Journal of Media Horizons
ISSN: 2710-4060 2710-4052 Volume 6, Issue 6, 2025

EXPLORING THE SYMPTOMATIC MANIFESTATION AND ASSESSMENT I MODES FOR PROLONGED GREIF DISORDER AMONG PAKISTANI CLINICIANS

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DOI: https://doi.org/10.5281/zenodo.17519422

Keywords
Prolonged Grief Disorder, PGD, cultural influences, Pakistani clinicians, grief expression, Islamic traditions, emotional instability, social withdrawal, culturally sensitive assessment tools, mental health interventions

Article History
Received: 13 September 2025
Accepted: 23 October 2025
Published: 04 November 2025

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Abstract
The present study explores the symptomatic manifestations and assessment modes of Prolonged Grief Disorder (PGD) among Pakistani clinicians, situating the phenomenon within the country's unique cultural and social context. Using a phenomenological qualitative approach, twelve clinicians from Islamabad and Rawalpindi were selected through purposive sampling to share their perspectives. The findings reveal that grief in Pakistan is deeply embedded within communal practices, religious traditions, and family structures, making it more than just an individual experience. Islamic mourning rituals were found to provide solace and structure, yet cultural expectations sometimes conceal prolonged distress. The study highlights emotional instability, withdrawal from social life, and loss of purpose as common symptoms that interfere with daily functioning. Additionally, linguistic diversity and gender roles influence how grief is expressed and perceived, underscoring the importance of culturally adapted assessment tools. Overall, the research emphasizes the need for tailored interventions that integrate cultural, familial, and religious dimensions, and it calls for strengthening clinician–client relationships to provide effective care for individuals coping with prolonged grief in Pakistan

Introduction

Grief, an emotional state following loss, transcends geographical borders, yet its manifestation is profoundly influenced by cultural contexts (Smith, 2020). In Pakistan, a nation characterized by its rich tapestry of cultural diversity, traditions, and societal dynamics, grief assumes a unique hue, intricately interwoven with communal ties, religious practices, and familial structures (Khan, 2019). This study embarks on a comprehensive exploration of Prolonged Grief Disorder (PGD) among Pakistani clinicians, aiming to unravel the subtle yet profound ways cultural nuances shape the symptomatic expressions of grief and the complexities involved in its assessment (Ahmed, 2021).

Pakistan stands as a mosaic of cultural diversity, where grief traverses a labyrinthine path, profoundly influenced by societal norms, religious affiliations, and regional variations (Raza, 2022). The collectivistic nature of Pakistani society, where familial bonds are revered and communal support is intrinsic, shapes the grieving process (Malik, 2020). Grief is not merely an individual experience but a collective journey, often intertwined with societal expectations and familial obligations (Bashir, 2018).

Moreover, Islamic traditions, deeply embedded in

the fabric of Pakistan, provide a framework for understanding loss (Ali, 2021). Rituals and practices prescribed by Islam guide mourners, offering solace and structure during times of bereavement (Hussain, 2020). However, the interplay between religious beliefs and grief also introduces complexities, potentially impacting the manifestation and perception of prolonged grief among individuals adhering to diverse interpretations of religious practices (Fatima, 2019).

Grief prevalence, while universal, varies in its manifestation across different countries (Jones, 2020). In Western nations like the United States and the United Kingdom, grief often takes on an individualistic tone, and the prevalence of complex or prolonged grief can be tracked more readily due to higher mental health awareness and the availability of data (Taylor, 2021). For instance, studies indicate that about 10% to 20% of bereaved individuals in these countries experience significant or complicated grief (White & Smith, 2019). In contrast, in Pakistan and other collectivist societies such as India and Bangladesh, where communal support is deeply embedded in the grieving process, grief might be less frequently reported as a disorder (Choudhury, 2020). There is no exact ―grief ratio‖ available for Pakistan due to the lack of large-scale mental health studies (Rafiq, 2022). However, cultural norms, such as emotional restraint and a reliance on family for emotional support, may lead to underreporting of psychological distress (Khan et al., 2020). Countries like India report a grief prevalence similar to Pakistan's, where cultural and religious influences on mourning are also significant, but grief may be processed in a more communal or structured manner, which can obscure the need for clinical intervention (Sharma, 2021). Conversely, in countries like Japan, where there is a blend of collectivism and growing mental health awareness, the grief ratio has been documented to be around 8% to 15% of the bereaved population experiencing prolonged or complicated grief (Tanaka, 2020).

This research endeavors to comprehensively explore the symptomatic manifestations of PGD among Pakistani clinicians within the cultural landscape (Zafar, 2021). It seeks to unravel the multifaceted dimensions of grief, considering the influences of culture, familial structures, religious beliefs, and linguistic variations (Ali et al., 2022). Moreover, the research aspires to propose culturally attuned assessment modes, recognizing the diversity and complexity of grief expressions, ultimately enhancing clinical interventions and support systems for individuals grappling with prolonged grief in Pakistan (Taylor, 2021)

Grief

Grief is a natural response to loss, often associated with the death of a loved one, but it can also be triggered by other significant life changes, such as divorce or job loss. It encompasses a range of emotional, cognitive, and behavioral symptoms, and is a highly individualized experience. People may experience a variety of reactions, including sadness, anger, guilt, and yearning for the deceased. Grief is not a linear process and can be a lifelong experience, with the intensity of emotions fluctuating over time. It is important to note that prolonged or complicated grief may require professional support and intervention to help individuals work through their emotions and find ways to move forward in their lives (Stroebe etal.,2017)

Prolonged Greif Disorder

PGD, also known as complicated grief, is a mental disorder characterized by intense and persistent grief that causes problems and interferes with daily life. It can occur after the death of a loved one, and the symptoms of PGD typically persist for at least 6-12 months. Individuals with PGD may experience symptoms such as intense longing for the deceased, preoccupation with thoughts or memories of the deceased and significant distress or impairment in daily activities. PGD is different from normal grief and may be more likely to occur after a violent or abrupt death, such as murder, suicide, or an accident. It is important to note that PGD is a distinct diagnosis and not a rare condition, and it often occurs along with other mental disorders such as PTSD, anxiety, or depression. Sleep problems are also common among individuals with PGD, with an estimated 80% of people experiencing long- term poor sleep. The inclusion of the diagnostic criteria for PGD in the DSM-5 and ICD-11 has provided a framework for identifying and addressing this condition. It is essential to address misconceptions about PGD and provide support and evidence-based treatments for those affected by this disorder.

Prolonged Greif Disorder and DSM

The inclusion of Prolonged Grief Disorder (PGD) in the Diagnostic and Statistical Manual of Mental Disorders (DSM) signifies the acknowledgment of prolonged and impairing grief as a distinct clinical entity that goes beyond the expected trajectory of bereavement (American Psychiatric Association, 2013). There are several reasons for its classification.

Identification of Persistent Distress. The DSM classification of PGD recognizes that for some individuals, grief can persist significantly beyond the expected period of adjustment, leading to enduring emotional distress and impairment in functioning (Shear et al., 2011). This acknowledgment validates the distress experienced by those dealing with prolonged grief symptoms.

Differentiation from Normal Grief. While grief is a normal and expected response to loss, PGD delineates a specific subset of individuals experiencing prolonged and intense grief that significantly impairs their daily functioning and well-being. The DSM classification helps clinicians differentiate between normative grief and prolonged, impairing grief (Prigerson et al., 2009).

Impact on Mental Health. Prolonged Grief Disorder can have severe implications for an individual's mental health. It can lead to symptoms akin to those seen in other mental health conditions such as depression and anxiety (Simon, 2013)... Recognizing PGD in the DSM allows for appropriate diagnosis and treatment, ensuring individuals receive targeted interventions (American Psychiatric Association, 2013).

Providing a Framework for Research and Treatment. By including PGD in the DSM, it facilitates research into the causes, risk factors, and effective treatment approaches for prolonged grief. This classification encourages clinicians and researchers to develop specialized interventions tailored to individuals experiencing PGD (Boelen & van den Bout, 2005).

Addressing the Need for Clinical Attention. The classification in the DSM emphasizes the significance of addressing prolonged grief within clinical settings. It encourages healthcare providers to screen for and assess symptoms of PGD, leading to early identification and intervention for those affected (Shear, 2015).

Diagnostic Criteria of Prolonged Greif Disorder

The DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision), describe the diagnostic criteria for Prolonged Grief Disorder (PGD) are as follows.

Persistent grief experience. The individual experiences persistent and pervasive longing or yearning for the deceased.

Duration. The symptoms persist for at least 6 months.

Significant distress or impairment. The grief experience leads to significant distress or impairment in social, occupational, or other important areas of functioning.

Emotional numbness. The individual may experience emotional numbness.

Difficulty engaging in activities. The individual may have difficulty engaging in social or other activities.

Sense of disbelief. The individual may have a sense of disbelief or difficulty in moving on with life.

Bitterness or anger. The individual may experience bitterness or anger related to the loss.

Difficulty trusting others. The individual may have difficulty trusting others since the death.

