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‘Sincere Condolences’: The Paradox of Online Mourning

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Article

Keywords: maternal grief, parental bereavement, digital mourning, social media, continuing bonds, dual process model, online surveillance

Posted Date: August 4th, 2026

DOI: https://doi.org/10.21203/rs.3.rs-9977493/v1

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Additional Declarations: No competing interests reported.

Abstract

Maternal grief is not only an individual loss for the mother, but a complex, multi-dimensional process that includes the use of digital surveillance as well. In this context, the article examines Rajni Jain, a food vlogger known as Chatori Rajni, who lost her son in a road accident in February 2025. The study analyses how grieving mothers, particularly Rajni, negotiate bereavement in online spaces. Drawing on Stroebe and Schut's (1999) "Dual Process Model of Coping with Bereavement" and O'Connor's (2019) "neuroscientific framework", the study provides an in-depth understanding of digital manifestations of grief experienced by the bereaved mothers. Using qualitative thematic analysis and discourse analysis of social media posts and comments, the paper examines the audience's response to Rajni's grief and how they prescribe normative modes of coping and compel the grieving mothers like her to perform culturally acceptable grief. The analysis generated five overarching themes: prescriptive healing, public accountability, moral policing, continuing bonds, and digital sisterhood. The findings suggest that mothers who mourn online experience gendered moral policing, which results in an oscillation between affirmation and denunciation, silence and voice. Digital memorialization practices, which include sharing photographs, videos, stories, and culinary memories, serve as mechanisms for mothers to maintain their maternal identity and facilitate grief work. The paper argues that the process of coping with loss should acknowledge the variability in responses to loss, particularly in digitally mediated contexts, and when grief becomes publicly visible, it becomes subject to social regulation, where the audience both supports and attempts to grief police, troll, judge, question, and impose a restraint on how a mother is supposed to grieve online. Yet the findings also suggest that digital mourning can create forms of solidarity that coexist with, and sometimes resist, these normative pressures.

Introduction

The identity of an individual and their sense of attachment depend on the meaningful influence of loved ones; however, the death or bereavement of a loved one can lead to enduring life changes for the bereaved (Keesee et al., 2008; Shear, 2015). Compared to those who have been able to psychologically cope with the loss, people experiencing intense and prolonged grief may experience several issues, like anger, resentment, poor physical health, and a greater prevalence of suicidal ideation (Prigerson et al., 1997; Latham and Prigerson, 2004; Szanto et al., 2006). Following an episode of bereavement, a natural and instinctual grief response is evoked, forcing survivors to strive to renegotiate daily life in the absence of the deceased (Enez, 2017; Shear, 2012; Shear et al., 2013; Tal Young et al., 2012). For instance, the bereaved can experience a strong, prolonged, and restless desire for the deceased, even when the bereaved is expected to have emotionally adjusted to the loss and function effectively in daily life (Dutta et al., 2019; Morris et al., 2019; Prigerson et al., 1999; Simon et al., 2011).

Scholars have recognized that grief is a personal response (Raphael, 1984) that comprises physical, emotional, and psychological dimensions. Historically, this multifaceted process has been grounded in frameworks that claim that to achieve psychological well-being, detachment and emotional withdrawal from the deceased is essential (Freud, 1917; Bowlby, 1980). However, grief scholarship has witnessed a

gradual shift in the last decade (2015–2025) from this unilinear approach toward Lindemann's (1944) conceptualization of grief. This model portrays grief as a combination of emotional and physical distress, which manifests through the display of symptoms like withdrawal from others, bodily dysregulation, breathing difficulties, and persistent fatigue in the bereaved (Lindemann, 1944). The model gained popularity gradually and laid the foundation for later theories to develop, where grief was understood to be multi-layered in how it is dealt with. It views grief as an adaptive response to loss, which, without adequate support, may develop into complicated grief or other psychological conditions. More contemporary scholars like O'Connor (2019) used a biopsychosocial lens to show that bereavement can cause heightened health risks among the bereaved. He notes that in cases where individuals who are suffering from complicated or persistent grief have a higher risk of cardiovascular and immune diseases. Additionally, Wortman and Silver (1989) challenge the traditional idea that to achieve successful emotional recovery, it is necessary to "work through" grief and failure to experience an inevitable distress is indicative of pathology. Building on this concept, Klass et al. (1996) developed the continuing bonds theory. They emphasize the significance of upholding meaningful ties to the deceased across diverse media instead of severing them, which will lead to adaptive grieving and long-term resilience in mourners.

These theoretical insights help to understand the distinct and intense grief in specific contexts, including the profoundly disruptive experience of parental bereavement. Empirical findings reveal that grieving mobilizes the neurobiological and emotional disturbances that accompany grief, including heightened stress responses, dysregulated affect, and disorientation, with these effects having a worse consequence on parents who have lost a child (Braun, 1991). Also, bereaved mothers exhibit ongoing engagement of neurobiological attachment systems involving oxytocin and dopamine-related reward pathways (O'Connor, 2019). This results in continued sensations of the child's presence and an unresolved longing. Thus, despite the child's passing, a mother's body continues to respond as though the relationship is still active. The ongoing attachment can make the grief feel like a physical expression of love that has not ended, even though society demands mothers suppress visible distress and grieve in a restrained way. Thus, there is a conflict between how a mother feels and how the world wants her to display her emotions publicly.

