstruction Theory (Neimeyer, 2001), Attachment Theory (Field, 2006), and the Dual Process Model of Bereavement (Stroebe & Schut, 1999). At the same time, the findings extend current literature by demonstrating how these processes operate within the Pakistani sociocultural context.

The study further highlights the importance of culturally responsive interventions that integrate religious understanding, family support, psychoeducation, and community awareness. Such interventions may be particularly effective in collectivistic societies where recovery is influenced not only by individual coping strategies but also by broader cultural and social systems. Future intervention programs should therefore adopt holistic approaches that address both psychological symptoms and contextual factors contributing to prolonged grief.

Environmental barriers emerged as particularly important within the Pakistani context. Mental health stigma, limited awareness of PGD, financial constraints, and discontinuity of treatment were frequently reported by clinicians. These factors may discourage help-seeking behaviors and contribute to prolonged suffering. Collectively, the findings underscore the need for culturally sensitive interventions that address both psychological symptoms and broader social contexts. Effective grief interventions should incorporate family involvement, religious understanding, community education, and stigma reduction efforts. Such approaches may enhance therapeutic engagement and improve recovery outcomes.

### Conclusion

The present study explored Pakistani clinicians' perspectives regarding factors influencing recovery from Prolonged Grief Disorder. The findings indicate that recovery is shaped by a

complex interaction of psychological, social, cultural, and religious influences.

Helpful interventions such as psycho education, family counseling, awareness programs, and faith-based coping strategies were identified as important facilitators of recovery. Conversely, social isolation, avoidance behaviors, persistent emotional attachment, depression, stigma, and environmental pressures were found to hinder healing.

The study highlights the importance of understanding grief within its cultural context. Recovery from prolonged grief cannot be fully understood without considering the influence of family systems, community expectations, religious beliefs, and societal attitudes toward mental health.

### Implications

The findings have several practical implications:

1. Mental health professionals should incorporate culturally sensitive approaches when working with bereaved individuals.
2. Family counseling should be integrated into grief interventions to strengthen support systems.
3. Mental health awareness campaigns should increase public understanding of Prolonged Grief Disorder.
4. Religious leaders and community organizations should be involved in grief education and support initiatives.
5. Training programs should be developed to improve clinicians' knowledge regarding culturally appropriate grief assessment and intervention.

### Limitations

Several limitations should be acknowledged.

- First, the study involved a relatively small sample of clinicians, which may limit transferability of findings.
- Second, participants were recruited from specific regions of Pakistan and may not represent experiences from all cultural groups within the country.

- Third, the study focused on clinicians' perspectives rather than direct experiences of individuals living with Prolonged Grief Disorder.
- Future research should include larger and more diverse samples and explore grief recovery experiences from the perspectives of bereaved individuals themselves.

### Future Research Directions

Future studies should:

- Examine recovery experiences among diverse cultural and socioeconomic groups.
- Develop culturally adapted intervention models for PGD.
- Investigate the effectiveness of family-based grief interventions.
- Explore the role of religious coping in long-term adjustment.
- Validate culturally sensitive assessment tools for use in Pakistan.

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