Risk Factors of Complicated Grief in Iran: A Qualitative Study

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Abstract

Aim: The factors of complicated grief are unclear, and many studies have referred to it as a socio-cultural phenomenon. Therefore, the present research aims to study the risk factors of complicated grief qualitatively. **Method:** This investigation's theoretical framework and research methodology were based on quality and phenomenology type. The study included grieving participants (n=15) and psychologists (n=4) who specialized in grief and loss counseling. Data was collected through in-depth interviews from December 10, 2022, to April 30, 2023, using purposive sampling (n = 19), and data saturation determined the sample size. Interviews were conducted either online or face-to-face by one well-trained researcher, depending on the participants' convenience. The interviews were conducted in 4 sessions, each lasting about 60–90 min, and simultaneously collected and analyzed the data. The analysis approach of this study was grounded theory, encompassing three distinct phases: open coding, axial coding, and selective coding. **Results:** After transcribing and documenting the interview content, revisited the coding process, yielding 230 distinct codes, and carried out the selective and axial coding processes after extracting the codes. Researchers categorized the codes whittled down to 52 primary codes. These were then divided into three theme clusters (psychological factors, social and family factors, and cultural factors). psychological factors such as loss, social factors such as lack of social support, and cultural factors such as wrong comforting behaviors can be effective in complicated grief. **Conclusion:** This study suggests that various psychological, cultural, and social determinants contribute to the evolution of grief into a pathological condition, making it a cultural and social phenomenon.

Keywords: Complicated Grief (CG), Psychological Factors, Cultural Factors, Social and Family Factors, Qualitative Study

Introduction

Complicated grief (CG) is one of the primary areas of focus in modern research and clinical interventions. Individuals grappling with complicated grief may experience intrusive thoughts, intense emotions, distressing yearnings, excessive avoidance of reminders related to the deceased or the specifics of their passing, as well as a loss of interest in personal activities (Jann et al., 2024). Moreover, they may be at increased risk of suicide, depression, anxiety, physical discomfort, and physical illnesses (Hilberdink et al., 2023). Prigerson et al. (1995) first examined CG and compared it with depression. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) and the International Classification of Diseases (ICD-11) both described CG using specific clinical conditions that overlapped in describing symptoms, prevalence, and diagnostic criteria. The World Health Organization, 2016 and the American Psychiatric Association, 2013 also referred to CG as persistent complex bereavement disorder (PCBD) or prolonged grief disorder (PGD). However, the latest edition of DSM-5-TR distinguished CG from these disorders and agreed upon the name 'prolonged grief disorder' (American Psychiatric Association, 2022).

Recent research on CG has shown that between 10 and 20 percent of mourners experience CG (Gesi et al., 2020); in other words, tens of millions of people worldwide who experience the death of a loved one are affected by CG (Complicated Grief Center, 2018). Relationship characteristics, personality traits, coping styles, psychiatric history, comorbidities, and cultural, social, and economic factors all contribute to an increased risk of developing CG (Tofthagen et al., 2017). In a national study in the United States, potential risk factors for CG included a history of mental illness, substance abuse, alcoholism, and weak coping strategies (Ellifritt et al., 2003).

Before the COVID-19 pandemic, Iran's grief research primarily focused on normal grief. Post-pandemic, it expanded to include clinical intervention approaches utilizing cognitive-behavioral, mindfulness, and narrative therapies (Akrami et al., 2021). All these studies aimed to use Prigerson's Inventory of Complicated Grief, which has not been officially standardized, and its reliability and validity in Asian countries remain ambiguous. Additionally, researchers aimed to engage in research activities and clinical interventions using models proposed by non-Iranian cultures. However, according to researchers, no one has attempted to investigate CG as a psychological issue with cultural and social aspects in the Islamic Republic of Iran. We need more research that focuses on the cultural context of CG. Physicians and researchers in other countries such as Canada, Japan, the Netherlands, Denmark, and Ireland, as well as among specific cultural groups including African Americans, Nepali widows, married and unmarried American mourners, and Chinese and Bosnian refugees, state that CG, without considering cultural and social characteristics, does not provide the necessary information for effective research and clinical interventions (Momartin et al., 2004; Newson et al., 2011; Mizuno et al., 2012; Burton et al., 2012; Guldin, 2014; Dodd et al., 2017; Granek & Peleg-Sagy,

2017; Kim et al., 2017; Thompson et al., 2017; Moradi & AzizMohammadi 2015; Mirzaeian et al., 2016; Azizmohammadi, 2013).