Empirically, it has been noted that parental bereavement produces a depth of bereavement which is incomparable to most of the other relational contexts (Albuquerque et al., 2018). Additionally, parents who have lost their only child face a unique catastrophe, as they are used to centering their existential meaning on the child. This makes such a loss profoundly destabilizing (Braun, 1991) as they are not only grieving the death of the child but also the loss of their parental identity (Schiffman, 2019). With the rise of digital platforms, bereaved mothers often seek space for their grief to be seen, heard, shared, and validated. Walter and colleagues (2012) argue that social media platforms such as Facebook, YouTube, and Instagram significantly alter the ways through which people remember, commemorate, and engage with the dead. Where grief was once situated in physical ritual spaces, such as temples, cemeteries, or homes, it has now permeated digital arenas. These virtual spaces enable bereaved individuals to preserve ongoing relational bonds with the deceased while simultaneously making them susceptible to

communal policing and judgment regarding authenticity, propriety, and morality for discussing the deceased. Scholars describe this as affective labor, where emotional expression must balance empathy and social expectation (Giaxoglou & Döveling, 2017). Thus, online mourners engage in networked remembrance and assume roles that are both participatory and performative. Walter et al. (2012) also note that the internet is increasingly reshaping how we die and mourn by establishing new digital traces that persist beyond death. Furthermore, Brubaker et al. (2013) discuss the concept of networked mourning, where social media platforms function as sites for collective mourning, creating a space to link the bereaved users to shared networks of remembrance.

Video blogging (vlogging) proves particularly powerful for communicating grief. Vlogging fuses the immediacy of visual representation with narratives that are personalized and confessional. This positions creators in a space that is simultaneously performative and intimate, enabling them to record and embody lived experience. For instance, Rajani Jain, who serves as the focal point of this study, transforms her kitchen into a liminal space, shifting it from a domestic site to public testimony. Her grieving voice reframes food as an affective archive that functions as a memorial trace of her child. For bereaved vloggers, such intimacy may act as a coping tool, where the camera witnesses and the audience function as an extended family. As past literature states, online grieving is inherently paradoxical, wherein comfort coexists with exposure to both compassionate engagement with the audience and unwanted scrutiny comprising adverse comments, misunderstandings, trolling, and grief policing (Gach et al., 2017; Phillips, 2015; Kakar & Oberoi, 2016).

The Case of Chatori Rajani

Drawing from the above scholarly perspectives, it becomes essential to study how online bereavement is explored in contemporary digital environments and what transformations have taken place in the normative mourning rituals. To examine how maternal bereavement unfolds within digital environments, this paper centers on the case of Rajani Jain, popularly known online as Chatori Rajani, who has built her digital persona through her heartwarming series and whose vlogging practice focuses on domesticity, culinary care, and affective intimacy. The paper seeks to analyze how Rajani expresses her maternal grief through embodied and performative practices in online environments and how her experiences unfold on various digital platforms. Through her famous dialogue, “Dekhe! Aaj mere husband ke lunch box mein kya hai” (Let’s see what is in my husband’s lunchbox today), in her vlogs, she garnered a following of over 838,000 on Instagram, 1.4 million on Facebook and 575,000 on YouTube. Her comforting culinary content and emotional storytelling helped her achieve a strong audience connection, drawn to the perceived joy and authenticity of her content. Her trademark opening line in her culinary videos conjures everyday practices and norms of middle-class Indian domestic life. Central to her content was her sixteen-year-old son, Taran Jain, whose on-screen presence, like tasting her food, helping prepare it, interacting with audiences, and handling photography, contributed to the channel’s warmth and success. Before the tragedy of Taran Jain’s untimely demise, Rajani’s YouTube channel involved the preparation of Indian cuisine with light-hearted conversations with her audience, which

emphasised accessible home cooking in a conversational tone. However, this would soon take on new meaning, making the loss more devastating for both Rajani and her audience.

Taran tragically died on the evening of February 17, 2025, in a road accident while returning from his coaching class. The lack of eyewitnesses or CCTV footage of the incident compounded Rajani's anguish with uncertainty. Rajani took a brief hiatus from social media after the incident; this absence represented not merely a career interruption but an identity crisis, given that cooking constituted both her livelihood and her maternal identity. Her subsequent remarks, "Mann nahi hota khana banane ka… mujhe yaad bhi nahi aati bahut sari cheeze ki kaise banate hai" (I don't feel like cooking anymore, I don't even remember how to cook a lot of things), illustrate how grief can fragment memory and routine, making the familiar seem unfamiliar (Rajani, 2025). However, when she slowly resumed content creation in April 2025, it marked a transformation in her being rather than a simple recovery. She showed the video in which she prepared the last recipe filmed with Taran, which portrays an attempt to maintain attachment through meaningful activities. Her display of this memory is consistent with continuing bonds theory, in which, in her voiceover, she states: "Ye video mere dil ke bohot kareeb hai. Kuch special nahi bana rahi hu, lekin ye aakhri video hai jo main apne bete ke saath shoot ki thi. Yaha pe mai ussi ki favourite snack bana rahi hu. Mere bete ko matar bohot pasand hai…" (This video is very close to my heart. I am not making anything special, but this is the last video I shot with my son. Taran is very fond of peas) (Rajani, 2025). Thus, she unknowingly transforms the culinary task into a ritualized memory.

Each time she prepares one of Taran's favorite meals, it becomes an act of reunion, allowing her to recall his smile, his laughter, and his approving nods, which were an integral part of their kitchen vlogs. Through cooking, Rajani found a non-verbal means of expressing grief, transforming her kitchen into a space of mourning while gradually enabling renewal. The videos she subsequently shared on social media became a digital space for mourning and function as virtual memorial spaces, granting both herself and her followers, who had watched Taran grow through her videos. This demonstrates how culinary practices can serve therapeutic functions and help collective mourning, mediating individual and communal healing (Nickrand & Brock, 2017). Her professional comeback and engagement with the audience, though appreciated and welcomed by many, could not escape grief policing, trolling, and judgments by the audience. These responses constrain maternal grief within prescriptive trajectories, thereby denying space for ongoing bonds that sustain maternal identity, resulting in an oscillation between loss-oriented and restoration-oriented coping (Stroebe & Schut, 1999).