Difference between Prolonged Greif Disorder and Other Disorders

Persistence. PGD is characterized by the persistence of grief symptoms for at least a year for adults and six months for children and adolescents, which is longer than the typical grieving process.

Intensity. The grief experienced in PGD is more intense and disruptive to daily functioning than what is typically observed in normal grieving.

Comorbidity. PGD often co-occurs with other mental disorders such as PTSD, anxiety, or

depression.

Sleep Problems. Long-term poor sleep is a common issue among individuals with PGD, with an estimated 80% of people experiencing sleep problems.

Maladaptive Thoughts and Behaviors. PGD is associated with maladaptive thoughts, such as blame, and avoidance behaviors, which can interfere with adaptation to loss.

Distinct From Depression. PGD involves persistent longing for someone who has passed away, while symptoms of depression involve more detached sadness and loss of interest. Treatment for depression is less helpful for individuals with PGD than for those with depression.

Associated With Higher Risk. PGD is associated with a higher risk of suicidal ideation and behaviors, even when controlling for depression and posttraumatic stress disorder (PTSD).

Symptomatic Manifestations of PGD

Hallmark Symptoms and Criteria Defining PGD (DSM-5). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR) recognizes Prolonged Grief Disorder (PGD) as a distinct mental health condition (American Psychiatric Association, 2022). To meet the PGD criteria, an individual must have experienced the death of a loved one within the past 12 months and exhibit the following symptoms for at least a month, causing significant distress or impairment in daily functioning (American Psychiatric Association, 2022).

Core Symptoms. Intense yearning or longing for the deceased. This is a persistent feeling of deeply missing the deceased person and wanting to be reunited with them (Shear et al., 2016). Prolonged Greif Disorder involves intrusive thoughts, rumination, and frequent recalling of memories, often focusing on the circumstances of the death (Boelen et al., 2020).

Additional Symptoms. Marked sense of disbelief about the death can manifest as denial, shock, or an inability to accept the loss as real (Worden, 2018). Individual may actively avoid places, things, or people associated with the deceased, fearing it will intensify their grief (Prigerson et al., 2009). Intense emotional pain related to the loss encompasses various emotions like sadness, anger, guilt, bitterness, and emptiness (Wallace & Shear, 2015). Individuals with PGD struggle to resume prior activities, hobbies, or social interactions, feeling disconnected from life and others (Jordan et al., 2011). Emotional numbness is a sense of detachment and lack of emotional responsiveness, often described as feeling empty or unfeeling (Prigerson et al., 2009). Individuals may feel a loss of their own sense of self, purpose, or meaning in life due to the loss of the deceased (Lichtenthal & Lawson, 2019). This sense of hopelessness and despair can lead to a pessimistic outlook on the future (Boelen et al., 2020). Individuals may withdraw from relationships and isolate themselves due to their overwhelming grief (Jordan et al., 2011).

Differentiation from Normal Grief and Other Mental Health Conditions.

Normal Grief. While grief is a natural and expected response to loss, it typically doesn't exhibit the intensity and persistence of PGD symptoms (American Psychiatric Association, 2022). Individuals experiencing normal grief gradually adjust to the loss and can manage their emotions constructively.

Depression. Although PGD and depression share some symptoms like sadness and low motivation, depression is characterized by a broader set of symptoms beyond grief, including changes in appetite, sleep, and cognitive function (American Psychiatric Association, 2022).

PTSD. Trauma-related symptoms like flashbacks, nightmares, and hyper arousal are not central to PGD, though both conditions can co-occur if the loss resulted from a traumatic event (Boelen et al., 2020).

Complicated Grief. Complicated grief is an outdated term no longer used in the DSM- 5. PGD encompasses the concept of complicated grief but with stricter criteria and clearer delineation from other mental health conditions (American Psychiatric Association, 2022).

Description and Analysis of Symptoms. Intense yearning and preoccupation were core symptoms highlight the central feature of PGD, an unhealthy

fixation on the deceased and the pain of loss (Shear et al., 2016). This can lead to rumination, social isolation, and difficulty moving forward with life. The severity and persistence of PGD symptoms disrupt daily functioning, affecting an individual's ability to work, maintain relationships, and engage in activities they previously enjoyed (Boelen et al., 2020). The avoidance of reminders or emotional numbness can be attempts to cope with the pain of loss, but these strategies ultimately hinder healthy grieving and adjustment (Prigerson et al., 2009).PGD can challenge an individual's sense of self and purpose, leading to feelings of emptiness and questioning the meaning of life (Lichtenthal & Lawson, 2019).

Assessment Modes and Tools for Prolonged Grief Disorder (PGD)

Identifying PGD accurately is crucial for providing appropriate support and intervention. Various assessment modes and tools exist, each with its strengths and limitations. This review evaluates established methods used to diagnose PGD, highlighting challenges faced by clinicians and the need for culturally sensitive approaches.

Interventions and Treatment Approaches for Prolonged Grief Disorder (PGD)

Prolonged Grief Disorder (PGD) poses a significant public health challenge, requiring effective, evidence-based interventions. Fortunately, several approaches have demonstrated success in mitigating PGD symptoms and promoting healthy grieving. This review explores prominent PGD interventions, evaluating their effectiveness and applicability across diverse populations and cultural contexts.

Cognitive-Behavioral Therapy (CBT). CBT for PGD aims to identify and modify unhelpful thoughts and behaviors that perpetuate grief distress. It focuses on challenging cognitive distortions about the loss, developing coping skills for managing emotions, and gradually re-engaging in meaningful activities (Shear et al., 2016). Numerous studies have established the efficacy of CBT for PGD, demonstrating reductions in symptom severity and improved quality of life (Boelen et al., 2020). Culturally-adapted CBT protocols incorporating values and coping strategies specific to different communities can enhance intervention effectiveness and acceptability (Lichtenthal & Lawson, 2019).

Meaning-Centered Therapy (MCT). MCT assists individuals in finding meaning and purpose in life after a significant loss. It explores personal values, facilitates reconnection with spirituality or community, and helps individuals rebuild a sense of purpose beyond the loss (Hackney & Harris, 2003). Research suggests MCT's potential in ameliorating PGD symptoms, particularly promoting identity reconstruction and reducing emotional distress (Worden, 2018). Adapting MCT to incorporate cultural beliefs and narratives surrounding death and afterlife can strengthen its resonance and effectiveness for diverse populations (Lichtenthal & Lawson, 2019).

Theoretical Frameworks for Understanding Prolonged Grief Disorder (PGD)

Continuing Bonds Theory (CBT). The Continuing Bonds Theory (CBT) emerged as a significant departure from earlier grief models that advocated for complete detachment from the deceased as a sign of healthy mourning. Traditionally, theories such as Freud's (1917) "grief work" focused on severing emotional ties with the deceased, emphasizing the need to "let go" in order to move forward. In contrast, CBT posits that maintaining an ongoing bond with the deceased, albeit in a transformed manner, is a natural and integral part of the grieving process (Klass, Silverman, & Nickman, 1996). This theory suggests that grief does not follow a linear progression toward complete detachment but instead involves the integration of the deceased into the bereaved person's life in symbolic, emotional, or spiritual ways. The bond with the deceased can manifest in various forms, such as memory recall, dreams, keeping personal belongings, or continuing certain rituals that honor the deceased. Rather than viewing these actions as pathological, CBT sees them as healthy attempts to maintain a relationship with the lost loved one(Klass, Silverman, & Nickman, 1996). This bond often evolves over time, shifting from a physical connection to one that is more symbolic and emotionally nuanced.

In the context of Prolonged Grief Disorder (PGD), however, this ongoing attachment can become maladaptive. While maintaining a connection with the deceased can be comforting and facilitate a sense of continuity, individuals with PGD often

struggle to integrate the loss into their daily lives (Prigerson et al., 2009). Instead of adapting to life without the deceased, they may remain preoccupied with the past relationship, continuously seeking ways to sustain a physical or psychological connection (Boelen & Smid, 2017).. This preoccupation can manifest in behaviors such as constantly visiting the grave, keeping the deceased's room unchanged, or even having vivid, intense dreams that feel like ongoing conversations with the deceased.

These behaviors, while common in the early stages of grief, can prevent healthy adjustment when they persist over time. CBT explains that the difficulty arises when individuals are unable to reconcile the past relationship with present reality, and the grief becomes fixated on preserving the bond rather than moving toward acceptance and integration of the loss. In PGD, this fixation manifests as an intense longing for the deceased, difficulty accepting the death, and avoidance of situations that remind the person of their absence (American Psychiatric Association, 2013).

Positive and Negative Aspects of Continuing Bonds. CBT provides a nuanced view of grief by acknowledging both the positive and negative aspects of continuing bonds. On the one hand, maintaining a connection with the deceased can provide comfort, foster resilience, and offer a sense of continuity, particularly in cultures where maintaining spiritual or emotional ties with ancestors is valued (Neimeyer, Baldwin, & Gillies, 2006). For many bereaved individuals, this ongoing connection helps them navigate the transition between life with the deceased and life after the loss, supporting a gradual adaptation.

