

Grief Processing in Adolescent: Cultural Practices, Social Influences, and Unprocessed Grief within an Indian Context

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Abstract: *Adolescents who lose someone important to them have to grieve while developing their own identity and relying on family, peers, and community to tell them what grief looks like. This study explored how culturally sensitive practices and social influences shape the way adolescents experiencing unprocessed grief express and process their grief. A qualitative phenomenological design was used to interview a purposive sample of twelve adolescents aged 12-18 from Bengaluru using semi-structured interviews. The interviews were then analysed using thematic analysis with six phases. The interview accounts presented here are simulations to test the study design. Across all accounts, grief was long-lasting, triggered by specific reminders, and often hidden behind functioning. Rituals helped when adolescents were given a role, and hurt when adolescents were excluded or given adult responsibilities. Stock phrases, expectations to be strong, gendered norms, and the minimization of losses outside of the immediate family left grief unspoken. Participants coped through creative and physical outlets and continuing bonds. The paper recommends bereavement protocols in schools, culturally-informed counselling, inclusive rituals, and visible, low-stigma support.*

Keywords: Adolescent Grief, Unprocessed Grief, Cultural Practices, Social Influences, Bereavement Support

1. Introduction

Loss is one of the few experiences that everyone will experience at some point in their life. Grief, the emotional response to loss, is commonly defined as an emotion; however, grief also affects the body, mind, and behaviour: changes in sleep and appetite, decreased concentration, and the pointlessness of routine tasks for a period of time [1]. For most people grief fades with time and support. Bonanno found that a significant portion of bereaved individuals follow a resilient trajectory and return to normal levels of functioning without the need for professional intervention [2]. A smaller number of people remain “stuck.” Their grief is not expressed, shared, or processed, and it silently affects their moods, relationships, and academic performance. In this paper that condition is referred to as **unprocessed grief**: a response to a significant loss that has not been completely expressed, understood or integrated into the person’s life and sense of self.

Adolescence warrants particular consideration. Adolescents possess the ability to consider death abstractly, its permanence and injustice, yet they are simultaneously developing an identity, pulling away from their families and depending heavily on their peers [3]. Therefore, a major loss occurs during a crucial period of development for adolescents. Young people who have experienced parental loss exhibit increased risk factors for depression, anxiety, behavioural issues, and academic difficulties for years after the loss [4, 5, and 6].

Grief never occurs in isolation. Each society provides its members with a script about death: who may cry and for how long, which rituals must occur, what may be said to a grieving child, and when normality is expected to resume. Rosenblatt posited that these cultural frameworks are so integral to understanding grief that grief cannot be understood without them [7], and Stroebe and Schut cautioned against applying

theories developed from Western samples universally [8]. The people surrounding a grieving adolescent (parents, other relatives, teachers, peers, and recently online contacts) communicate these expectations daily. They determine whether or not the adolescent is allowed to participate in mourning or if he/she is protected from it, comforted or encouraged to be strong, listened to or told to be quiet.

The Indian context provides an excellent opportunity to study this relationship. Many Indian communities organize mourning via elaborate rites, regular remembrance of ancestors, and community gatherings that can provide structure and meaning to loss [9, 10]. At the same time, strong expectations of emotional suppression, a tendency to shield children from discussions regarding death, a hierarchy where elder mourners are expected to express grief openly while younger mourners remain silent, and stigma surrounding psychological suffering can prevent adolescents from having a legitimate avenue to grieve. Practices that assist adult mourners may fail to reach adolescent mourners, and practices intended to protect adolescent mourners may silence them. This is the dilemma that this study explores from the perspective of the adolescents themselves.

This study contributes three areas. It focuses on adolescents as a group that falls somewhere between child and adult literature. It examines grief within an Indian family, ritual and school setting; qualitative data regarding young people in this setting is limited. Finally, it solicits feedback from adolescents regarding how practices and responses surrounding them influenced their perceived ability to express themselves. The goal is not to demonstrate causal relationships or generalize to all adolescents; rather it is to comprehend thoroughly how culture and social life intertwine with one painful experience. This paper first reviews relevant literature, presents the research problem statement, outlines methodology, reports and discusses findings and concludes with recommendations for future research.

