

Grief as a Social Fact: A Scoping Review of Bereavement Across Terminal Illness, Suicide, and Perinatal Loss

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Abstract: Bereavement refers to the loss of relatives due to death, which is a common life course and a social fact. The existing psychological and psychiatric paradigms regard grief as an individual's psychological response, ignoring its social roots. From the perspective of sociology, this paper selects three typical situations of physiological disease bereavement, suicide bereavement and perinatal loss, and compares and analyzes the differences of social identity and social support behind different death types. The research shows that the expected grief caused by the death of a terminal illness has a higher degree of social recognition, and can obtain the support of relatives, friends and the community; Suicide bereaved people will be stigmatized and isolated, and have a higher risk of prolonged grief disorder; Perinatal loss is in a state of silence and deprivation of legitimacy for a long time, and sadness is difficult to be seen. The three types of grief are essentially social suffering shaped by system and culture. This paper argues that understanding and alleviating grief must go beyond individual psychological intervention, pay attention to social structural factors, and promote a more inclusive social environment and bereavement support.

Keywords: Bereavement; Death And Dying; Life Course; Anticipatory Grief; Suicide; Perinatal Loss; Stigma

1. Introduction

Death is the inevitable end of all life, and the bereavement experience of losing a loved one is a universal human experience. Many existing researches in the field of grief mainly start from the psychological paradigm and psychiatric paradigm, stage model, task model, and the subsequent diagnosis and classification of persistent grief disorder, which provide a valuable theoretical framework for people to

understand the inner emotional activities. The exposure of the individual itself is regarded by researchers as the characteristic of bereavement, and the death of this close link is regarded as an external event to trigger the internal emotion of the individual. Many scholars have proved that bereavement, which is forced to be exposed to adversity, often brings great stress and sadness in life, and is a powerful predictor of psychological dysfunction. No matter which group is lost - parents, grandparents, children, siblings, relatives, spouses, it will cause people to suffer from mid - and long-term depression, sadness and despair in addition to the shock and grief at the time when they first received the news. And this kind of bereavement is not necessarily closely related to age. A person may also encounter it when he is young.

This kind of research model is easy to peel off the realistic background of sadness, attribute the sadness emotion to the individual's own problems, and inadvertently define sadness as a private psychological pathological process that needs to be controlled or resolved. Sociologists usually admit that bereavement will not only affect individuals, because according to physiological death, important social relations - a foundation that exists in the social structure - will be lost, which will affect families, schools, work fields, communities and the whole social network. At the same time, their grief caused by bereavement is not only a simple personal emotional state, but also a kind of social fact in Durkheim's mouth. It is a social phenomenon growing from different cultures, systems and times. It is affected by multiple factors, such as the significance of death events with different causes given by social culture, the ways of mourning and commemoration provided or restricted by society, and the social support provided by formal and informal organizations. To interpret death, dying state and bereavement pain from an individual perspective, ignoring the various important social forces shaping

bereavement experience, there are fundamental cognitive defects, and it is impossible to explain how social structure, cultural norms and power relations actively endow death and mourning with different connotations.

Therefore, in order to understand sadness, we must establish a complete sociological research perspective, shift the research focus from the sad individual to the social field where sad emotions can grow and spread, and understand the social environment of bereaved groups and their position in the field. The sociological research perspective is not to deny the real existence of individual pain, but to analyze and interpret this individual emotion in a more grand social relationship and value meaning system.

2. Aims and Significance

I conducted an electronic literature search in the web of science and Springer databases. After a preliminary search from a sociological perspective and reading and combing, I selected three different types of death, namely, physiological terminal illness, unnatural death and perinatal loss, and how the grief was shaped under the influence of social factors. The included samples include individuals who lost their relatives due to cancer, dementia, suicide, accident, disaster, abortion and other reasons. Key words include anticipatory grief, medicalization of death, family caregiver burden, good death, suicide bereavement stigma, survivor guilt, disenfranchised grief, suicide, perinatal loss, disenfranchised grief, ambiguous loss pregnancy, silent grief stillbirth, parental identity after loss. These research situations belong to typical scenes, which can clearly reflect the intervention and regulation effect of the social level on the sadness caused by the death of loved ones, and each situation will lead to different social behavior paradigms, moral evaluation standards and social structure coping styles.

This paper focuses on the social structure, life course and even the possibility of inequality in society. It mainly includes the mainstream cultural narrative behind all kinds of death events and the social stigma attached to it, the formal organizational support system and informal social support system that bereaved people can obtain or lack, and the rationality and differentiated needs in the process of various sad emotions. Why does the bereavement that everyone must experience bring different sad

manifestations and different types of social problems? Will sadness reduce people's defense line against attack and make them fall into the mire of sadness, or improve people's ability to deal with setbacks and give a better feedback to the rest of their life cycle?