Traditional ways of dealing with grief have some problems, including using vague words, having a fixed view of grief, not having enough real-life examples from different times and cultures, and not taking into account how loss affects people on a personal level or their health (Avis et al., 2021). These approaches have historically sought to standardize grief experiences and delineate their physical and psychological attributes. However, contemporary scholarship advocates for a departure from this conventional trajectory, urging the development of bespoke models tailored to the unique socio-cultural landscapes of each community. This shift is particularly pertinent in regions like Iran, where individuals' social identities are deeply intertwined with Iranian-Islamic cultural norms, elements often overlooked by Western-centric frameworks that prioritize individualism.

Recent research by Konstantin et al. (2021) underscores the need for caution when interpreting hierarchical analyses of Complicated Grief (CG) assessment tools. Their meta-analysis reveals a notable discrepancy in the established cutoff points for CG questionnaires between Western and Eastern contexts. While Western standards typically advocate for thresholds around 25 or 30, Eastern contexts often favor higher benchmarks, approximately 48. The authors attribute this variation to the cultural intricacies influencing participant studies, highlighting the importance of considering cultural nuances in CG identification and screening. (Gjersing et al., 2010).

Furthermore, there are ambiguities regarding the universality of the grieving process, time, consequences, and intensity of emotional distress discussed in various grief models (O'Connor, 2019). The stage model of grief does not consider the complexities and uniqueness of each mourning experience. Criticizing the stage model of grief, Gaines (1997) argued that mourning is not a process that can come to an end, and an individual may mourn throughout their entire life. According to Stroebe and Schut (1999), the traditional model defines grief work ambiguously and cannot explain grief in different cultures.

Cultural evaluation of grief is crucial for therapists to present hypotheses about grief's role in psychological disorders, distinguish CG from other disorders, consider the psychological burden of mourning ceremonies, and develop a shared understanding of grief. This helps in decision-making about psychological and pharmacological interventions, improving the effectiveness of the interviewing process by considering cultural components (Eisenbruch, 2009; Barfi et al., 2015; Mirkamali et al., 2013).

The final issue that clarifies the necessity of the present research is the collective grief of Iranians, which is significant in terms of both quantity and scope at the current time; political, social, cultural, health, and economic changes in the fourth decade of the Islamic Revolution in Iran appear to be critical nationally and internationally. Regarding political aspects, more than 7,400 people were executed in Iran between 2012 and 2021 (Unofficial statistics from the Persian Wikipedia), some of which resulted from protests in Iran and

have saddened a particular political spectrum of people; also, incidents such as the Mina stampede (2015), the Plasco building collapse (2017), the assassination of Qasem Soleimani (Iranian major general) (2020), November protests after petrol price hike (2020), The downing of Ukraine international airlines flight PS752 (2020), COVID-19 infection and hospitalization of more than four million Iranians and the death of more than a hundred thousand people (2020-2021), the Death of Jina Mahsa Amini (2022), 95 Killed In Blasts Near Soleimani's Tomb (2024), are among the events that have exposed a large part of the population to grief from various cultural and political spectrums. According to Acharya (2018), social and economic events play a major role in complicating grief in individuals, as necessary support resources are deprived and the healing process is delayed. The comprehensive website of the British Psychological Society writes after the death of Queen Elizabeth in 2022 that "people are saddened from every corner of Britain without seeing her up close or interacting with her" (British Psychological Society, 2022). Therefore, it is not surprising that in Iran, where numerous collective unfortunate events occur every year, people experience prolonged and lasting mourning and are more exposed than ever to the risks of CG.

As previously discussed, understanding complicated grief (CG) is contingent upon a comprehensive examination of the cultural, social, and psychological determinants inherent to individual countries. Therefore, the current study employs a qualitative research methodology to identify the risk factors linked to complicated grief in the Iranian context.

Methods

Study Design

This investigation's theoretical framework and research methodology were based on quality and phenomenology type. Phenomenology, as a philosophical approach, aims to elucidate the subjective experiences of individuals (Cohen, 1987). To uncover the authentic essence of these lived experiences, researchers must engage in bracketing, minimizing preconceived notions and biases they may hold about the research topic (McConnell-Henry et al., 2009). We maintained methodological rigor by adhering to the guidelines for qualitative research outlined in the Consolidated Criteria for Reporting Qualitative Research (Tong, 2007). This study frames its central inquiry as "What is the meaning and essence of the experience of individuals suffering from complicated grief?"

