International Journal for Multidisciplinary Research (IJFMR)
E-ISSN: 2582-2160 ● Website: www.ijfmr.com ● Email: editor@ijfmr.com

Understanding Grief: Contemporary Perspectives, Neurobiological Insights and Culturally Sensitive Therapeutic Approaches

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Abstract:
Grief is a universal human response to loss, yet its manifestations and optimal interventions are shaped by cultural context. In India, where family structures, religious rituals, and community support play significant roles, understanding grief requires an integrative approach and a more structured therapeutic alliance. This short paper critically examines current theories of grief, recent neurobiological findings, and advances in therapeutic practice, with a focus on the Indian socio-cultural landscape. Emphasis is placed on the non-linear and individualized nature of grief, the interplay between brain, body, and social context, and the importance of culturally sensitive interventions that honour and respect the emotional, relational, and spiritual dimensions of bereavement.

Keywords: Grief, Neurobiology, Therapy, Cultural Context, Prolonged Grief Disorder, Mental Health Stigma

INTRODUCTION

Grief, an emotional response to loss which is most often the death (also prolonged separation) of a loved one and is a deeply human as well as personal experience is a multifactorial process that transcends geographical and cultural boundaries (Bowlby, 1980; Kübler-Ross, 1969). Although traditionally framed through stage-based models, such as Kübler-Ross's five stages model and contemporary researches increasingly emphasizes the non-linear, oscillating nature of grief (Stroebe & Schut, 1999, 2010).

In India, joint family systems, religious diversity, and community rituals are integral to daily life, shaping the experience and expression of grief. Grief is intricately interwoven with religious and cultural rituals, community participation, and extended family networks (Ghosh, 2022; Majid et al., 2022). These traditions often serve as buffers against psychological distress, yet disruptions—such as those caused by the COVID-19 pandemic—can lead to complicated or prolonged grief (Treml et al., 2024).While Western models provide useful frameworks, Indian realities demand a culturally nuanced understanding. This article synthesizes key theoretical, neurobiological, and clinical developments, drawing on Indian and global research.

Neurobiological research has advanced our understanding of grief, linking it to structural and functional changes in brain regions such as the amygdale, hippocampus, and nucleus accumbens (O'Connor et al.,

2008; Seeley et al., 2022). Simultaneously, integrative therapeutic models have emerged. TEAM-CBT, developed by Dr. David D. Burns (Burns, 1980, 2020), offers structured methods for identifying and challenging maladaptive beliefs, enhancing motivation, and processing complex emotions. Thai-An Truong's grief-specific adaptations within TEAM-CBT focus on acceptance, emotional expression, and continuing bonds (Feeling Good Podcast, 2023). In combining these evidence-based strategies with Indian cultural practices, therapists can create interventions that are both scientifically robust and culturally resonant.

Compounded by scarce grief-specific mental health services and a paucity of research, many bereaved individuals are left without structured support. This review integrates contemporary grief models, neurobiological evidence, and therapeutic practices, highlighting the urgent need for culturally grounded interventions in India.

Stage and Phase Models:

The Kubler-Ross model's five stages (denial, anger, bargaining, depression, acceptance) are influential but not universal. Indian rituals such as antyesti (last rites) and the 13-day mourning period (terahvin) offer structured avenues for expressing and processing grief, often providing community support and a sense of closure. These practices may not align with Western stage-based models, and individuals may experience grief in highly individualized ways (Ghosh, 2022; "Antyeṣṭi," n.d.; Bereavement and Final Samskara, n.d.).

Continuing Bonds and Familial Roles:

Contemporary perspectives emphasize maintaining ongoing bonds with the deceased. In India, ancestral worship, remembrance ceremonies, and the preservation of photographs and belongings are common. A recent qualitative study of sibling bereavement among young Indian adults found that continuing bonds provided comfort, but familial expectations often led to suppression of personal grief, highlighting the need for support systems sensitive to these dynamics.

To highlight, here are the key concepts learnt:

Healthy Grief is generally seen as a natural, adaptive response to loss, shaped by cultural, religious, and familial norms. It is typically expressed through rituals (e.g., antyesti, terahvin), community gatherings, and shared mourning, which help individuals process emotions and reintegrate into daily life. Healthy grief allows for emotional expression, gradual adjustment, and eventual return to functioning, though the timeline and outward expressions may vary widely.

