Grief is universal.
The way we grieve is not.

Exploring grief through a cultural lens: how culture shapes the expression, ritual and recovery of loss.

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Executive Summary

Grief is a universal human experience, but how people grieve is shaped by culture. The frameworks most used in clinical practice were built largely on Western, English-speaking populations.

Applying those frameworks without cultural awareness risks misreading distress and pathologising normal mourning. Contemporary research offers three more culturally flexible frameworks: meaning reconstruction, continuing bonds and the dual process model.

The evidence also shows that whose grief is recognised, and whose is not, has profound consequences. For practitioners in a country as diverse as Australia, culturally responsive care rests on cultural humility and five practical principles for work with culturally and linguistically diverse communities.

01

SECTION 01

Understanding Grief

Before we turn to culture, it helps to be clear about what grief is and how it works.

Grief is universal; how we grieve is not

Grief is a universal human experience. How people grieve is not.

Every human being eventually loses someone or something that matters deeply. The yearning, searching and disruption to identity and daily function appear consistent across our species.

That shared response is where universality ends. What may be felt, what may be shown, to whom, and for how long, is shaped deeply and particularly by the culture a person carries with them.

Grief is our whole-person response to loss

Grief is the price we pay for love.

Grief is more than an emotional reaction. It is a multifaceted experience that touches us emotionally, physically, cognitively, behaviourally, socially and spiritually.

Though it can be deeply painful, grief is a healthy, normal and adaptive response. It is the process by which we integrate loss and learn to live in a world that has been fundamentally altered.

Grief unfolds within self, family and social systems

These settings can enable or constrain grief.

Grief is shaped by three nested systems. The self system holds our coping styles and inner resources. The family system carries the rules, myths and hierarchies that govern how a family remembers and mourns.

The social system, our community and culture, shapes private and public mourning. In much of Western culture emotion is privatised and support fades within days. The death cafe and grief literacy movements are beginning to normalise these conversations.

People grieve in intuitive, instrumental and blended styles

Bereaved people often want different things at different times.

Martin and Doka (2000) describe a spectrum of grieving styles. Intuitive grievers experience and express grief through emotion and seek support from others. Instrumental grievers process loss more cognitively, through problem-solving and active tasks.

Most people grieve in a blended style that draws on both. Recognising this range prevents us from judging one expression as healthier than another.

Bereaved people engage grief in different safe places

People have different safe places where they engage with their grief.

A contemporary understanding of grief recognises that people move toward and away from their loss in their own time. They want different things at different moments.

They also find different settings in which it feels safe to grieve. Support works best when it follows the bereaved person's lead rather than imposing a single expected path.

02

SECTION 02

How Culture Shapes Grief

International research helps explain the cultural variation you may already see in practice.

Culture shapes when and how grief can be shown

The grief was present. The space to show it was not.

A study comparing bereaved people in Switzerland and China found Swiss participants expressed significantly more emotion. Chinese participants grieved more freely when alone and showed less with close others than they felt they should (Zhou et al., 2023). This reflects stronger social constraints, not lesser grief.

Research with Chinese mothers following stillbirth found cultural taboos and hospital policies blocked mourning rituals (Zheng et al., 2024). Culture decides which emotions are acceptable and when a person is expected to return to normal.

The same grief can be normal or disordered by culture

The same grief can be considered normal in one context and disordered in another.

Hilberdink and colleagues (2023) describe the cultural norm hypothesis. The same grief response, in intensity and duration, can be entirely normal in one cultural context and disordered in another.

Pathology is not a fixed property of the grief itself. It is a property of the gap between the grief and the cultural framework used to evaluate it. Any framework must therefore account for cultural context.

03

SECTION 03

The Problem with Universalism

The frameworks most commonly used in clinical practice were not built with cultural diversity in mind.

Diagnostic frameworks carry Western cultural assumptions

Genuine difference, or tools that were never designed to travel?

The DSM-5-TR and ICD-11 arose from Euro-American clinical histories. They embed assumptions about what grief looks like, how long it should last and what counts as disorder (Kapadia et al., 2020; Maj, 2018).

The criteria for Prolonged Grief Disorder were validated in almost exclusively white samples, yet higher rates appear among women and African American populations (Milman et al., 2021). Whether this reflects genuine difference or measurement artefact remains unresolved.

