Social Support and Coping Strategies as Moderators of Prolonged Grief Disorder: A Systematic Review

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Prolonged Grief Disorder (PGD) is an emotional distress characterized by identity disruption and intense yearning following loss. As the prevalence of PGD rises, there is a need in understanding social support and coping strategies as factors that moderate the symptoms of PGD. This review synthesized 17 empirical articles that were published from 2018 to 2025 focusing on moderation analysis that evaluated social support and coping strategies as moderators to PGD. Results presented that emotional social support buffers PGD by improving the quality of life, though the varying components of social support in relation to the severity of loss may impact PGD presentation. The lack of social support was found to be linked to anxiety and PGD, though in specific situations of traumatic loss, social support may be insufficient in reducing grief. Maladaptive coping strategies characterized by high experiential avoidance, negative religious coping and over-emphasis on problem-focused coping may exacerbate grief, though meaning-making and personality traits like hardiness are able to improve well-being. There is a significant disparity in the populations represented in which there is underrepresentation of the Asian population and diverse age as well as gender groups. Their findings demonstrate the urgent need of longitudinal, diverse sociocultural and standardized diagnostic elements for future studies in developing tailored and relevant intervention and resources.

Keywords: Prolonged Grief Disorder (PGD), Social Support, Coping Strategies, Moderation Analysis

Introduction

The human race has seen changes over time through evolution. Though in the midst of advancement, one human experience remained engrained as a significant life event - bereavement - the death of a loved one. Life after loss can be tricky. Most bereaved individuals commonly transition to a period of integrated grief where they reintegrate back to a life without the deceased by adjusting to the loss (Bonanno, 2004). Losing a loved one can be a varied experience for many. It takes into account factors such as the nature of the relationship with the deceased and the circumstances of the death. It can elicit strong emotions of being fixated on memories and a loss of interest being occupied with life (Szuhany et al., 2021). Importantly, there is no fixed timeline for grieving. Though, it may lead to a distinct experience of what some used to call 'complicated grief (CG)', however at present this significant impairment identified as prolonged grief disorder (PGD) - an intense grief response marked by yearning for the deceased, identity disruption and disbelief regarding death under the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR). Studies conducted a few years ago reported the prevalence of PGD among individuals with persistent levels of grief was relatively about 7% and 10% (Lundorff et al., 2017).

Overall, as of 2023, 46.4% of individuals reported with grief disorder in the midst of an ongoing pandemic (Kustanti et al., 2023). Notably, the pandemic had caused significant changes in our way of lives, specifically with the perception and process of grieving, where the extent of subjective and traumatic death would lead to higher symptoms of grief (Tang & Xiang, 2021). The perception of family members who described the instance of death of their loved one in negative terms such as to be 'shocking' reported being in deeper anguish (Becqué et al., 2023). Moreover, the imposition of isolation and mandatory restrictions intensified profound emotional challenges among family members (Schloesser et al., 2021). The consistent psychological distress of self-blame and avoidance behaviours could pose an overall threat to physical and mental health (Stroebe et al. 2007). At times, PGD can overlap with major depressive disorder (MDD), where the distinct feature is the significant association of emotions tied to the deceased and there are instances where it can predict depressive symptoms (Szuhany et al., 2021; Eisma & Buyukcan-Tetik, 2024). Likewise, with PTSD, death can be traumatic and cause intrusive and distressing thoughts which in turn may lead to sleep difficulties (Shear et al., 2011). A key distinguishing factor between PGD and PTSD is the avoidance of reminders relating to loss, rather than avoidance to a perceived threat. Unlike those with PTSD, individuals with PGD are challenged with profound loneliness and meaninglessness to reengage back to their lives (Malgaroli et al., 2018).