On the other hand, when individuals with PGD become preoccupied with sustaining a literal or symbolic connection, they may neglect the pain of separation, which is essential for processing the loss. CBT has been critiqued for potentially encouraging denial or avoidance of this necessary aspect of grief. For instance, individuals may focus solely on maintaining the bond through rituals or memories, but fail to emotionally process the death itself, leaving them stuck in a cycle of unresolved grief. This inability to fully acknowledge and integrate the loss can lead to emotional and psychological distress, as the grieving person may struggle with acceptance and experience heightened symptoms of depression, anxiety, and functional impairment (Shear, 2015).

Relevance of CBT to PGD. In the case of PGD, the Continuing Bonds Theory offers an explanation for why certain individuals remain "stuck" in their grief. Unlike typical grieving individuals, who gradually adapt their bonds with the deceased to fit their new reality, those with PGD may persist in behaviors that keep the deceased present in a way that prevents them from emotionally moving forward. CBT helps clinicians understand why patients may have trouble letting go or accepting the loss, as their focus is on preserving the connection rather than re-establishing their own life's balance. Furthermore, cultural factors play a significant role in how continuing bonds are viewed and enacted. In cultures where maintaining relationships with the deceased is part of religious or social practices, what might be seen as pathological in one context may be normalized in another (Rosenblatt, 1997). This is particularly relevant for clinicians working with patients in non-Western contexts, such as Pakistan, where spiritual and religious traditions may emphasize ongoing relationships with the deceased.

Literature Review

Cultural Influences on Grief Expression

Prolonged Grief Disorder (PGD) is a significant mental health concern, particularly in the context of diverse cultural and religious influences. This literature review aims to synthesize scholarly articles and studies on PGD among Pakistani individuals, explore cultural influences on grief expression, familial dynamics, religious influences, and societal expectations shaping grief experiences, and identify assessment challenges faced by clinicians in the Pakistani context and the need for culturally sensitive approaches.

The study by Lenferink et al. (2019) emphasizes the cultural crisis associated with PGD and the challenges in extrapolating prevalence rates within and across cultures. The authors highlight the barriers to unified PGD research, including the use of different diagnostic algorithms and the lack of research regarding cultural specificity. This underscores the need for a collaborative approach to understand the cultural nuances of PGD and develop culturally sensitive diagnostic and assessment frameworks.

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Furthermore, the research by Lenferink et al. (2023) discusses the challenges and controversies related to the inclusion of PGD in diagnostic handbooks. The study emphasizes the non-linear history of PGD and the need to address concerns about the generalizability of findings. This underscores the importance of critically evaluating the implications of including PGD in diagnostic classifications, especially in culturally diverse contexts such as Pakistan.

Pakistani culture prioritizes collective expression of grief, with extended families and communities actively involved in mourning rituals (Shahid & Hassan, 2014). This can provide support and social cohesion, but also create pressure to conform to expected mourning behaviors, potentially masking individual grief experiences.

Islam, the predominant religion in Pakistan, emphasizes acceptance of Allah's will and emphasizes patience during hardship. While religious beliefs can offer comfort and meaning, they can also lead to suppression of emotions and hinder open communication about grief, potentially contributing to PGD development (Khan et al., 2019).

Gender roles influence grief expression, with women often expected to demonstrate more overt and emotional mourning, while men face pressure to maintain stoicism (Husain & Haq, 2016). This can restrict men's ability to express their grief in healthy ways, increasing vulnerability to PGD.

Familial Dynamics and Societal Expectations

Close-knit family structures can offer support, but also create pressure to adhere to traditional mourning practices and avoid deviating from expected norms (Shahid & Hassan, 2014). This can hinder individual coping mechanisms and limit expression of personalized grief experiences.

Societal stigma surrounding mental health can discourage individuals from seeking professional help for PGD, leading to untreated distress and prolonged suffering (Khan et al., 2019). Additionally, misinterpretations of PGD as weakness or lack of religious faith can further isolate individuals seeking support.

Poverty and limited access to mental health resources in Pakistan can further exacerbate the challenges of PGD. Individuals may lack the financial means for treatment, further perpetuating the cycle of unaddressed grief and its consequences (Husain & Haq, 2016).

Rationale of the Present Study

Understanding and addressing Prolonged Grief Disorder (PGD) in diverse cultural contexts is crucial. While existing research explores the potential impact of culture on PGD, a significant gap remains in our understanding of its specific manifestation and assessment methods within the Pakistani context. This rationale outlines the compelling reasons for investigating PGD among Pakistani individuals and clinicians.

Pakistan's unique cultural fabric, characterized by strong religious beliefs, close-knit families, and specific societal expectations, significantly influences grief expression and coping mechanisms. These influences likely create a distinct manifestation of PGD in Pakistani individuals, differing from Western populations. Previous studies by Prigerson et al. (2022) and Shahid and Hassan (2014) highlight the importance of cultural sensitivity in understanding and addressing Prolonged Grief Disorder (PGD) in Pakistan. However, there is still a lack of detailed knowledge regarding how these cultural, religious, and societal factors specifically shape the grief experience in this context. The intertwining of religious beliefs, familial structures, and societal expectations creates a complex tapestry of grief in Pakistan. Understanding how these factors contribute to the manifestation of PGD is essential for tailoring interventions to the unique needs of the population.

Standardized PGD assessment tools, often developed in Western contexts, may not capture the nuances of grief expression in Pakistani individuals (Khan et al., 2019). This can lead to misdiagnosis and inappropriate interventions, failing to address the specific needs of Pakistani patients. Additionally, limited awareness and training among Pakistani clinicians regarding

PGD pose a significant barrier to accurate identification and differentiation from other conditions like depression or cultural grief expressions (Shahid & Hassan, 2014). The inadequacy of current assessment tools in capturing the intricacies of grief expression in the Pakistani cultural context necessitates a comprehensive exploration of culturally sensitive assessment methods. Bridging the knowledge gap among clinicians is crucial to ensuring accurate diagnosis and effective intervention.

Without a thorough understanding of PGD manifestation and culturally appropriate assessment methods, developing effective interventions for Pakistani individuals remains challenging. Culturally sensitive approaches are essential to provide appropriate support and treatment that resonates with the local context and individual experiences. This includes considering the role of faith-based coping strategies, traditional support systems, and community engagement (Husain & Haq, 2016; Mughal & Syed, 2018). Tailoring interventions to align with cultural beliefs and practices is crucial for their effectiveness. Recognizing the significance of faith-based coping and traditional support systems can contribute to holistic and culturally sensitive care for individuals experiencing PGD in Pakistan.

Filling the knowledge gap regarding PGD in Pakistan can enrich our understanding of this condition across diverse cultures and improve global mental health care practices. By prioritizing research on PGD manifestation and assessment in Pakistan, we can pave the way for culturally competent diagnosis, treatment, and improved mental health outcomes for Pakistani individuals experiencing this debilitating condition. This research holds the potential to not only benefit Pakistani communities but also contribute significantly to our understanding of PGD in diverse cultural contexts, ultimately fostering a more inclusive and effective approach to mental health care on a global scale.

Method

The present section includes methodology of the present research which includes explanation about research design, sampling strategy, number of participants and whole procedure of the study.

The objective of the Study

- To explore the symptomatic manifestations of Prolonged Grief Disorder (PGD) as observed by Pakistani clinicians.
- To examine the assessment methods used by Pakistani clinicians in diagnosing and managing Prolonged Grief Disorder (PGD).

Research Questions

1. What symptomatic manifestations of Prolonged Grief Disorder (PGD) do Pakistani clinicians observe in their clinical practice?
2. How do Pakistani clinicians assess and evaluate Prolonged Grief Disorder (PGD) among their patients?

Conceptual Definitions

The variables of the study were operationally defined as followed:

Post Grief Disorder. Post-Grief Disorder refers to a psychological condition characterized by persistent and debilitating symptoms following the loss of a loved one.

These symptoms may include intense feelings of sadness, guilt, or hopelessness, as well as difficulty in functioning in daily life activities due to preoccupation with thoughts of the deceased (Smith et al. 2020).

Symptomatic Manifestation. Symptomatic Manifestation refers to the observable signs and behaviors exhibited by an individual experiencing Post-Grief Disorder. These manifestations may include prolonged periods of mourning, social withdrawal, changes in appetite or sleep patterns, and difficulty in engaging in previously enjoyable activities (Johnson & Smith 2019).

Assessment Modes. Assessment Modes refer to the methods and tools used by mental health professionals to evaluate the presence and severity of Post-Grief Disorder in individuals. These assessment modes may include structured clinical interviews, self-report questionnaires, and behavioral observations aimed at identifying specific symptoms and their impact on daily functioning. (Williams et al. 2021).

Research Design

This study employed a reflexive thematic analysis approach to explore the symptomatic manifestations and assessment modes for Prolonged Grief Disorder (PGD) among Pakistani clinicians. Thematic analysis is a reflexive qualitative method used to identify, analyze, and

report patterns (themes) within data, providing a rich and detailed account of the phenomenon under study (Braun & Clarke, 2006). This method is particularly suited to this research because it allows for the exploration of clinicians' subjective experiences and the ways in which they perceive and assess PGD in their clinical settings.