Participants

The study included grieving participants and psychologists who specialize in grief and loss counseling.

Grieving Participants

The inclusion criteria for this group were as follows: Participants experienced the death or loss of someone with whom they had a significant relationship, with at least 6 months passing since the occurrence of this loss; they fell within the age range of 18 to 50 years. Although participants represented diverse cultural or ethnic backgrounds, proficiency in

spoken Persian was considered essential. Participants were required to achieve a minimum score of 48 on the Persian version of the inventory of complicated grief. We excluded grieving people who had received grief counseling or treatment. 15 psychologists participated in in-depth interviews individually (Table 1).

Psychologists who specialize in grief and loss counseling

The inclusion criteria for this group were as follows: participants should possess both research and clinical expertise in the field of grief; they must hold at least a master's degree in psychology or counseling or work as a physician engaged in psychiatric interventions; they should have visited at least 2 patients diagnosed with grief and be able to theoretically differentiate between normal, complicated, and pathological grief experiences; they should reside within the Iranian culture and society; and they should be fluent in Persian. Four psychologists participated in in-depth interviews individually (Table 1).

Table 1. **Demographic features of Participants (N = 19)**

Variables		N
Sex	Male	5
	Female	14
Marital Status	Single	9
	Divorced	1
	Widow	3
	Married	6
Age (years)	<30	7
	30–39	8
	40–49	4
Education	literacy	1
	Associate Degree	4
	College	6
	Graduate School	8
Cause of Loss (death) *Not include psychologists' group*	Car Accident	5
	Suicide	1
	COVID - 19	1
	Execution	2
	Fall	1
	Abortion	1
	Sudden Cardiac arrest	1
	Cancer	1
	Fire	1
	Self-Immolation	1
Average Duration of Grief (months) *Not include psychologists' group*		9

Data Collection

Data were collected through in-depth interviews from December 10, 2022, to April 30, 2023, using purposive sampling (n = 19). The sample size was determined by data saturation (Morse, 2000). Data saturation was considered achieved when no new themes emerged from the participant interviews. Data saturation was determined after the nineteenth case interview. Interviews were conducted either online or face-to-face by one well-trained researcher, depending on the participants' convenience. A comfortable atmosphere was created during face-to-face interviews, beginning with everyday conversations. Interviews began with the following main questions: 1) To you, what is grief, and how do you define it? 2) What is your experience with grief, and what significance do you assign to it? 3) In your opinion, what role does cultural and social context play in your experience of grief? The interviews were conducted in 4 sessions, each lasting about 60–90 minutes, and data were simultaneously collected and analyzed. Before participating in the study, the grieving group completed the Inventory of Complicated Grief, and the psychometric properties of this tool are explained below.

- Inventory of Complicated Grief (ICG)

The Inventory of Complicated Grief (ICG) was devised by Prigerson et al. (1995) to assess indicators of pathological grief, such as anger, disbelief, and hallucinations. (It contrasts with the TRIG, which assesses more normal grief symptoms.) The instrument consists of 19 first-person statements concerning the client's immediate bereavement-related thoughts and behaviors. Five response options range from "Never" to "Always." The ICG's internal consistency, as reported by Prigerson et al. (1995), was very good; the alpha coefficient was .94. The test-retest reliability was found in the same study to be .80. In addition, this scale has a well-validated clinical cut point. Clients who score over 25 are considered at high risk for requiring clinical care. However, research has shown that it is better to consider a cutoff point of around 48 in Asia and the Middle East for greater explanatory power. In the present study, the Persian translation of the inventory was used, as mentioned in Ashiani et al. (2023) research, with a reported alpha coefficient of 0.75.

Ethical Considerations

The study received approval from the Department of Psychology at Mohaghegh Ardabili University. Before data collection, participants were provided with comprehensive information about the study's objectives, the procedures for reporting study outcomes, and the process of interview recordings. Written, informed consent was obtained from all participants. Furthermore, participants were assured of their right to withdraw from the study at any stage without facing any adverse outcomes.

Data Analysis

The researcher transcribed the interview content verbatim within 24 hours of each interview. Transcripts of each participant's interview and the memos were used to analyze the data.