Theoretical Framework

To analyse the case of Rajani, this study integrates three theoretical perspectives: "Continuing Bonds Theory" (Klass et al., 1996), the "Dual Process Model of Coping with Bereavement" (Stroebe & Schut, 1999), and "Disenfranchised Grief" (Doka, 2002). Combined, these theories help to critically analyse how bereaved mothers like Rajani maintain emotional bonds with deceased children while simultaneously negotiating social norms of grief regulation and healing. "Continuing Bonds Theory" helps to understand how Rajani's culinary practices are used as a means of maintaining relationships rather than showing

them as having any pathological attachments. “The Dual Process Model” explains the emotional oscillation between experiencing grief (loss-oriented coping) and creative renewal (restoration-oriented coping) evident in her videos. “Disenfranchised Grief” contextualizes the moral policing and digital backlash she receives, revealing how online audiences regulate norms of appropriate display of maternal emotion, following a child’s death (Doka, 2002).

Methodology

The paper adopted a qualitative netnographic and digital discourse approach to examine how public grief, motherhood, moral judgment, and digital support are constructed around Rajani Chatori’s public social media presence following the death of her son. The study is located within the established field of online mourning and digital death studies. Walter et al. (2011–2012) argue that the internet affects “dying, the funeral, grief and memorialization” and that social network sites can bring “dying and grieving” into the everyday life of wider social networks (p. 275). Their discussion of “continuing bonds with the dead” (p. 276) is especially relevant to this study because Rajani Chatori’s public posts and the surrounding audience responses show how memory, grief, and maternal attachment are repeatedly performed, witnessed, and contested in digital space.

The study used naturally occurring and publicly accessible online material. The primary platform sources analyzed were the public YouTube channel “Chatori Rajani” (@ChatoriRajani; https://www.youtube.com/@ChatoriRajani) and the public Facebook page “Chatori-Rajani” (https://www.facebook.com/chatorirajani). The corpus included YouTube videos, Facebook posts, captions, publicly visible comment threads, and publicly available interviews or podcast-style discussions. The article also used supporting materials such as video transcripts, publicly available interviews or podcast segments, and screenshot-derived audit records. These supporting materials were used for contextualization and were not treated as interview data or private testimony.

The paper utilised purposive sampling rather than random sampling. Material was included when it directly related to public mourning, remembrance, criticism, advice, moral judgment, healing prescriptions, trolling, or support surrounding Rajani Chatori after her son’s death. Material was excluded if it was purely promotional, duplicated, spam-like, emoji-only without interpretive value, unrelated to grief, or unrelated to the research questions.

This approach is consistent with recent social media research in which publicly accessible online material is used to study grief, memory, mourning, emotion, and social response (Bao & Chen, 2026; Ortiz, 2026; Sani et al., 2025). Bao and Chen (2026) describe social media material as marked by “spontaneity and non-intrusiveness” and as offering “ecological validity” (p. 3). They also note that digital textual material can provide “data-driven structural prompts” (p. 4), while final meaning-making depends on qualitative interpretation and theoretical integration. A similar logic was adapted in our study. Organisational procedures helped us identify repeated discursive patterns, but final coding remained interpretive, theme-based, and theoretically guided.

The paper followed a reflexive thematic procedure to analyse the corpus, identify recurring patterns in audience responses, and develop higher-order themes from the coded material. First, the corpus was read repeatedly to get familiar with the recurring forms of audience response. Second, the article open-coded the comments according to their dominant social function, such as advice, accusation, consolation, moral judgment, religious interpretation, memory work, or shared bereavement. Third, it grouped related codes into higher-order themes. Fourth, the researchers refined the thematic structure through repeated comparison between data excerpts, manuscript arguments, and existing literature on digital mourning, continuing bonds, social media grief, moral policing, and online support.

The study organized the final analysis around five major themes: Prescriptive Healing; Public Demand for Justification; Archiving Grief Through Digital Memorials; Moral Policing and Conditional Grieving; and Digital Sisterhood. Each theme was further divided into subthemes. Prescriptive Healing included reproductive replacement directives, distraction and restoration imperatives, and religious or charitable solutions. Public Demand for Justification included causal explanation requirements, accusatory questioning, and trauma commodification. Archiving Grief Through Digital Memorials included memorial content creation and temporal policing of remembrance. Moral Policing and Conditional Grieving included authenticity questioning, temporal expectations, and gendered grief regulation. Digital Sisterhood included mutual recognition and kinship, experiential epistemology, and spiritual frameworks.

The study has treated the corpus as a public discourse archive and does not claim that the comments statistically represent all viewers, followers, or members of the wider public. Instead, it uses the corpus to identify recurrent social expectations around maternal grief, mourning temporality, public femininity, religious healing, online cruelty, and digital solidarity.

Methodological summary

Stage	Procedure followed in this study
Source identification	The study identified public YouTube, Facebook, and publicly available interview or podcast material.
Data extraction	The study extracted publicly visible posts, comments, captions, video statements, and relevant public transcripts.
Screening	It removed spam, duplicates, irrelevant remarks, and non-substantive comments.
Coding	The study coded comments into themes and sub themes through reflexive thematic analysis.
Interpretation	It interpreted themes in relation to digital mourning, maternal grief, moral policing, and online support.
Data organisation	The study prepared a coded and anonymized dataset for editorial and reviewer scrutiny.

