

Clinical Listening: Experience of a grieving mother in times of Covid-19

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Abstract

The aim of this article is to present the dynamics of a clinical situation with a mother bereaved by the death of her child, victim Covid-19, through a theoretical-clinical study based on the phenomenological method. From the clinical perspective of the phenomenological-existential bases, we will show a psychotherapeutic action in which grief is understood beyond the criteria positioned by the DSM-5. In phenomenological research on maternal mourning, mourning is understood as something of the order of the inescapable and the immeasurable. It is with this understanding of the affection of the bereaved that we will present the dynamics of a clinical performance of a 50-year-old woman attended by the Applied Psychology Service of a public university. We emphasize that the silence of the psychotherapist, during the care of the bereaved mother, favored for the mother to feel understood in her pain.

Keywords: Covid-19, grief, psychological clinic, silence, phenomenology-existential

ESCUITA CLÍNICA: EXPERIÊNCIA DE UMA MÃE ENLUTADA EM TEMPOS DE COVID-19

Resumo

O objetivo deste artigo é apresentar a dinâmica de uma situação clínica com uma mãe enlutada pela morte de seu filho vitimado pela Covid-19, por meio de um estudo teórico-clínico pautado no método fenomenológico. Em uma perspectiva clínica com bases fenomenológico-existenciais, mostraremos uma atuação psicoterapêutica em que o luto é compreendido para além dos critérios posicionados pelo DSM-5. Nas pesquisas fenomenológicas acerca do luto materno, o luto é compreendido como algo da ordem do incontornável e do imensurável. É com essa compreensão do afeto dos enlutados que apresentaremos a dinâmica de uma atuação clínica de uma mulher de 50 anos atendida pelo Serviço de Psicologia Aplicada de uma universidade pública. Destacamos que o silêncio do psicoterapeuta, durante o atendimento da mãe enlutada, favoreceu que ela se sentisse compreendida em sua dor.

Palavras-chaves: Covid-19, luto, clínica psicológica, silêncio, fenomenologia existencial

ESCUCHA CLÍNICA: EXPERIENCIA DE UNA MADRE DOLIENTE EN TIEMPOS DEL COVID-19

Resumen

El objetivo de este artículo es presentar la dinámica de una situación clínica con una madre afligida por la muerte de su hijo víctima de Covid-19, a través de un estudio teórico-clínico basado en el método fenomenológico. Desde una perspectiva clínica con bases fenomenológicas-existenciales, mostraremos una acción psicoterapêutica en la que el dolor se entiende más allá de los criterios posicionados por el DSM-5. En la investigación fenomenológica sobre el duelo materno, el luto se entiende como algo del orden de lo ineludible y lo inconmensurable. Es con esta comprensión del afecto de los afligidos que presentaremos la dinámica de un desempeño clínico de una mujer de 50 años a la que asistió el Servi-

cio de Psicología Aplicada de una universidad pública. Hacemos hincapié en que el silencio de la psicoterapeuta, durante el cuidado de la afligida madre, favoreció que la madre se sintiera comprendida en su dolor.

Palabras-claves: Covid-19, duelo, psicología clínica, silencio, fenomenología existencial

The Covid-19 pandemic is treated with preventive measures such as social withdrawal and hand hygiene. Guidebooks indicate the adaptive procedures and behaviors for those who suffer from isolation, fear of contamination and the loss of a close person. What we want to propose in this article is a clinical performance in a phenomenological-existential perspective with a bereaved mother, who often suffers from loneliness and from the memory that insists on bringing up the moment of the death of her loved one.

The phenomenological-existential perspective in psychotherapy begins in the 1950s and has, as its main representative, Medard Boss (1988). This scholar styled his clinical perspective of *daseinsanalysis*, but sometimes referred to it as existential phenomenology, which was widely used by the theme scholars (Boss, 1988). It should be noted that this way of thinking psychological clinic has remained and continues to remain in dialogue with the philosopher Martin Heidegger and that only in the last ten years it has been gaining space in the Brazilian territory.

Freud (1975), Bowlby (1980), Kübler-Ross (1998), among other scholars, addressed the subject of mourning as well as pointed to clinical strategies to treat the bereaved. Although there is no doubt about the rich contributions of these scholars on the subject, these positions maintain the idea that mourning consists of a libidinal energy that needs to be revised; it is something that presents itself in different phases; or that it should be elaborated or resignified. In the phenomenological-existential perspective, mourning is understood as a human experience and, therefore, it is not subjected to systematization, nor is it taken as pathological in most cases.

Boss (1998) sent a proposal for clinical practice in *daseinsanalysis* directed to several themes. However, the theme of mourning, as well as the proposal of a psychological clinic in the phenomenological perspective with mourning, appears only in publications from 1991, when Brice (1991), a psychotherapist expert in grief, published an article on maternal grief. This article deals with the results of a phenomenological research carried out by Brice, who concludes that maternal grief is forever.