The present study employed a qualitative data analysis approach known as grounded theory, encompassing three distinct phases: open coding, axial coding, and selective

coding. After transcribing and scrutinizing all 19 interviews, and consulting with interviewees, elites, and researchers, we initiated the coding process based on theoretical frameworks and researchers' interpretation. In the preliminary phase of open coding, data were systematically categorized, with the researcher identifying main and sub-categories derived from interviews, observations, technical notes, and daily records. Subsequently, in the axial coding phase, the researcher identified and examined additional pertinent categories relative to a primary category. These examinations covered causal conditions, strategic factors, contextual conditions, intervening conditions, and strategies' consequences. Lastly, in the selective coding phase, the researcher formulated a comprehensive theoretical framework elucidating the relationship between categories derived from the axial coding pattern. Using these three stages of coding shows a planned path to developing a theory. They help to generate hypotheses that, when tested in the real world, show how the different categories in the coding paradigm are connected (Bazargan, 2021).

Results

Following the transcription and documentation of interview content, the coding process was revisited, resulting in a total of 230 distinct codes. After the extraction of codes, the selective and axial coding processes were carried out. Based on the content of participants' interviews, shared codes, interpretations, and researchers' theoretical and empirical perspectives on complicated grief, the codes were categorized into 54 sub-themes and 3 theme clusters (factors). Subsequently, the main and sub-themes were presented to experts in the form of a questionnaire, and experts suggested a reclassification of these themes. Therefore, the coding process continued, resulting in a reduction of the initial 54 sub-themes to 52 primary codes, which were categorized into 7 sub-themes and 3 theme clusters (Table 2).

Table 2. **Factors (Theme Clusters), Sub-Themes, Codes**

Factors (Theme Clusters)	Sub-Themes	Codes
Psychological Factors	Cognitive Factors	loss, hopelessness, maladaptive schemas, disbelief, lack of mindfulness, attributions, Preoccupation with deceased, unpredictability, confusion, mistrust, sense of victimhood, self-blame, lack of self-efficacy, intrusive thoughts
	Emotional Factors	loneliness, sadness, life empty & meaningless, feel of guilt, numbness, anger, longing, distress, longing, worry, discomfort, insecurity
	Behavioral Factors	avoidance, emotional-focused coping strategy, isolation, sleep difficulties, crying, Loss of interest in daily activities
Social Family Factors	Social Factors	social events, social comparison, social support, taboo, economic problems, scheduling, job problems
	Family Factors	lack of other family members, communication problems with others, finding an alternative role, responsibility
Cultural Factors	Cultural Worths	religious and spiritual values, cultural expectations, cultural inferences, mandatory or voluntary grief, attitude to the life after death
	Cultural Habits	relief behaviors, grieving rituals

According to Table 2, 3 theme clusters (psychological factors, social and family factors, and cultural factors) and 7 sub-themes (cognitive factors, emotional factors, behavioral factors, social factors, family factors, cultural worths, and cultural habits) have been considered influential factors in complicated grief in Iranian culture, which are mentioned below.

Cognitive Factors
Based on the data presented in the psychology factors category, the cognitive component was one of the identified components. This component encompassed various codes, including loss, hopelessness,
maladaptive schemas, disbelief, lack of mindfulness, attributions, preoccupation with the deceased, unpredictability, confusion, mistrust, victimhood, self-blame, lack of self-efficacy, and intrusive thoughts. We extracted each of these codes from the participants' statements. For instance, participant 7, whose child had died of cancer, expressed: "I deeply feel the absence of Muhammad; since his passing, I haven't tidied up his bed, and every morning, I hold his pillow in my arms and cry." In other words, participant 7 perceives grief as loss and bereavement, and the deceased's absence is distressing for her.

In this sense, grief refers to losing something one had before. During an interview with Participant 2, who lost his brother to suicide, she expressed a clear sense of loss: "I lost Reza in this life." Participant 12 provides a more comprehensive definition, stating: "We should not grieve when someone dies, as it is painful to lose anything we hold dear." Given such a definition, the search for loss manifests the symptoms of grief. Once we defined the meaning of loss, the cognitive nature of this concept led us to place it in this category.