Data Analysis (Thematic Analysis)

Data analysis involved manual thematic coding following Braun and Clarke's (2006) approach to thematic analysis; three researchers independently reviewed the entire data, identifying recurring patterns and themes. This six-phase process involved:

(1) familiarization, reading all posts and comments repeatedly to immerse in the data; (2) coding, labeling interesting features of the text (words, phrases, ideas) systematically across the dataset; (3) theme development, collating codes into potential themes that capture patterned meanings; (4) reviewing themes, checking how well themes fit the data and refining them; (5) defining and naming themes – clarifying what each theme represents; and (6) reporting, weaving the analysis into a coherent narrative. Consistent with Braun and Clarke's guidelines, the study treated these phases as flexible and iterative rather than strictly linear (Braun & Clarke, 2014). For example, codes and themes were revised through multiple rounds of analysis as deeper readings of the posts revealed new nuances (a recursive, reflexive process). The paper conducted initial open coding, identifying instances of audience surveillance, moral policing, empathetic support, prescriptive advice, and expressions of shared grief. Through iterative review and discussion, the study identified five primary themes (Table 1 and Fig. 1): prescriptive healing, public accountability, moral policing, continuing bonds, and digital sisterhood. It then conducted discourse analysis to examine how language constructs and regulates maternal grief in digital spaces.

Thematic Coding Structure

Table 1
Complete Thematic Coding Structure

Initial Codes	Focused Codes	Sub-themes	Main Themes
“Have another baby.”	Replacement solutions	Reproductive Replacement Directives	**Prescriptive Healing**
“You should go for IVF.”	Medical interventions	Reproductive Replacement Directives	
“Keep yourself occupied.”	Activity prescriptions	Distraction & Restoration Imperatives	
“Feed the needy children.”	Charitable redirection	Religious/Charitable Solutions	
“What happened?”	Death narrative demands	Causal Explanation Requirements	**Public Demand for Justification**
“Must have been negligence.”	Blame attribution	Accusatory Questioning	
Misinformation circulation	Story fabrication	Trauma Commodification	
Posting photos/videos	Digital preservation	Memorial Content Creation	**Archiving Grief Through Digital Memorials**
“This constant sharing looks like you’re stuck in the past.”	Pathologization of memory	Temporal Policing of Remembrance	
“You need help. This is not normal”	Pathologization of memory	Temporal Policing of Remembrance	
“Just for money.”	Monetization accusations	Authenticity Questioning	**Moral Policing & Conditional Grieving**
“Already making videos?”	Timeline scrutiny	Temporal Expectations	
"You’re smiling?"	Emotional expression policing	Gendered Grief Regulation	
“I, too, lost my son.”	Shared experience recognition	Mutual Recognition & Kinship	**Digital Sisterhood**
“Only we understand.”	Experiential knowledge validation	Experiential Epistemology	

Note: Surveillance & regulation themes (Prescriptive Healing, Public Justification, Moral Policing) shown in light red; Support themes (Archiving Grief, Digital Sisterhood) shown in light blue. N = 3,628 comments coded (1,247 YouTube; 2,381 Instagram).

Initial Codes	Focused Codes	Sub-themes	Main Themes
“God’s will/plan.”	Faith-based consolation	Spiritual Frameworks	

Note: Surveillance & regulation themes (Prescriptive Healing, Public Justification, Moral Policing) shown in light red; Support themes (Archiving Grief, Digital Sisterhood) shown in light blue. N = 3,628 comments coded (1,247 YouTube; 2,381 Instagram).

Ethical Considerations

This study concerns a recent, sensitive, and highly identifiable bereavement involving a living mother and the death of her child, the paper did not treat public availability as ethically sufficient. Instead, it adopted a contextual harm minimization approach because the material concerns maternal grief, child loss, online judgment, and comments by other bereaved individuals.

The methodological basis for using public online material is well established in digital death and mourning studies. Walter et al. (2011–2012) observe that research in this area is often conducted by “going online and observing” the sites where dying people, carers, and mourners participate (p. 277). Recent studies using public online data have adopted similar ethical safeguards. Binsar et al. (2026) state that their study used “publicly available online data” and did not involve “human subjects, personal identifiers, or private information”; they further state that “formal ethical approval was not required” (p. 2). Coufal and Wedel (2025) analysed “publicly visible posts” from an online forum (p. 1) and noted that the forum was “visible without a log-in” (p. 4). Ortiz (2026) states that “formal ethical approval was not required” because the data were “publicly available online” (p. 304), while also explaining that posts were remixed “to limit the searchability” of the material and to “preserve the anonymity of users” (pp. 304). Bao and Chen (2026), in a grief-related social media study, report that individual consent was not required when publicly available content was analysed with “comprehensive anonymization,” including removal of identifiers and “paraphrasing or generalization” of quoted texts (p. 4). In our study, formal institutional ethical approval was not required because the research was a non-interactive analysis of publicly accessible online material. The paper did not recruit participants or conduct any intervention and did not access private messages, use closed-group material, collect restricted-access content, or collect non-public personal data. For the sensitive nature of the study, the study has treated the material as ethically sensitive even though it was publicly accessible. Our subsequent analysis does not allow for the identification of specific users or specific people. Accordingly, it adopted additional **precautions for safeguarding anonymity** and removed usernames, handles, profile images, geographic identifiers, and other identifying markers of ordinary commenters. The study paraphrased or generalized highly sensitive or easily searchable comments where necessary, following the approach used by Bao and Chen (2026) and Ortiz (2026). It did not include screenshots containing visible identifiers in the public-facing supplementary material and used quotations with restraint, and abusive or harmful comments were reproduced only when analytically necessary. The study followed standard ethical principles of informed consent, anonymity, confidentiality, and voluntary participation. All procedures adhered to the ethical

standards of the 1964 Declaration of Helsinki and its later amendments (World Medical Association, 2024).

Ethical safeguards summary

Ethical issue	Safeguard used in this study
Public but sensitive grief material	The paper did not treat public availability as sufficient ethical permission.
Identifiable public figure	The paper focused on public discourse, not private personhood or psychological diagnosis.
Ordinary commenters	The paper removed usernames, handles, profile images, and identifiers.
Other bereaved commenters	The paper anonymised or paraphrased personal grief narratives where necessary.
Searchability of comments	The paper paraphrased or generalised sensitive comments where needed.
Screenshots	The paper did not use screenshots with visible identifiers in public facing supplementary material.
Consent	The paper contacted the public figure; only an automated acknowledgement was received at the time of revision.
Risk of harm	The paper applied harm minimisation, restraint in quotation, and avoidance of sensational reproduction.

