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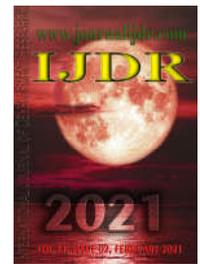
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## WOMEN'S EXPERIENCE TOWARDS PERINATAL GRIEF: A PSYCHODYNAMIC UNDERSTANDING

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### ABSTRACT

This study aimed to describe perinatal grief. Therefore, it outlined specific objectives to investigate the assistance offered by the health team, identify how this assistance influences the elaboration of perinatal grief and understand at what stage of grief, according to the Kübler-Ross theory, the mothers were in. The method used was qualitative-descriptive, its samples were made up of four mothers, two who were submitted to a support experience as informed by the perinatal grief assistance materials and two who were not. The selected instruments for the data collection were the semi-directed interview and the Family Design with Story Procedure (DF-E), that were analyzed according to the psychodynamic theory. As a result, it was observed that the support from the health teams favors the elaboration of grief. Which leads to the conclusion that there is a need for the development of studies to investigate the topic and for the creation of perinatal grief protocols in order to provide the best training for health teams.

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## INTRODUCTION

Pregnancy is a moment linked to the expectation of a baby in which there is a libidinal investment in the object through projections and identifications. During this period, there is an investment of narcissistic order in which the pregnant woman displaces the libidinal energy, previously invested in different objects, to the baby. It can be said that the mother is in a state of falling in love, in which she lets go of herself with the certainty that her baby will satisfy her. This investment makes it possible to build an imaginary baby, which allows the mother to get in touch with the child long before birth (WINNICOTT, 1956/2000 apud LOPES, PINHEIRO, 2013; VALENTE, LOPES, 2008). Consequently, perinatal loss may have repercussions on the mother's feelings of her body's dysfunctionality, low self-esteem, failure to fulfill the role of wife and mother, guilt, outrage, sadness, disappointment, frustration (MUZA et al., 2013; LIMA, FORTIM, 2015).

In this case, it can be understood that even in a moment that historically creates feelings of joy, women also experience a certain type of grief. It is worth noting that, in the course of studies on grief, several authors have studied this phenomenon. However, it is relevant to point out that, in this study, more emphasis will be given to Freud's reflections, since his psychodynamic theory of the unconscious, in dialogue with the author Kübler-Ross, will be the base for the analysis of the contents found in the participants' speeches. Grief can be understood as the reaction of the loss of both a loved one as well as a symbol or abstraction in which there is a significant link between a person and an object. After a loss, the subject is inhibited, turning to activities of his internal world for its elaboration. Considering that facing reality indicates that the lost object no longer exists, the subject feels obliged to avoid experiences that involve a world in which the object is no longer present (FREUD, 1917/2018). As long as the grief process is not elaborated, the object continues to exist in the subject's psyche. When remembering and creating expectations around the object, the individual feels a great need to over invest and focus energy on the object, however, this is what allows them to disconnect

from it, since the lack of response to the investment will cause frustrations (FREUD, 1917/2018). The lack of response is related to the performance of the reality test. Once the subject obtains an immediate satisfaction by the investment of energy in the lost object, the reality test enters this process in order to preserve the ego when requesting the postponement of satisfaction. Thus, demanding that all invested libido be withdrawn. Therefore, upon reaching a certain degree of cathexis, the libido is disconnected from the object and the work of grief is completed (FREUD, 1917/2018). Aiming to further explore the concept, Kübler-Ross (1998), through observation and study from interviews, observed the existence of fantasy patterns, behaviors and anxieties that people can experience through the grieving process. In her description, she grouped them into five stages, which the subjects may come to experience, from the moment when the death of the loved one is verified. In several cases and situations, the sequence may not be exact, due to the individuality of each subject, it can overlap stages:

**Denial:** psychic defense that implies refusing contact with a fact that would promote turbulence and emotional suffering. This defense is not only perfectly understandable, but it may be necessary, sometimes preventing a mental breakdown, as long as the subject is able to perform his daily tasks.

**Anger:** the subject feels taken by hatred and can demonstrate their non-conformity by violent acts. They are aggressive and challenging, attacking everyone and everything. In this phase, feelings of anger, outrage, envy and/or resentment are present.

**Negotiation:** at this stage, the subject accepts reality, but tries to bargain "deals" that allow them to maintain a vision not entirely realistic of the facts, or negotiates to make better use of the time they have left with the person, or so that the person does not suffer in their death process.