Intense grief responses tend to lead to isolation from those who are perceived to have non-severe responses, which in turn weakens their social support (Eisma & Buyukcan-Tetik, 2024; Gonschor et al., 2020). Social support as a protective factor is vital in determining an individual's self-efficacy in coping with grief, thus a lack thereof interferes with the grieving process (Shear et al., 2011). Nevertheless, seeking for social support may become counterproductive when bereaved individuals are faced with offensive jokes, a lack of compassion and ignorance (Aoun et al., 2018). Besides, the intention of providing support may not always align with the act, as some individuals might be uncertain of their own understanding of grief to adequately

support someone (Logan et al., 2017). This is where the initiative of individuals is at play. Some have reported that they cope with loss by spending time in nature and being with their pets (Benkel et al., 2024). Coping comes in various ways, specifically when grief is heightened and is generally influenced by personal beliefs, culture and norms (Sharif et al., 2025). A Swedish study reported that 9% of participants believed and sought a higher power in their time of need and 12% of individuals preferred combining their belief in God and self-directed coping style (Benkel et al., 2024). In Asia, cultural and religious significance shapes identity and shared experiences, in particular the process of grieving. Among many coping strategies, religious support was the second-highest mechanism reported to have influenced the prevalence of PGD among Malaysians to be at 2.9% (Lai et al., 2023). This could be explained by the lack of PGD screening services in healthcare facilities across Malaysia. Thus, in-depth understanding of social support is needed to implement appropriate bereavement care that highlights appropriate coping mechanisms to support the rising rate of individuals in need (Breen, 2021; Sharif et al., 2025).

At present time, there is a scarcity in reviewing the presence of social support and coping strategies among individuals experiencing PGD. Therefore, it is able to contribute to the existing field of knowledge in bereavement and mental health studies, through providing an insight into maladaptive coping strategies and social support factors that informs how the development and implementation of interventions target the perpetuation of PGD.

Research Methods

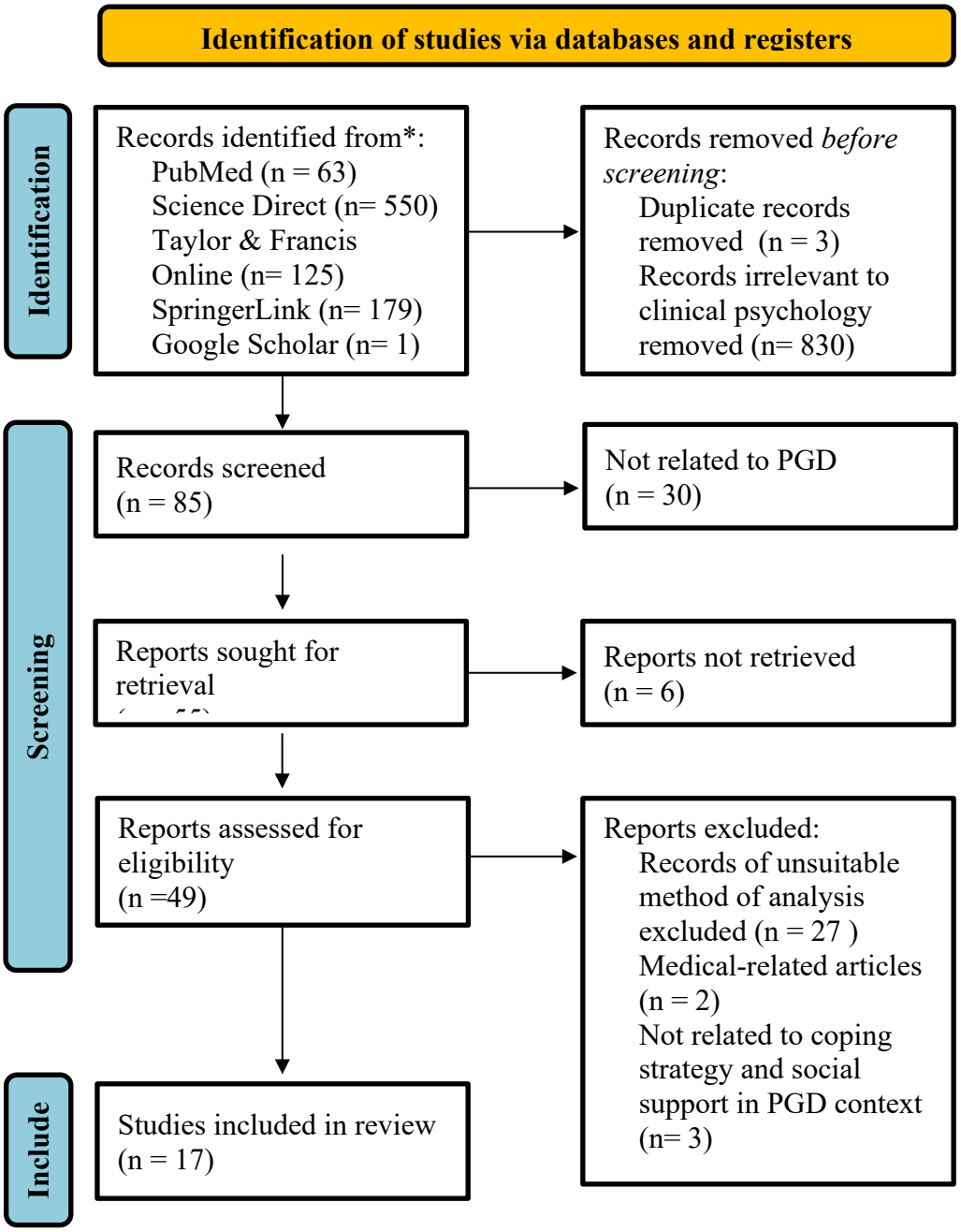
Based on the research questions, four main keywords for searching the database for relevant articles were identified - Prolonged Grief Disorder (PGD), Social Support, Coping and Moderation. A combination of these keywords were utilised through advanced search functions such as field code functions and Boolean Operators across databases such as PubMed, Science Direct, Taylor & Francis Online, SpringerLink and the Google Scholar register.