Data Analysis

Prescriptive Healing and the Social Regulation of Grief

This theme captures the societal reactions received by bereaved Rajani on social media platforms, where she remembers her son through the food she cooks and continues with her culinary profession. Following Freud (1917) and Klein (1940), our analysis of viewer comments revealed a consistent pattern of prescriptive advice rooted in the concepts that grieving must be actively managed and that healing must be conducted in socially acceptable forms. The comments also show how the online public often urges Rajani to continue performing her marital obligations and perform her daily routine, chores, social roles, and responsibilities. One commenter advised Rajani, stating, “Make your son’s favorite things and give them to those who cannot have them. You will find peace.” Such advice reflects that when displayed online, grief becomes a shared affective experience and is open to public evaluation and correction. This imposes prescriptive routes of coping with the bereaved mothers, thus denying them their right to oscillate between loss-oriented (LO) and restoration-oriented (RO) modes as described by Stroebe and Schut’s (1999) “Dual Process Model”. In fact, there is pressure on mothers to fix their grief through new forms of engagement, for example, becoming a mother again, caring for others (as that is the duty of a

woman), or even appearing joyful all the time, especially when they come online. One bereaved mother shared:

Words of consolation felt like knives. Time will heal. You will have another one; they are in a better place right now. A part of my family told me not to share/talk about my loss in public because, apparently, it 'looks bad.'

Some people say that I am now being too much. I must take care of my husband and manage the chores because that is my duty, and I must fulfil that. Otherwise, I am being unfair to my husband.

The comments reveal deeply pronatalist assumptions, with reproductive replacement positioned as the primary solution to maternal grief. Notably, some of these suggestions were directed at Rajani, who had lost her grown-up son and is approximately 40 years old. This reveals that a certain section of the online audience has a striking disregard for the deceased son, as if he is easily replaceable, along with his memories and Rajani's emotional and physical readiness to conceive again. The comments also suggest that a woman's fulfillment lies primarily in renewed motherhood and that this would help reaffirm her identity. According to the audience, the comments included prescriptive replacement directives:

Why don't you adopt a girl child, give her a new life, and also feel positivity in your own life?" "You should conceive again; Taran has not gone anywhere; he is still within you." "You don't lack money, and you seem fine yourself, so why aren't you thinking about having a new baby again?" "If you really want your child back, then you must conceive again." "The only cure for your grief is IVF, and you absolutely must try it." "When you conceive, your sorrow will lessen when you see your baby's face. Taran will come back to you. Maybe as his sibling. So, you should go for IVF.

The unresolved grief of a mother is expected to be addressed through renewed maternal roles, implicitly positioning maternal energy as a resource to be redirected rather than fully processed. She recounted:

"In the true Indian way, everyone told me to sweep it under the carpet, get over it, and move on. After all, you are young and can have another child. These were words I heard the day after my loss. Words that are meant to encourage were often so hurtful that they just made me miss my baby more and sink deeper into grief".

Beyond reproductive replacement, many users suggested that bereaved mothers should engage in productive, outward-facing restoration-oriented activity to ensure peace and happiness as soon as possible. However, this might delay the emotional processing of the loss. To move on too quickly, without being emotionally prepared, can lead to emotional suppression or delayed grief processing, which further depletes mourners emotionally. Being urged or advised mending from mourning too quickly, often before the mourner is psychologically prepared to confront the loss, can result in overlooking the depth of loss involved and in suppressed or delayed grief responses, particularly in the case of a grieving mother.

Bring one pet dog. Having a pet will help both of you to heal. The pet brings lots of love and happiness. Especially since your wife is alone for a full day, that pet will keep her busy and see the difference." "Engage yourself in work.

Keep yourself occupied all day so you do not have time to think." "Start a foundation in your child's name." "Help children in orphanages. That will make you feel better." "Feed the needy children, and you will automatically forget your pain." "Start exercising or going to the gym. It will help your mood." "Get a haircut/makeover; looking good will make you feel good.

"The Dual Process Model" argues that such suggestions prematurely push grieving individuals into restoration-oriented tasks without acknowledging their need or readiness to oscillate from loss-oriented processes, such as confronting the pain of the loss, crying, or reminiscing (Stroebe & Schut, 1999). Thus, rather than supporting the natural DPM oscillation, the audience constantly forces and redirects the mothers toward visible restoration. Many bereaved mothers turn to digital spaces to continue bonds with their deceased children and to receive recognition for both their pain and their enduring maternal identity. However, the responses they encounter often include subtle directives that carry an undertone of emotional avoidance. The comments on her channel, directed at discontinuing memorial practices, included, "Why keep posting his pictures? Let him go." "This constant remembering is not helping." "Move forward. Do not dwell so much on the past." This suggests that prolonged or public digital mourning becomes a site of social discomfort that needs to be fixed rather than a feeling to be held.

Public Demand for Justification and Narratives of Causality

Rajani has often expressed how she wished to avoid discussing the loss privately and not publicly explain or relive traumatic details. However, in digital grief spaces, she was often compelled to provide a coherent, morally acceptable narrative of her son's death. Public commenters had consistently expressed a relentless need to know not only "what happened" but "why it happened" and "the process of how it happened", and some commenters even demanded proof and footage of the accident. These demands often carry accusatory undertones, insinuating negligence or hidden truths. In doing so, Rajani often felt that the public was willing to transform her private traumas into consumable stories. Thus, this finding reveals that mothers, despite an irreparable tragedy, are expected to justify not only the circumstances but also their own role in the tragedy. Rajni shared in some of her posts how the public commented on her loss:

There must have been something wrong. Children do not die just like that.