**Depression:** at this stage the subject is taken by a great feeling of loss.

**Acceptance:** those who reach this stage have overcome the previous ones and the chance of this occurring is greater if they have had help during the entire grief cycle. Based on the above, the study aimed to analyze and describe the grief experienced by women who experienced perinatal loss, in order to understand the assistance and support offered by the health team to women, as well as to identify the way in which technical assistance and the support offered influences the elaboration of grief so that one can understand the phases of grief in which these mothers are in.

## METHODS

The method used was the qualitative-descriptive, whose definition assume that knowledge is produced according to what life phenomena in general represent to people (TURATO, 2003). The results were analyzed based on a thematic-categorical content analysis, described by Oliveira (2008) as a series of techniques that aim to analyze communication through objective and systematic procedures for describing the content obtained by messages and knowledge indicators related to the condition of production and reception. The sample was intentional and the choice of the subjects for the research were stipulated by a determined group with specific characteristics (TURATO, 2003). The main criteria for the selection of the participants were: two who underwent assistance that were in accordance with the perinatal grief assistance material and two who did not. Their main characteristics was that the loss occurred from the twentieth week until the immediate or late puerperium (ANDRADE *et al.*, 2015). A semi-directed interview script was used for data collection, which aimed to address issues that comprised the gestation period, the baby's birth and death, the grieving process and the assistance provided by the health team and The Family Design with Story Procedure (DF-E) (OCAMPO; ARZENO; PICCOLO, 2017; TRINCA, 2013).

Regarding ethical issues, the research was approved by the Research Ethics Committee (CEP), under the number: 2.868.281 e CAAE: 90884818.5.0000.5508 and all the participants names from the research and other names mentioned were changed.

## RESULTS AND DISCUSSIONS

Before discussing the data obtained through the interviews with the women/mothers, it is relevant to present each one of these participants in a unique way. This way their speeches become more humanized. The sample consisted of four participants — Halldora, Aurélia, Joana and Demeter —, ages from 26 to 38 years old. The four participants had in common the fact that they considered themselves white and married. One lived in the city of Santo André (SP), one in the city of São Paulo (SP), one in Borda da Mata (MG), and one in Porto Alegre (RS). In regard to their profession, one was a nurse with a doctorate; one was unemployed at the time of the interview and had an incomplete degree; one was a graduated journalist but worked as a digital media consultant, and the last participant was a graduated teacher. Regarding the pregnancy, three were singlet pregnancies and one was a multiple pregnancy — twins. Three were primiparous, and one was a second pregnancy and gave birth at gestational ages between 24 and 32 weeks. After the birth, one baby lived less than a day, two lived a nine-day period and one lived a thirty-day period. Regarding the cause of death, one participant was not clear about what caused her daughter's death, one reported that her daughter died of leukemia, another participant that her children had been born with an infection, and the last one reported that her son had an infection at the hospital, reasons that caused their deaths. In regard to the time of grieving, a mother had lost her daughter seven months ago, one had lost a year ago, one a year and two months ago and the last mother seven years ago.

## DISCUSSION

**ELABORATION OF GRIEF:** Freud (1917/2018) postulates that grief is the reaction to the loss of a loved one, a symbol or abstraction in which there is a significant link between a person and its lost object. That way, it is evident that all participants went through the grieving process, since they showed expectation with the arrival of their children or bonding with the baby. The loved one, in this study, is the baby that was being grown in the womb. During this period the mother directs the libido-previously invested in other objects - to the baby through projections and identifications (WINNICOTT, 1956/2000 apud LOPES, PINHEIRO, 2013). It is possible to verify in Halldora's narrative that this investment occurred when she was dedicated to organizing Enar and Hilmar's room. The same way that the libidinal investment was made simultaneously with the organization of the room, the grieving process was related to the reorganization of the room. For Halldora, the work of grieving was a painful process that allowed the recovery of projections and libidinal over investment in the lost object (FREUD, 1917/2018).

The elaboration of grief described by Aurelia, occurred in a different way from that presented by Halldora. Aurelia's case can be analyzed from the theory of object relations (KLEIN, 1935), where God first assumes the position of partial object and later of total object. Upon losing Fernando, Aurelia develops partial relationship with God, depositing the feelings that result from her devaluation in the divine figure. In the transition to the depressive position, God starts to occupy the position of total object, and the feelings, preciously deposited in his figure, cause reparative guilt (KLEIN, 1940). Like Aurelia, Joana, in her process of grief, presented a feeling of guilt. While Aurelia demonstrated the presence of reparative guilt, in which God is the mediator and bearer of the loved object, Joana's guilt was presented in another way. She took this feeling as a personal inability to be a mother and to bear a child (MUZA *et al.*, 2013; LOPES *ET AL.*, 2017; LIMA, FORTIM, 2015; SANTOS, 2015). Guilt caused Joana to feel anguish and in order to defend herself from the anguish, she used the intellectualization mechanism. The intellectualization mechanism allowed Joana to over invest energy in Clarice.