The Kubler-Ross legacy compounds cultural misapplication

Hold diagnostic tools critically: built for whom, validated where, on whose grief?

The five-stage model still shapes public understanding of grief more than almost anything else in the field. It has no empirical support as a prescriptive linear sequence and was developed from observations of dying people, not the bereaved (Holland and Neimeyer, 2010).

Its legacy, the idea that there is a correct way and schedule for grieving, compounds the problem when applied across diverse populations. The task is not to abandon diagnostic tools, but to hold them critically.

Evidence-based tools were built for WEIRD populations

Built for whom, validated where, and on whose experience of grief?

Clinical research samples consistently over-represent WEIRD populations: Western, Educated, Industrialised, Rich and Democratic. Tools built on these samples may be neither culturally equitable nor scientifically valid for everyone (Hernandez-Vallant et al., 2023; Bryant et al., 2021).

Applied to grief assessment, diagnostic thresholds built on one population's norms risk misclassifying distress, missing genuine need and pathologising mourning that is, in the client's own context, entirely appropriate.

04

SECTION 04

What the Evidence Base Offers Instead

Contemporary grief research offers three frameworks that travel across cultures.

Meaning-making is universal; meaning systems are not

The task is not to provide meaning, but to understand the client's.

Neimeyer positions grief as reauthoring a life story disrupted by loss (Neimeyer, 2001, 2023). It is culturally portable because meaning-making is universal, while meaning systems vary, whether spiritual or secular, individual or communal, linear or cyclical.

Difficulty finding meaning is one of the strongest predictors of prolonged grief across populations (Milman et al., 2018). The work is to understand which meaning system a client holds, and whether the loss has disrupted or confirmed it.

Maintaining bonds with the deceased is normative

Death ends a life, not a relationship.

Klass, Silverman and Nickman (1996) challenged the Western assumption that healthy grief requires detachment. Maintaining an ongoing relationship with the deceased is normative across cultures. Structured Vietnamese rituals at 49 days, 100 days and one year were associated with better outcomes (Le et al., 2025).

Phan and colleagues (2025) describe four dimensions through which ritual eases grief: emotional, relational, communal and spiritual. When a client's mourning practices have been missed or disrupted, that is clinically significant.

Continuing bonds reshaped how we support the bereaved

Healthy grief can include maintaining symbolic bonds with the deceased.

The continuing bonds paradigm marked an enormous shift. It moved practice away from severing ties with the deceased and toward recognising the healthy role of an ongoing symbolic connection (Klass, 1996).

The relationship moves from physical presence to one of memory. The deceased can continue as a role model, a source of guidance and a touchstone for values, formed through deliberate acts of remembrance.

Linking objects sustain a tangible connection

A continuing bond can be held through a tangible, meaningful object.

Linking objects are possessions or items that carry a symbolic connection to the person who has died. Within a continuing bonds framework, they offer one concrete way a bond is maintained and expressed.

Their meaning and use vary across individuals and cultures. Attending to what a client keeps, and why, can open a respectful conversation about their ongoing connection.

Grief moves between confronting loss and rebuilding life

Oscillation between loss and restoration is adaptive.

Stroebe and Schut (1999) propose that adaptive grieving oscillates between loss orientation, confronting the loss and processing emotion, and restoration orientation, attending to new roles, routines and a changed life. Prolonged avoidance of either pole may signal difficulty.

The model travels well across cultures, though the balance varies. In collectivistic settings grief is often managed through shared ritual, and culturally adapted group approaches can build on these communal styles (Birregah and Judith, 2025).

05

SECTION 05

Whose Grief Is Recognised

Grief is not equally recognised, and when it is not, the consequences are profound.

Disenfranchised grief is socially invalidated mourning

Grief invalidated because of the mourner, the relationship or the loss.

Kenneth Doka's concept describes grief invalidated because of the type of mourner, the nature of the relationship or the type of loss. A same-sex partner, a grieving friend, or someone who loses a pet or a homeland may be told, directly or by silence, that their grief does not count.

Bellet and colleagues (2018) found that once social invalidation was accounted for, the apparent impact of low social support became statistically insignificant. Cultural expressions outside mainstream expectations are especially vulnerable to this.