2. Literature Survey

2.1 Grief and unprocessed grief in children and adolescents

Previous research involving bereaved children indicates that many continue to contemplate a deceased parent, dream about them and perceive their presence; these experiences are typical components of early bereavement and do not indicate pathology [11]. Review articles and long-term studies concur that bereaved youth face heightened risks for emotional/behavioural difficulties but that most do not develop clinical disorders; the functioning of the surviving parent, family relationships and availability of support are significant determinants of outcomes [5, 6]. Bereaved youth exhibiting persistent grief reactions or prior depression are at greater risk for depression [4]; additionally some demonstrate increased stress reactivity during adulthood based upon quality of care provided after loss [12]. Furthermore, circumstances surrounding death also contribute significantly; violent/stigmatized deaths (e.g., suicide) present considerable challenges for coping [13].

Qualitative research examining late adolescence following maternal death illustrates how older adolescents cope with loss and how stage vocabulary can serve as an interpretive framework while retaining flexibility [14]. Furthermore, meaning-making appears to be a critical factor; the correlation between continuing bonds and distress depends upon whether or not bereaved individuals have been able to assign meaning to loss [15]. Since resilience represents the majority outcome [2], researchers need to investigate why a minority of bereaved individuals experience prolonged distress. Art/Music/Writing/Play can aid young people who cannot easily articulate their feelings [16].

2.2 Cultural Practices/Social Influences

There exist differences across cultures regarding what constitutes normal grief; clinicians should be cautious prior to labelling responses as pathological [7, 8]. Evidence indicating continued relationships with deceased loved ones are prevalent and often beneficial including where ancestors are ritually commemorated challenges traditional notions that grief should ultimately result in detachment [17]. Doka's concept of disenfranchised grief (grief that is not openly acknowledged/socially validated/publicly mourned) applies directly to adolescents whose sorrow is dismissed as transient mood swings [18]. Habitual expressive suppression correlates negatively with social closeness/more negative outcomes [19]; however this relationship is weak/absent in some cultural groups therefore suppression cannot be presumed detrimental universally [20].

Indian qualitative research has investigated bereaved parents [9], sibling bereavement among young adults [10], and lived experiences of bereavement in Northern India [21]. None focus on adolescents. Digital spaces provide an additional dimension providing opportunities for expression of grief that traditional culture may deny or exposing grief to criticism [22].

2.3 Theoretical Lenses

Attachment theory views grief as a reaction to breakage of an essential bond [23]. Worden's task model describes mourning as productive activity [1] while the Dual Process Model describes oscillatory patterns between loss-oriented/restoration-oriented copings [24]. The widely accepted stage model continues to receive wide acceptance however it was never envisioned as sequential stages; online descriptions of stages may cause individuals to question whether their response falls within normative parameters [25, 26]. Bronfenbrenner's ecological systems theory places individuals within hierarchical layers ranging from family/peers through societal values [27]. Prolonged Grief Disorder is now included in DSM-5-TR; shortened timeframes for children/adolescents [28]. The severity of unaddressed distress among Indian adolescents is evidenced in research examining adolescent suicide risk [29].

2.4 Synthesis/Research Gap

Collectively the literature supports five points: Bereavement during childhood/adolescence increases risk for emotional/behavioural issues although most young people do not develop clinical disorders [2, 6]. Factors contributing to outcomes include circumstances surrounding loss/functioning of families/support availability [5, 13]. Meaning-making is a central mechanism by which relationships with deceased loved ones transform into sources of comfort/distress [15]. Culture determines what constitutes normal grief/rituals available/whether emotional expression is promoted/consequences of suppression vary depending upon cultural context [7, 19, and 20]. Grief can be disenfranchised by others surrounding mourners [18]; additional complexity arises due to new social environments such as online platforms [22].

Gaps remain. Much literature emphasizes either children/adults neglecting adolescence; adolescence is characterized by heightened emotionality/sensitivity/identity development/social transitions. Models derived primarily from adult experience may not accurately represent variability/divergence of grief during adolescence. Indian qualitative research focuses on bereaved parents/young adults [9, 10]; digital environments' role in adolescent grief is minimally explored; few studies solicit input from adolescents regarding how cultural practices/social responses affect their perceived ability to express themselves. This study addresses a specific gap in knowledge relating to lived experience of unprocessed grief during adolescence as influenced by cultural practices/social influences.

2.5 Critical Appraisal of Reviewed Studies

Three limitations exist within the evidence base that shape this study: First, much quantitative research addressing childhood bereavement relates to parental loss in Western populations; thus findings regarding family functioning/risk may not translate to extended families/other relationships (e.g., grandparents/uncles/cousins/friends)/ritual-rich settings [4, 5, 6]. Second, emotion-regulation literature relies largely on adult participants utilizing experimental/survey designs; it

does not describe how suppression feels to a bereaved adolescent whose family treats suppression as a virtue [19, 20]. Third, while Indian qualitative studies are valuable they relate to parents/young adults implying adolescents through inference [9, 10, and 21].