After divesting the libidinal energy of the lost object, she concluded that she could relocate that energy to another object, in this case, a new pregnancy (FREUD, 1917/2018). In relation to Demeter, it is possible to verify the ego cleavage due to the irruption of an uncontrollable amount of impulse in the psychic apparatus (MELLO, HERZOG; 2016). The excess of impulse was caused by the death of her daughter and the feeling of neglect and abandonment during labor and delivery. As a consequence of excessive impulse on the psychic apparatus, Demeter resorted to the ego cleavage in which in one hand reassures the death of her daughter and on the other hand denies it (LAPLANCHE, PONTALIS; 2016; MELLO, HERZOG; 2016). The statement of death is observed in the participants own speech, since it demonstrates the ability to report the death of her daughter and describe how was the process. In contrast, the denial appears through the difficulty of naming and not representing her daughter in the DF-E procedure. Having in mind that naming is a way of giving meaning to the loss, having an essential role in understanding the existence of an object, not naming can be analyzed as an incomprehension in relation to the sense, meaning and existence of the loss object (VALENTE, LOPES; 2008; LACAN, 1917/2017 apud GEBER, 2018).

### PHASES OF GRIEF

Aurelia initially, after Fernando's death, could not believe that her son had died. According to Kübler-Ross (1998), denial is a psychic defense in which the subject defends himself against reality. After the phase of denial, Aurelia moved to the anger phase, since she presented the feeling of outrage over the death of her son. Another participant who demonstrated that she went through this phase was Demeter. The mother revealed the feeling of anger after her daughter's death. After the anger phase, Aurelia went on to the depression phase, this phase is marked by the feeling of great regret (KÜBLER-ROSS, 1998). Unlike Demeter, who did not report negotiating around the death of her daughter, Halldora and Joana presented characteristics of the negotiation phase. Both participants negotiated with the figure of God so that their children would suffer as little as possible in the death process (KÜBLER-ROSS, 1998). At the time of the interview, Aurélia was in the negotiation and anger phase, Demeter was in the anger phase and Halldora and Joana were in the acceptance phase. In Aurelia's grieving process, the negotiation appeared as a close contact with religion in order to try to prevent her second pregnancy from having perinatal loss as a consequence. The anger phase, on the other hand, appears through the feeling of resentment directed at your obstetrician. While Aurelia's anger phase is related to the feeling of resentment, Demeter's anger phase is linked to the feeling of outrage projected onto the doctors. Different from Aurelia and Demeter, Joana and Halldora were in the acceptance phase, which appeared in Joana through the feeling of understanding that Clarice's death was a moment when she lost control of the situation, and in Halldora through the feeling of longing for something you wished to live for (KÜBLER-ROSS, 1998).

### ASSISTANCE FROM THE HEALTH TEAM

For Demeter, during her labor and delivery, the same care and respect provided for mothers who do not experience intrauterine loss was not provided (SALGADO, POLIDO; 2018). As a result, the participant felt neglected and abandoned during this process. Unlike Demeter, who already knew that her daughter was dead before birth, Halldora's and Joana's children were born alive and shortly after birth were sent to the neonatal ICU. The authorization of the presence of a companion in the recovery room (DUARTE, 2019) favored the reduction of Halldora's anxiety. Valter's company allowed the presence of other mothers with their babies to not cause the discomfort that they would cause in the absence of her husband. On the other hand, Joana did not have the same opportunity. The participant presented an increased anxiety, since in the absence of a companion, she felt a lack of control over the situation. After the parental loss, the team did not offer Halldora the opportunity to hold her children in her arms and collect these memories. This deprivation led to the need to assemble her box on her own. Unlike Halldora, who

was not offered the opportunity to hold her children in her arms, Aurelia and Joana had this opportunity. For Aurelia, this moment allowed her to hug Fernando and say goodbye.

Joana, on the other hand, expresses not feeling at ease to do that since there were other people with her (DUARTE, 2019). The same way that Joana and Aurelia were offered to contact their children, Demeter was encouraged to see her daughter. The participant accepted the offer, however the way the baby was presented to her led the mother to not want to touch her daughter (SALGADO, POLIDO; 2018). Like Halldora, the hospital did not make a box of mementos for Joana. The participant also felt the need to keep objects in Clarice's memory. She revealed that she had a greater need to come in contact with the objects in the box at the beginning of the grieving process. This need can be explained from the concept of libidinal over investment (FREUD, 1917/2018). When faced with the loss of their children, mothers feel the need to over invest energy to the baby. This way, the memento box allows the mother to disinvest the projections deposited on the baby when it comes in contact with the contents of the box.