Hopelessness is another significant cognitive factor to consider. Participant 3, who had long harbored anxiety about her father's execution and hoped it wouldn't occur, is now experiencing grief following his execution, a significant portion of which stems from hopelessness. "They aged us, no matter how much we went back and forth, kissed their hands, and begged them to forgive his life for us, every time they threw us out, but we still hoped." The prison counselor had made a promise, but he couldn't fulfill it; everything seemed bleak to me. My mom always said, Don't worry, it'll be alright. The innocent doesn't go to the gallows; but, he's gone. I'm in darkness, I can't even think about these things." Participant 14 also says: "He had just been accepted to university; he used to tell me that among all this misery, eventually, he would go somewhere where he could be a bit happy if nothing else went wrong; her leaving was like cold water that made all of us hopeless about this life." Based on the interviewees' statements, we decided to consider hopelessness as a code of cognitive factors that shape grief thinking.

Maladaptive schemas, among other cognitive factors, are present in the survivors' grief. For instance, participant 10, who had transmitted the coronavirus to the deceased, constantly referred to a belief on the deceased's part: "I'm sure he's not pleased with me and won't forgive me." Similarly, participant 12, who had been grieving for her pet for a long time, stated: "Whenever my friends see me, I don't tell them anything about my pain so as not to tire them." Such beliefs on the part of mourners may influence their continued grief. In other words, participant 10, with the maladaptive schemas she holds, cannot ever move towards acceptance, and Participant 12 also experiences complicated grief due to her emotional inhibition and maladaptive schema.

Emotional Factors

Emotional factors constitute the second component of psychological factors, in which various codes such as loneliness, sadness, life empty and meaningless, feelings of guilt, numbness, anger, longing, distress, longing, worry, discomfort, and insecurity were placed. We extracted each of these codes from the participant's statements. For instance, participant 14 expressed her deep sense of loneliness, saying, "He was my only friend; since the day he left, I have no one anymore." Participant 11, who mourned her only sister, said, "The day she died, it was my death too. I was in the hospital on my own. I did everything I could, but it didn't work. When I closed my eyes, my hands froze; then, dear God, I became an orphan and alone again. I felt alone."

Another emotional factor is longing, which is a deep desire to see the deceased. Participant 6, whose mother died from COVID-19, states: "She always gathered all the kids together; I mean, if anyone fought with someone else, it couldn't last long; she would quickly call everyone and we would have a party. We all loved her." Participant 8 also

says: "In these ten months, there hasn't been a day that I've forgotten about her; I put our pictures everywhere in front of me."

Among other emotional factors that are somewhat controversial in their categorization, Participant 4 was one of the individuals in whom this factor was more prominent in her statements; for example, she said: "When nothing happens, I still feel like my head is going to explode; I wasn't like this the first time I miscarried, but after this second miscarriage, I've been feeling unwell for a long time." Participant 9, who lost her parents in a fire, also said: "There have been times when I've gone to the doctor and he says there's nothing wrong with me, but I feel a headache every day."

Behavioral Factors

The third component of psychological factors, behavioral factors, includes various codes such as avoidance, emotional-focused coping strategy, isolation, sleep difficulties, crying, and loss of interest in daily activities. We extracted each of these codes from the participants' statements. For instance, in the context of avoidance, participant 13, who lost her sister to suicide, expressed: "I avoid gatherings; I'm really afraid she might ask me a question, and I have to explain what happened and what didn't." Participant number 1 also expresses her avoidance by saying: "After that accident, I hate traveling; even when I see my car, I get scared." Participant 19, who is a psychologist, also uses such statements about her patients: "I remember in sessions, she used to say that she had removed everything belonging to the deceased from her sight and put it in the warehouse."

Sexual activity is another example of a behavioral factor. Participant 13, reflecting on her marital life following her sister's suicide, states: "My husband often advises me to forget about her, but I can't; she is irreplaceable to me. He bemoans the fact that his cooking has deteriorated, as has his ability to prepare particular dishes and activities. He further states, Well, it's not the same anymore; I swear, I no longer even enjoy our marital relationship; it has become a chore for me."

Sleeping difficulties are another example of a behavioral factor, especially for people who experience grief after accidents; in other words, participants 1, 5, 8, 9, 11, 12, and 14 directly referred to sleep issues. "I sleep late at night, and when I do sleep, I keep waking up from nightmares"; "I haven't had a peaceful sleep since God knows when, when I close my eyes, all the problems come to my mind, and I wish they didn't exist"; "I couldn't even see her face properly before putting it in the grave, but still, when her face comes to my mind, I feel calm; I wish I remembered her face amidst all this restless sleep"; "I swear every morning when I go to work, I wake up tired from sleep."

