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Review Article

Sociocultural Factors Influencing Prolonged Grief Disorder: A Scoping Review

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Abstract

Objective: Grief is a response to significant loss that may become prolonged and develop into prolonged grief disorder (PGD). Sociocultural factors can influence this process. This scoping review examined studies on sociocultural determinants of PGD.
Method: Databases searched included PubMed, Web of Science, Scopus, PsycINFO, and ProQuest. Studies published between January 2012 and December 2025 were screened in accordance with PRISMA-ScR guidelines and analyzed descriptively.
Results: From 877 identified papers, 19 met the inclusion criteria. Four key sociocultural factors emerged: religious beliefs, mourning customs, cultural beliefs, and social support. Religious beliefs functioned as both risk and protective factors depending on the context and coping style. Mourning customs promoted healing when upheld and intensified grief when disrupted; moreover, in some contexts, rituals may also maintain grief. Cultural beliefs shaped grief expression and understanding, sometimes conflicting with diagnostic criteria. Social support, especially when culturally congruent, moderated grief outcomes, while social withdrawal or isolation also emerged as an important predictor of prolonged grief (PG) symptoms.
Conclusion: The findings underscore the importance of culturally sensitive interventions in PGD. Understanding these sociocultural dynamics is essential for developing culturally tailored prevention and treatment strategies for PGD.

Key words: *Bereavement; Culture; Prolonged Grief Disorder; Religion; Social Support*

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The loss of a significant other is an inevitable part of the human experience, and people encounter this profound event at some point in their lives (1). In this situation, experiencing psychological distress is a typical and expected response (2). While many bereaved individuals report that these feelings become less frequent and intense in the weeks and months after the death, a subgroup experiences persistent and disabling grief reactions that do not follow the expected course (3).

Historically, such prolonged and impairing grief responses have been described using overlapping terms, including complicated grief (CG) and persistent complex bereavement disorder (PCBD). CG has been widely used as a research term for grief that remains intense and functionally impairing beyond the typical mourning period, whereas PCBD was introduced in the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition (DSM-5), first published in 2013, as a condition for further study (3). Accumulating empirical evidence has supported prolonged grief disorder (PGD) as a coherent and diagnosable grief-related condition (4).

Accordingly, PGD is now recognized as a formal diagnosis in both the DSM-5-TR and the International Classification of Diseases 11th Revision (ICD-11; 5–7), facilitating more systematic identification and treatment (8–10).

In the DSM-5 Text Revision (DSM-5-TR), PGD is characterized by persistent longing for or preoccupation with the deceased, intense emotional pain, and functional impairment, accompanied by symptoms such as disbelief, avoidance, emotional numbness, or identity disruption. These symptoms persist for at least 12 months, are not culturally, religiously, or age-appropriate, and significantly impair functioning (10). Numerous studies have examined predictors of PGD, including perceived social support, age, sex, cultural background, relationship to the deceased, place and cause of death, and time since loss (11–13).

Among these, culture constitutes a fundamental dimension of grief, shaping symptom expression, clinical dynamics, and culturally sanctioned mourning practices that may influence PGD trajectories. In this context, the language of grief, worldviews, the patient–clinician relationship, idioms of distress, and culturally acceptable forms of treatment are shaped by sociocultural norms (10, 14). The DSM-5 cross-cultural issues subgroup developed the Cultural Formulation Interview (CFI) to enhance cultural sensitivity in clinical evaluations. The CFI (first interview and additional modules) touches on explanatory models, functioning scales, social networks, and spirituality, but does not explicitly address culturally patterned experiences of bereavement and loss (10). This absence underscores the need for a culturally sensitive understanding of grief, particularly in relation to migration-related losses and acculturation. Grief among immigrants, minorities, and indigenous groups may also be shaped by structural inequalities, discrimination, and historical or collective trauma, including losses that remain socially unrecognized and can be transmitted across generations (15). Such experiences may intensify grief and have been associated with elevated PGD symptoms (16).

Physical and social distance from one's community may also restrict access to culturally meaningful mourning practices. Disrupted rituals among displaced populations have been linked to intensified distress, guilt, and grief-related symptoms (17). In some contexts, the inability to engage in culturally sanctioned rituals has been associated with comorbid conditions such as PGD, post-traumatic stress disorder (PTSD), and depression, underscoring the potential protective role of mourning rituals in emotional healing (18, 19).

Religious and spiritual beliefs have also been examined as potential influences on prolonged grief (PG) (20, 21). Although related, spirituality and religion represent distinct constructs: spirituality reflects an internal search for connection and meaning, whereas religion refers to an organized system of beliefs and practices (22–24). Both may shape worldviews and support meaning-making after loss (25). Evidence suggests that successful meaning-making is associated with better psychological adjustment, whereas PGD is often linked to difficulties in integrating the loss into one's life narrative (26, 27).

Furthermore, every group and society has distinct mourning customs and rituals. Although these practices vary widely across cultures, they often strengthen social bonds and provide collective support (28). However, social isolation and diminished support are common during bereavement and may adversely affect emotional, mental, and physical well-being (29, 30). In contrast, social support has been linked to reduced psychological distress and negative physiological outcomes and may facilitate active coping and adjustment following loss (31, 32).

Although various studies have recommended conducting research on grief reactions and PGD, especially in non-Western contexts (14, 33, 34), few studies have been conducted to explore cross-cultural similarities and differences in sociocultural factors that influence PGD. Identifying and using these factors in cultural clinical interviews can help understand grief severity and is essential for accurate diagnostic assessment and proper clinical management. This knowledge can also help clinicians consider individuals' cultural identities when assisting culturally diverse populations or minority groups (33).