The limited screening process from this review included 84 articles published from 2018 to 2025 to ensure the relevancy of studies. The key words used in this search were “moderator” or “moderate” or “moderating” or “moderation” and “grief” or “grieve” or “grieving” or “prolonged grief” and “coping” or “social support”.

Only empirical articles published in the English language were included to ensure consistency. Systematic reviews and meta-analyses were excluded to prevent the reproduction of articles. Additionally, this review took into account full-text articles, as abstracts do not provide sufficient information regarding the details of the methodology of analysis used. This process excluded 33 articles as they did not fulfill the inclusion criteria.

Subsequently, 55 articles were reviewed to determine their eligibility by examining if they meet the inclusion criteria. The articles were excluded based on several criteria - unrelated methods of analysis other than a moderation analysis, medical-related articles, articles focusing on an unrelated mental disorder other than Prolonged Grief Disorder (PGD), articles without a clearly interpreted result and methodology. Following this, a full-text review was conducted to evaluate the methodology, relevancy of variables, specifically social support and coping strategies and appropriateness of these articles with the research objectives stated.

Figure 1
PRISMA flow diagram of study.



Results

As shown in Figure 1, the initial search gathered 63 articles from PubMed, 550 from Science Direct, 179 from Springer Nature, 125 from Taylor & Francis Online, and 1 from Google Scholar. Upon limiting the duplicated articles and articles irrelevant to clinical psychology, 85 articles were screened, and 30 were excluded due to being unrelated to PGD. Six articles were not retrieved due to being inaccessible, therefore 49 of articles were assessed for its eligibility based on the inclusive criteria being articles that were excluded due to unsuitable method of analysis, medical-related articles and articles that were not related to coping strategy and social support in PGD.

As a result, after this detailed evaluation, a total of 17 articles were deemed to be eligible to be included, which is shown in Table 1. The empirical articles included were conducted between the years 2018 to 2025, moderation analysis articles and articles studying Prolonged Grief Disorder (PGD). Among these articles, 41% of these studies were conducted in the United States of America (USA). Following this, 30% of studies were conducted in the European Union (EU) which included countries such as Germany, Spain, Italy, and the federal state of Bavaria. Meanwhile, 23% of studies were conducted in Asia, namely, China, Malaysia and Pakistan, and South Korea whereas Great Britain accounted for 6%. In this field of study, 77% of the articles studied the grief experiences of the Western population, whereas only 23% of the Asian population was represented.

This review included empirical studies with a varied amount of sample sizes. Only 24% of articles included consisted of a sample size of less than 100. Whereas 29% of articles with sample sizes were in the range of the hundreds and eight articles contain sample sizes of more than 200 respectively making it 47%. Apart from the majority of the studies conducted in the USA, the most sample sizes was followed by Germany and its federal state of Bavaria totalling up to a sample of 1196 participants and China being the largest sample among the Asian-centric articles with 505 participants. With that, this variation in sample sizes may not allow the generalizability of this review to be applied across the general population, but only limited to the Western population.