Kovács (1992) and Comte-Sponville (1997), also focusing on phenomenology, published articles on the subject and both reached the same conclusion: the mourner's suffering appears every time he or she does not accept the loss. All clinical work takes place so that the bereaved can accept their situation. Esslinger (2008) defines mourning as the bond that is irreversibly broken, that is, it recognizes it as something of the order of existence and, therefore, it should not be accompanied as a disease to be treated with medication. However, this scholar says that, after all, what matters is the experience of mourning. Freitas (2013, 2018), imbued with the phenomenological perspective, forwards a comprehensive proposal of the experience of mourning and refers to the experience as that of a me without you. The author also argues that the clinical space supports the possibility of resignifying grief as other possi-

bilities for dealing with pain open up. Azevedo and Pereira (2013), in the article entitled “O luto na clínica psicológica: Um olhar fenomenológico” (Grief in the psychological clinic: A phenomenological look), reach a very enlightening conclusion, removing this moment of life from the category of a disease or dividing it into phases and concluding that mourning is the path for a farewell.

Finally, Feijoo (2021) refers to the grief of parents who lost their children by suicide, in line with Brice's theses, defending that grief is not subject to resignification or elaboration. This author, in tune with the proposal of a phenomenological–existential psychology, understands that a psychology, inspired by Heidegger's fundamental ontology, does not presuppose consciousness or psychism, therefore, it is not appropriate to talk about elaboration or resignification. Feijoo (2021) also defends that clinical work with grief should be guided by a perspective of missing. The perspective, in the sense of a way of doing things, consists of comprehensively following the mourner's pain through clinical listening, in order to support the possibility that resentment, loneliness, and deep sadness will make way to missing. A feeling that, at the same time, brings the sadness of remembrance and also the joy of having something to remember.

The purpose of this text is to present a psychotherapeutic encounter, which took place online because we were in a period of isolation, with a woman mourning the death of her son by Covid-19. This service is part of an action research entitled “Morte, luto e psicoterapia em tempos de Covid-19” (Death, grief, and psychotherapy in times of Covid-19), whose objective is to improve psychological care in situations of mourning. We call the investigation we carry out as action research since, while we collect data, we act clinically in situations of grief, ask participants to sign the informed consent forms, and work on the analysis of the present contents in the reports.

The psychotherapeutic encounter with bereaved people, in this action research, takes place in an attempt not to deny the pain or find a subterfuge for it. On the contrary, every action takes place to confirm the pain of the other, understanding and waiting for what may appear as a consequence of the pain. We try, in our clinical task, to accompany something that the mourner already knows from their own experience, in which they see, feel, and think pain as something they cannot avoid – in fact, the more they try, the more it hurts, once it adds to the pain of grief the pain of dodging pain. Therefore, it is up to the psychologist to be close to the bereaved, patiently, waiting for their thinking aloud, that is, waiting for what they have to say, without having to act as if the pain did not exist.

In previous studies (Brice, 1991; Franqueira, 2013) with bereaved fathers and mothers, the psychologist accompanied what the bereaved had to say and the fathers and mothers ended up breaking the bonds of illusion (Feijoo, 2010), that is, they ended up accepting the

fact that their children were not immortal. Finally, father and mother appropriated the conclusion that pain is inevitable.

Brice (1991) shows us how the pain of grief appears in the reports of bereaved mothers. Mothers interviewed by the author referred to the fact that they did not accept that their projects of continuing with their children by their side were interrupted. In other situations, as shown by Franqueira (2013), father and mother were seized by resentment, indignation, frustration, and spoke of all of this in the midst of lamentation.

Bereaved people often speak of lack, guilt, impotence, missing, amputation, and vulnerability. It is up to us, then, to sustain the space of pain, so that it can show itself in all its power. And, thus, the bereaved, when perceiving themselves understood, can have a space to share their grief. The psychotherapeutic relationship, in a phenomenological-existential perspective, supports the emergence of other possibilities that are made in listening and obedience to life. A listening that means taking care of what is heard, that is, obeying. And yet, obedience, as stated by Kierkegaard (2010), refers to the posture of one who knows that life brings pain and joy and that the struggle to reject pain is despair.

In the clinical space, in the existential-phenomenological perspective, the clinician's saying is an exercise of awakening from what were asleep for, because they are used to the idea of death as a "not yet", as being only for others, something impersonal, subjected to control and postponement. The will of the parents is shown in a will that is seen as sovereign, without surrender, without listening in obedience. It is necessary to evoke the experience of listening, of surrendering to one's destiny. All of this through interpretation, which, in the phenomenological-existential perspective, is the art of asking well (Feijoo, 2020). The art of asking well consists in having the clinical psychologist accompany the other in his/her report in order to be able to sustain, through silence, the clarification of the patient's report and of the questions that aim at exemplifying the announced situations. In the existential-phenomenological perspective, the psychologist does not interpret what the patient says through theories. He only accompanies the story in the way we call the art of asking well. That is our technique.