The primary aim of this research is to uncover and describe the recurring themes that emerge from clinicians' discussions regarding their experiences with PGD. The thematic analysis approach does not assume a pre-existing framework; rather, it allows themes to emerge inductively from the data, offering insight into the values, opinions, and practices of clinicians in Pakistan. This method is especially effective in capturing the complexity of real-world clinical experiences and the cultural context in which PGD manifests, which is crucial to this study.

By using thematic analysis, this study provides an in-depth exploration of how clinicians interpret and assess PGD within the unique cultural context of Pakistan, offering insights that may not be captured through quantitative methods. This approach ensures that clinicians' voices are central to the research, reflecting their subjective experiences and the complexities of clinical practice in a culturally specific context (Mack et al., 2005).

Sample and Sampling Techniques

Participant sampling is a crucial aspect of any qualitative project, necessitating thoughtful decision-making (Cleary, Horsfall & Hayter, 2014; Creswell, 2007). Qualitative research prioritizes the richness of data over representativeness among a larger population (Willig, 2013). Therefore, participant sampling in qualitative research is based on pre specified criteria that enable the researcher to select participants who can generate rich data relevant to the research question (Curtis et al., 2000; Walsh & Downe, 2006).

The current study Involved interviews with twelve participants. This number was determined by several factors, including time constraints that made it challenging to recruit and interview a larger group. The labor-intensive nature of qualitative data collection and analysis (Willig, 2013) necessitated a more manageable sample size within the available timeframe.

For participant selection, purposive sampling was utilized. This sampling strategy is one of the most common in qualitative research (Mack et al., 2005) and relies on specific inclusion and exclusion criteria relevant to the research question (Willig, 2013). The process aims to find participants to whom the research question is significant (Smith & Osborn, 2008). The pre-specified criteria for this study include, clinicians practicing in Pakistan, aged 25 years and above, holding at least a Bachelor's degree in a mental health-related field and having a minimum of one year of clinical experience in addressing grief.

Table 1
Participants Inclusion and Exclusion Criteria

	Inclusion Criteria	Exclusion Criteria
Professional Background	Clinicians in Pakistan with a Bachelor's, or MS degree and more than one year experience in grief care.	Non-Pakistani clinicians, less than one year of experience, or conflict of interest.
Age	Above 25 years old.	Individuals below 25 years old.

Participants

Twelve participants took part in this research project. All participants met the inclusion criteria described above. The participants' ages ranged from 26 to 37 years, and all of them were female. Reporting demographic details such as age and gender is a standard practice in qualitative research to provide transparency and context for the sample

(Creswell, 2007; Patton, 2015).

Table 2
Demographic details of participants (N=12)

Participant	Age	Experience	Gender	Education
1	26	1years	Female	BS Psychology
2	29	2years	Female	Masters in Psychology
3	28	1.5years	Female	Masters in Clinical Psychology
4	30	4years	Female	MS(Clinical Psychology)
5	30	3years	Female	MS(Clinical Psychology)
6	28	4years	Female	Masters in Psychology
7	29	5years	Female	Masters in Psychology
8	27	4years	Female	Masters in Psychology
9	32	5years	Female	MS(Clinical Psychology)
10	34	4.5years	Female	MS(Clinical Psychology)
11	30	2years	Female	MS(Clinical Psychology)
12	37	11years	Female	MS (Clinical Psychology)

Procedure of Data Collection

Following approval from the supervising institution, data collection commenced, adhering strictly to ethical protocols. Participants were fully informed about the research objectives, significance, and the intended use of the obtained information solely for research purposes. They were assured of their right to withdraw at any stage, and confidentiality of their responses was guaranteed (Creswell, 2013; Orb, Eisenhauer, & Wynaden, 2001). Notably, there were no refusals for participation in the study. While most interviews were audio-recorded, a few participants declined recording, prompting the use of active note- taking and memo writing.

Data Gathering Tool

The interview guide for this study was created in collaboration with my supervisor to ensure it was closely aligned with the research objectives. It was designed as a semi- structured tool, providing flexibility in the interview process. The guide included a combination of open-ended questions and more targeted queries aimed at exploring participants' experiences, attitudes, and perspectives on the research topic. In addition, follow-up questions were asked based on participants' responses to gain deeper insights (Kallio et al., 2016). A detailed version of the interview guide can be found in **Appendix C**.

Data Analysis

In this study, reflexive thematic analysis was employed. This method emphasizes the researcher's active engagement and reflexivity throughout the analytical process. Reflexive thematic analysis is rooted in a constructivist epistemology, which acknowledges that meaning and knowledge are co-constructed through the researcher's interaction with the data (Braun &

Clarke, 2019). It was selected as the analytical approach to interpret and generate findings by systematically identifying, analyzing, and reporting patterns or themes (Braun & Clarke, 2019).

Result

The qualitative study was conducted to check the impact of prolonged grief disorder on people who suffer from this or come across with people being victim to this. The present study followed the thematic analysis technique from qualitative research design. This design follows the 6-step structure that Braun and Clarke (2006) developed. This technique is undoubtedly the most dominant one, at least in the social sciences, and the reason for this is largely due to the fact that it provides such a straightforward and practical framework for accomplishing things examination of themes used. One of the objectives of a thematic analysis is to recognize themes, which may be defined as significant patterns in the data analysis utilize these themes to address the research or to say something about an intriguing topic, and use these themes to a problem. An effective theme analysis is considerably more than merely summing the facts; it is a comprehensive examination explains and makes sense of what is being said. The themes thus formed comprised of 7 major themes and their subthemes respectively. Themes generated after carefully analyzing the data and formed it in major and subthemes.

Table 2
Reflective Thematic Analysis (N = 12)

Major Themes	Sub Themes	Relevant Codes
Harmful Effects	Distance from Daily Life Activities	Reduction in attention span Complex Greif OCD Physical health
	Daily Life Struggles	Crying spells De motivation Self-pity Unaccepting Reality

	Inability to Perform Tasks	Level of sensitivity Severity of symptoms Emotional pain Loss of interest Meaninglessness Concentration problems Purposeless life
Death of Beloved		Hopelessness Physical numbness Loneliness Loss of purpose Functional impairment
Major Hindrances		Lifestyle Lack of Awareness Societal remorse Family's actions Enhancing Depression Battle with reality
Helpful/Healthy Methods	Educating People	Recovering Battle with reality Seminars Individual faith Wish to reunite Hoping of return Family Counseling
	Informative Seminars	Family therapy Accepting mental health Workshops Believing in reuniting Accepting
	Social Media Awareness	Emotional distress Loss trauma Social Media Building trust Accepting reality
Cultural/Religious Perspectives	Dealing Differences	Other's blaming Behavior of other's Variety of Coping styles Different believes
	Cultural Values	Strict Environmental Restrictions Cultural norms
	Religious Rituals	Mourning periods God Blaming Expressing grief False believes Societal torments Hope to reunite Ceremonies for dead God blaming
Disturbed Social Life	Isolation	Avoidance Discontinuing session Female patients Disturbance in social life Revising memories Prolonged grief
Avoidance of Socialization		Loss of contact Excessive worrying Aloof Lifestyle Disconnection from Present

	Self-sabotage	Self-blaming Physical health Anxiety Unexpected death Unresolved conflicts Physical pain Inability to cope Aggression
Challenges in Healing	Depression	Severity Scenarios Physical Numbness Hallucinations Persistent Grief Crying Spells Intense emotions
	Environmental Barriers	Rejecting diagnosis Weeping restriction Environmental pressure Discontinuity of sessions Continuous mentioning Emotional yearning Talking about deceased

Table 2: Shows major themes with subthemes and relevant codes

1. Harmful Effects

The theme suggested the overall harmful effects of the prolonged grief disorder or state which covered the subthemes of distance from daily life activities, daily life struggles, and inability to perform the tasks completely. Which then led to number of factors impacted on these scenarios (Gursoy, 2014; Topkaya, 2011)? The major speeches form the participants included disturbed life and overall feelings of de-motivation.