Pathological Grief (also called Complicated Grief or Prolonged Grief Disorder) refers to intense, persistent, and disabling grief reactions that impair daily functioning and do not subside with time or ritual support. Estimates suggest around 5 million people annually could develop complicated grief, with symptoms including persistent yearning, inability to accept the loss, and significant distress or impairment. Pathological grief is often co morbid with depression, anxiety, and physical health problems, and may require clinical interventions.

Review of Literature

Early grief theories were dominated by linear stage and phase models (Kübler-Ross, 1969; Worden, 2018), which, while influential, have been critiqued for their lack of universality (Bonanno, 2004). The dual process model (Stroebe & Schut, 1999, 2010) introduced the concept of oscillation between loss-oriented and restoration-oriented coping, reflecting the dynamic nature of bereavement. The Continuing Bonds Theory (Klass et al., 1996) shifted the paradigm by recognizing that relationships with the deceased often

persist through memories, rituals, and symbolic connections.

In the realm of psychopathology, prolonged grief disorder (PGD) has gained recognition in both the DSM-5-TR (American Psychiatric Association, 2022) and ICD-11 (World Health Organization, 2019). Research in India has validated these diagnostic frameworks within local cultural contexts (Treml et al., 2024). Disruptions to mourning during the pandemic had been amplified grief severity (Ghosh, 2022; Majid et al., 2022), while cross-cultural studies have emphasized the importance of meaning-making and community support in recovery (Peña-Vargas et al., 2021).

Neuroimaging research (O'Connor, 2019; Robinaugh et al., 2016) has identified brain regions implicated in grief, revealing alterations in reward and attachment circuits. These findings align with oxytocin (hormone or neuropeptide) studies suggesting a neurochemical basis for the persistence of emotional bonds (Arizmendi et al., 2023). TEAM-CBT's structured approach (Burns, 1980, 2020; Feeling Good Institute, n.d.) integrates cognitive, emotional, and behavioural interventions. Truong's grief model applies these principles to bereavement, addressing resistance, guilt, and the fear of losing connection to the deceased (Thai-An Truong, TEAM-CBT for Grief, n.d.).

Meta-analyses confirm that targeted grief therapies (Shear et al., 2005; Shear et al., 2014) outperform generic supportive counselling, especially when they are culturally tailored and evidence-based. This makes integrative models like TEAM-CBT particularly promising for the Indian context. Table 1 mentions the current debates.

Table 1: Current Debates

Debate Area	Key Issues	Context
Diagnostic Criteria	Ongoing debate exists globally and in India about how to distinguish normal from pathological grief. Western criteria (DSM-5, ICD-11) may not fully account for cultural mourning practices and timelines.	Indian mourning rituals (e.g., extended periods of seclusion for widows, communal rituals) may be misclassified as pathological if Western timelines are rigidly applied. There is concern about over-stigmatizing normal grief or missing true cases due to cultural masking.
Cultural Sensitivity	Grief is deeply embedded in culture; what is considered pathological in one society may be normative in another.	Indian society's emphasis on collective mourning, ritual, and family roles means that emotional restraint or prolonged mourning may be culturally sanctioned, not necessarily pathological.
Stigma and Access to Care	Mental health stigma remains high in India, leading to reluctance in seeking help for grief-related distress.	Many individuals avoid counselling or psychiatric care due to fear of judgment, especially for grief that persists beyond social expectations. This can delay interventions for pathological grief.
Role of Rituals and Social Support	Rituals are seen as both protective and, at times, restrictive. COVID-19 disruptions highlighted the risk of complicated grief when rituals are interrupted.	The absence of communal mourning during the pandemic led to increased reports of complicated grief, highlighting the importance of culturally congruent support systems.

After-Death Counselling	There is growing recognition of the value of grief counselling and support groups, but access remains uneven.	NGOs, hospices, and counselling centres now offer after-death support, but awareness and utilization are still limited by stigma and lack of resources, especially in rural areas.