The literature also indicates how an adolescent-centered study should proceed: Interviews should progressively approach sensitive material/allow indirect/expressive routes when verbalizing feelings is difficult [16]; stage vocabulary/models of healthy grief should be used as descriptive aids/not prescriptive standards [8, 26]. These considerations informed development of interview guide/ethics protocol discussed subsequently.

3. Problem Definition

Current grief literature relies heavily on adults/younger children; samples are predominantly Western. Adolescents (whose cognitive maturity/identity development/peer focus distinguish them from other age groups) have historically received less attention as a unique cohort; research in India has focused on adult mourners/clinical cases. Teachers/parents/ counsellors therefore provide assistance to bereaved adolescents without clear understanding of how culturally-sanctioned practices/social influences either facilitate processing of grief/leave it unprocessed.

Overarching research question: *How do culturally sensitive practices/ social influences affect experience/ expression/ processing of grief among adolescents demonstrating evidence of unprocessed grief following a significant loss?* Following six objectives: (1) Illustrate how unprocessed grief is experienced; (2) Investigate how cultural practices affect expression/processing; (3) Assess how social influences affect responses; (4) Determine barriers to processing grief; (5) Examine coping mechanisms/meaning-making processes; (6) Provide recommendations for culturally sensitive support.

Five sub-questions further define main question:

- How do adolescents describe their experience of loss/grief following loss?
- Which cultural practices (mourning rituals/religious beliefs/family traditions) do adolescents identify as aiding/hindering their grieving process?
- How do family expectations/peer relationships/school responses/broader societal attitudes affect adolescents' perceived ability to express themselves?
- What barriers (suppression/stigma/culturally-imposed constraints) do adolescents associate with difficulties processing grief?
- What coping strategies/meaning-making processes do adolescents employ?

Need for inquiry exists both pragmatically/theoretically. Adolescents with unprocessed grief often go unnoticed by adults: They may be functioning adequately academically or their distress may manifest as irritability/withdrawal/somatic complaints/decreased academic performance/attribution generally to adolescence. Numerous influential grief models were formulated within Western adult contexts; cultural validity of certain assumptions made within these models is contested [7, 8]. A qualitative inquiry involving adolescents

within an Indian context can aid in testing/refining existing models/guiding counsellors/teachers/parents.

4. Methodology / Approach

4.1 Design/Conceptual Framework

Qualitative/phenomenological design was selected due to questions concerning meaning/interpretation/context which cannot be adequately addressed by standardized scales [30, 31]. Although qualitative inquiry involves constructs/themes rather than variables measured quantitatively; conceptual framework is structured in variable terms so that logical progression of inquiry is apparent. Cultural practices/social influences represent independent constructs; emotional expression/suppression represents mediating variable; cultural constraints such as rigid norms governing mourning/pressure to move forward quickly represent moderating variables; grief processing represents dependent variable. Age/Gender/SES/Relationship to Deceased/Cause of Death/Time since Loss are documented as control variables/addressed through purposeful selection/careful description. Working hypotheses (not statistical hypotheses) guide inquiry: that culturally-conditioned/socially-constructed influences shape how adolescent's express/silence/ mediate their feelings over time.

Table 1: Definitions of key terms used in study

Term	Definition used in study
Adolescent	Person aged 13-18 years at time of interview (Data set contains one participant aged 12).
Significant Loss	Death of family member/close friend/other person with whom adolescent shares important emotional bond.
Unprocessed Grief	Response to significant loss that six months or longer after death remains largely unexpressed/unresolved/not integrated; manifests as suppression/ avoidance/persistent sadness/confusion/difficulty discussing loss/delayed coping/effects on identity/relationships/routine functioning. Descriptive Working Definition/ Not Diagnosis.
Culturally Sensitive Practices	Shared beliefs/rituals/traditions/norms regarding death/mourning/emotional expression within adolescent's cultural/religious/family environment.
Social Influences	Family Communication/Peer Support/School Response/Societal Attitudes/Stigma Affecting How Adolescent Grieves.

4.2 Participants/ Sampling

Purposive sampling [32] was used to recruit adolescents aged 13-18 years who lost family member/friend/other significant individual between six months/five years prior to interview; adolescents demonstrated signs of unprocessed grief via non-diagnostic screening conversation. Exclusions included adolescents experiencing acute crises/adolescents with severe psychiatric conditions/adolescents engaged in structured grief therapy/adolescents lacking parental consent/their own assent. Twelve participants were recruited in Bengaluru/nearby areas (six females/six males); participants were drawn from five religious communities (one did not report religion); participants represented nuclear/joint/single-parent families.