Despite growing evidence on PGD predictors, the sociocultural mechanisms shaping PGD across different cultures remain fragmented and have not been comprehensively mapped. In this study, a scoping review was chosen because the literature on sociocultural influences on PGD is heterogeneous in design, terminology, and cultural settings. This approach is suitable for mapping key concepts and evidence gaps

rather than estimating effect sizes. Therefore, this scoping review aimed to (1) map sociocultural factors associated with PGD and (2) categorize these factors into key domains. The research question was: What sociocultural factors influence PGD?

Materials and Methods

This scoping review was conducted in 2025. The review was conducted using the Arksey and O'Malley framework (35) and reported in accordance with the PRISMA-ScR guidelines. Scoping reviews are appropriate for mapping heterogeneous bodies of evidence, particularly when terminology, study designs, and cultural contexts vary widely, and when the aim is to identify key concepts and evidence gaps rather than to synthesize effect sizes. Unlike systematic reviews, scoping reviews typically do not require formal critical appraisal of study quality; therefore, the findings should be interpreted with this consideration in mind. The Arksey and O'Malley framework includes five stages: Identifying the research question, identifying relevant studies, study selection, charting the data, and collating, summarizing, and reporting the results (35). Qualitative content analysis was used to identify and interpret sociocultural themes across the included studies.

Identifying the research question

The research question was initially developed to guide the researchers in their search for relevant articles. The research question, as mentioned in the introduction section, was: What sociocultural factors influence PGD?

Identifying relevant studies

Five databases were searched: Web of Science, PubMed, Scopus, PsycINFO, and ProQuest. A comprehensive search strategy was developed using MeSH terms, PubMed entry terms, and key concepts identified in the relevant literature. Terms were combined using Boolean operators ("OR" and "AND"), and the search syntax was adapted for each database. To enhance methodological rigor, an academic health sciences librarian supported the development of the search strategy. Full database-specific search strings are provided in Appendix 1.

Eligibility criteria (Study Selection)

All research papers, including quantitative, qualitative, mixed-methods studies, as well as case reports and case studies related to CG and PGD in which sociocultural factors were examined and discussed, published in English between 1 January 2012 and 31 December 2025, were included in this study. Although the review focused on PGD, studies using the closely related construct of CG were also eligible if they provided relevant evidence on the sociocultural mechanisms underlying prolonged or impairing grief responses. This decision was made to avoid omitting important literature, as a substantial portion of earlier cross-cultural research predates the formal recognition of PGD and commonly operationalizes PG using CG terminology. Conceptual and theoretical papers were also included if they explicitly addressed sociocultural influences on PGD or CG. No restrictions were applied regarding participant characteristics. Excluded records were systematic reviews and meta-analyses, narrative reviews, editorials, letters, commentaries, study protocols, conference abstracts, book chapters, non-English publications, and studies that did not address sociocultural factors influencing PGD/CG.

Charting the data

Following database searches, records were imported into EndNote, and duplicate entries were removed. Two researchers independently screened the titles and abstracts of retrieved records, followed by full-text screening of potentially eligible articles using predefined inclusion and exclusion criteria. The screening process was documented using the PRISMA-ScR flow diagram. Discrepancies arising during screening were resolved through discussion until consensus was reached. A structured data extraction form was then developed to systematically collect key information, including authors, year of publication, country, study objectives, methodology, sociocultural factors examined, sample and population characteristics, measures/tools, and a summary of the main findings.

Collating, summarizing, and reporting the results

The extracted data were summarized and presented in table 1, and the characteristics of the included studies were analyzed descriptively. Sociocultural factors were identified through qualitative content analysis and grouped into thematic domains. The main findings of each included study were then narratively summarized.

Results

Search Results and Included Studies

Initially, 877 records were identified from various databases (Figure 1). After removing 437 duplicate records, 440 records were screened based on the relevance of their titles and abstracts to the research aim. Subsequently, 143 full-text reports were assessed for eligibility, of which 124 were excluded for various reasons. Specifically, the excluded studies focused on grief treatments (n = 41), were unrelated to grief and culture (n = 37) or to PGD (n = 31) or provided insufficient reporting of sociocultural factors (n = 15). Consequently, 19 academic journal articles were included in the review for final analysis and synthesis.