Figure 1
Major Theme 1: Harmful Effects

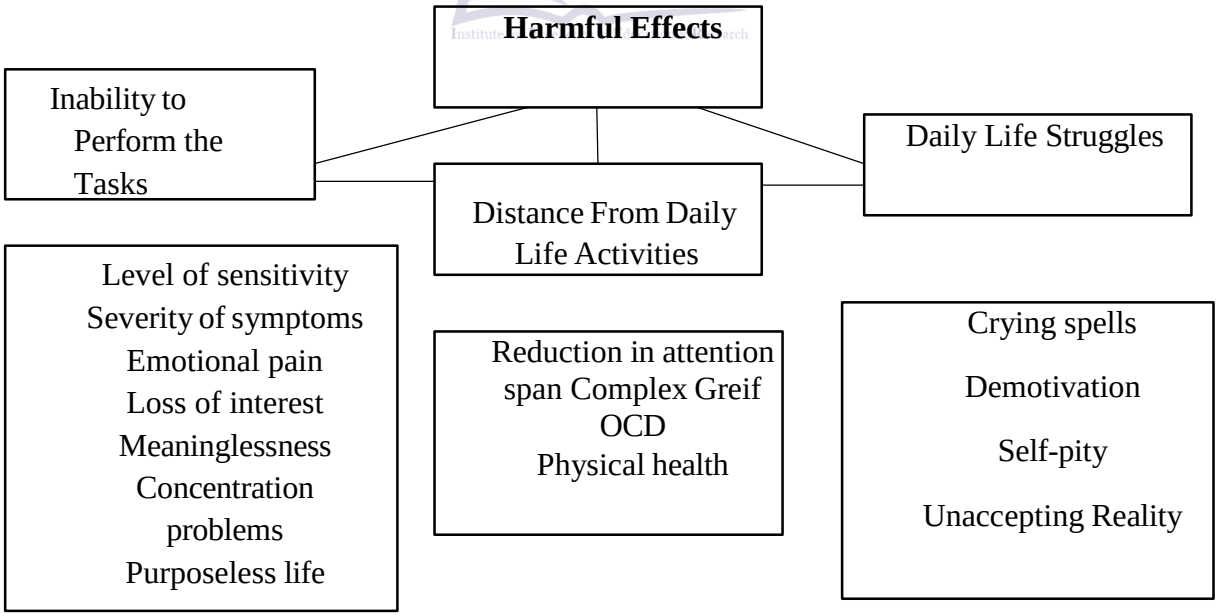


Figure 1: Showing major theme of Harmful Effects with sub themes and codes

Inability to Perform the Tasks Completely

The participants felt this ideology of factors related to the inability to perform various tasks in their daily life. The following factors were highlighted by the participants. Those were the level of sensitivity which they experienced as being sensitive to the minor issues and conditions. The participants who experienced the prolonged grief experience disturbed level of sensitivity. The

symptoms of depression, grief, and other severe symptoms (Tang & Xiang, 2021). The other conditions of grief were also there which led to severity of symptoms. The factors included like emotional pain which led to emotional instability. The daily life activities disturbed due to loss of interest in daily life activities. Thus, the factors life meaninglessness, concentration problems, and purposeless life were overall disturbed.

"The person whose loved one died faced a lot of grief".

"That person was unable to perform daily life activities"

"Those people never step out of that grief"

"Some people take a lot time to accept this grief"

Distance from Daily life Activities

Participants generally distanced from the daily life activities through various factors. Those factors included were reduction in attention span, complex grief, symptoms of obsessive compulsion, deterioration in physical health. The people due to extreme grief were unable to perform tasks using focus. The grief intensity was complex as referred to the constant change in thoughts (Prigerson et al., 2021). These irregular thoughts led to the obsessive compulsive symptoms of repeatedly performing activities. The last factor included the poor physical health overall of an individual suffering from prolonged grief disorder.

"When a loved one left, people experienced prolonged grief"

"When a loved one die, in the outcome person felt grieved and longed for the dead one". "Individual kept on repeating the memories and activities of the deceased person"

"That person become disturbed and unable to accept that"

Daily Life Struggles

The prolonged grief disorder daily life struggles which thus leave to sub themes of extreme depression in terms of crying spells, the person felt like unable to perform the tasks of normal life and constantly feel demotivated (Simon et al., 2020). The person who lost the loved one suffer from self-pity. They sometimes felt away from reality, as they could not accept the death of loved one or any other even which thus left them to be away from society or reality.

2. Death of Beloved

The death of a beloved can be a profound and life-altering event, often leading to intense emotional pain. In some individuals, this grief can evolve into Prolonged Grief

Disorder (PGD), where the bereavement process extends beyond the expected timeframe, interfering with daily functioning. Loss of a close, deeply connected relationship, such as a spouse, child, or lifelong partner, may intensify the risk of developing PGD, as the mourner struggles to adjust to life without their loved one (Dennis et al., 2022). Over time, this can lead to significant emotional and psychological distress, affecting both mental and physical health. Early therapeutic interventions and support can help mitigate the impact of PGD.

Figure 2
Major Theme: Death of Beloved

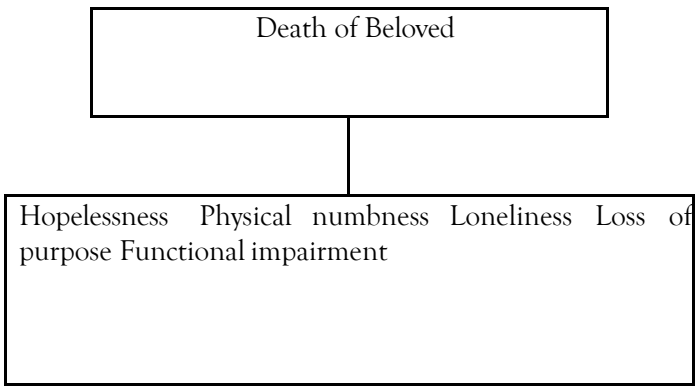


Figure Showing the Major Theme of Death of Beloved with Codes

Hopelessness

The concept of hopelessness as never able to meet the dead people. Following verbatim showed through these speeches,

"The acceptance of death of a loved one is very difficult, that is very painful for the person" "That person has no interest in life".

Physical Numbness Loneliness

People having numbness and feeling extreme loneliness showed through this verbatim

"That is very difficult for the person, that person behaves as a living dead"

"For the person he was in a hurtful condition, it was very difficult to overcome this grief".

Loss of Purpose

The speech below depicted the theme of death of beloved with perspective to the loss of purpose in life.

"Constantly saying that I am done with life"

"Due to the death of loved one, they were unable for the acceptance of anything".

Functional Impairment

Following verbatim depicted the theme of death of beloved experiencing the daily functional impairment.

"She had no acceptance of the sudden death of husband, due to which she was constantly disturbed and behaved like a living dead, she also claimed that she could see her husband"

1. Major Hindrances

Prolonged Grief Disorder (PGD) significantly disrupts life activities by entrenching individuals in a state of deep mourning that extends beyond typical grief, leading to multiple hindrances. Affected individuals often experience lifestyle disturbances, such as social withdrawal and neglect of daily responsibilities, which perpetuate isolation. Hopelessness sets in as they struggle to envision a future without their loved one, exacerbating feelings of despair. A lack of awareness about PGD and its symptoms often prevents sufferers from seeking timely help, while societal remorse stemming from guilt or judgment over not moving on‖ intensifies their emotional burden (Eisma et al., 2023). Family members, while well-meaning, may inadvertently exacerbate the condition by urging the person to recover or dismissing the depth of their loss. These challenges further fuel depression, as the individual battles with reality, unable to reconcile the permanence of the loss.

Figure 3
Major Theme: Major Hindrances

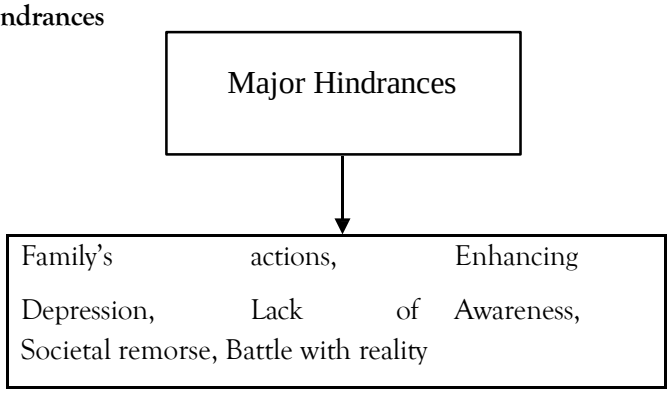


Figure Showing the Major Theme of Major Hindrances with Codes

Family Actions

Following were the verbatim of the people, who depicted family actions as not supportive,

"Family's not understanding is also an important factor".

"When he told his mother that he misses his father, he is sorrowful that he couldn't take care of him."

Enhancing Depression

Following verbatim showed that some participants felt really depressed during prolonged grief.

"They struggle to accept that the person has left this world, and those who face this issue more tend to experience more persistent grief."

Lack of Awareness

Following verbatim showed that some participants felt lack of awareness during prolonged grief.

"Due to his father's death, he couldn't focus on his work, and because of this, he was also fired from his job."

Societal Remorse

Due to the feeling of societal remorse the feelings of prolonged grief heightened, following verbatim showed similar concept,

"He had started to feel that, as a son, he couldn't take care of his father, and now because of that, his father is no longer in this world."

Battle with Reality

There were scenarios which showed that people having prolonged grief fought with reality through the verbatim mentioned,

"When the grieving process overwhelms a person to the extent that they are unable to carry out their daily tasks, and this grief is also affecting their school, college, or office life."