Social Factors

Social factors specifically refer to those elements within the societal context that contribute to the complicated grief; social events, social comparison, social support, taboo, economic problems, scheduling, and job problems are among the issues impactful in the social dimension of grief. Participants 3 and 15, for instance, expressed their grief over the execution of a deceased individual, saying, respectively: "Everyone knows my father is innocent, but there are those four people and the neighbors who are unaware; my sister is always stressed about her wedding day, fearing they might ask her how your dad was dead." "Some people did indeed support my brother, but we also suffered; they broke our house windows and wrote "murderer" on our walls; we felt ashamed." Some would

pat our backs and say condolences, but others, once they realized, would curse us as dishonorable." Psychologist 16 also speaks about issues in society that can prevent individuals from sharing the reason for their grief with others: "Issues like AIDS can be considered taboo even when the person is alive; unfortunately, such issues persist after the person's death, and survivors cannot share specific details and are satisfied with the fact that the deceased had the disease."

Unpleasant social events are another example of a social factor that can contribute to a person's grief. As Participant 15 says, "Every time you open your phone, there's bad news; seeing these things just renews our sorrow; how much capacity does one person have?" Participants 2 and 9 also consider societal grief to be influential in their grief: "I remember my brother used to say why we live in this ruined life; every day there's a new story in this country that not only we but a whole nation mourns." "I still go if there's any program for Plasco or places like that; in this country, where such news is not uncommon, it weighs heavily on one's heart, but I go to Plasco for my parents; I feel like I can understand this."

Family Factors

This component emphasizes the importance of family issues in grief. Family, as one of the most significant social units, highlights the roles of individuals, family members, and their relationships. Participant 11 speaks of the irreplaceability of companionship: "Even when he's not here, there's nothing else that comforts me except his photo and his grave; talking to them." Participant 8 also expresses a similar sentiment: "I really can't imagine loving someone else like him and being able to marry again." Participant 1 talks about her responsibility to her children: "I can't mourn like others; my mourning affects my children." Every time I cry, my little one asks, 'Mom, why are you sad? Who hurt you?'" Similarly, participant 9 talks about her responsibility towards her surviving sister: "I had to keep myself strong; it was very difficult. I had to inform her that she should come home from university; I had to be less upset than her because I am also responsible for her now."

Cultural Values, Beliefs, and Expectations

Cultural values, beliefs, and expectations represent the first component of cultural factors. This component highlights the role of hidden factors in the cultural fabric that direct individuals' behaviors. Participant 18, who is part of a group of psychologists, speaks of their own experience: "Cultural habits sometimes dictate that individuals should be more involved in the grieving process; for example, I had patients whose entire family was mourning, and because the head of the family is grieving, any opposition was a sort of rebellion against it." They found it difficult to challenge this issue, and a patient expressed that a feeling of guilt dominated their family's happiness, compelling them to grieve. Attitudes towards the afterlife were also prominent in some conversations. For instance, Participant 2 discusses their perspective after death: "My entire conflict with my parents is about telling them to forgive him after his death; they say because he committed suicide, he's gone as an infidel. Maybe I'm wrong, and that's why I'm so troubled after his death."

Cultural Habits

The second component of cultural factors in complicated grief, known as cultural habits, pertains to the behaviors of the bereaved individual or the actions of others toward them. In this component, individuals may engage in behaviors based on cultural beliefs and

expectations that may either complicate their grieving process or create an environment for the bereaved that disrupts their grieving rituals. In this component, the two main categories of relief behaviors and cultural habits have a fundamental role. Many participants expressed grievances about the way others treated them (relief behaviors) and referred to phrases such as "the deceased is dead and at peace," "they had lived their life," "the deceased hadn't lived long anyway," "you're only hurting yourself; they're at peace now," "they wouldn't want you to cry," "there must have been a reason for this," and so on.

Grief rituals are another aspect that can be considered a cultural expression. Grieving rituals, whether in religious or non-religious aspects, originate from the cultural context. This category of phrases was less tangible in the participants' conversations and required more careful coding; for example, Participant 5 said, "One cannot be sorrowful all the time" In contrast, Participant 9 expressed, "I have to be strong; I don't want others to think that even after my parent's death, I couldn't stand on my own two feet; I couldn't even stand straight until the seventh day, but during the ceremonies, I tried to comfort my sister."