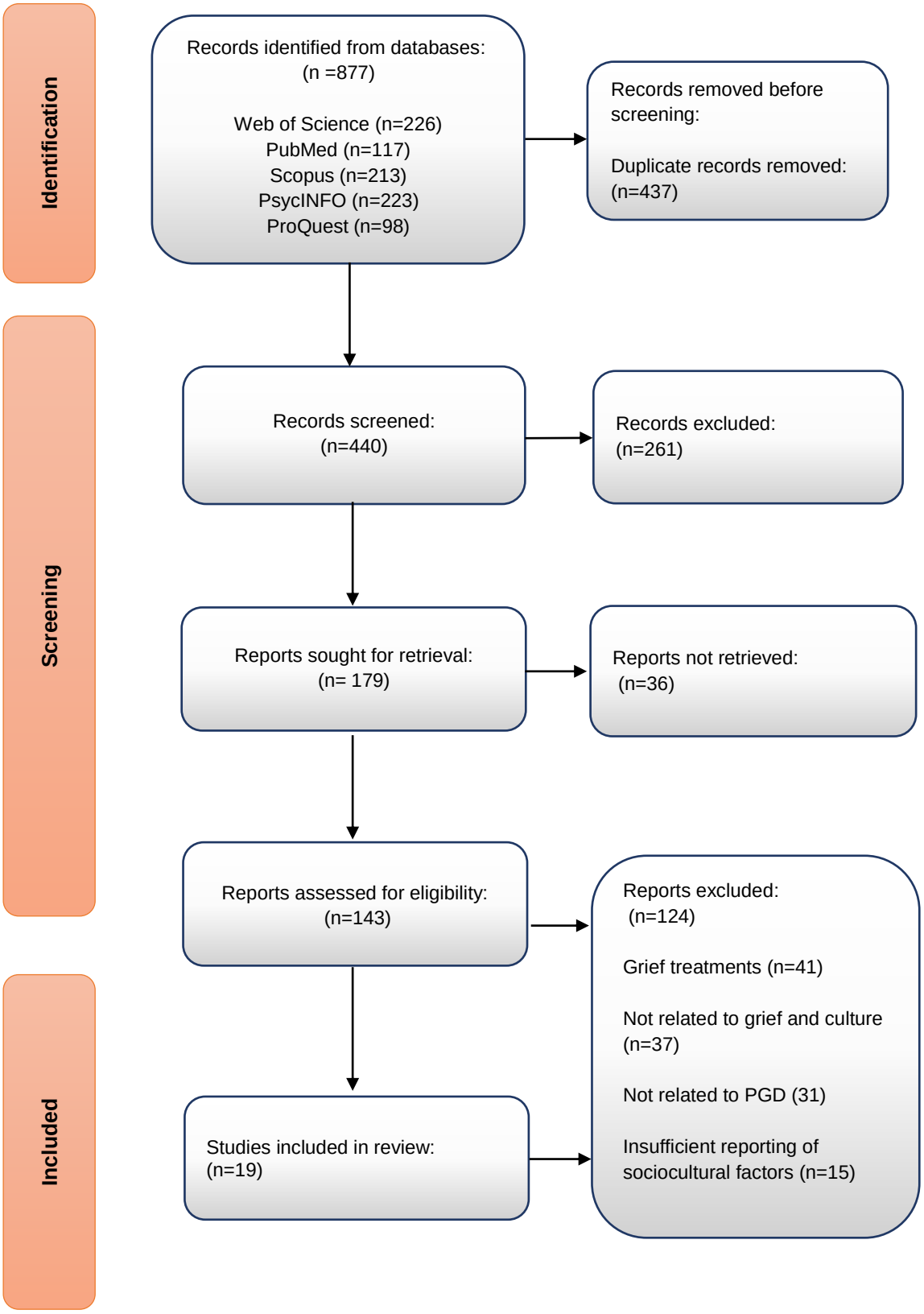

Figure 1. The Number of Identified and Included Articles in the Scoping Review based on the PRISMA-ScR Checklist

Characteristics of the selected studies

As presented in Table 1, the highest frequency of studies originated from the United States of America (n = 6). Other studies were single-nation investigations conducted in various countries, including China (n = 2). In addition, Australia, Indonesia, Iran, India, Norway, South Africa, and Switzerland each contributed one study. Four studies were conducted across multiple cultural settings, including China and German-speaking countries, China and Switzerland, France and Togo, and the United Kingdom and the United States. Among the 19 selected studies, nearly half used quantitative methods (n = 10), while the remaining studies employed qualitative (n = 7) and mixed-methods approaches (n = 2).

The research objectives included examining the influence of cultural beliefs and PGD on suicidal ideation among rural Shidu parents in China (36), investigating the role of meaning-making and value orientation in the severity of PG (37), and exploring whether PG symptoms moderate the link between religious beliefs and emotional dysregulation (16).

Other aims focus on assessing social support satisfaction in cases of traumatic grief (38), identifying common grief symptoms among Syrian refugees (39), estimating the prevalence of PGD and its relationship with PTSD and depression among individuals bereaved by traffic accidents in Bali (40), and examining end-of-life caregiving practices and their impact on bereavement outcomes (41). Additional areas of exploration included understanding CG within the rural Appalachian culture and the potential of feminist therapy as a treatment (42), assessing the effects of traditional Chinese culture on bereavement outcomes among older Chinese adults (43), utilizing nostalgia as a pastoral-hermeneutic tool for healing CG in Afro-Christian contexts (44), and analyzing the significance of religious and spiritual beliefs in understanding PGD symptomatology (45). Further objectives included investigating how meaning, belief in God, and bereavement outcomes interrelate (46); identifying connections among social support, religious coping, continuing bonds, PGD symptoms, and quality of life among bereaved African American adults (47); categorizing primary types and functions of grief rituals (48); and examining mental health support-seeking behaviors for CG among older adults (49).

Recently added studies extended these objectives by examining associations between perceived social support, stigma, social withdrawal, and PG symptoms after drug-related deaths (50); exploring Iranian carers' bereavement experiences following cancer caregiving and culturally shaped caregiving obligations (51); investigating culturally embedded manifestations of PG and the relevance of ICD-11 PGD criteria in the Indian context (52); and testing whether culture moderates the association between existential isolation and PG symptoms across Chinese and German-speaking bereaved adults (53).

Table 1. Reviewed Studies of Sociocultural Factors Influencing Prolonged Grief Disorder

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Reime, *et al.* (2025)	Norway	To examine associations between perceived social support, stigma, social withdrawal, and PG symptoms after a drug-related death	N = 250 bereaved close family/friends after drug-related death	PG-13; (CSS); (SGQ-stigma); (AQ-withdrawal)	Cross-sectional quantitative study	Cultural beliefs: stigma & moral condemnation surrounding drug-related death. Social support: social withdrawal/self-isolation strongest predictor of PGD.	Social withdrawal explained the largest variance (8%) in PG symptoms; perceived social support explained 3%; stigma explained 1% (total 17.5%)