Different cultural narratives, such as a good death and a pathetic death, will shape people's cognitive expectations and value judgments of death. Bereavement care cannot adopt a universal and unified model. Relevant intervention measures must be adapted to the unique social reality in different bereavement situations. Expected grief will bring long-term pressure and emotional confusion that need to be dredged. The psychological trauma and social prejudice caused by the death of a loved one in an abnormal death such as suicide need to be resolved, and the pain of perinatal bereavement at the edge of recognition needs to be fully recognized to help the parties out of emotional difficulties and regain their physical and mental state. Compared with the traditional research on stress and coping, which describes long-term and macro coping resources and strategies, and the research on short-term and specific emotion regulation, it is called psychological resilience to obtain better results than expected in adversity [1].

As a social fact, the causes and background of death have a far-reaching impact. People give different connotations, responsibilities and reasonable judgments to all kinds of deaths from different cultural perspectives, shaping the different social experiences of the deceased's relatives.

Sadness has strict emotional rules. The society usually imperceptibly defines the group with grief qualification, such as the group whose grief weight of immediate family members is higher than that of friends, and higher than that defined as passers-by or even strangers; It will also define the life category worthy of grief. For example, the death of an adult is more likely to be empathized by the public than the death of a fetus, but the death of a young or middle-aged person is more allowed to bring greater grief than the death of an old person; It also stipulates the reasonable duration and expression of sadness. It is easier to be accepted by the society to cry silently than to cry loudly. And everyone is saying "save sorrow". Please come out as soon as possible, because the waiting for work and life has additional costs. Once such emotional

rules are violated, the party concerned will easily be regarded as psychopathic, subject to social criticism, and fall into interpersonal isolation.

However, sadness is not just an emotion. It cannot be alleviated by psychological intervention. We must pay attention to that it is a social misery, which is generated and exacerbated by institutional arrangements, power patterns and cultural silence. The structural inequality of gender, race, sexual orientation and socio-economic status will directly lead to the differentiation of grief experience. For example, poor families suffering from traumatic bereavement, in addition to mental pain, also have to bear the economic impact, difficult access to psychological services, and institutional indifference; Suicides with negative labels or abortions that are not recognized by the public will cause a significant loss of social identity and emotional support required to maintain normal grief, making the grief caused by death particularly painful and unbearable.

3. Theoretical Framework

Many scholars pointed out that the new sociology of bereavement represents a change in research paradigm, criticizing the shortcomings of most researches on sadness that are divorced from history and reality, and advocating that the concept of social embeddedness of bereavement experience be divided into three frameworks: one is a structural system such as economic inequality, racism, gender discrimination, the other is a macro and meso factors including family, bereavement policy, social expectations, social network background, and the third is a micro influencing factor such as the attributes and relationship characteristics of the deceased, and paying attention to how bereavement reflects and exacerbates the continuous differences in the above core social stratification [2].

The theory of life course means that bereavement is periodic and dynamic, and changes with age and social role. There are different manifestations in different stages of life. Young bereavements will encounter the dilemma of identity reconstruction due to their shallow experience. Middle aged bereavements often trigger the heavy pressure of intergenerational responsibility in the situation of old and young, while elderly bereavements

will be intertwined with the weakness of self physiological and social support.

Some sociologists have combed the application of symbolic interactionism perspective, structural theory perspective and behavior theory perspective in grief research. Symbolic interactionism focuses on cognitive and sensory rules; Behavior theory and structure theory emphasize the relationship with the deceased and the social position of the individual. The three dominant perspectives can be integrated into an analytical framework. Symbolic interactionism holds that grief originates from the rupture of social ties with the deceased. Because self-concept and identity are constructed through social interaction, the loss of important others will threaten self-identity, forcing the bereaved to renegotiate their self-concept and integrate the deceased into a continuous self narrative; The structure theory points out that emotion shaped by social structure and cultural norms sets rules for grief; The behavior theory holds that emotion will be strengthened by formal and informal rewards and punishments in society, and the sadness that is inconsistent with it may be stigmatized or pathological [3].

Some scholars hold the view of interaction between macro sociology and micro sociology, and believe that sociology pays attention to both social structure and daily interpersonal interaction and small group research. For example, the change of social relations after bereavement involves not only the change of social status in the macro sociological sense shaped by gender, age and economic status, but also the micro change of relations with close people. In addition, the relationship between individuals and society is also interactive and transformative, and the social background shapes individuals' actions and reactions.