Research Gap

Despite substantial global research on grief's psychological, neurobiological, and sociocultural aspects, India-specific studies rarely integrate these domains into a unified framework. Existing Indian literature largely focuses on cultural rituals and community mourning, with limited exploration of underlying neurobiological mechanisms or their interaction with local practices. Structured, evidence-based interventions such as TEAM-CBT—pioneered by Dr. David D. Burns and adapted for grief by Thai-An Truong remain under-researched in Indian contexts, lacking empirical trials and culturally sensitive modifications. Furthermore, the long-term psychological impact of COVID-19 disrupted mourning rituals in India remains poorly documented. Most available studies are qualitative or cross-sectional, highlighting the need for multidisciplinary, longitudinal, and ecologically valid research that bridges cultural traditions, brain-based insights, and structured psychotherapeutic approaches for grief intervention in India.

Objectives

1. To examine the cultural, social, psychological and neurobiological determinants of grief and their implications for health adjustment and on treatment.
2. To analyze the impact of ritual disruption (e.g., COVID-19) and socio-economic factors on grief experiences while evaluating case-based interventions and grief management approaches.

Research Methodology

Research Design: This study adopts a qualitative, descriptive research design based on secondary data analysis. The data is sourced out of published Indian survey/case studies, and qualitative analysis of ideas and beliefs. A structured literature review was conducted using databases such as PubMed, PsycINFO, and Google Scholar. Peer-reviewed grief papers for past 10 years, major medical and psychology databases, case study reports from clinical, hospital, and NGO settings, and national mental health survey findings.

Procedures: Thematic analysis of case studies and survey data (urban/rural, COVID-19, gender, socioeconomic status). To select a study, the criteria to include focused on empirical Indian research on grief, COVID-19-related bereavement, perinatal and loss of spouse, socio-economic/ethnic minorities, and interventions with outcome data. Selected studies included qualitative interviews, bereavement surveys, and clinical case commentaries.

Results & Discussion

The concept of grief & its perspectives can be understood in the following way:

Healthy grief is facilitated by culturally sanctioned rituals and community support, while pathological grief emerges when these supports fail, are disrupted, or when individual vulnerabilities are present (e.g., prior mental health issues, social isolation).

There is ongoing debate about the applicability and cultural sensitivity of Western diagnostic criteria for

pathological grief in India, with calls for more nuanced, context-specific approaches.
Stigma and limited mental health infrastructure remain major barriers to recognizing and treating pathological grief.
The COVID-19 pandemic has intensified these debates by exposing the consequences of disrupted rituals and social isolation on grief processes in India. Some grieve of not getting a slot to burn to ashes, and some grieve of not performing the final rights of the deceased, some even curse the evil power of virus behind the doshas.
Social, Cultural, and Ecological Contexts: Grief is profoundly influenced by interpersonal, social, and cultural factors:
Family and Community: The joint family system provides support but can also lead to suppression of grief to maintain harmony. In some cases it is observed and noted that talking and hearing plays a major role, and suppression gives way for these thoughts to leave an imprint for life and damage irreparable.
Religious and Spiritual Practices: Hindu, Muslim, Christian, Sikh, and other communities have distinct rituals. Hindu rites, for example, involve cremation, dispersal of ashes, and a series of ceremonies designed to help both the soul and the bereaved transition.
Rituals and Mourning: The 13-day mourning period (terahvin) and related rituals play a crucial role in processing loss and reintegrating into social life. The process of recovery includes acceptance and moving on at the centre as the loss of the life affects the caretakers and the immediate family most.
Stigma and Silence: Mental health stigma remains a barrier; many avoid seeking help due to fear of judgment. A cultural-ecosocial perspective is essential for understanding grief as embedded within broader social systems.

Therapeutic Approaches: Culturally Sensitive Interventions
The principles are as under:

- Grief is not a problem to be fixed but an experience to be honoured, with respect for cultural and religious beliefs.
- Therapists should avoid pathologizing natural emotional pain and create space for its expression.