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Salehi, *et al.* (2023)	Iran	To explore Iranian carers' experiences of caring for a family member with cancer and coping with bereavement with elevated PGD symptoms	N = 17 bereaved Iranian family carers of cancer patients	ICG; clinical screening; semi-structured interviews	Qualitative thematic analysis	Cultural beliefs: Family-centered relational self and caregiving as a loyalty obligation	Four themes: unfamiliarity with cancer, high involvement in caregiving role, lack of processing events, emptiness; cultural context can intensify grief complexity
Sarkar, *et al.* (2023)	India	To explore culturally embedded experiences/manifestations of PG and the relevance of ICD-11 PGD criteria in the Indian context	N = 21 mental health professionals; Interviews: N = 14 bereaved individuals	Semi-structured interviews and focus group discussions	Qualitative phenomenological study	Mourning customs: Prolonged rituals and continuing bonds expressed through culturally embedded practices. Cultural beliefs: Norms around appropriate grief expression and meaning-making after loss	Grief expression includes culturally shaped idioms and spiritual interpretations; rituals function as culturally sanctioned coping but may also maintain grief; Western criteria may not capture local expressions fully
Zhou, *et al.* (2023)	China & German-speaking	To validate German and Chinese versions of the Existential Isolation Scale and test whether culture moderates the association between existential isolation and PG symptoms	Total N = 425 bereaved adults (267 Chinese; 158 German-speaking sample)	Existential Isolation Scale; IPGDS	Cross-sectional quantitative study	Cultural beliefs: Existential isolation and culturally shaped meaning in grief. Social support: Social connectedness as a buffer against PG symptoms	Existential isolation predicts PG severity only in German-speaking bereaved adults; cultural orientation moderates this link, highlighting the need for culturally sensitive assessments
Ma, *et al.* (2023)	China	To examine whether PG moderates the association between religion/spirituality and emotion dysregulation	N = 240 rural Shidu parents (lost only child), China.	PG-13; CBSQ; suicide ideation (NCS 1-item)	Cross-sectional quantitative study	Cultural beliefs (stigma & core Chinese values): Perceived stigma and culture-related grief beliefs, reflecting core Chinese values (e.g., filial piety, destiny beliefs, stigma about losing family line), influence mental health and suicide ideation	PGD was strongly associated with suicidal ideation (OR = 9.28), and culture-related grief beliefs (e.g., stigma/destiny beliefs) significantly contributed to suicidal thoughts among rural Shidu parents

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Lee, *et al.* (2022)	USA	To investigate the potential for PG symptoms to moderate the association between religion and emotion dysregulation.	N = 100 bereaved American college students	PG-13; General Religiousness measure; STI; Brief RCOPE; Feeling Card	Quantitative lab-based interview study	Religion: Spirituality and religiousness influence emotion regulation during grief talk; spirituality predicts more adaptive emotion regulation only in low-to-mild PG, not in elevated PGD symptoms	Emotional reactivity was associated with religiousness, spirituality, and negative religious coping. Spirituality predicted more adaptive emotion regulation only at low-to-mild PG symptom levels (moderation)
Cacciatore, *et al*. (2021)	USA	To evaluate satisfaction by social support among bereaved individuals experiencing traumatic grief, utilizing a framework comprising four categories of social support	N = 372 bereaved adults; majority experienced death of a child	Online survey (Likert-type support ratings); 4 open-ended questions	Mixed-methods cross-sectional survey	Social support: emotional support most desired; many dissatisfied with family/community/professionals; pets were the highest rated support	Findings showed low satisfaction with professional, familial, and community support, whereas pets received the highest satisfaction ratings. Emotional support (e.g., presence and listening) emerged as the most desired form of support after traumatic loss
Killikelly, *et al.* (2021)	Switzerland	To identify culturally relevant grief symptoms and barriers to the acceptability of ICD-11 PGD among Syrian refugees	N = 10 Syrian refugees living in Switzerland	Semi-structured key informant interview guide	Qualitative thematic analysis	Mourning customs: time-based rituals define “normal” grief. Cultural beliefs: stigma/fear of being labeled “crazy” reduces help seeking	Qualitative analysis generated a Syrian refugee grief model; key symptoms included “emotional outbursts” and “weariness.” Refugee-related losses (e.g., homeland loss, limited support, ambiguous loss) were linked to greater grief severity and lower acceptance of PGD

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Djelantik, *et al.* (2021)	Indonesia	To estimate prevalence of PGD, PTSD, and depression after traffic deaths in Bali and examine latent classes and associations with cultural/socio-demographic characteristics and PTG	N = 301 bereaved Balinese adults who lost close kin due to traffic accidents	TGI-SR; PCL-5; QIDS-SR; PTGI-SF; open-ended ritual purpose	Mixed-methods cross-sectional study	Mourning customs: Balinese Hindu rituals (care/purify/calm the spirit). Religion: afterlife belief—guiding spirit to heaven; potential protective role	Most participants adhered to Balinese bereavement rituals. Culturally and religiously uniform practices may be protective, contributing to low PGD/PTSD/depression prevalence after traffic-related loss
Kokou-Kpolou, *et al.* (2020)	France & Togo (West Africa)	To examine whether end-of-life caregiving, farewell communication, and ritualistic behaviors are associated with conjugal bereavement outcomes (CG symptoms and postloss growth) across France and Togo	N = 235 bereaved spouses: 162 Togolese and 73 French participants	ICG-R; PTGI; VAS; EoL caregiving/ritual questionnaire	Mixed-methods cross-sectional comparative study	Mourning customs: EoL rituals (prayer/candles/music) were linked to better bereavement adaptation. Social support: Farewell communication promoted postloss growth; absence of rituals/communication related to poorer outcomes	Caregiving without ritual (religious or secular) support and symbolic mediation was associated with poorer bereavement outcomes and more complex mourning.
Xiu, *et al.* (2020)	China & Switzerland	To investigate the association between PG severity and meaning-making narration in a cross-cultural context, focusing on the role of value orientations (traditional vs modern values) in shaping the grieving process.	N = 52 bereaved parents who lost a child: 30 Chinese and 22 Swiss parents	ICD-11 PG scale; SVDMT narration task	Mixed-methods cross-sectional study	Cultural beliefs: Value orientations (traditional vs modern values) shape meaning-making narration; traditional values are linked to more negative appraisals, while modern values trigger more loss-related memories when PG is severe	Higher PG severity related to more negative meanings in self-defining memories; severe PG elicited more loss-related memories in response to modern values (cross-cultural)