Moving on, 82% of the articles in this review included participants known as bereaved participants who have mostly lost their family members. Meanwhile, 18% of the articles includes bereaved participants who have lost their loved ones, a general term used to describe the loss of someone with varying associations with the deceased such as close friends and extended or distant relatives and a veteran death. Meanwhile, 18% of studies included in this review specifically focused on bereaved parents, of whom have lost their child and women who have experienced pregnancy loss.

Furthermore, this review consisted of a majority of 76% of cross-sectional studies, and 24% of correlational studies, a case-control design and a sub-study that were conducted utilizing reliable and valid scales to measure grief. In this review, the most commonly administered tool to assess grief was the Inventory of Complicated Grief (ICG) which made up to 35% of the total studies included. This could be due to the previous relevancy of the term ‘Complicated Grief’ that was used before it was formally accepted as a diagnosis, thus 24% of articles administered the Prolonged Grief Questionnaire-13 (PG-13). Thirdly, was Brief Grief Questionnaire (BGQ) which was

included in 18% of articles and the remaining articles administered scales such as The Munich Grief Scale (MGS), Grief Resolution Complication Risk Assessment Questionnaire (GRQ), The Hogan Sibling Inventory of Bereavement and Bereavement Experience Questionnaire (BEQ-24).

Apart from grief-related scales, 35% of the articles in this review consisted of assessment tools that examined participants level of social support which varied from a standardized interview consisting of items from the ENRICHD Social Support Instrument, The Perceived Social Support Scale, Multidimensional Scale of Perceived Social Support, the Duke-UNC Functional Social Support Questionnaire (FSSQ) and The Social Support Scale for Children. Similarly, 35% of articles include coping-centred assessments such as Brief Coping Orientation to Problems Experienced (COPE) Questionnaire, The Brief Experiential Avoidance Questionnaire, The Resilience Questionnaire and The Brief-Religious Coping Scale. Moreover, 18% of articles explored attachment styles within the bereaved community through administering the Experiences in Close Relationships Questionnaire (ECRQ) and the Attachment Style Questionnaire (ASQ).

There were several common research gaps that were highlighted in the articles listed, prominently, the population gap. There is a population scarcity in grief studies based within Asia, specifically among the Malaysian population because a large percentage of the studies included in this review is based in the Western population. Future studies should include a wider age group, socioeconomic status and geographical location and 35% of the studies stated the need of a more culturally and racially diverse population to be able to generalize grief-centric studies in minority communities apart from the widely researched Western population (Sharp et al., 2018; Farooqui et al., 2025; Lee et al., 2021; Ribera-Asensi et al., 2025; Schony & Mischkowski, 2024; Xiong et al., 2023). Moreover, there is an underrepresentation of male's perspective of their grief experiences from these studies, specifically of the perspective of fathers, where 18% of studies pointed out the need of an equal gender balanced sample as due to the sample being female dominated (Sharp et al., 2018; Schony & Mischkowski, 2024; Skalski-Bednarz et al., 2025). Other than that, the articles in this review were participated largely by the young adult population, leaving an underrepresentation of children and middle to older aged adults, thus the need of a more diverse age population (Bellet et al., 2016; Bartone et al., 2025; Lee et al., 2021). Interestingly, several articles highlighted the significance of taking into consideration the closeness of the deceased to the participants involved in this study by applying extra measures to screen and control the effects of this relationship (Bellet et al., 2016; LeBlanc et al., 2019; Lee et al., 2021). Moreover, 12% of studies pointed out that understanding the type of loss of these bereaved participants could provide in-depth knowledge of the severity of the distress caused (Bellet et al., 2016; Lee et al., 2021). In addition, one study stated the importance of studying and creating a clear interpretation of social support received by bereaved individuals as the differences between an actual social support and perceived social support may influence grief management (Sarper & Rodrigues, 2024).