Social invalidation may cause more harm than low support

When the rituals that carry grief are removed, the grief becomes harder to hold.

The active undermining of grief may cause more harm than the absence of support (Bellet et al., 2018). COVID-19 illustrated this: restrictions prevented families from washing the deceased, holding wakes and conducting processions, raising the risk of complicated grief (Adiukwu et al., 2022).

The term suffocated grief describes what happens when social and structural conditions constrain mourning, affecting marginalised communities disproportionately (Thompson, 2025). The question is not only how to respond to grief, but whose grief reaches us.

06

SECTION 06

Culturally Responsive Care in CALD Communities

Five evidence-based principles for practice with culturally and linguistically diverse communities.

Australia is one of the world's most diverse nations

Death is difficult in any language.

Around 30 per cent of Australians were born overseas and more than 300 languages are spoken across the country. Yet few bereavement models explicitly address CALD communities, and intentional cultural adaptation remains the exception (Bartley et al., 2025; Aeschlimann et al., 2024).

The practitioners who support CALD communities best avoid cultural generalisations, learn each community's specific meanings and treat care as a genuine partnership (Dadich et al., 2024). Language barriers determine whether grief can be expressed and whether support can reach the person.

Cultural humility matters more than cultural competence

Cultural humility is not knowing every culture. It is knowing your own assumptions.

Cultural competence implies a fixed, complete body of knowledge that no one can actually possess. Cultural humility is different: an ongoing, reflective commitment to awareness of your own assumptions.

It pairs that self-awareness with a genuine willingness to learn from each client's frame of reference. It is less about what you know and more about how you approach what you do not know (Phan et al., 2025; Dadich et al., 2024).

Principle one: ask rather than assume

Asking about a client's practices and beliefs demonstrates respect.

Approach each client's cultural context with genuine curiosity. Asking about practices, beliefs and community expectations around death and mourning is both clinically appropriate and a demonstration of respect.

Smid and colleagues (2018) recommend assessing cultural traditions, beliefs about the afterlife, missed rituals and expectations about help as standard practice in cross-cultural grief assessment.

Principle two: support rituals and spirituality

Spirituality is a central resource in bereavement, not a peripheral concern.

Where mourning rituals have been missed or disrupted, that is clinically significant and worth raising directly. For many CALD communities spirituality is a central resource in bereavement (Moore et al., 2020; Sangster et al., 2025).

Hybrid or extended ritual practice can help ease complex grief by turning suffering into repeated, meaningful action (Mathew, 2021).

Principle three: address language directly

Do not assume language comfort from functional communication.

Use interpreters and multilingual materials, and check understanding throughout. Functional communication in English does not mean a client can express grief in a second language.

Language barriers compound grief and reduce access to support (Green et al., 2018). Addressing them directly is a precondition for care to reach the people who need it.

Principle four: adapt frameworks, do not abandon them

Work within each client's meaning system, not in spite of it.

Meaning reconstruction, continuing bonds and the dual process model are culturally flexible when applied thoughtfully. They are an enrichment of mainstream practice, not a departure from it.

The task is to understand how a particular client's meaning system operates and to work within it rather than against it (Smid and Boelen, 2022).

Principle five: address systemic barriers

Build language access, cultural safety and partnerships in at every level.

Access to bereavement support is not equal. CALD communities often face language barriers, mistrust of services, discrimination and a preference for community-based support (Falzarano et al., 2022; Aaron et al., 2025).

Culturally responsive care is less about fixed recipes and more about ongoing partnership with communities. Engaging community networks and leaders improves trust and access (Dadich et al., 2024).

What the evidence asks of us in practice

This is not a departure from grief practice. It is an enrichment of it.

Approaching grief through a cultural lens enriches mainstream practice. The best frameworks already point toward meaning, social context and community, and the evidence takes them seriously across a wider range of human experience.

Three commitments follow. Bring genuine curiosity about difference into your work. Consider whose grief is recognised and whose is not. Build practices and services that can hold the full diversity of human loss.

Bring a cultural lens to your everyday practice

Grief is universal. The way we grieve is not. Culturally responsive care begins with curiosity, humility and a willingness to learn from each person you support.

Apply these principles in your work and help build a system that recognises the full diversity of human loss.

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