Note on data: Twelve interview accounts presented in paper are simulated/illustrative; accounts were generated to evaluate effectiveness of interview design in eliciting desired patterns; accounts do not represent actual responses provided by adolescents interviewed. Readers should consider this aspect when reviewing findings.

Recruitment was planned through schools/colleges/school counsellors/community/religious organizations/counselling services so that participants would not originate from a single source. Data set presented reflects institutional recruitment; adolescents not associated with services may be underrepresented. Participants were requested to participate in a language they preferred (English/Kannada/Hindi/Other Language Facilitated by Researcher/Interpreter).

4.3 Tools/Procedure

Three tools utilized: Socio-demographic Data Sheet; Non-Diagnostic Screening Checklist used solely for determining eligibility; Semi-Structured Interview Guide with Seven Sections (Loss; Cultural/Religious Practices; Family; Friends/School/Society; Expressing/Holding Back Feelings; Coping/Meaning-Making; Closing). Interviews lasted 45-60 minutes; interviews were audiotaped with permission/transcribed verbatim/translated as necessary/anonymized. Follow-up check-in occurred within one week for each participant.

Prior to implementation; interview guide was reviewed by research guide/refined through two practice interviews with adults/older adolescents not included in sample. Each interview initiated with explanation of study objectives/reminder that participants could skip questions/ pause/ withdraw from interview at any time/warm-up conversation about routine life prior to discussing loss. Open-ended questions followed by probes allowed for flexibility/tailored wording for each participant; interviewer listened non-judgmentally/did not interpret participant's culture/ beliefs/ did not conduct therapy. Interviews concluded with time for settling/information regarding available supports/ resources for participants. Within purposive framework variability sought in age/gender/type of loss/cultural/religious background so as to illustrate diversity rather than uniformity of experience.

4.4 Analysis/Trustworthiness

Transcripts analysed using thematic analysis following six phases outlined by Braun/Clarke: familiarization/generating initial codes/ searching for themes/reviewing themes/ defining/ naming themes/producing final report [33]. Analysis was inductive primarily; however analysis was informed by sensitizing concepts from literature (avoidance/ disenfranchised grief/continuing bonds/suppression). Trustworthiness supported by criteria of credibility/ transferability/ dependability/confirmability [34] through audit trail/ reflexive journal/discussions with research guide regarding emerging themes.

4.5 Ethical Considerations

Written parental consent and adolescent assent were required. Pseudonyms were utilized and identifying details were removed. Participants could skip any question, pause, or withdraw from the interview at any time. Interviews were terminated if a participant became overwhelmed. A support/referral protocol addressed distress/risk for self-harm; a list of counselling services was provided to every family; the researcher did not evaluate/challenge any cultural viewpoint.

5. Results & Discussion

Table 2 summarizes participants. Losses included parent (five), grandparent (three), sibling, close friend, uncle, and cousin (one each). Three participants sought counselling services (P3, P7, and P11). Findings are presented according to objective.

Table 2: Participant profiles (pseudonym codes)

Code	Age/Sex	Deceased person	Time since loss
P1	12/F	Paternal Grandmother	14 Months
P2	13/M	Father	9 Months
P3	14/F	Elder Brother	2 Years
P4	14/M	Maternal Grandfather	6 Months
P5	15/F	Father	1 Year
P6	15/M	Close Friend (Classmate)	8 Months
P7	16/F	Mother	18 Months
P8	16/M	Maternal Uncle	10 Months
P9	17/F	Paternal Grandmother	7 Months
P10	17/M	Father	2 Years
P11	18/F	Cousin (Same Age)	11 Months
P12	18/M	Mother	15 Months

Participant Vignettes

To keep individual voices visible before turning to themes; each participant is summarized in a line or two.

P1 (12/F) lost her paternal grandmother who told her stories every night/made payasa on her birthday. She didn't cry initially/was kept away from early rites. She draws her grandmother in notebook/wished adults knew "kids also miss people."

P2 (13/M) lost his father unexpectedly/carried bier at funeral. He hears his mother crying through wall/releases anger by hitting cricket ball against wall/wished someone asked how he was/not how his mother was.

P3 (14/F); elder brother died in road accident two years ago/reads his old posts/keeps his guitar in room/saw school counsellor three times. She requested that people allow her to say his name.

P4 (14/M) lost maternal grandfather/told school it was family function. He games/runs/plays his grandfather's chess opening online/stated he keeps grief "for later."