You owe it to everyone to explain what happened. You try to and want to forget it, but the public never lets you." "People keep asking, even when I don't want to talk about it. They keep asking, 'What happened? How did it happen?'" "But how did the accident happen? Was he not wearing a helmet or riding too fast? He was only 17.

This social pressure to justify loss disrupts the oscillation between loss-oriented and restoration-oriented processes. It forced Rajani back into LO mode as the public, without her consent, demanded traumatic recounting and imposed narrative closure before she was emotionally ready. The presumption that silences about death implies guilt is particularly harmful, as it shifts the burden of causality onto the bereaved, denying the grieving mother a safe space to mourn without scrutiny. Rajani noted, “You tell the truth once, and it never stays the same. They twist it, repost it, and come back years later asking again. Why should I explain?”

Even when accurate information was initially shared, Rajani frequently experienced the circulation of misinformation or sensationalized accounts. This creates an ongoing burden of clarification, re-traumatization, and emotional exhaustion. Rajani reflected:

There’s no peace in telling your truth. Either they doubt it, or they make a new version, and you get to know about it from somebody all of a sudden. You then keep requesting and pleading to take down such news, but for how long will you do that? Moreover, not everybody would take it down. So it's terrible somehow.

Especially when death is caused by an accident, mothers become especially subject to moral scrutiny. While possibly well-intentioned, the constant questioning reveals a desire to turn tragedy into a crime story, which could be deeply objectifying: “This accident must have happened due to the parents’ negligence; that is why no one is talking about the death.” The following comment reveals morbid voyeurism, where trauma is commodified as content: “I want to know how the accident happened and what happened in his last minutes before death. She is a public figure, and the audience must know the reality.” These comments were particularly invasive as they intended to seek intimate, possibly traumatizing details that no mother should feel compelled to relive for public consumption.

Moral Policing and Conditional Grieving

This policing, evident in the comments section, shows that when a mother shares her grief online, she is not only perceived as inauthentic but is also reduced to a morally and emotionally inadequate mother. The comments reflect a recurring pattern in which public expressions of sorrow, especially when shared by a bereaved mother, are construed as shameful, attention-seeking, self-promotional, driven by profit motives, or opposing the idea of a “good mother.” “You just want money... Shame on you. You are making videos just for likes!” “The child has died, but the video-making did not stop.” Rajni is expected to grieve silently, privately, and with self-effacing restraint. Additionally, maternal mourning is seen as incongruent with acts of remembering a lost child on social media platforms. Thus, gradual re-engagement with life, or sharing moments of joy, is perceived to violate the culturally sanctioned scripts of idealized motherhood and is labeled as a sign of showing an inadequate amount of grief. The following comments impose a hegemonic maternal script: one that equates “good” grief with silence, spiritual withdrawal, and passive suffering. This pathologizes any attempt at restoration-oriented behaviors such as social interaction, digital engagement, or ritualized acts of remembrance. According to DPM, the ability to move between confronting and avoiding grief is healthy. However, here, avoidance (in the form

of daily activity or mediated engagement) is delegitimized, particularly for mothers, who are expected to embody endless sorrow as part of their maternal virtue.

The child died in an accident... and you are already making videos so soon?" "At least you could have mourned and cried for a few days." "You should have distanced yourself from people... and not made any videos for a few days." "Meditate and behave like a good mother instead of roaming around like this as if nothing has happened." "The child has passed away. What was the hurry to forget the grief? Oh, these people are obsessed with likes and followers!" "A small child has died. If it had been your husband instead, would you still be making videos?

Thus, the public assumes the role of moral guardians, often dictating to grieving parents what "authentic grief" should look like. The comments analyzed suggest that mourning is considered legitimate only if performed in silence, off-camera, and for a culturally sanctioned period, where any sign of moving forward (such as smiling, eating, or filming) is interpreted as insensitive and morally wrong. Maternal grief is expected to be visibly overwhelming to the point of incapacitation. Any deviation from that, such as functionality, resilience, or digital communication, is interpreted as an emotional deficiency or guilt.

When I shared a video of my son's funeral rites, someone commented, 'All I know is that when someone loses a child, they almost stop living, but this woman does not seem affected at all.'" "What type of mother is she?" I mean, that is how I was venting out, and then you see such comments, it just numbs you.

Expressions of joy, laughter, or even temporary emotional lightness are considered maternal betrayals and morally deviant rather than forms of coping or duty. Perhaps most strikingly, one comment read:

You are the one who made a spectacle (tamasha) out of your son's death. What is wrong with you people? Creating content even around your son's death? Shame on you. And you still dare to complain about how people are reacting to your posts? You made everything public, so the public will have their opinions.

Rajani responded: "Of course, I know the reality, but I feel too lonely and scared and devastated and want to talk and share. Otherwise, I feel I will not survive this trauma." This shows that for Rajani, sharing and speaking about her grief with her audience is not exhibitionism or a betrayal of motherhood but a mechanism of endurance and a survival strategy.

Digital Sisterhood and Empowerment in Shared Loss

This theme centers on the digital community's reciprocal emotional support to bereaved mothers, where grief becomes a collective form of ethical labor. The comments section shows how empathy and recognition act as relational glue in grief, suggesting that seeing and acknowledging each other's pain affirms the self. This theme is divided into two subthemes: Spiritual Interpretations and Karmic Frameworks of Loss, and Mutual Recognition and Digital Kinship in Maternal Grief. For some bereaved mothers, social media serves not merely as a stage but as a scaffold to navigate out of the quicksand of

unbearable grief. For mothers, sharing their feelings online becomes a way of filling the void, serving as a means of emotional survival, recognition, validation, and solidarity during the most vulnerable moments of the grieving process.

I want to talk to you all because I, too, lost my only son on December 18. I still have not been able to gather myself.