The participants consist of 887 trainee cadets, primarily aged 21 to 22 years old (n=512, 57.7%), predominantly male (n=801, 90.3%), and mostly holding a bachelor's degree (n=615, 69.3%). Table 2.0 explained

the frequency and percentages on the demographic information.

Table 1
Studies included in the synthesis

Author	Year	Article	Country	Study Design	Sample Size	Moderator	Result
Schony and Mischkowski	2024	Feeling Connected to Nature Attenuates the Association between Complicated Grief and Mental Health	USA	Cross-sectional study	153	Connected to Nature (CN) moderate the association between CG and Depression/ Anxiety	CN or time spent in nature did not moderate CG with depression or anxiety
Lee et al.	2021	Spirituality Influences Emotion Regulation During Grief Talk: The Moderating Role of Prolonged Grief Symptomatology	USA	Correlational study	100	Prolonged grief symptom	PGD moderates the influence of spirituality among low-to-mild levels of PGD
Lenzo et al.	2021	Toward a preventive approach to prolonged grief disorder in palliative care: Insecure attachment	Italy	Cross-sectional study	157	Insecure attachment (avoidance and anxious attachment)	High Avoidance attachment moderated perceived family and social support on the intensity of PGD

		moderates the impact of perceived support on the severity of symptoms					among family caregivers.
Schladitz et al.	2021	Grief and loss in old age: Exploration of the association between grief and depression.	Germany	Longitudinal multicenter cohort study	863	Social Support	Social support had no moderating effect on the relationship between grief burden and loneliness.
Sung et al.	2024	Meaning-Centred Coping Predicted Lower Depressive Symptoms among Caregivers with Complicated Grief	Malaysia	Cross-sectional study	20	Meaning-Centred Coping (MCC)	MCC did not moderate the relationship between depressive symptoms and working memory.
Sharp et al.	2018	Grief and Growth in Bereaved Siblings: Interactions between Different Sources of Social Support	USA	Cross-sectional study	85	Non-parental social support	Both close friend and educator support moderated the relationship between parental support and grief.
Farooqui et al.	2025	The Impact of Prolonged	Pakistan	Cross-sectional study	200	Coping Skills	Problem-focused coping skills

		Grief Disorder on Experiential Avoidance in Parentally Bereaved Emerging Adults and the Moderating Role of Coping Skills					moderate experiential avoidance and PGD.
Skalski-Bednarz et al.	2025	The moderating roles of social support and spirituality in the relationship between complicated grief and quality of life among women who have experienced pregnancy los	Bavaria	Cross-sectional study	333	- Social Support - Spirituality - Resilience	Social Support and low levels of spirituality significantly moderated the relationship between CG on quality of life.
Sarper and Rodrigues	2024	The Role of Perceived Social Support in the Grief Experiences of More Anxious and Self-Compassionate People	European Union	Cross-sectional study	539	- Perceived Social Support	Perceived Social Support moderated the relationship between individual factors and grief experiences.
Ribera-	2025	Grief and	Spain	Cross-	125	Social	Emotional

Asensi et al.		Psychopathology in Bereaved Caregivers of Palliative Care Patients: The Mediating and Moderating Roles of Distress, Burden and Social Support		sectional study		Support	social support significantly moderates the relationship between grief risk and psychopathology
Bellet et al.	2016	Event Centrality and Bereavement Symptomatology: The Moderating Role of Meaning Made	USA	Cross-sectional study	204	Meaning making	Meaning made significantly moderated the effect of the relationship between event centrality and bereavement symptomatology
Williams et al.	2019	Experiential avoidance moderates the association between motivational sensitivity and prolonged grief but not posttraumatic stress symptoms	USA	Cross-sectional study	326	Experiential Avoidance	Experiential avoidance moderated the relationship between drive sensitivity and PGD.
Huh et al.	2017	Attachment styles, grief responses,	South Korea	Cross-sectional study	81	Coping Strategy	Problem-focused coping