P5 (15/F); father died after lengthy illness/was kept from main rituals due to gender/carrying burden of board examinations. She dances alone/cries in bathroom with faucet running.

P6 (15/M) lost best friend/didn't attend school counselling offered/shoots hoops until dark. He regrets unresolved minor argument.

P7 (16/F) lost mother after lengthy illness/took responsibility for household management with father/joined online group for bereaved teenagers/sees grief counsellor.

P8 (16/M) lost maternal uncle who was like an older brother/was pallbearer. He feels he lacks right to be as sad as his mother/drums with headphones/plans annual jam session in uncle's honour.

P9 (17/F) lost paternal grandmother/found structure/peace in prayer/recitation/keeps private journal. She feels promise to become doctor she isn't certain she wants.

P10 (17/M) lost father in road accident/did most practical arrangements/works part-time. He repairs old devices to calm himself/hates phrase "man of house."

P11 (18/F) lost cousin same age/felt on periphery of family mourning/photographs everyday items/uses cousins' group chat to recall her.

P12 (18/M); scholarship student from village/performed rites for mother as eldest son but felt unable to cry because he was "leading."

Analysis resulted in six themes shown in Table 3 below. Quotations are from simulated accounts/identified by participant code.

Table 3: Themes/sub-themes/participants

Theme	Sub-themes	Participants
1. Grief Hidden Behind Functioning	Triggered/Recurring Grief; Unshared Guilt/Anger; Postponed Grieving	All; Guilt: P1/P4/P6/P11/P12; Anger: P2/P3/P7/P10
2. Rituals as Refuge/Exclusion	Role Comforts; Exclusion by Age/Gender; Adult Roles Overburden; Doubt About Afterlife Stories	P1/P2/P3/P4/P5/P7/P8/P11/P12
3. Protective Silence	Stock Phrases; Careful Talk; Fear of Upsetting Others	All Twelve
4. Disenfranchised Losses	Friend/Uncle/Cousin/Grandparent Losses Minimized; Short School Support	P4/P6/P8/P9/P11
5. Borrowed Adult Roles	"Man of House"; Caregiver; Strong One; Gendered Restraint	P2/P4/P5/P7/P10/P12
6. Private Outlets/Continuing Bonds	Creative/Physical/Digital Outlets; One Confidant; Varied Meaning-Making	All Twelve

5.1 Unprocessed grief

Grief was prolonged and linked to specific triggers: P1 (cardamom), P1, P3, P5, P8 (first birthday/festival), P6, P9 (empty seat), P12 (no phone call). P3 stated he felt like he was under water in the first year and later carried a heavy bag. P4 was uncomfortable that he did not feel as bad as he expected. The majority reported that they have not fully grieved. Only P9 said she has mostly grieved; P7 said she was on her way;

P8 estimated 60%; and the remaining nine said partly, not yet, or not at all. Many of the participants suppressed their feelings that they never shared with anyone, particularly guilt (P1, P4, P6, P11, and P12) and anger (P2, P3, P7, and P10). These findings align with the view that unprocessed grief is frequently suppressed by functional behaviour, which is why academic performance is a poor indicator of who is experiencing difficulty.

Postponement was evident in the participants' responses. P12, a first-year student living in a hostel, stated: "I think I've postponed it. I'll cry when I know everybody at home is OK." P4 indicated that he separated understanding from feeling: "My brain understands that. The remainder of me does not." P1 expressed relief that her grandmother was no longer suffering and then guilt for feeling this way, a combination of emotions that is difficult to articulate in a household where only positive comments are made. These examples suggest that unprocessed grief is less an absence of feeling than feeling that does not have an agreed upon destination. As defined in this paper, avoidance, difficulty discussing the loss, and delaying coping were evident in the responses of the participants. Functioning appeared to be relatively stable.

5.2 Cultural practices

A. Rituals and faith assisted most when the adolescent had a role in them. P2 carried the bier; P3 read a Bible verse; P7 lit a lamp every morning; and P8 served as a pallbearer. Each participant described their role as comforting. Prayer, chanting, and singing were viewed as calming by seven of the participants (P1, P2, P3, P5, P6, P9, and P11). This is consistent with evidence indicating that rituals that enable the deceased to remain present within the family can be a source of comfort [17].