4. Main Text

Different theoretical perspectives reflect that the social fact of grief is a public experience shaped by society. The judgment of this core social fact provides an analytical basis for this paper to sort out the bereavement grief of different death types. Under this framework, we will state it in combination with the three typical bereavement situations selected in this paper.

4.1 Grief in the Shadow of Terminal Illness

Anticipatory grief refers to the psychological,

emotional and social reactions that occur before the expected death. In the final stage of the patient's complete dependence on life, it will bring multiple losses to family caregivers, such as resignation, dismissal, and reduced social interaction [4].

However, the sadness caused by pathological loss has a high degree of social recognition, and its emergence and development have been acquiesced by the society [5].

When facing the critical state of life in which death is coming, we will inevitably feel sad at the moment because of the pain of parting that will eventually come in the future.

Under the background of disease progression and death approaching, it folds the fuzzy and uncertain diagnostic time that makes the experience become a living death or dying life in the past, present and future. When death is imminent, it enables individuals to experience the time warped terminal time through acceleration, compression and complete collapse to break the normative linear progress, and the mourning time that may exist in multiple time levels at the same time. The above makes people living in the shadow time face the challenge of being out of sync with the social time norms, which affects their identity, social participation and ability to obtain support [6]. Some scholars also believe that the term "antidepressant grief" is controversial and support the replacement of the term "pre loss grief" [7].

The lack of preparation for bereavement usually has several related factors, including the poor mental health status of caregivers during the period of care, families' preference for more active treatment rather than palliative treatment, or uncertainty about what treatment method to use, and avoidance of understanding the prognosis information of patients, which makes it easier to discuss with doctors too early or too late. These may have a negative impact on the mental health of the bereaved family members, and they are more likely to experience depression and complex sadness. Adequate preparation can improve the mental health of the bereaved family members and buffer their suicidal ideation. The preparation has the following three dimensions. The cognitive dimension is related to practice, medical treatment, psychosocial and spiritual information; Emotional dimension involves psychological or emotional preparation; Behavior dimension refers to recording wills, planning funerals,

organizing financial affairs, etc.

4.2 Grief in the Wake of Non-Natural Death

The loss of family members due to suicide is a traumatic experience, and the grief brought to the bereaved is full of social barriers and secular taboos [8].

Bereaved relatives usually suffer from two kinds of pain, which are the traumatic pain exposed to life-threatening situations and the separation pain caused by the loss of expectations and current relationships, and increase the demand for long-term emotional regulation efforts, and even cause many adverse health damage, such as the increase of alcohol and tobacco consumption, physical health damage, the more significant is the increase of cardiovascular risk and mortality, causing anxiety, depression, prolonged grief disorder, suicidal ideation, etc.

The prevalence of prolonged grief disorder in bereaved people after unnatural losses is as high as 49%, which is far from about 10% of paranormal death [9].

Suicidal behavior will be labeled as "cowardice", "selfishness" or "mental illness" in many cultural, religious and moral levels. In traumatic death, suicidal tendency and cause of death may even be related to the stigma perceived by the deceased. In addition, this stigma will also affect the family members of the deceased, causing them to be criticized, criticized and alienated from the society. As suicide survivors, the family members are prone to internalize such negative prejudice and fall into a strong mood of self blame, guilt and self blame, making the grief mixed with deep self denial, which is more and more difficult to release.

Stigmatization is a social process, and the social environmental factors behind death will bring public stigma and self stigma. Public stigma refers to the recognition and opposition of large social groups to the negative stereotypes of a stigmatized group. Self stigma describes the stigmatized individuals' perception of social devaluation, experience stigma that has been implemented or internalize other people's negative attitudes, which is often related to worse sad outcomes, causing people to have social withdrawal behavior and forming a collective silence atmosphere. Nearby communities often deliberately avoid relevant topics and alienate the bereaved due to their inner discomfort, or the public no longer pays attention to the emotional connection between

the deceased and the living, but instead takes the reason for death as the focus of discussion, resulting in personal grief becoming a taboo emotion at the social level.

These people affected by suicide, also known as suicide survivors, are more likely to develop more serious complications such as complex grief than other bereaved people [10]. All these make the witness unable to obtain important social emotional identity, and then fall into a state of social isolation, which is also the core high-risk factor for the suicide bereavement group to appear complex sadness and produce suicidal ideation.

4.3 Grief Following Perinatal Death

Perinatal loss refers to ectopic pregnancy, embryo damage, fetal death, abortion, stillbirth and neonatal death that occur between pregnancy and 28 days after birth. With the current improvement in medical care, 30% of women still experience such loss [11]. Although the incidence can not be ignored, the related sadness has been silent in academic research and social discourse for a long time.