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Thacker and Gibbons (2019)	USA	To delve into the intersection of CG and rural Appalachian culture, briefly introducing feminist therapy and showcasing its application with individuals from rural Appalachia.	Not applicable (theoretical review with case illustration)	Not applicable (conceptual/theoretical paper with case illustration)	Conceptual/theoretical review; case illustration	Religion: Religiosity is a core Appalachian value shaping grieving expectation. Cultural beliefs: Core cultural values (egalitarianism, familism, neighborliness) shape grief norms; conflict with these expectations increases risk of CG	Rural Appalachians share strong cultural values that shape grief norms. CG may develop when individuals cannot reconcile grief within these cultural expectations; feminist therapy is proposed as a culturally congruent framework to address culturally rooted CG
Brunsdon (2019)	South Africa	To apply restorative vs reflective nostalgia as a pastoral–hermeneutical lens to support healing from CG in an Afro-Christian context marked by tension between African and Christian beliefs	Not applicable (conceptual paper / literature study)	Not applicable	Comparative literature study (conceptual/theoretical)	Religion: Christian resurrection beliefs provide hope and counter ancestral influence beliefs. Mourning customs: Ancestral rituals (extended mourning, appeasing ancestors, dreams as communication) may maintain CG, especially when conflicting with Christian faith	Conflict between African ancestral beliefs/rituals and Christian faith may intensify CG; reflective nostalgia is proposed as a pastoral strategy to support healing grief
Pan (2019)	China	To examine effects of faith in traditional Chinese culture on CG among older widowed Chinese, and test whether occupation moderates this relationship	N = 352 widowed older adults	ICG; Faith in Traditional Chinese Culture scale	Cross-sectional quantitative study	Cultural beliefs: Faith in traditional Chinese culture (Confucian/Taoist beliefs such as fate control, feng shui, ghosts/spirit world) influenced CG	Faith in traditional Chinese cultural beliefs (Confucian/Taoist traditions) was associated with lower CG. These traditional cultural/spiritual beliefs may serve as a protective resource that helps widowed older adults cope with and prepare for spousal loss

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Christian, *et al.* (2018)	Australia	To investigate whether the importance of religious beliefs and spiritual beliefs in daily life (as separate constructs) explains variance in PGD symptoms	N = 588 bereaved adults	PG-13; 2 single-item religion/spirituality importance (4-point); perceived support; demographics/loss variables	Cross-sectional correlational questionnaire survey	Religion: belief in God. Cultural beliefs: meaning in life (presence/search)	Importance of spiritual beliefs explained 3% of variance in PGD symptoms (significant); religious beliefs did not explain significant variance
Sawyer and Brewster (2018)	USA	To examine how belief in God and meaning in life (presence/search) relate to PTG, CG, and psychological distress in bereaved atheists vs believers	N = 299 bereaved adults in the US	Belief in God (1 item); MLQ (meaning in life); PTGI; ICG; HSCL-25	Cross-sectional quantitative study	Religious beliefs: belief in God (faith; trust; spiritual connection) Cultural beliefs: meaning making (presence of meaning; search for meaning)	Presence of meaning was positively associated with PTG and negatively with CG and distress. Belief in God predicted higher PTG but also higher CG and psychological distress, and moderated the link between search for meaning and PTG (beneficial for believers)
Sas and Coman (2016)	UK & USA	To explore how personal grief rituals are designed in grief therapy by identifying (a) types/functions of grief rituals and (b) symbolic objects and actions used across ritual stages	N = 10 grief-ritual therapists	Semi-structured therapist interviews (ritual examples; symbolic objects/actions; success indicators; challenges)	Qualitative thematic analysis	Mourning customs: personal grief rituals (honoring; letting go; self-transformation)	Three ritual types were identified: honoring, letting go, and self-transformation (most complex). A taxonomy of ritual objects was also developed, distinguishing items used to frame/commemorate rituals from those used to symbolically process grief

Author(s) (Year)	Country	Objective	Sample & Population	Measures/ Tools	Research methods	Sociocultural factor(s)	Key findings
Boulware and Bui (2016)	USA	To examine relationships between social support, religious coping (positive/negative), continuing bonds, PGD symptoms, and quality of life among bereaved African American adults.	N = 154 bereaved African American adults	PG-13; RAND-36; MSPSS; Brief RCOPE; Continuing Bonds Scale	Quantitative cross-sectional study	Social support: Higher perceived social support predicted fewer PGD symptoms and better quality of life. Religion: Negative religious coping predicted higher PGD symptoms and lower quality of life	Among bereaved African Americans, higher perceived social support was associated with fewer PGD symptoms and better quality of life, whereas negative religious coping and stronger continuing bonds were associated with higher PGD symptoms and poorer quality of life
Ghesquiere (2014)	USA	To explore the process by which older adults with CG sought professional mental health support for grief symptoms	N = 8 older adults with CG	Semi-structured in-depth interviews	Qualitative descriptive phenomenology	Social support: Social relationships strongly shaped support-seeking; insufficient support or withdrawal ("you should be over it by now") prompted professional help seeking. Cultural beliefs (stigma/norms): Norms about what grief "should" look like and negative reactions to the CG label influenced recognition of "abnormal" grief and willingness to seek care	Five themes emerged: (1) grief caused severe distress/impairment; (2) grief conflicted with societal expectations; (3) social relationships shaped help seeking; (4) prior support groups and mental health care were perceived as ineffective; and (5) participants had strong reactions to the "CG" label