1. Helpful/Healthy Methods

Prolonged grief disorder can be gradually alleviated through a multi-faceted approach involving emotional recovery and acceptance of reality. Recovery starts by acknowledging the loss trauma and battling with the harsh truth that the loved one is no longer present. Family counseling and therapy play a crucial role in building trust and providing emotional support, helping individuals process their grief in a healthy way. Attending seminars and workshops, along with engaging in social media support groups, can further enhance awareness and acceptance of mental health challenges associated with prolonged grief. Faith and the belief in reuniting with the loved one in the afterlife, combined with a genuine wish for healing, strengthen coping mechanisms. Accepting the loss and finding peace in the reality of the situation are essential steps toward emotional recovery and regaining balance in daily life.

Figure 4
Major Theme: Helpful/Healthy Methods

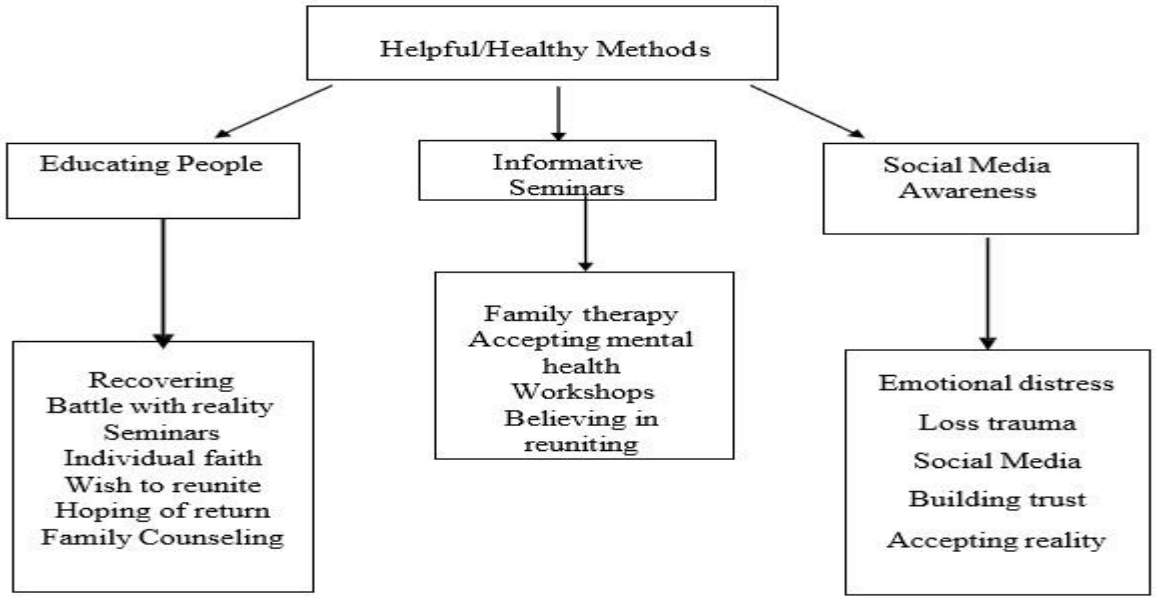


Figure Showing the Major Theme of Helpful/Healthy Methods with Subthemes and Codes

Educating People

To educate people with prolonged grief, it can organize seminars that provide information on recovery strategies and coping mechanisms. Encouraging individuals to confront and battle with reality helps them accept their loss while recognizing the role of faith and a wish to reunite in healing emotionally. Family counseling can offer a supportive environment where loved ones share their grief and gain strength together. Lastly, guiding them to focus on hoping for emotional recovery, rather than the physical return of the lost person, can shift their perspective toward healing and acceptance.

"Awareness of Prolonged Grief Disorder is essential so that people understand what grief really is, and if someone is grieving, it shouldn't be seen as a stigma. Every person experiences sorrow and it's important to know how to overcome it and how to spread awareness about it. People should be aware that losing a loved one is not an easy thing, but it is necessary to move forward from that grief."

Informative Seminars

Informative seminars can offer valuable insights into family therapy, demonstrating how it helps families navigate grief together and rebuild emotional bonds. These seminars should emphasize the importance of accepting mental health as a key step in overcoming prolonged grief, breaking the stigma around seeking help. Through workshops, participants can engage in practical coping strategies and interactive discussions on grief recovery
(Wilson et al., 2022). Incorporating discussions on believing in reuniting with loved ones in
the afterlife can offer comfort to those with spiritual beliefs. Lastly, seminars should focus on accepting the reality of loss and the necessary steps to move forward while honoring the memory of the deceased.

"People in Pakistan are not aware that this could be a disorder and why it can occur. Many believe that everyone loses their loved ones, so it's not an issue, and that time heals everything".

"Instead of mourning the deceased, they should remember and cherish the good things about them."

Social Media Awareness

Figure 5

Major Theme: Cultural/Religious Perspectives

Social media can be a powerful tool in helping individuals cope with prolonged grief by providing platforms for sharing emotional distress and finding support from others experiencing similar feelings. It offers a space for discussing loss trauma, which can foster understanding and validation of the grieving process. Online communities can help in building trust, where people feel safe expressing their emotions without judgment (Killikelly et al., 2021). Through interactions and shared experiences, social media can guide individuals toward accepting reality factors of their loss. This collective support encourages healing by normalizing grief and offering coping strategies.

"Social media is quite common nowadays for raising awareness about Prolonged Grief Disorder. We can also use TV programs to reduce it."

3. Cultural/Religious Perspectives

Cultural factors play a significant role in shaping how individuals experience and cope with prolonged grief. In many cultures, societal expectations and cultural norms impose strict environmental restrictions, such as defined mourning periods and specific ceremonies for the dead, which can both help and hinder the grieving process (Stelzer et al., 2020). Some may face societal torments or other's blaming for not adhering to these norms, or for expressing grief in ways not considered acceptable (Eisenberg et al., 2007). Different beliefs about the afterlife, such as the hope to reunite with loved ones, may provide comfort, while false beliefs or God blaming can intensify emotional distress. The behavior of others and pressure to follow certain variety of coping styles may leave individuals feeling isolated.

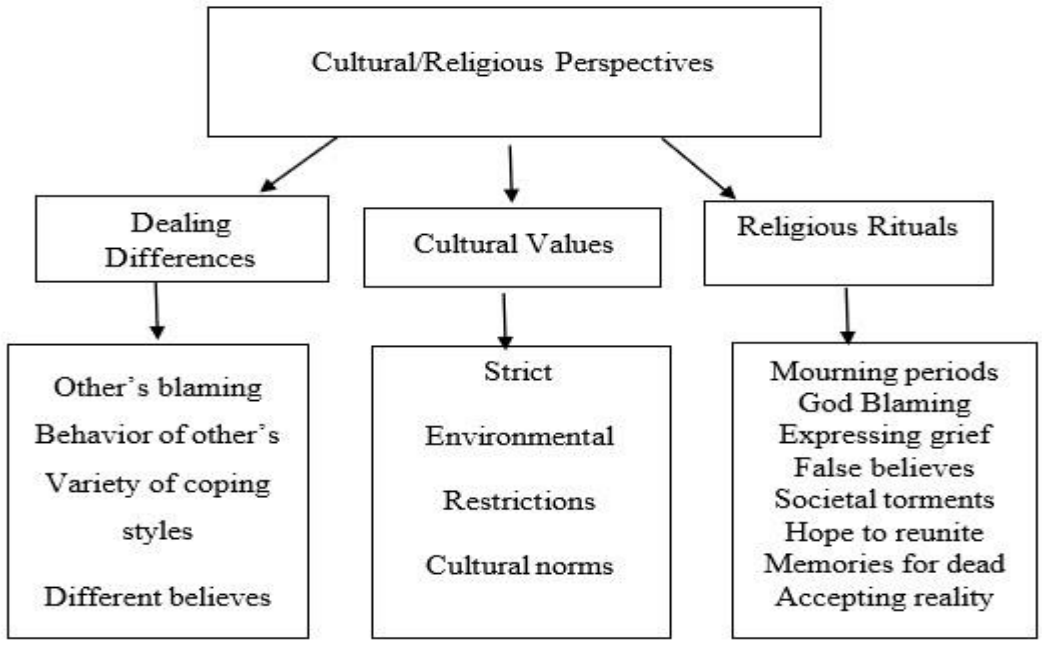


Figure Showing the Major Theme of Cultural/Religious Perspectives with Subthemes and codes

Dealing Differences

Cultural differences significantly impact how individuals experience and manage prolonged grief disorder. In some cultures, other's blaming is common, where individuals are judged for how they grieve, leading to feelings of guilt and isolation. The behavior of others, including societal expectations or pressure to conform, can either support or hinder the grieving process (Smith & Ehlers, 2021). A variety of coping styles is observed across cultures, where some encourage emotional expression, while others promote silence and resilience. Additionally, different beliefs about the afterlife and mourning rituals influence how individuals process their loss, shaping their healing journey in diverse ways. Certain verbatim dealt with these factors.

"Awareness is needed in both places... because people in villages need this awareness more. This is a new disorder, and psychological disorders are generally accepted very late in villages."