B. Rituals were harmful when they either excluded or were too demanding. P1 was prohibited from attending because she was small. P5 was confined to the kitchen because she is female. P11 felt marginalized from the family unit. P4 was instructed not to gaze upon portions of the cremation ceremony. P12 assumed the role of leading the rituals as the elder son but was unable to weep. P2 was told that he was now the man of the house. Beliefs about the afterlife (reincarnation, heaven, barzakh, ancestors, and karma) provided comfort to some of the participants. However, seven of them questioned or believed the story to be too simplistic (P1, P3, P4, P5, P7, P8, P11). Consequently, practices designed to comfort young people were not equally effective for all participants. This reflects the initial tension between meaning and silencing.

The contrast is apparent in the participants' own statements. P5, confined to the kitchen while her ten-year-old brother conducted the primary rites, stated that she was angry "although I didn't say anything," and felt that a child performing rituals he did not comprehend "felt wrong." P2 stated that prayer helped him, but being designated the man of the house did not: "I'm thirteen." P1, excluded from initial ceremonies due to her size, stated that this caused her to feel that she "wasn't part of the family's sadness." On the contrary, P8, a pallbearer, felt "proud and sad simultaneously." Having a role appears to provide mourners

with both a means of processing their emotions and acknowledging that the loss is theirs. Conversely, exclusion or an excessively large role leaves mourners without emotional support.

5.3 Social influences

A. All twelve participants reported that they perceived expectations placed upon them to be strong, mature, diligent students/caregivers/quick recovery artists. Phrases like “he lived a full life,” “he is in a better place,” and “God needed another angel” were reported as ending conversations (P3, P4, P5, P7, P8). Families often spoke cautiously and minimally, protecting one another (P1, P5, P7, P8, and P10). Schools granted leave/concessions (P1, P5, P10, P11, and P12) but support typically ceased within a few weeks. P8 was denied formal leave because an uncle is not considered immediate family.

B. Losses that were minimized by others, such as a friend (P6), uncle (P8), cousin (P11), and grandparents (P4, P9), exemplify disenfranchised grief [18]. P6 captured it: friends do not receive official grief. Having one person to speak with made a difference for each participant, regardless of whether it was a cousin (P2), mother (P3, P9, P11), dance teacher (P5), counsellor (P7), employer (P10), or hostel friend (P12). Digital platforms were predominantly private and supportive, including memorial accounts (P3, P5, P6, and P11), a playlist shared with cousins (P8), or an online community for bereaved adolescents (P7), supporting the idea that digital platforms should be considered when exploring adolescent grief [22].

C. Schools represented another area of disenfranchisement. P6 chose not to utilize counselling services provided for a week because “everybody would see me go,” and stated that he felt he had not been entitled to grieve: “friends don’t get official grief.” P8 commented that a nephew is presumed to be minimally impacted: “which is wrong.” P7 observed that after her mother passed away, school resumed focusing on grades and attendance. These observations illustrate how institutional definitions (i.e., who constitutes immediate family and how long support continues) determine which losses are recognized as legitimate. They also demonstrate that peers and teachers who acted normally (by continuing to play cricket with P2 or providing P12 with notes and additional time) were esteemed equally with those who communicated appropriately.

5.4 Obstacles to processing

A. Fear of causing discomfort to others was cited by each participant in varying degrees. Other obstacles included pressure to be strong or assume adult responsibilities (P2, P7, P10, P12), gendered stereotypes (e.g., “boys shouldn’t cry”) (P2, P4, P12), stigma associated with seeking assistance (P6 avoided counselling because everyone would observe him departing), and lack of awareness regarding available assistance (P12). Postponing grief until family matters or examinations were settled occurred frequently (P2, P4, P5, P12). These observations are consistent with studies linking suppressing emotions habitually to social isolation [19]. They also caution against applying a singular standard: in certain

instances, restraint was viewed as part of a culturally acceptable method for demonstrating strength, and its relevance depends on the context [8, 20].

5.5 Coping and meaning-making

A. Participants employed expressive/physical outlets: drawing (P1), cricket (P2), writing (P3, P9), football/running (P4), dance (P5), basketball (P6), walking (P7, P12), drumming (P8), repairing equipment (P10), and photography (P11). Friends, family members, and faith also assisted. Continuing bonds were prevalent and generally comforting, as illustrated by P1’s drawing notebook, P3’s brother’s guitar, P5’s lunchbox notes, and P7’s rationed voice notes [15, 17]. Additionally, several individuals oscillated between addressing the loss and disengaging from it, as indicated by the Dual Process Model [24]. Meaning-making varied from accepting a divine/natural order (P1, P2, P9) to declining to seek a rationale and instead choosing to honour the individual who died (P3, P10, P11). The prevalence of creative avenues supports utilizing expressive media with young people [16].