### FINAL CONSIDERATIONS

As the main objective of analyzing and describing the perinatal grieving experienced by women, the study showed that among the participants, two had completed the process of elaborating of grief and were in the acceptance phase and two had not completed their process, being that, one was in the negotiation and anger phase and the other in the anger phase. The study made it possible to observe that the presence of a companion in the recovery room favors the reduction of anxiety among mothers who cannot be with their babies after delivery, considering that the absence of a companion increases the feeling of lack of control of the moment experienced. Thus, the presence of a companion at that moment is indicated in order to favor the reduction of anxiety in such mothers. The results demonstrate how important it is for the mothers who have experienced the perinatal loss to say goodbye to their children in an appropriate way. In this case, it becomes necessary to ask if these mothers want to see their children, and if they wish, it is necessary that the mother and baby are prepared for such an encounter. The mother must be prepared in order to know in what condition her child will be, and the baby must be cleaned and dressed. The encounter should take place where they can have privacy. This way the woman will be more comfortable to say goodbye to her child.

Another relevant factor to be mentioned is the making of the memento box by the hospital. Understanding that the fact of not having the opportunity to choose the objects that belonged to the baby during his stay at the hospital, led two participants to make their own memento boxes. The relevance of this material is highlighted as it favors the elaboration of grief, since it benefits the libidinal disinvestment deposited onto the baby. The box must be made and offered to the mother at the time of her discharge from the hospital or at the time of the death of her child, if she chooses to not take the box, she should be alerted of a time and place in which it will remain stored and what will be the procedure to withdraw it, should she wish to withdraw it later. With that being said, there is a need to develop more studies that intend to investigate the assistance provided by women who have undergone the experience of perinatal loss, in order to understand how they want to be cared for and what is the best way to accomplish this assistance. As well as the creation of perinatal grieving protocols in order to provide the best training for the health teams. Having in mind that each saddened woman must be understood in a unique way, since each case is a different case, each mother is a different mother and therefore must be seen in a unique way in the management of grief. Guaranteeing the possibility to reorganize their emotions as well as elaborate their perinatal grieving.

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## REFERENCES

- Andrade, R. D., *et al.* 2005. Fatores relacionados à saúde da mulher no puerpério e repercussões na saúde da criança. *Revista de Enfermagem*, v. 19, n.1, p. 181-186.
- Freud, S. 2018. *Obras completas de Sigmund Freud: volume 12. Companhia das Letras, São Paulo, Brazil.*
- Geber, K.F. 2018. *Teu nome é minha herança: a nomeação a partir da psicanálise lacaniana. Orientador: Susane Vasconcelos Zanotti, Tese de mestrado – Universidade Federal de Alagoas, Alagoas.*
- Klein, M. 1996. *Amor, culpa e reparação e outros trabalhos. Vol. I, Imago, Rio de Janeiro, Brazil.*
- Kubler-Ross, E. 1992. *Sobre a morte e o morrer. 5. ed., Martins Fontes, São Paulo, Brazil.*
- Lopes, B. G. *et al.* 2017. Luto materno: dor e enfrentamento da perda de um bebê. *Revista da Rede de Enfermagem do Nordeste*, v. 18, n. 3, p. 307-313.
- Mello, R.; Herzog, R. 2016. Clivagem traumática e processos de simbolização. *Psicologia Clínica*, v. 28, n. 2, p. 15- 27.
- Muza, J. C. *et al.* 2013. Quando a morte visita a maternidade: atenção psicológica durante a perda perinatal. *Psicol. teor. prat.*, v. 15, n. 3, p. 34-48.
- Oliveira, D. C. 2008. Análise de conteúdo temático-categorial: Uma proposta de sistematização. *Revista de Enfermagem da UERJ*, 16 4. , 569-57.
- Ocampo, M. L. S.; Arzeno, M. E. G. 2017. A entrevista inicial. In: Ocampo, M. L. S. *et al.* Martins Fontes, São Paulo, Brazil.
- Trinca, W. 2013. Apresentação do procedimento de Desenhos-Estórias. 1 edição. Vetor Editora, São Paulo, Brazil.
- Turato, E. R. 2003. Tratamento da metodologia da pesquisa clínico-qualitativa: construção teórico-epistemológica, discussão comparada e aplicação nas áreas da saúde humanas. Vozes, Rio de Janeiro, Brazil.
- Valente, T. Z.; Lopes, C. M. B. 2008. A perda simbólica e a perda real: o luto materno. Estabelecendo diálogos, construindo perspectivas.

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