Discussion

Based on the findings, psychological, cultural, and social factors play a role in the occurrence of complicated grief in Iran. In this study, psychological factors were categorized into three components: cognitive factors, emotional factors, and behavioral factors. This categorization was based on the research by Shear et al. (2015), who divided the psychological and physiological factors of complicated grief into such segments. Similar categorizations have also been considered in various books, such as "Psychology of Grief" by Richard Gross (2018). Cognitive and behavioral factors particularly stem from cognitive-behavioral approaches and their models, such as mindfulness therapy and schema therapy (Kopf-Beck et al, 2020). For example, in mindfulness-based therapy, the importance lies in helping the grieving individual detach from memories and future losses and focus their attention on present circumstances (Huang et al., 2021). Acceptance of the reality of loss and the non-return of the deceased gain significance in Acceptance and Commitment Therapy (ACT). However, in schema therapy, issues are examined more critically, and factors like emotional inhibition are addressed, where the grieving individual refrains from expressing their grief. In the cognitive-behavioral approach, fundamental issues such as cognitive distortions can explain many beliefs about grief. For instance, an individual who magnifies their grief may evaluate grief conditions beyond what they are for themselves and may believe that grief has no end, or individuals with all-or-nothing thinking might grieve more than the existing norms or not grieve at all (Thimm & Holland, 2017). Additionally, in the behavioral dimension, these issues become more noticeable when individuals take action to cope with grief based on the mental and environmental conditions they experience (coping styles). The grieving individual may withdraw from social gatherings and non-grieving situations that provide comfort, leading to disruption in their daily and occupational functioning. This event sets a faulty cycle for them because being deprived of social support leads to more complicated grief conditions and further impairs their daily and occupational functioning

(O'Connor, 2020). Participants in this study often reported disturbances in sleep, appetite, engagement in self-focused sexual activities (masturbation), and reduced engagement in other-focused sexual activities (sexual intercourse). This finding indicates that satisfying fundamental human needs changes complicated grief. An important point in this finding is that the grieving individual often tries to satisfy these needs independently (participants in the study admired environments that were distant from others for sleep and engaged more in masturbation for sexual satisfaction than before and also, due to appetite disturbances, chose new hours for eating that often coincided with the absence of family, friends, and colleagues).

However, emotional factors also play a significant role in complicated grief (Gegieckaite & Kazlauskas, 2022). The most prominent observations in grief are related to emotional factors, with sorrow, anger, longing, worry, and others all apparent from the early days of mourning. Various models of complicated grief agree that these factors are normative and may constitute natural responses to loss (Dillen et al., 2008). However, each of these models sets a threshold for these factors' abnormalities. For example, many models consider excessive or deficient expressions of these factors problematic and express that if a grieving individual blames themselves for the death of the deceased and grieve with feelings of guilt and anger towards themselves, they are less likely to conclude the grieving process. Similarly, a grieving individual who expresses this anger towards the deceased (who has left them alone and helpless) will also encounter difficulties (Shear et al., 2011). Some other models also consider time as the boundary for abnormality in emotional factors and express that if, for example, feelings such as longing to see the deceased or worry about the death of other loved ones persist for a long time, they can no longer be considered a natural feeling and disrupt the bereaved individual's daily life (American Psychological Association, 2020). For example, a bereaved individual who resigns from their job after the death of their mother and is constantly engaged in caring for their father out of worry about his illness and the loss of their father will be distressed. Or a person who, one year after the passing of a loved one, still sees images of the deceased in their presence or feels that the deceased is speaking to them. Overall, psychological factors play a crucial role in understanding and treating complicated grief. The cognitive-behavioral-emotional model provides a comprehensive insight into addressing the factors of complicated grief, upon which effective strategies can be devised to prevent potential harm to the individual(De-Groot et al., 2007).

Furthermore, social factors can play a significant role in complicated grief, either by providing support to individuals or, conversely, intensifying grief in them. For example, social support from family and friends after grief can be a protective factor. Research shows that individuals with a supportive social network of close friends are less likely to experience complicated grief. However, individuals' grief intensifies if their social network, including family and friends, judges them for their grief (Stroebe et al., 2014). Social and familial factors of complicated grief in this study were divided into two components: social factors and familial factors. The basis for this division is the subdivision of social factors into smaller and larger social units to more accurately examine the survivor's role in each of these units. For example, familial factors specifically examine issues related to the individual's role in family members,

responsibility towards family members, etc., while social factors examine problems related to the individual's role as a friend, employee, citizen, etc. Therefore, both social and familial factors can affect the occurrence of complicated grief (Mason et al., 2020).