This theme also illustrates the abrupt and traumatic disruption of a mother's role following the loss of an only child. The sudden, irreversible loss deprives her of the role that is fundamental to her identity, creating a void for which no mother is ever emotionally prepared. Bereaved mothers frequently channel their caregiving instincts into symbolic acts of love in response to this devastating separation. These actions may include feeding birds or crows, performing rituals, assisting orphans, or providing charity to the impoverished. "The grief of losing a child is immense because both of my children are now with God. Now, I only go to the temple and do little things for birds. That is all I do." "I feed the poor and go to the orphanage to donate on my daughter's birthday." Sometimes grief is lived emotionally and somatically. The psychic pain slowly manifests in physical ailments, and the body becomes a site of unprocessed mourning, a living archive of loss. As per one comment:

When I lost my daughter 11 months ago, everyone kept giving the same suggestion. But how can we erase the memory of the child who is no longer with us? It is not possible. We are living with stress and depression. I have not only developed stress and depression, but also swelling in my spine and brain, which causes constant dizziness. I can truly understand your pain. God took away our child; now, may He give us the strength to live this life.

One comment reflects bereaved mothers' existential endurance rather than emotional recovery, highlighting that they are barely surviving and that grief is a solitary yet shared experience:

I, too, have lost my son. Truly, living life has become extremely difficult, but I am still carrying on. You can never be the same as before.

Some comments reveal that certain mothers refused to have another child, reflecting their refusal to accept the idea that one child can replace another and that grief does not interrupt life but reshapes it. Motherhood, in this context, is not confined to reproduction alone. It is also enacted through memory.

Right now, life feels like a punishment. I wish I had gone with him. I do not want a second baby because I want to live with just his memories. I do not want to become a mother to anyone else. My life was for my son.

Many comments advise detachment, but mothers often revealed that such prescriptions fall short of addressing the depth of their pain:

Some people say we should let go of worldly attachments, but is it that easy when your child is your whole world? Even breathing becomes difficult. My child is gone. Is it easy to live after that? I feel so

much pain. For parents, children are everything. When they are no longer there, what is left? Sometimes I feel like ending my life.

Through these continuing bonds, the bereaved mother preserves an emotional connection with her child while also affirming her identity as a mother in a world that no longer recognizes her as one (Klass et al., 1996).

Conclusion

The sudden demise of a young person may jeopardize one's ontological security and lead to a perception of personal meaninglessness and a disrupted worldview in the mourners (Seale, 1998; Howarth, 2007). Our findings align with those of Chapple et al. (2015), who documented how grief for young people who died in motorbike crashes was considered taboo, where bereaved individuals felt the pressure to suppress their mourning for some time before returning to normal functioning. This pattern of grief suppression contradicts the initial studies on bereavement.

However, our findings demonstrate that the prescriptive and moralistic advice observed in online comments fundamentally contradicts this view. In the majority of audience comments analyzed, maternal grief was subjected to intense surveillance and moral regulation. They used prescriptive directives, moral policing, pathologized memorial practices, and demanded for justification for death. Examining these regulatory patterns with the help of Dual Process Model (Stroebe & Schut, 1999), the comments repeatedly pushed Rajani toward premature restoration and/or force masking of grief or to conform to social expectations, including reproductive replacement directives (e.g., "Have another baby," "Try IVF"), activity-based prescriptions (e.g., "Keep yourself occupied," "Start a foundation"), cessation of memorial practices (e.g., "Stop posting his pictures"), and condemnation of functional behavior (e.g., criticizing smiling, working, or creative engagement). These prescriptions reflect what Hochschild (1983) termed "feeling rules", which are the culturally sanctioned norms that define when, how, and for how long emotions should be displayed.

Also, in the context of bereavement on social media, grief becomes a performance in which the grieving mother must satisfy the curiosity of the digital audience; her silence is deemed unacceptable, and she is expected to provide ongoing public accounting of her emotional state. A smaller but significant subset of comments was about the demand for public justification and seeking an explanation of the child's death. The notion that she 'owes' this truth to strangers, despite her repeated communication about the discomfort and unease she felt to discuss her child's death, is a sign of violation of her autonomy. Thus, our findings contradict Stroebe and Schut's (1999) Dual Process Model, which recognizes that bereaved individuals require flexibility to oscillate between loss-oriented and restoration-oriented coping according to their psychological needs. In fact, the prescriptive comments in our findings impose perpetual loss-oriented coping on Rajani, forcing her to experience a repeated confrontation with traumatic loss without respite.

The comments show that the use of certain terms, such as “obsession” and “not normal”, serves to medicalize mourning, a phenomenon critiqued by Doka (1989, 2002) in his work on disenfranchised grief. Doka (2002) defined disenfranchised grief as “that person’s experience when they incur a loss that is not or cannot be openly acknowledged, publicly mourned, or socially supported” (p. 5). Critically, Doka (2002) expanded this framework to demonstrate that not only relationships and losses can be disenfranchised, but the very manner in which individuals grieve can itself be delegitimized. Our findings extend Doka’s framework by documenting how maternal grief in digital spaces experiences what we term “expressivist disenfranchisement”, which shows how the delegitimization of grief is based specifically on how it is expressed rather than whether the loss itself is acknowledged. A large minority of comments were about condemning Rajani when she made her grief visible or when she engaged in restoration-oriented activities such as smiling, working, or creating content. This created an impossible double bind: criticized Rajani for grieving “too much” (excessive public displays, prolonged mourning) and simultaneously for grieving “too little” (resuming normal activities, appearing functional). The comments in our findings, like “shame on you,” “what kind of mother is this?”, show how the audience wants Rajani to undergo an active renunciation of maternal grief expression. Digital mourning provides conditions for context collapse, defined by Acker and Brubaker (2014) as “the amalgamation of diverse audiences from various social contexts into one space.” This collapse creates potential for social backlashes, which often result from conflicting social norms and expectations about appropriate grief and bereavement practices (Marwick & Ellison, 2012). Context collapse in our study proved particularly acute for Rajani, who was attempting to navigate her professional identity (food vlogger, influencer) simultaneously with her maternal grief. When Rajani resumed content creation, whether from economic necessity, therapeutic engagement, or professional commitment, the audiences interpreted this come back in multiple ways like inauthentic grief (“just making videos for money”), as violation of mourning norms (“the child has died, but the video-making did not”), or as inappropriate maternal performance (“What kind of mother is this?”).Thus, when a grieving mother tries to follow the dominant narratives of closure and attempts to “move on”, gets stigmatized in digital spaces, making the ability to grieve openly and authentically complicated.