Following Methods can be implemented
Empathic Inquiry: Facilitating open discussion of loss, validating feelings, and exploring moments of feeling "stuck." Including family members or community elders can be beneficial.
Daily Mood Logs: Tools for unpacking and reframing negative thoughts (e.g., guilt, shame, anger).
Rituals and Creative Expression: Encouraging participation in traditional rituals, writing letters, or creating memory boxes helps maintain continuing bonds.
Role-Play and Dialogues: Exercises for expressing unspoken thoughts to the deceased can provide relief and insight.
Positive Emotional Reframing: Helping clients understand the significance of painful emotions and their connection to love and values may develop bonds with others.
Addressing Resistance:
Clients may resist "letting go" of grief, fearing diminished connection to the deceased. In India, where ancestral reverence is common, therapists can use metaphors (e.g., the "magic dial") to help clients modulate, not eliminate, their emotional experience.
Integrating Traditional and Modern Approaches: Combining traditional healing practices (such as prayer, meditation, and community rituals) with evidence-based therapies (like Cognitive Behavioural Therapy

and grief counseling) offers a holistic approach. This not only treats from within but also shapes acceptance into lifelong cherishing of the bond with the gone. The holistic approach focuses on completing the transaction and carving out of the hidden emotions to not rest within, but come out through expression as well as conveying of thoughts.

Case Studies and Interventions : A case report from the Indian Journal of Mental Health describes an 8-session grief-focused intervention for a bereaved child, emphasizing memory preservation, acceptance, and future planning. The intervention led to improved emotional and academic functioning, highlighting the effectiveness of culturally adapted psychotherapy. The case studies open doors to revelation of the fact that there must be therapeutic alliance to support the grieving members to speak out the thoughts, tailor them for a lifetime remembrance and carry on with the context of living. In many cases, suppression resulted in depression, other mood problems and leave an everlasting impact on the grieving individual. It not only affects the mental well being but also tampers the thought process leaving a damage to the cognition.

International research emphasizes the need for bereavement care models that addresses cultural and linguistic diversity, including memory-making activities, condolence rituals, and formal assessments of complex grief. There is increasing recognition that grief is shaped by cultural notions of love, death, and suffering, requiring context-sensitive interventions.

Conclusion

Grief is a complex, adaptive process shaped by neurobiological, psychological, and sociocultural factors. In India, the interplay of family, faith, and tradition adds unique dimensions to the grieving process. Effective support requires a nuanced, compassionate approach that honours the individuality of grief, fosters emotional expression, and leverages both scientific understanding and cultural wisdom. Rituals such as funeral rites, remembrance ceremonies, and communal mourning emerge as both protective and therapeutic, helping the bereaved find meaning, closure, and social support.

Conversely, the disruption of these rituals, especially during the COVID-19 pandemic, is consistently linked to an elevated risk of prolonged and complicated grief, particularly among older adults and those from marginalized groups. Socioeconomic status, gender, and community affiliation serve as critical determinants of the grief experience. Marginalized populations—including widows, the rural poor, and ethnic minorities—face compounded challenges: limited access to formal support systems, stigma associated with emotional expression, and in some cases, social exclusion. In such settings, family, faith communities, and NGOs play a pivotal role in mediating the grief process and preventing chronic psychological morbidity.

There is a pressing need for longitudinal studies and integrative approaches that bridge neuroscience, psychology, and social science in the Indian context. Collaboration between mental health professionals, religious leaders, and community organizations can facilitate culturally congruent interventions. Public awareness and education are also crucial to reduce stigma and foster supportive environments.

At the clinical and research level, the evidence highlights substantial gaps in the applicability of Western diagnostic frameworks (such as DSM-5 and ICD-11) for identifying complicated or prolonged grief in India. Symptoms often present through culturally embedded idioms—such as somatic complaints, spiritual distress, and localized terms for suffering—which may elude formal diagnosis and intervention. This underscores the urgent need to develop and validate culturally sensitive assessment tools and therapeutic models suited for rural and urban Indian populations.

Interventional findings further suggest that culturally adapted approaches, integrating ritual-informed and communal support mechanisms, are not only effective but essential. Faith-based interventions, group counseling, and educational programs for health professionals can significantly enhance resilience and recovery when tailored to local norms.

Looking ahead, the synthesis of survey, case study, and qualitative findings calls for a concerted public health response. This includes greater investment in grief education, expanded access to culturally responsive mental health care, proactive outreach during societal disruptions (such as pandemics or disasters), and research collaborations that prioritize context and lived experience.

In summary, grief in India is best understood not merely as a psychological response but as a dynamic process interwoven with social, spiritual, and material realities. By fostering culturally specific diagnosis, support, and intervention, India can more effectively address both the suffering of individuals and the collective well-being of its communities in times of loss.

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