We defend the thesis that what comes to us in psychology offices, most of the time, is the suffering of not accepting what somehow mars a certain existence. Still, most of the time, those who seek psychotherapy want the pain to go away. And it is precisely wanting to get out of pain, finitude, the unavoidable, and not being able to get out of these situations by their own strength that constitutes the suffering.

We start from the maxim that the pain of pain – suffering (Fogel, 2010) – is precisely what the psychologist must work on, so that man/woman finally knows that pain is inevitable; the insane struggle to escape pain is suffering, which only ends when stop fighting and accepting that life and pain are inseparable.

Next, we present a clinical encounter in which the mother brings a heartbreaking pain because of the death of her child, victimized by Covid-19. On this occasion, we show how the first meeting took place, highlighting what in the pain of grief is aggravated by the fact that her child was a victim of the pandemic. It is important to emphasize that, because this is a first meeting, in which the mother is totally overwhelmed by the pain of the loss of her child, the psychotherapist remains, as much as possible, in a accessible that privileges welcoming listening – which consists of welcoming the other in his/her pain without the need for any bolder intervention – so he/she remains almost entirely silent. We can think, since he/she, the psychologist, remains silent, what is the use of psychotherapy? Could not the mourner have this outburst to anyone? We show that this silence takes place in waiting for the other in their pain to be able to express it freely. The psychotherapist does not rush him/her, leaving the mourner to give another meaning to his/her experience.

Finally, grief and psychotherapy, in the days of Covid-19, which we present here, were an attempt to show a specific way, beyond the categories of science, of thinking about death, grief, and clinical practice. With the appropriation of death as the destiny of all men, understanding pandemics as something that humanity always has to face, and its consequent grief as an inalienable pain; the clinical psychologist is guided by a way of thinking that privileges existence, who knows it, as one who experiences life, which it is how life is.

Method

The empirical-phenomenological research method in psychology was developed by Duquesne University, in which Amedeo Giorgi is a great reference. Sousa and Giorgi (2010) present the specificities of this method, inherited from Husserl's phenomenology, which, according to them, consists, firstly, of the ability to exercise the phenomenological attitude, that is, to suspend all ontological positions (*Epoché*). It is about the elimination of all empirical and idealistic perspectives. Suspension is the radicalization of reduction. Husserl (2000) says that all phenomenological seeing requires from the researcher an unnatural attitude, which means seeing things without taking them as naturally given, that is, putting the truths posited by common sense or science in parentheses. In the phenomenological reduction, it is understood that remembering requires the specific remembered object, just as loving requires the loved object, so does thinking and willing. When you are stuck in the perspective of the natural attitude, you cannot see any specificity of the object in its spatial and temporal flux, so the object is simply the factual presence, which, after all, is what determines the being of things, whether they are of an outer or inner order.

The imaginative variation, according to the phenomenological investigation, consists of finding the essence of the phenomenon that is of interest to study, or rather, removing the particularities without which the phenomenon continues to maintain its essence. By with-

drawing that without which the object is no longer reached in its essence, we reach *eidōs*. It is worth mentioning the warning by Sousa and Giorgi (2010, p. 60) "The eidetic reduction, performed by the free imaginative variation, is not performed empirically, whether it is a physical object, a psychological experience or any other non-physical object". Therefore, the essence of the phenomenon is reached via the exercise of thought in which the perspectives by which the phenomenon can be perceived can be considered.

And finally, the last step consists of a comprehensive analysis in which the essence of the discovery is described, that is, the essence of the relationship between consciousness and the phenomenon. It is a descriptive analysis of the phenomenon, in search for the constitutive essences of its appearance. At this stage of the method, it is necessary to explain the existential dynamics of the phenomenon's appearance. As stated by Sousa and Giorgi (2010, p. 65), "the phenomenological analysis implies a description of the phenomena, as they are addressed by the intentional consciousness".

Brice (1991), an American phenomenologist who studies the experience of the bereaved, conducted a research on the experience of maternal grief in the different stages of the empirical-phenomenological method: through the phenomenological reduction, the author suspended all previous theories on the subject, whether they originated from the natural sciences, or from the psychodynamic theories; in an exercise of imaginative variation, the author sought in his encounters with the mothers the units of meaning present in their speeches: the experience of an interrupted project, the impression that the child could arrive at any moment and the feeling of amputation; and, finally, the author reached the general structure of the phenomenon: maternal grief is forever.