Another finding of the research suggests that cultural factors play a role in complicated grief. Religious and spiritual values can play an important role in how individuals cope with grief. Research shows that religious and spiritual beliefs may provide a framework for understanding death and life after death, lead to peace, and attract spiritual support during the grieving process. According to the findings of Bonanno et al. (2002), religious values such as prayer and participation in religious ceremonies are associated with better adaptation to loss and a reduction in the symptoms of complicated grief. Cultural expectations about the grieving process may also contribute to the creation or intensification of complicated grief. For instance, certain cultures anticipate prolonged mourning and participation in mourning ceremonies, whereas others may observe a shorter mourning period with less focus on formal rituals (Simon, 2009). Furthermore, cultural inferences about life after death and the meaning of death may impact the occurrence of complicated grief. For instance, certain cultures view death as a natural part of life's cycle or as a continuation of existence in a spiritual realm, while others view it as a sad and final end (Bonanno, 2009).

This study classified cultural factors into two main groups: a) cultural worth; and b) cultural habits. This categorization's general basis indicates that culture has tangible and intangible elements. The intangible aspect of culture is invisible and surrounds individuals in cultural societies, unconsciously influencing their behavioral patterns (Waymer & Heath, 2021). Consider a participant observing a deceased person's seventh day of mourning. The participant might need help understanding why they are explicitly grieving on the seventh day instead of the eighth. This practice is not arbitrary but is shaped by cultural expectations dictating specific rituals and timings. These cultural expectations, often without the individual's complete comprehension, significantly shape grief rituals (Chen, 2012). Culture's tangible elements consist of cultural habits that stem from these underlying values, beliefs, and expectations. For example, individuals might wear black clothing as a sign of mourning, a visible and physical expression of their grief. Men might refrain from shaving their beards during mourning, and people might make vows or provide food for those in need. These actions are outward manifestations of intangible cultural values and beliefs (Waymer & Heath, 2021). Cultural factors' tangible and intangible aspects are not separate entities but are deeply intertwined. The tangible practices, such as wearing specific attire and performing certain rituals, provide a structured way to express grief. Simultaneously, intangible beliefs and expectations shape how individuals internally process their loss. Understanding this interplay is crucial for comprehending the overall experience of grief within a cultural context and for providing appropriate support and interventions for those experiencing complicated grief.

Despite obtaining valuable results, this study had several limitations. The limitations included the lack of an Iranian literature review on grief and complicated grief, as well as the absence of cultural and social research in the field of grief. These limitations constrained the understanding and investigation of issues in the research dimension. Although efforts were consistently made to present a model of complicated grief that

reflects the situation of this issue in Iranian-Islamic culture, the absence of qualitative samples from ethnic groups such as Turkmen, Arabs, and non-Islamic religious and minority groups prevented the generalization of the results to these individuals. Furthermore, we cannot readily generalize these findings to adolescents and children due to their age-related circumstances

If the findings are to be revised or a more comprehensive approach proposed, age and religious limitations should be addressed. Given their challenging access, associations should be established with the participation of individuals affected by complicated grief. This initiative would provide social support and facilitate access to this clinical sample. Based on the research findings, it is suggested that the codes derived from the results be formulated into statements. These statements can serve as the foundation for developing a comprehensive tool for addressing complicated grief.

Conclusion

This study suggests that various psychological, cultural, and social determinants contribute to the evolution of grief into a pathological condition, making it a cultural and social phenomenon. Iranian culture, characterized by its rituals and customs, underscores the significance of mourning-related practices and societal gatherings. Moreover, Iranian societal dynamics, influenced by familial structures, economic circumstances, and consecutive instances of collective mourning, along with the distinctive psychological and personality traits of Iranians, have prompted the identification of factors distinct from those observed in other cultural and ethnic contexts. We can use these insights to develop diagnostic tools, support mechanisms, and cross-cultural comparisons that aim to examine grief and complicated grief more nuancedly, thereby facilitating the delivery of necessary psychological interventions to individuals navigating bereavement.

Disclosure Statements

All authors have participated in the design, implementation, and writing of all sections of the present study. The authors declared no conflict of interest.

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