		and the moderating role of coping strategies in parents bereaved by the Sewol ferry accident					significantly moderated the link between avoidant attachment and shame.
Xiong et al.	2023	The relationship between perceived stress and prolonged grief disorder among Chinese Shidu parents: effects of anxiety and social support	China	Cross-sectional study	505	Social Support	Mediating effects of anxiety on the association between perceived stress and PGD was moderated by social support.
Bartone et al.	2025	Personality hardiness moderates grief responses following sudden death	USA	Sub-study	118	Hardiness	Hardiness significantly moderated the relationship between time-since-death and well-being.
Sochos and Aleem	2021	Parental Attachment Style and Young Persons' Adjustment to Bereavement	Great Britain	Case-control design	234	Attachment Style	Attachment style moderates the effects of bereavement experience and parental CG on a young person's

							psychological distress.
LeBlanc et al.	2019	Shame, guilt, and pride after loss: Exploring the relationship between moral emotions and psychopathology in bereaved adults	USA	Cross-sectional study	92	- Shame - Guilt	Guilt predicted CG and depression at low shame levels.

Discussion

Social Support and PGD

Based on the articles included in this review, social support was one of the common moderators that was identified. Social support was found to have an impact on the quality of life and emotional distress. Skalski-Bednarz et al. (2025) pointed to social support as a moderator between CG and quality of life. Findings found that females with lower levels of social support were adversely affected by CG for quality of life. Social support is said to help women cope with their loss and reduce their tendency to self-blame and to uplift their self-esteem after a pregnancy loss (Skalski-Bednarz et al., 2025). It was also found to have moderated individual factors and grief experiences. A lack of social support however, heightens grief symptoms, specifically for individuals with higher trait anxiety (Sarper & Rodrigues, 2024). Sarper & Rodrigues (2024) suggest that an increased social support brought self-compassion as a protective shield against symptoms of grief, occurring for those who have been inclined with a positive mindset. Moreover, social support is reported to have moderated the relationship between grief risk and psychopathology. Instrumental support, a type of support that is tangible, only buffered this association at low and medium levels of support. However, high emotional social support reportedly reduces the psychological impact of grief. Lower emotional support was associated with potential psychological distress. The effects brought on by grief and its psychological distress is able to be reduced with a strong presence of social support (Ribera-Asensi et al., 2025).

Furthermore, findings suggest that the elements of the forms of social support and the severity of loss impacts PGD. Schladitz et al. (2021) stated that social support had no significant moderating effect on grief and loneliness. Though, the study suggests that this could have been due to the time of loss factor whereby individuals may have already obtained coping strategies, diminishing the need for social support (Schladitz et al., 2021). Social support is a nuanced factor as it does not often result in creating a moderating effect on grief. Regardless, Schladitz et al. (2021) sheds light on an important note stating that regardless of the presence of social support, it did not weaken the relationship between grief and loneliness among vulnerable populations like individuals who live alone, women and senior citizens.

Hence, a study concluded that bereaved parents receiving lower social support were most associated with PGD and anxiety symptoms. Though, at times high social support may not be enough due to the extreme stress caused by the traumatic loss of an only child (Xiong et al., 2023). Divergently, one study which included social support as a variable was associated with perceived family support and moderated by high avoidance attachment style. Lenzo et al. (2022) reported that the perception of the level of support received from family and one's social circle can impact attachment styles present during adulthood. In the same light, Sharp et al. (2018) reported that the effect of parental support received by bereaved adolescents and children changed based on the level of non-parental support received. Non-parental support including teachers and friends strengthened the effect of parental social support in reducing grief for adolescents. High peer support acted as a buffer to parental support in the context of bereaved adolescents, resulting in low grief experiences. Interestingly, despite parental support resulting in a reduction in grief when low peer support was identified, in situations

where high peer support was present, parental support no longer played a role in reducing grief experienced in bereaved adolescents. (Sharp et al., 2018). The effectiveness of social support is apparent through these studies, specifically the effects of emotional support and instrumental support. Though, in specific circumstances of traumatic loss of an only child, social support may not be sufficient in reducing maladaptive grief experiences.

Coping Skills and PGD

There were several studies which focused on coping strategies in association with bereavement. Some studies reported how meaning reconstruction in regards to loss can influence presentation of PGD. Sung et al. (2024) studied a moderator such as Meaning-Centred Coping which did not predict the working memory performance in grieving individuals. Another prominent variable was problem-focused coping, in which moderated experiential avoidance and PGD among parentally bereaved young adults. This study found that men were associated with higher levels of experiential avoidance due to social construct of the patriarchy in collectivist cultures, hence males have higher levels of PGD (Farooqui et al., 2025). Additionally, a meaning-focused coping such as meaning making significantly moderated the effect of event centrality of loss and the bereavement symptoms. Bellet et al. (2016) reported that when a meaning is not made from a loss, that central event will exacerbate maladaptive grief. Evidence from this study suggests that defining the loss buffers the effect of its significance, potentially weakening it (Bellet et al., 2016).