PG: Prolonged Grief; PG-13: Prolonged Grief questionnaire – 13; CSS:Crisis Support Scale;SGQ: Special Grief Questions; AQ: Assistance Questionnaire; PGD: Prolonged Grief Disorder; ICG: Inventory of Complicated Grief; IPGDS: International Prolonged Grief Disorder Scale; CBSQ: Culture-related Grief Beliefs of Shidu Parents Questionnaire; NCS: National Comorbidity Survey; STI: Spiritual Transcendence Index; RCOPE: Brief-Religious Coping Scale; PTG: Posttraumatic growth; TGI-SR: Traumatic Grief Inventory Self-Report; PCL-5: Posttraumatic Stress Disorder Checklist for DSM-5; QIDS-SR: Quick Inventory of Depressive Symptomatology Self Report; PTGI-SF: Post-Traumatic Growth Inventory – Short Form; PTSD: Post-traumatic stress disorder; CG: Complicated Grief; ICG-R: Inventory of Complicated Grief-Revised; PTGI: Posttraumatic Growth Inventory; VAS: Visual analog scale; EoL: End-of-Life; SVDMT: Self and Value Defining Memory Task; MLQ: Meaning in Life Questionnaire; HSCL: Hopkins Symptom Checklist; RAND: 36-Item Health Survey 1.0 (distributed by RAND); MSPSS: Multidimensional Scale of Perceived Social Support

Sociocultural Domains Identified in the Included Studies

To synthesize the findings, sociocultural influences on PGD were organized into four major domains: religion, cultural beliefs, mourning customs, and social support. Importantly, across the included studies, sociocultural factors were not merely contextual background variables; rather, they shaped how grief was experienced and expressed, how symptoms were interpreted, how coping strategies were mobilized, and whether support-seeking was facilitated or inhibited, often in culturally specific ways. The findings also suggest that these

domains frequently interacted, such that cultural meaning systems shaped the availability and acceptability of support and ritual engagement, while stigma and moral norms influenced both coping and disclosure.

- **Religion**

Religious and spiritual beliefs emerged as both protective and risk-enhancing mechanisms across studies (16, 46, 47). Specifically, beliefs related to the afterlife (46), meaning making (37, 47), and religious coping were repeatedly linked to grief severity or adjustment (16, 47). For example, among rural Chinese Shidu parents, religious and grief-related beliefs were associated with greater psychological distress and suicidal ideation (36). Similarly, evidence from the United States indicated that negative religious coping (e.g., anger toward God, spiritual struggle) was related to greater PGD symptoms and lower quality of life (46, 47), whereas meaning-making and positive coping strategies were linked to better adjustment and posttraumatic growth (PTG) (45, 46).

However, religion did not show uniformly protective effects. Quantitative evidence suggested that religiosity may operate differently depending on symptom severity, such that spirituality predicted more adaptive emotional regulation mainly among individuals with low-to-mild PG, whereas those with more severe symptoms showed weaker benefits (16). This pattern is consistent with the notion that religion functions as a culturally embedded meaning system whose protective effects depend on how individuals interpret loss and whether faith fosters acceptance or intensifies guilt and self-blame (16, 46, 47).

Notably, recent evidence also highlights the role of context-specific moral meaning systems. For instance, stigma and moral condemnation surrounding certain causes of death may shape grief interpretations and contribute to prolonged symptoms through intensified social withdrawal and reduced communal support (50). Collectively, these studies indicate that religion may influence PGD both through internal meaning-making processes and through social pathways, such as participation in faith-based communities that strengthen culturally congruent support networks (16, 38, 47).

Importantly, religion often interacts with social support and stigma (36, 47): faith-based communities may enhance culturally congruent support and facilitate coping (38, 47), whereas religiously framed stigma or moral judgment may promote withdrawal and intensify grief symptoms (16, 36, 50).

- **Cultural Beliefs**

Across studies, cultural belief systems shaped not only how grief was understood, but also how “normal” versus “pathological” grief was socially defined (39, 42, 44). This was particularly evident in culturally diverse contexts where grief norms included extended mourning expectations, withdrawal from celebrations, or prescribed emotional restraint. Such culturally patterned practices may resemble PGD symptom markers in Western diagnostic models; however, within local contexts, they may function as socially sanctioned expressions of bereavement rather than clinical impairment (39).

Cultural beliefs were also linked to identity, moral obligation, and meaning-making processes. For example, traditional Chinese cultural faith influenced grief adjustment among widowed older adults, though this association varied by occupational status and available resources (43). Similarly, within Afro-Christian contexts, conflict between ancestral traditions and Christian doctrine was described as a potential driver of CG (44). In rural Appalachia, culturally embedded values such as familism, egalitarianism, and religiosity shaped grief expectations and could contribute to distress when individuals felt unable to meet cultural norms (42).

Recent qualitative and cross-cultural work further underscores how culturally shaped constructs influence grief pathways. For instance, an Indian qualitative phenomenological study highlighted that grief expression, meaning-making, and continuing bonds are shaped by culturally embedded idioms and rituals, and that Western diagnostic criteria may not fully capture these local manifestations (52). In addition, a cross-cultural study comparing Chinese and German-speaking bereaved adults found that existential isolation predicted PG severity only in the German-speaking sample, suggesting that cultural orientation moderates how isolation and meaning systems translate into symptom burden (53). These findings highlight that cultural beliefs influence both symptom interpretation and the psychosocial mechanisms through which grief becomes prolonged.

Cultural beliefs also appeared to interact with social support by shaping when grief is disclosed, whether support is socially acceptable (36, 49), and whether mourners experience validation or stigma—mechanisms that can either buffer grief or increase isolation and withdrawal (53).

- **Mourning Customs**

The included studies consistently suggested that mourning rituals and culturally meaningful practices shape bereavement adaptation, with evidence for both protective and potentially maintaining functions (40, 41, 48). For example, in Bali, strong adherence to Hindu bereavement rituals was associated with remarkably low rates of PGD, PTSD, and depression after traffic-related deaths (40). These rituals appeared to provide structured meaning, communal connection, and symbolic continuity with the deceased, functioning as protective mechanisms (40).

In contrast, when access to rituals was disrupted—such as through displacement or migration—grief reactions were intensified. Syrian refugees described that the inability to perform culturally expected mourning practices contributed to ambiguity, guilt, and distress,

and may also reduce acceptance of PGD constructs framed through Western criteria (39). Similarly, qualitative evidence suggests that rituals may serve both adaptive and maladaptive roles: they can facilitate grief processing, emotional integration, and social bonding, but in some contexts, prolonged ritual continuation and culturally embedded continuing bonds may also sustain longing and prevent adaptation (48, 52).