B. Meaning-making was rarely straightforward. P7, a biology student, stated that while her mind believes that the body simply ceases functioning, her heart desires her mother to exist elsewhere, and she exists between these two viewpoints. P11 felt that the story of the soul’s voyage was “too neat.” P3 had ceased attempting to comprehend why death occurred and instead sought to render it bearable. Such descriptions align with the idea that identifying/creating meaning (and not agreeing upon a single acceptable explanation) is what makes continuing bonds comforting [15]. The sole confidant referred to by most participants (from a cousin on a terrace to an employer in a repair shop) appears to have served as the protective environment that families/schools did not offer.

5.6 What participants requested

A. Participants were asked what would have been beneficial to them, and they requested to be questioned about themselves rather than solely about the surviving parent (P2, P5). They also sought permission to pronounce the name of the deceased individual (P3). They sought truthfulness (P7). They sought involvement in rituals (P5). They sought assurance that it is acceptable not to be well/not to be “the man of the house” (P2, P10, P12). They sought acknowledgment that any loss regardless of whom has died should be recognized (P6, P8, P9, P11). P12 requested that colleges inform students about available counselling services.

Table 4: Objectives, outcomes, and implications

Objective	Outcome in accounts	Implication
1. Experience	Triggered/long-lasting grief/unexpressed guilt/anger	Question adolescents directly; do not infer from functioning
2. Cultural practices	Roles in rituals provided comfort/exclusion/adult responsibilities caused harm	Adapt rituals to allow adolescent participation without placing undue burden upon them
3. Social influences	Expectations to be strong/stock phrases/ brief school support/ minimized losses	Educate families/schools to acknowledge all types of losses

4. Obstacles	Fear of causing discomfort to others/gender stereotypes/ stigma/ postponed grief	Provide accessible/low-stigma support
5. Coping	Expressive/physical outlets/ continuing bonds	Capitalize on existing strengths
6. Support	Wish to be questioned/ truthful/ inclusive/counted	Allow adolescents' requests to guide support

5.7 Discussion relative to prior studies

A. Prior research has demonstrated that familial environments/available support influence how grief manifests [5, 6]. When families communicated cautiously/restrictively (as P1, P5, P7, P8 described), adolescents shielded their parents by concealing emotions; therefore providing empirical support for the argument that social contexts are as significant as the loss itself. The continuation of guilt/anger beneath seemingly normal functioning also aligns with previous findings indicating that prolonged/intense grief can contribute to mood disorders [4]; however, this study cannot assess clinical outcomes.

The findings partially support/partially refute studies on suppression. Participants who withheld emotions frequently expressed feelings of isolation/fear of burdening others, consistent with the association between suppression/poorer social connectivity [19]. However, restraint was sometimes described by participants as a manifestation of concern for family members. This represents an example of a culturally specific interpretation that cross-cultural research warns against ignoring [8, 20]. A more appropriate distinction in these observations is not between articulating/silencing emotions but between voluntarily suppressing emotions vs. being forced to suppress emotions because no one created space for them.

This study expands upon previous work on disenfranchised grief [18]. Previous applications of this concept focused on relationships that were not officially recognized; whereas in this study formal regulations pertaining to immediate family/leave duration/assumptions about age/gender functioned similarly. It also expands upon qualitative research conducted in India concerning parents/young adults [9, 10, 21] by demonstrating how rituals/hierarchy/school life function specifically for adolescents. Finally, the continuing-bond practices described (e.g., drawing notebooks/guitars kept in bedrooms/rationalized voice notes to prevent overuse) support previous findings suggesting that maintaining bonds is common/generally comforting [17]. Since these data are simulated, these points should be viewed as hypotheses for testing with actual participants rather than empirical conclusions.

Using Bronfenbrenner's ecological framework [27], these observations demonstrate influences at each level. At the microsystem level parents who protected one another and peers who maintained normalcy or remained silent were most influential. At the mesosystem level the relationship between home/school was weak: schools often failed to acknowledge losses (as P4/P10 concealed losses from teachers), acknowledged losses but provided support that expired within days. At the exosystem/macrosystem levels regulations

pertaining to leave/assumptions about gender/birth order/religious norms regarding patience/acceptance defined limitations regarding what could be articulated. An adolescent's grief is consequently situated within a collection of nested expectations, and an intervention at one level (e.g., counsellor's office) may fail to address other levels.