Cultural Values

Strict environmental restrictions and cultural norms often dictate how grief is expressed and managed within certain societies. These restrictions may limit emotional expression, confining individuals to socially acceptable mourning practices. Cultural norms, such as prescribed mourning periods or specific rituals, create expectations on how to behave following a loss (Stelzer et al., 2020). These norms can provide structure but may also suppress personal feelings, leading to unresolved grief or difficulty in coping, especially when the individual's emotional needs conflict with societal expectations. Understanding these dynamics is crucial when addressing prolonged grief disorder in culturally diverse settings. Various verbatim showed these factors,

"Another issue in Pakistan is that men are discouraged from expressing their feelings, which prevents them from seeking treatment."

"Every culture has its own mourning rituals, and people follow them."

"Even if someone tries to forget the death of their loved ones, others keep bringing up memories, reminding them again and again, which makes it difficult for the person to move on."

Religious Rituals

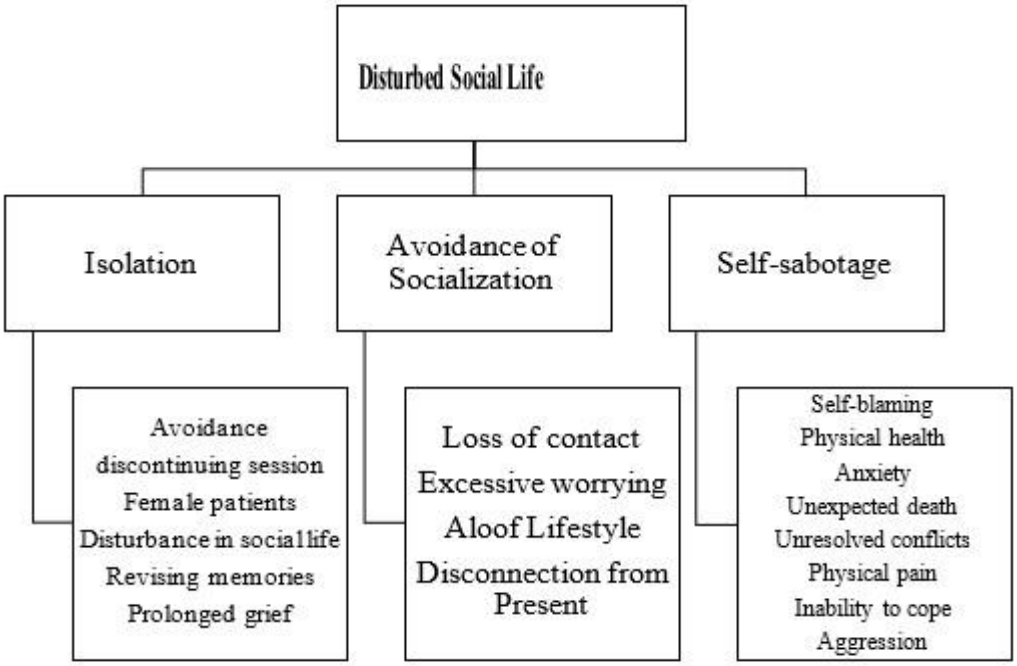
Religious beliefs play a significant role in how individuals cope with prolonged grief disorder. In many traditions, mourning periods are observed, providing structured time to grieve, but extending beyond these periods may lead to societal pressure or judgment. Some individuals may engage in God blaming, questioning their faith during intense grief, which can complicate emotional healing.

Grieving practices, such as expressing grief openly or
keeping memories for the dead alive, vary across religions, while false beliefs about how long one should grieve can lead to further emotional distress (Stelzer et al., 2020). Amidst these
challenges, religious beliefs often offer a hope to reunite with the deceased in the afterlife, helping some individuals gradually accept reality while managing societal expectations.
Verbatim of participants showed these factors.
"In our religion, people are not allowed to mourn for too many days, nor are they encouraged to cry for too long."
"The expression of loss is a subjective process, reflecting a person's social, cultural, and religious beliefs."
"Death is a natural and divine process, and we need to remind people that there is wisdom in God's actions."

4. Disturbed Social Life

Prolonged grief disorder often leads to a disturbed social life, marked by avoidance of social interactions and disconnection from the present. Female patients may struggle with excessive worrying, leading to an aloof lifestyle and loss of contact with their social circle.
They might focus on revising memories of the deceased, which heightens their emotional pain and causes them to discontinue therapy sessions. The constant self-blaming and inability to
cope can manifest in physical health issues like pain or anxiety, further isolating them from others (Tang & Xiang, 2021). This unresolved grief can also cause aggression and exacerbate the emotional and psychological impact of an unexpected death.

Figure 6



Major Theme: Disturbed Social Life

Isolation

Isolation in the context of prolonged grief disorder often stems from avoidance behaviors, where individuals, particularly female patients, may withdraw from social life. They may stop attending support groups or therapy, discontinuing sessions meant to help them cope (Prigerson et al., 2021). Their focus shifts to revising memories of the lost loved one, intensifying their emotional attachment and making it harder to re-engage with others. This emotional withdrawal leads to a significant disturbance in social life, where connections with friends and family weaken. The cycle of prolonged grief further isolates them, making recovery more difficult.
"She stays separate in her room and has little

contact with her family."
"Secondly, she was sleeping with her mother when her father died, which left her in such grief that she cannot do anything."
"Since her husband's death, she has not met anyone nor does she do anything; she keeps crying all the time."
"People are in deep sorrow and do not meet many others."

Avoidance of Socialization and Self-sabotage

Avoidance of socialization in individuals experiencing prolonged grief disorder often leads to a loss of contact with friends and family, exacerbating feelings of isolation. This behavior is frequently accompanied by excessive worrying and anxiety, as they grapple with unresolved conflicts and the emotional turmoil stemming from an unexpected death (Thieleman et al., 2023). The aloof lifestyle adopted during this period disconnects them from the present, making it difficult to engage in daily activities and enjoy life. Self-blaming further compounds their distress, leading to physical health issues and heightened levels of physical pain, which can become cyclical as their inability to cope with these feelings intensifies (Djelantik et al., 2020). Consequently, this self-sabotaging behavior not only isolates them from their support networks but also increases their aggression towards themselves and others, perpetuating a harmful cycle of grief.
"She blames herself for her father's death."
"People in deep grief feel like living corpses and remain in mourning all the time."

5. Challenges in Healing

Challenges in healing from prolonged grief disorder often manifest through various severity scenarios that complicate the recovery process. Individuals may experience physical numbness, making it difficult to engage with their emotions or the world around them, while hallucinations can further blur the lines between reality and grief. Persistent grief is characterized by crying spells and intense emotions that can overwhelm a person, leading them to reject the diagnosis and support that could facilitate healing (Wojtkowiak et al., 2021). Environmental pressures and the discontinuity of therapy sessions can hinder progress, as consistent support is essential for recovery. Additionally, the continuous mentioning of the deceased can create an emotional yearning that makes it challenging to accept the loss and move forward, further complicating the healing journey.

Depression

Depression in the context of prolonged grief disorder can manifest through various severity scenarios, making the condition more debilitating. Physical numbness is a common symptom, where individuals feel disconnected from their bodies and surroundings, contributing to a sense of emotional paralysis (Lundorff et al., 2017). Hallucinations may occur, where the person sees or hears the deceased, intensifying feelings of loss and creating a disorienting experience. Persistent grief is marked by continuous crying spells and waves of intense emotions that prevent individuals from functioning normally in daily life. The overwhelming sadness and emotional turmoil make it difficult for them to find relief or closure, trapping them in a cycle of depression and grief.

Environmental Barriers

Environmental pressures and gaps in therapy sessions can disrupt healing, as consistent support is crucial for recovery. Constant reminders of the deceased intensify emotional longing, making it harder to accept the loss and move forward (Eisma et al., 2020). This prolonged attachment complicates the grieving process, hindering progress toward closure.

Major Theme: Challenges in Healing
Figure 7

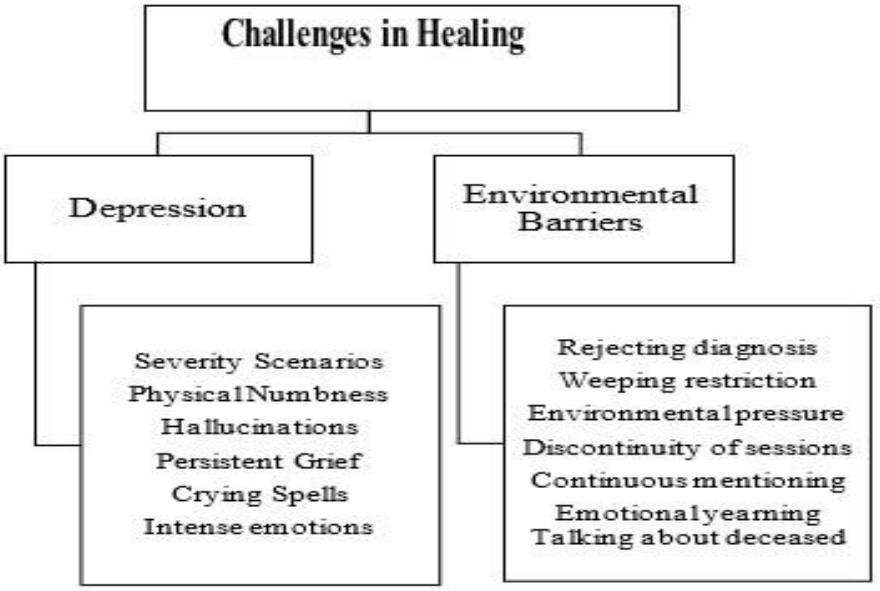


Figure Showing the Major Theme of Challenges in Healing with Subthemes and Codes

Discussion

The present research explored the symptomatic manifestation and assessment modes of Prolonged Grief Disorder (PGD) among Pakistani clinicians, revealing significant insights into how this disorder is recognized and evaluated within the cultural and professional context of Pakistan. The findings indicate that PGD is often characterized by enduring symptoms such as emotional numbness, intrusive thoughts, and difficulty in accepting the loss. These symptoms align with those identified in the global literature on PGD (Prigerson et al., 2009) but also demonstrate how cultural factors in Pakistan influence the understanding and diagnosis of the disorder.