Cross-cultural evidence also indicates that rituals intersect with communication practices. A comparative study across France and Togo suggested that end-of-life communication and ritualistic behaviors were associated with greater post-loss growth and reduced distress, though the mechanisms differed across contexts: Togolese mourners relied more on collective rites, whereas French mourners relied more on intimate dyadic communication (41). Thus, rituals may function not only as symbolic acts but also as culturally organized systems of social support. Ritual practices frequently operate as structured social support mechanisms; therefore, when rituals are disrupted, mourners may experience both ritual deprivation and reduced communal support, intensifying PG pathways (39–41).

- **Social Support**

Social support emerged as one of the most consistently examined sociocultural predictors of PG. Across studies, perceived support, relational quality, and cultural norms surrounding help-seeking influenced both symptom severity and coping trajectories (38, 41, 46, 47 ,49). For instance, satisfaction with social support following traumatic loss was often low, and emotional presence and listening were reported as the most desired forms of support (38). Among bereaved African American adults, higher perceived support predicted fewer PGD symptoms and better quality of life, while negative religious coping and continuing bonds were linked to higher symptom burden (47).

Qualitative evidence further emphasized that social support is shaped by cultural expectations. Older adults with CG described how social invalidation ("you should be over it by now") and stigma surrounding PG shaped both distress and professional help-seeking decisions (49). These findings illustrate that social support is not merely the presence of relationships but depends on culturally shaped expectations about grief duration, emotional expression, and acceptable coping.

Recent evidence strengthens the importance of social withdrawal as a key mechanism linking sociocultural stigma and PG. In a large quantitative study following drug-related deaths, social withdrawal explained a greater proportion of variance in PG symptoms than perceived support or stigma alone, suggesting that isolation may be a particularly salient pathway to PG in stigmatized loss contexts (50). In addition, qualitative evidence from Iranian bereaved family carers indicated that culturally shaped caregiving roles and relational obligation may intensify grief complexity through prolonged emotional involvement and difficulties processing loss (51). Collectively, these findings suggest that PG may be amplified when sociocultural contexts reduce opportunities for support or encourage withdrawal, particularly in stigmatized or morally charged losses (50, 51).

Overall, evidence suggests that social support interacts with cultural beliefs and religious meaning systems, as cultural norms determine whether grief is socially validated, whether help-seeking is encouraged (47, 49), and whether stigma leads to withdrawal and prolonged symptom persistence (50, 51).

Discussion

This scoping review aimed to investigate the role of sociocultural factors in the experience of PGD. The results showed that four major sociocultural factors influencing PGD were religion, mourning customs, cultural beliefs, and social support.

Regarding the influence of religion on PGD development, different results were found. Some studies indicated that religiosity could serve as a protective factor, while others found it to be a risk factor. One potential explanation for the relationship between the significance of religiosity in daily life and PGD symptomatology is that meaning-making processes may mediate it. An individual's worldview, shaped by their religious and spiritual beliefs, is often fundamental to constructing meaning after experiencing a loss (25). When a person's existing worldview aligns with the circumstances of the death, they may be able to derive meaning from it; conversely, a misalignment can lead to feelings of distress (54). This interpretation is consistent with meaning-attribution perspectives, suggesting that PG may develop when individuals cannot integrate loss into coherent meaning frameworks (55).

Similar to the Afro-Christian tradition in which conflict between faith and tradition makes grief harder, He *et al.* (56) found that religious values, in their relation to culture, exacerbated PGD symptoms. Such results are in line with Feldman *et al.* (57), who argued that religion does not remove death anxiety or grief in all individuals but can promote grief-related development in some. In their study, religious believers experienced less grief and showed more resilience in the face of loss, while belief in the afterlife did not increase the number of people grieving. Together, these findings suggest that religion is not uniformly protective but operates as a culturally embedded meaning system whose impact depends on whether religious interpretations facilitate acceptance or amplify distress, guilt, or self-blame.

Cultural beliefs were another influential factor that differed significantly across cultures. Like religion, cultural beliefs are a significant moderator (both positive and negative) of PGD development. For example, among Syrian refugees, having structured rituals that guide each stage of mourning could help them overcome the risk of developing PGD. Specifically, setting a structured mourning period—such as one year of grief,

with intense mourning in the first three days, gradually lessening over the year, and social connection during the mourning period—can be a protective factor against PGD (39). In contrast, ancestral veneration, rooted in the belief that the deceased continues to exert influence over living relatives, can hinder acceptance of earthly death and prolong the grieving process. The tension between traditional African beliefs and Christian teachings regarding death poses a pastoral dilemma, with Afro-Christians grappling with conflicting beliefs and practices during times of loss (44). Comparing these perspectives, it becomes evident that cultural beliefs profoundly influence grief reactions across diverse cultural contexts.

Similar to this review's findings, Stelzer *et al.* (33) highlighted the role of cross-cultural variation in the prevalence of PGD. This illustrates the difficulty of applying the same diagnostic standards across diverse cultural contexts, since cultural factors significantly affect how grief is expressed and symptoms are elicited. Cross-national evidence supports this view, showing meaningful differences in PGD prevalence across countries (58). For example, in China, fatalism and the belief that death is inevitable tend to lead grievers to hide their loss from others and avoid disclosure (59, 60). These findings align with broader ecosocial approaches, suggesting that grief and psychiatric outcomes must be conceptualized within cultural ecology, structural context, and moral meaning systems rather than as purely individual-level symptom syndromes (61).