Social media platforms, particularly Facebook, have become central sites for grief research, with scholars documenting both supportive and harmful dimensions of digital mourning. Carroll and Landry (2010) found that social media platforms can provide crucial support in the grieving process by enabling communal connections, offering bereaved individuals “a perceived safe and comfortable place to mourn” and helping them “overcome distance to form community” (p. 346). This finding resonates with our Digital Sisterhood theme, wherein a minority of comments show solidarity and mutual validation through shared experiences of child loss.

Our findings carry important theoretical and practical implications. Theoretically, the paper extends Doka's (1989, 2002) disenfranchised grief framework by introducing the concept of “expressivist disenfranchisement”, which is the delegitimization of grief based on its mode of expression rather than the legitimacy of the loss or relationship. This concept reveals how maternal grief can be simultaneously acknowledged (the loss is recognized as significant) yet disenfranchised (the manner of grieving is

deemed inappropriate, excessive, or insufficient). It also extends Stroebe and Schut's (1999) "Dual Process Model" by demonstrating how digital visibility fundamentally alters the phenomenology of oscillation between loss-oriented and restoration-oriented coping: mothers cannot privately oscillate according to psychological needs but must instead navigate public surveillance that condemns both loss-orientation ("still crying?") and restoration-orientation ("already making videos?").

Declarations

Ethics Approval:

This article contains no studies with human participants performed by any authors.

Informed consent:

Informed consent does not apply to this article since it does not contain any studies with human participants performed by any of the authors.

Competing interests:

The authors declare no competing interests.

Author Contribution

T.C. conceived and conceptualized the study, designed the research framework and manuscript layout, and revised the second draft. A.C. prepared the first draft and developed the methodology. E.S. supervised the research and conducted the final editing of the manuscript. All authors reviewed and approved the final manuscript.

Acknowledgement:

Chatori Rajani's presence on digital platforms and her decision to make her grief, memories, and reflections publicly available provided an important context for understanding how public mourning, digital memorialization, and the social life of grief online work.

Data Availability

The authors have retained the full anonymized dataset collected for this study. To protect the privacy and anonymity of the commenters, all comments have been paraphrased and anonymized. The versions presented in the manuscript are therefore paraphrased rather than literal extracts. The anonymized raw data and the complete set of paraphrased comments are available from the corresponding author.

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Figures

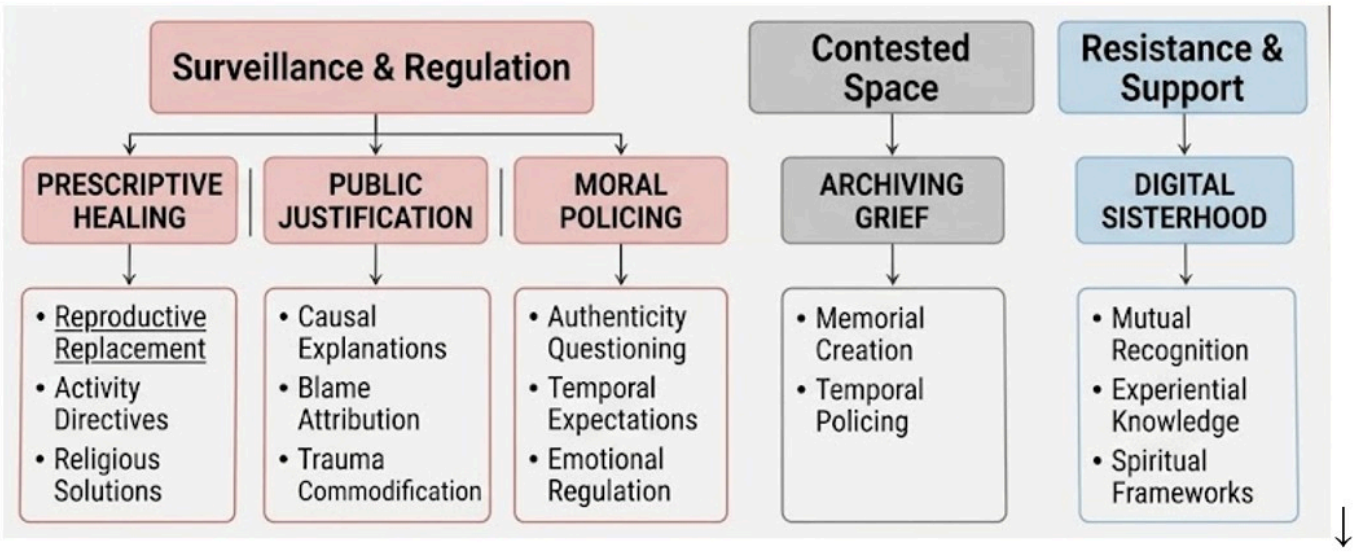


Figure 1

Hierarchical Thematic Structure

Note: Hierarchical thematic structure showing five main themes and their constituent sub-themes emerging from thematic analysis of maternal digital grief. Surveillance & Regulation cluster (Prescriptive Healing, Public Justification, Moral Policing) shown in light red; contested memorial space (Archiving Grief) in grey; Resistance & Support cluster (Digital Sisterhood) in light blue. Themes developed through iterative coding by three researchers analyzing 3,628 social media comments.

Supplementary Files

This is a list of supplementary files associated with this preprint. Click to download.

- RawData.xls