5.8 Recommendations

- **Schools:** implement bereavement protocols with flexible academic requirements beyond the initial week/recognize losses beyond immediate family members/provide clear instructions on contacting counsellors.
- **Counsellors:** employ culturally informed assessment that examines rituals/beliefs/familial expectations in addition to symptoms/without pathologizing culturally normative restraint/yet identifying instances where silence conceals suffering.
- **Families:** communicate truthfully about death/include adolescents in mourning ceremonies when appropriate/pronounce the name of the deceased individual/avoid imposing adult responsibilities on young mourners.
- **Community/religious leaders:** allow adolescents recognized roles in rituals irrespective of gender/birth order/avoid requiring them to lead prior to readiness.
- **Safe spaces/referral:** establish peer groups/creative endeavours/ moderated online communities/refer promptly for persistent withdrawal/significant behavioural alteration/self-harm/suicidal ideation.

These recommendations derive from the adolescents' own requests and are purposefully modest. They do not request communities to abandon rituals that participants found meaningful. They request that rituals/schools/conversations create space for young mourners/they treat silence as a prompt for inquiry/rather than as evidence of coping. Referring distressed/adolescents experiencing severe/persistent distress to qualified professionals remains essential since prolonged grief is a recognized clinical condition [28]/untreated adolescent distress presents considerable risks [29].

5.9 Limitations

These accounts are simulated; thus patterns observed represent what simulations can highlight/not necessarily what actual adolescents articulate. A small purposive sample drawn through institutions cannot generalize to all adolescents/Indian communities/interview data capture a single point in time/reporting to adult researchers may omit crucial data/parental consent may exclude families who choose not to discuss loss/translation may alter nuances/a single account (P7) details ongoing grief counselling/which poses contradictions with exclusion criteria for those receiving structured therapy/this issue would need resolution with actual participants.

6. Conclusion

Grief is universal, but the ways it is expressed, tolerated and answered are shaped by culture and by the people close to the mourner. In the accounts examined here, rituals and belonging helped adolescents carry loss when they were

given a place in them, while expectations to be strong, stock phrases, gendered norms and unrecognised losses left grief unspoken. The adolescents' own requests were consistent and modest: to be asked, to be told the truth, to be included and to have their loss counted. Responding to them requires families, schools and mental health professionals to treat silence as something to ask about and not as evidence of coping, so that no adolescent is left to grieve alone.

Three practical messages follow. First, ask: adolescents were rarely asked how they were, and when they were, as in these interviews, several said it helped. Second, include: rituals, schools and families can give young mourners a role proportionate to their age without making them carry adult responsibilities. Third, count: a loss is a loss whether the person was a parent, a grandparent, an uncle, a cousin or a friend. None of these requires specialist resources. They require a change in what adults notice and say, and they can be built into school bereavement protocols, family guidance and the training of counsellors and community leaders.

Compared with earlier work, the contribution of this study lies in its adolescent focus, its Indian family and ritual setting, and its attention to institutional rules, such as definitions of immediate family and the duration of leave, as part of the social influence on grief. Its limits are equally clear: the accounts are simulated, the sample is small and drawn from one city, and no clinical measures were used. The study is therefore best read as a tested design and a set of well-grounded propositions awaiting confirmation with real participants.

7. Future Scope

The most important next step is empirical. The design, tools and ethical safeguards described here are ready to be used with real adolescents, and the themes that emerge can then be compared with those reported above. Doing so would show which patterns hold, which artefacts of the simulation are, and which new experiences the simulated accounts failed to anticipate. Beyond that, the following directions would extend the work.

- Conduct the interviews with real participants under the ethical safeguards described, and compare the resulting themes with those reported here.
- Use longitudinal designs to follow how unprocessed grief develops and whether it resolves.
- Combine interviews with validated measures of grief, depression and emotion regulation in mixed-methods work.
- Compare adolescents across religious, linguistic, regional and urban-rural settings, and across gender and developmental stage.
- Study parents, teachers and counsellors, and how adolescents use digital spaces to grieve.
- Develop and evaluate culturally adapted school-based and family-based programmes.

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- of adolescents is rarely acknowledged by the adults surrounding them and she herself going through that phase. She feels there needs to be a much greater effort to study the unique reality of loss among teens and what they go through.

Author Profile



Anjana K.R has been an experienced advocate. She received six different college degrees before turning 41 years old. Her academic career included obtaining a bachelor degree in biotechnology; a master's degree in biotechnology; an LLB (law degree); a B.Ed. (education degree); a master's degree in English; and a master's degree in psychology. With so many degrees, she is able to combine elements of psychology, literature, education, law and science. Her focus is on how the expectations of society, tradition and institutions limit a person's ability to express his or her personal pain. Her interest in this area began with her observation that the grief