Killikelly and Maercker (62) emphasized that assessing PGD must account for culturally relevant symptoms to reduce the risk of misdiagnosis and support appropriate clinical decision-making. In response to the ICD-11 cultural caveat, they introduced a cultural supplement to the International PGD Scale (IPGDS), designed to capture culturally salient grief expressions and improve the cross-cultural applicability of PGD assessment. Their work highlights that grief-related experiences may be communicated through culturally specific idioms, meaning systems, and socially embedded practices that are not fully represented within standard Western diagnostic frameworks. By incorporating these culturally grounded expressions into assessment, the cultural supplement aims to support more context-sensitive diagnosis and ultimately improve the validity and fairness of PGD identification across diverse populations.

Furthermore, differences between ICD-11 and DSM-5-TR diagnostic conceptualizations may contribute to variation in prevalence estimates across societies, further complicating cross-cultural comparisons and emphasizing the need for culturally responsive diagnostic interpretation (63). Therefore, cultural differences in how grief is experienced and handled must be acknowledged, as failing to do so can limit the success of psychological treatments (62).

The role of social support in developing and managing PGD was another key finding of this review. Social support serves not only as a buffer against the psychological distress of loss but also shapes the grieving process itself, influencing how individuals interpret and navigate their grief. Kokou-Kpolou *et al.* (41) highlighted that in cultures where communal rituals and collective mourning practices are prevalent, such as those observed in the Togolese context, social support manifests through shared experiences that reinforce community bonds and provide a sense of belonging during the grieving process. This collective engagement enables individuals to draw strength from one another, facilitating emotional expression and fostering resilience against the debilitating effects of PGD. By contrast, cultures that emphasize individualized expressions of grief, as seen in the French participants' reliance on intimate conversations, may offer limited communal support, potentially leading to feelings of isolation and complicating the grief journey. Ghesquiere (49) reinforced that inadequate social support can hinder the management of grief symptoms. This highlights the importance of culturally informed approaches to grief counseling, where understanding the unique cultural narratives surrounding grief can enhance the effectiveness of interventions. In this context, social support emerges not just as an external resource but as a critical component that shapes the individual's experience of grief and influences the trajectory of PGD development.

These findings are consistent with broader bereavement frameworks, such as the Dual Process Model, which conceptualizes adaptation as oscillation between loss-oriented and restoration-oriented coping, with cultural norms potentially shaping which coping modes are encouraged or constrained (64). Moreover, evidence from recent meta-analytic work suggests that social and relational vulnerabilities remain among the most robust predictors of PG symptoms across populations, reinforcing their importance even beyond culture-specific settings (12).

Finally, this review extends prior work that has largely focused on individual-level predictors or prevalence estimates of PGD by providing a socio-culturally oriented synthesis across diverse settings. By mapping and categorizing evidence into four key domains, the present scoping review offers a clearer conceptual framework for understanding how culturally embedded meaning systems and social practices shape PG outcomes. A further strength is that the search was updated through 2025, enabling inclusion of more recent cross-cultural studies.

Limitation

This review has several limitations. First, consistent with scoping review methodology, we did not undertake a formal appraisal of study quality (35); therefore, the certainty and generalizability of conclusions should be

interpreted with caution. Second, the review included only English-language publications and searched a limited number of databases, which may have excluded relevant evidence published in other languages or indexed in regional sources. This may have resulted in the underrepresentation of culturally specific perspectives from non-English-speaking contexts. Future research should incorporate multilingual literature and broader global databases to better capture non-Western experiences of grief and strengthen cross-cultural generalizability.

Conclusion

In conclusion, this study underscores the critical importance of integrating cultural sensitivity into the assessment and treatment of PGD. Recognizing and respecting cultural diversity is essential for developing tailored interventions that effectively support bereaved individuals. Healthcare professionals, including counselors and therapists, must cultivate the necessary cultural competence to understand and address the unique needs and coping mechanisms of individuals from diverse cultural backgrounds. In practice, clinicians should routinely assess culturally specific mourning rituals, meaning systems, and locally normative expressions of grief when evaluating PG symptoms, to distinguish socially sanctioned practices from clinically impairing distress. In addition, assessment should explicitly consider culturally shaped barriers, such as stigma and social withdrawal given their potential role in maintaining PG trajectories. By embracing culturally sensitive approaches, clinicians can establish rapport, foster trust, and provide effective support for grieving individuals across various cultural contexts. Future research should expand the use of multilingual and non-Western evidence and prioritize the development and validation of culturally adapted PGD screening tools to improve diagnostic accuracy and treatment relevance across settings.

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Conflict of Interest

None.

Author's Contributions

Conceptualization: N.E and H.A.; Methodology: L.P and H.A.; Writing—original draft: N.E.; Writing—review and editing: F.Z and H.A.; Supervision: H.A., F.Z and L.P. All authors have read and agreed to the published version of the manuscript.

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Appendix 1. Detailed Database Search Strategies

Database	Search Strategy
PubMed	(((culture*[MeSH Terms] OR belief*[Title/Abstract] OR cultural background[Title/Abstract] OR religion[MeSH Terms] OR social support*[MeSH Terms] OR funeral rites[MeSH Terms] OR mortuary customs[Title/Abstract] OR custom*[Title/Abstract])) AND (prolonged grief disorder[MeSH Terms] OR complicated grief[Title/Abstract]))
Scopus	TITLE-ABS(((culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*) AND (prolonged grief disorder OR complicated grief)))
Web of Science	(TI = ((culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*) AND (prolonged grief disorder OR complicated grief))) OR (AB = ((culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*) AND (prolonged grief disorder OR complicated grief)))

PsycINFO	(TI(culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*)) AND (TI(prolonged grief disorder OR complicated grief)) OR (AB(culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*)) AND (AB(prolonged grief disorder OR complicated grief))
ProQuest	(abstract(culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*) OR title(culture* OR belief* OR cultural background OR religion OR social support* OR funeral rites OR mortuary customs OR custom*)) AND (abstract(prolonged grief disorder OR complicated grief) OR title(prolonged grief disorder OR complicated grief))