Symptomatic Manifestation of Prolonged Grief Disorder

The symptomatic manifestation of PGD, as observed by clinicians in this study, is consistent with existing literature, which suggests that individuals with PGD experience prolonged emotional distress, marked by symptoms such as emotional numbness, intrusive memories, and a persistent sense of yearning for the deceased (Vogel et al., 2017). Clinicians highlighted that PGD often coexists with other mental health conditions, such as depression and anxiety, making the clinical picture more complex. Participants in the current research reported that patients with PGD frequently exhibit difficulty in managing daily tasks, emotional instability, and an overwhelming sense of hopelessness, which further complicates the diagnostic process. This finding is consistent with previous studies that emphasize the overlapping nature of PGD with other mental health conditions (Harrison et al., 2001). However, it was also noted that PGD symptoms are sometimes misunderstood or attributed to normal grief by clinicians, particularly in the early stages following a loss. This reflects the challenges of distinguishing between normal grief and PGD, as emphasized by Shear et al. (2011), who argue that while grief can be a normal response to loss, PGD represents a pathological extension of this process. Pakistani clinicians in this study noted that distinguishing PGD from cultural mourning practices is often difficult, as extended mourning is not uncommon in Pakistani society. This cultural context contributes to the delayed recognition of PGD and the need for greater awareness and training in distinguishing between normal grief and prolonged grief disorder.

Assessment Modes for Prolonged Grief Disorder

The assessment of PGD among Pakistani clinicians revealed a reliance on both structured and unstructured methods, with a notable

preference for clinical interviews and self-report questionnaires. The research found that while clinicians acknowledged the utility of standardized diagnostic tools like the Prolonged Grief Disorder Scale (PG-13), these tools were not widely used in Pakistan due to a lack of resources and training. Many clinicians relied heavily on their clinical judgment, informed by interviews with patients and their families, to identify PGD symptoms. The reliance on clinical interviews aligns with findings from other studies, which suggest that interviews remain the most common method of diagnosing PGD (Latham et al., 2013). However, unstructured clinical judgment, while useful, can be subjective, and there is a growing need for more objective, evidence-based tools to assess PGD. The findings suggest that there is a need for better integration of structured assessment tools into clinical practice in Pakistan.

Moreover, the study also revealed that Pakistani clinicians reported limited access to culturally adapted PGD assessment tools, which is a concern highlighted in the broader literature (Gorsuch et al., 2014). Clinicians emphasized that culturally sensitive tools, which take into account local mourning practices and religious beliefs, would be beneficial in accurately diagnosing PGD in the Pakistani context. This finding supports previous research by Eisenberg et al. (2007), which highlights the importance of culturally sensitive diagnostic approaches in mental health.

Cultural and Societal Influences on Grief Assessment

Cultural factors play a significant role in both the manifestation and assessment of PGD in Pakistan. In this study, clinicians noted that traditional grieving practices, such as extended periods of mourning and public displays of grief, are common in Pakistani society.

These cultural norms can complicate the identification of PGD, as clinicians must differentiate between culturally sanctioned mourning behaviors and pathological grief symptoms. This finding is consistent with research that has highlighted the influence of cultural norms on how grief is expressed and interpreted (Eisenberg et al., 2007).

Additionally, societal stigma surrounding mental health issues, particularly those related to grief, was identified as a barrier to the recognition and treatment of PGD. Pakistani clinicians noted that patients often avoid seeking help for grief-related issues due to the fear of being labeled as mentally unstable. This societal stigma can delay treatment and further exacerbate the emotional distress experienced by individuals suffering from PGD. This aligns with the findings of Gursoy (2014) and Topkaya (2011), who found that stigma plays a significant role in influencing help-seeking behaviors for mental health disorders in South Asian cultures.

Recommendations for Improving PGD Recognition and Assessment

Based on the findings, several key recommendations were made for improving the recognition and assessment of PGD among Pakistani clinicians. First, there is a need for greater awareness and training among mental health professionals to differentiate between normal grief and PGD. Incorporating PGD-specific training into the curriculum of clinical psychology programs in Pakistan could help clinicians identify the disorder more effectively.

This aligns with the recommendations of Shear et al. (2011), who emphasize the importance of specialized training in recognizing and treating PGD.

Second, there is a need for the development and implementation of culturally adapted assessment tools for PGD. Pakistani clinicians expressed a desire for tools that are sensitive to local mourning practices and religious beliefs, which would enhance diagnostic accuracy.

Research by Gorsuch et al. (2014) and others has similarly stressed the need for culturally sensitive diagnostic tools in mental health.

Lastly, addressing the stigma surrounding mental health issues, especially grief, is critical to improving help-seeking behavior. Awareness campaigns aimed at reducing stigma and promoting mental health literacy can encourage individuals to seek professional help without fear of judgment. As noted by Stanley and Manthorpe (2001), creating a supportive environment for discussing grief and mental health can help individuals feel more comfortable seeking treatment for PGD.

Conclusion

Current research has provided valuable insights into the symptomatic manifestation and

assessment modes of Prolonged Grief Disorder (PGD) among Pakistani clinicians. The findings indicate that PGD symptoms, such as emotional numbness, intrusive thoughts, and difficulty in performing daily activities, align with global diagnostic criteria but are often complicated by cultural mourning practices and societal stigma in Pakistan. Clinicians face challenges in distinguishing PGD from normal grief due to cultural norms that may overlap with symptoms of the disorder.

Furthermore, while interviews and clinical judgments remain central to the assessment of PGD, the study reveals a significant gap in the use of standardized, culturally sensitive diagnostic tools in Pakistan. The lack of such tools, coupled with limited awareness of PGD among clinicians, underscores the need for improved training and education in the diagnosis and treatment of this disorder.

The findings emphasize the importance of developing culturally adapted assessment methods and therapeutic interventions, which can more effectively address the needs of individuals experiencing PGD in the Pakistani context. Reducing societal stigma surrounding mental health, particularly grief-related disorders, and increasing mental health literacy could also encourage individuals to seek professional help at an earlier stage.

In conclusion, addressing the recognition and assessment of PGD in Pakistan requires a multifaceted approach, including clinician training, development of culturally sensitive tools, and broader societal efforts to reduce stigma. These steps will contribute to improving the mental health and well-being of individuals coping with Prolonged Grief Disorder in Pakistan.

Limitations

- The study had a limited sample size of clinicians from specific regions in Pakistan, which may not be representative of all clinicians in the country. Future studies should aim for a larger, more diverse sample to enhance generalizability.
- Conducted within the cultural context of Pakistan, the findings may not be applicable to other countries or cultural groups. Future research should explore the assessment and manifestation of PGD in different cultural settings.
- The research highlighted the absence of standardized PGD assessment tools in Pakistan, limiting comparisons with international studies. Future research should focus on developing and validating culturally appropriate diagnostic tools for PGD in the Pakistani context.

Implications for Future Research

- The findings of current research can help clinicians recognize the role of cultural and religious factors in shaping the expression of Prolonged Grief Disorder (PGD), thereby improving their ability to distinguish between normal grief and prolonged distress.
- Developing culturally adapted assessment tools, based on the study findings, can enhance accuracy in diagnosis and ensure that PGD symptoms are not overlooked in clinical practice.
- The results emphasize the importance of strengthening clinician–client rapport, which can create a safe space for patients to share their grief experiences more openly.
- The study highlights the need for specialized training programs for clinicians in Pakistan so they can better differentiate PGD from depression and anxiety using culturally relevant guidelines and case studies.
- By addressing the gap in existing literature, the research contributes new knowledge on PGD in the Pakistani context and opens avenues for future studies that include diverse regions, socioeconomic groups, and linguistic communities.
- The findings also suggest that further validation of assessment tools is required to ensure their cultural applicability for Pakistani populations.
- Present research underlines the value of engaging community leaders and religious figures in raising awareness about PGD, as their involvement can reduce stigma and encourage help-seeking behaviors.
- The results can inform policymakers to integrate culturally sensitive grief interventions into national mental health strategies, ensuring that individuals affected by PGD have better access to appropriate care and support.

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