Consequently, several studies stated the effects of avoidant behaviours on PGD. Findings suggest that coping strategies such as high experiential avoidance moderated the relationship between drive sensitivity and PGD symptoms. Study reports that individuals with high experiential avoidance may be the ones who seek to be comforted with reminders of the deceased. This act may be reinforcing their yearning behaviour to avoid the negative emotions of grief (Williams et al., 2019). Likewise, findings from Huh et al. (2017) reported that problem-focused coping moderated the association between shame and individuals with avoidant attachment styles. It suggests that without proper emotional support, prioritizing problem-focused coping could result in increasing the likelihood of experiencing maladaptive grief responses (Huh et al., 2017). These findings might explain individuals who avoid adaptive coping strategies such as seeking for support may opt for problem-focused coping instead, increasing the likelihood of maladaptive grief responses.

Furthermore, coping through a strait such as hardiness, a coping strategy that moderated the relationship between years or time since death and well-being was identified in literature. It also had a direct effect on lower levels of CG symptoms. Results indicated that low levels of hardiness and fewer years since loss reportedly contributes to grief symptoms (Bartone et al., 2025). Also, Lee et al. (2021) focused on the element of PGD moderating the influence of spirituality in low-to-mild levels of grief symptoms. It stated that religious coping styles for individuals with mild-to-moderate grief symptoms reported good management of grief reactions and emotional regulation when conversing about their loss. Individuals with PGD symptoms were not influenced by spirituality, instead had higher negative religious coping. Negative emotional reactivity, such as the perceived punishment of God was significantly associated with emotional reactivity related to grief (Lee et

al., 2021). In which, future literature should study this coping style in a more diverse sociocultural group, diverse age and loss type (Lee et al., 2021). These studies identified how maladaptive coping strategies such as experiential avoidance, negative religious coping and the over-emphasis of problem-focused coping may significantly influence the perpetuation of maladaptive grief responses, whereas meaning-making and the trait of hardiness are found to improve their grief.

Correspondingly, this review emphasizes a lack of moderation analysis within the context of PGD in Asian populations, therefore there is a need in exploring how PGD is influenced by the collectivistic culture that shapes social support networks and the varied forms of coping strategies such as religious coping. Moreover, the in-depth study of coping strategies and social support may benefit the understanding of PGD progression in longitudinal studies to develop a better understanding of the long-term impact of these factors on grief. Future literature should address the lack of understanding PGD among underrepresented populations such as children, older adults and males in particular at all stages of ages, to take into account how these populations have specific vulnerabilities such as social stigma, a lack in mental health literacy and access.

The strength presented in this review is that it focuses on articles utilizing moderation analysis as a method in understanding PGD through social support and coping strategies. This provides a better understanding of circumstances whereby coping strategies or social support is able to buffer against grief. A significant limitation this review poses is that it is unable to establish the effectiveness of social support and coping strategy in improving PGD symptoms across different circumstances over time. Furthermore, this review takes into account the varied forms of losses which may yet to be explored such as sibling loss, pregnancy loss, and the loss of an only child. Yet, this review highlights the reliance on CG compared to PGD in literature, suggesting a potential gap in understanding the nuances in the development and perpetuation of PGD symptoms among diverse populations and circumstances.

Conclusion

The rising prevalence of PGD in the current era emphasizes the need to study the moderating roles of social and coping strategies within the context of grief experiences. In essence, this review stated a need of understanding this within the context of a more diverse population through the lens of standard administration of PGD across all circumstances surrounding bereavement. Individuals would benefit from being provided tailored intervention and support resources that take cultural sensitivities and the standardization of diagnostic tools for PGD in consideration to facilitate ethical and appropriate bereavement care. This review provides a foundation for implementing an enhanced system in supporting bereaved populations while upholding beneficial strategies.

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