Because the society often minimizes the death of a fetus still in the womb or a newborn of less than a month as a medical or even natural event, it causes the silent sadness of the parents' lack of public recognition and social support, and exacerbates the isolation and pain of the bereaved.

The loss of a child is itself a traumatic event. For mothers, the body has changed from the place where life was conceived to the place where death occurred, resulting in a profound conflict between their physical relationship and their own, resulting in physical and psychological trauma, and an indelible sense of failure, self stigma, and identity crisis for femininity. They take more care of their children than others, bear more decision-making pressure, and have a kind of despair and grief of being a sole mother. The pain of parting that will eventually come in the future casts a heavy shadow on the current life. In the critical life state of facing death, it is often accompanied by guilt, loneliness and pending fear. Time experience shows a long suffering and expectation in the prognosis stage, even losing control of life [12].

In addition, women whose fetuses die in the womb will suffer more pressure than those whose babies survive. [13]. This traumatic event not only disrupts the natural process of the

mother's own life, but also profoundly affects the entire family system, breaking the expectation of becoming a parent and destroying the imagination of the intergenerational future [14].

However, although perinatal loss has such huge trauma potential, it is often ignored and treated in silence, which is regarded as a relatively insignificant change and is not fully recognized by the society. Some words that dilute the pain, such as pregnancy, are used to deny the grief that parents should express. This loss of fuzziness puts them in a dilemma. As parents, they are not really parents, so their identity and inner pain can not be defined. The two partners often have different grief emotions. The mother and father have different focuses on grief. One side does not give up the realistic parent-child connection, and the other side regrets the failed future expectations, which is very easy to aggravate the emotional estrangement between them in this difficult period.

After perinatal loss, if they become pregnant again, parents to be will be full of emotional contradictions. They will not only look forward to the arrival of a new life, but also cannot stop mourning for their lost children, and will be placed between hope and fear; At the same time, they also have widespread anxiety, depression and prenatal attachment difficulties, and will strongly demand more medical monitoring such as ultrasound examination to obtain a sense of security and control.

5. Discussion

Bereavement is a universal landmark event in the course of human life. Extended grief disorder was included in the eleventh edition of the international classification of diseases (ICD-11) in 2018 and added to the trauma and stress-related disorders section of the fifth edition of the diagnostic and Statistical Manual of mental disorders (dsm-5-tr) in 2022 [15].

After experiencing the trauma, most bereaved individuals feel that the daily stable time order has suddenly and violently collapsed. At first, they begin to explore the causes of the tragedy uncontrollably, including the strong desire for the deceased loved ones and the pain in their hearts. Some will lose interest in social life and social participation and retreat. These acute grief reactions usually occur in the immediate period after the death of the loved one, and subside in the first few months after the loss. Some

individuals can successfully adjust and regain the interest and ability to continue living, but there are also many individuals who fail to adapt successfully. The sad reaction becomes morbid and symptomatic, showing prolongation and functional damage, even for several years and decades.

Bereavement is a common situation for human beings, but different situations bring different shapes. If he leaves because of a long illness, especially a terminal illness, there are often rules to follow around his grief. He has the highest social recognition in medical standards and social and cultural consensus, and can often reap the help and care of relatives, friends and the community; The grief caused by the suicide and death of relatives is often trapped in social prejudice and stigma, which is not accepted by the public, can not find comfort, and is difficult to integrate into the mainstream discourse of society. They can only form mutual aid groups to seek comfort; The pain of perinatal bereavement is that they can not find a suitable place to place grief, lack of recognized sustenance ceremony, and are in a vacuum of emotional support.

In many countries, good death is regarded as the blessing of life. Western culture pays more attention to emphasizing dignity, autonomy and individuality, while Chinese culture pays more attention to creating meaning, which is regulated by the goal of family harmony and continuity, paying attention to leaving legacy and ensuring the continuity of the memory and values of the deceased [16].

From the perspective of New Sociology of bereavement and sociology of time, the interpretation of sadness from the sociological level can let us see the invisible social system that binds and guides human grief. Therefore, the research perspective has changed from how individuals deal with grief to what kind of social forces affect the way people deal with grief. This change of thinking is essential for people to comfort the bereavement in a more inclusive, effective and fair way. Facing the key role of the social environment will help to accept the deep and diverse grief caused by all kinds of loss, break the silence barrier, and eliminate the loneliness and helplessness.

In the final analysis, we strive to build a society in which all people's grief can be seen, confided and comforted in the common human emotional system, no matter what the cause of grief is.

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