In grief experiences, as they appear in our clinical practices during the research, the methodological basis is imposed with the following elements: 1) reduction and suspension of all truths dictated by science about death and grief through theories, guidebooks, compendiums, profiles, and signs, so that we can see the phenomenon as it is shown to us in its complexity and particularities; 2) eidetic analysis, which occurs through an exercise of free imaginative variation in order to reach the invariant structures of the object of study; and 3) comprehensive analysis and consequent description of the general structure of the object.

Results

The clinical psychologist from the existential-phenomenological perspective knows that death is inseparable from life and, therefore, from the future of all of us. As for grief, we removed it from the category of acceptable time for this experience, as we can see in the DSM-5 (APA, 2014) that it is up to twelve months for adults and six months for children.

And, when we no longer see grief through manuals, we come to see it as the pain that time soothes but does not cure. And for identifying this pain of mourning a child as something

of the order of an eternal temporality, as Brice (1991) said, and yet, as something immeasurable, we follow the mother's pain in silence. And so that, in this silence, we can understand her in her despair, as she struggles for something that does not depend on her strength, so that the bereaved mother, when she meets the psychotherapist's attentive listening, can feel welcomed in her pain.

To answer the question about silence as something of the order of uselessness, some clarifications are in order: welcoming silence is something that people in general have a lot of difficulty in doing. They almost invariably give advice or try to get the bereaved to get rid of the situation quickly. In a previous investigation with bereaved fathers and mothers (Franqueira, 2013, p. 93), we were able to monitor how the bereaved are indignant with attempts at comfort, such as: "God wanted it this way, it will pass, you have other children you should be concerned about", among others. The silence that we are referring to is one that does not try to appease, does not give advice, or makes use of ready-made phrases. It is the silence that welcomes the other in their pain, without thinking about whether that experience is pathological or not, whether it needs to be elaborated or not. This silence does not mean indifference or even inattention, on the contrary, it is about a respectful "waiting for the other's time". Silence, patience, and serenity constitute the clinical exercise in an existential-phenomenological perspective (Feijoo, 2010). Thus, the clinician follows the mourner's experience and approaches the other in the way he/she articulates his/her experience. And this psychotherapist waits serenely and patiently that, in and through anguish, as defined by Kierkegaard (1968) as the reality of freedom as a possibility for possibility, creative power can happen. For Kierkegaard (1968), anguish opens us to freedom; and freedom opens the possibility of creation.

Discussion

A 50-year-old woman seeks clinical care because she has lost her 12-year-old son to Covid-19. She starts the session with a report in the present tense, as if her son were still alive:

We, like everyone else, I think, have no right time to sleep, so I go to bed between three and four in the morning. He also sleeps very late, so I end up staying in bed until later, even though I sometimes wake up, I keep trying to sleep.

The psychotherapist remains silent – in this way she is attentive and accepts what the mother has to say. The bereaved mother continues:

Doctor, I'm better, but sometimes it feels like I'm going to go crazy, because I think I wasn't really a good mother. Because I made myself look for, worry about things that maybe I didn't

have to worry about. Thinking about the right reason, my son needed a mother there, because I was working and worrying about school and the house, and I didn't realize how much he needed his mother. Today I see, it's late and I can't fix this pain that has no return. That's what it actually is. Even angry, I say that I ended up killing my son. That's why I need to be punished, I'm not even going to thank God anymore, every day, for another day of life to see if He listens to me right away and takes me to my son. I miss him so much and he needed me, and I wasn't a good mother because a good mother is the one who is there at all times. I couldn't do that, a child doesn't need a mother who works all day and only sees her mother at 8:30, then at 21:55 or 23:00. A mother, who sometimes arrives, and he is sleeping.

In the excerpt above, the mother refers to her debt, she blames herself for not having been more present in the child's life. She resents having demanded that the boy studied. She regrets having dedicated herself to the house. She often revolts with the management of the medical team; at the same time, she considers that she is the real culprit for what happened. She comes to doubt the existence of God, and, at the same time, says she won't be grateful to Him anymore because she wants to die. Guilt, resentment, anger, and the wish to die are themes to be addressed in the session, but it is still early. At that moment, all the time is offered to the mother so that she can talk about everything that comes to her mind for different reasons. The first one is that she needs to speak and there is hardly anyone who wants to hear the voice of pain, revolt, resentment and, above all, death, and grief. Therefore, attentive and patient listening is needed. And so, the encounter continues.

Today I'm seeing this, you know, my son was already needing me and I didn't see it because he was all full of energy. My boy should have had this for a while. I never imagined my son getting this, because of my ignorance. As soon as he was hospitalized, I didn't even know how to speak generalized infection, to see my stupidity, how far it goes. So, I don't think anything will change my guilt and I'm sure of one thing, I don't want to continue anymore. I ended up being blamed for my son's death. I have to stop blaming God like I did at first. And if there really is a God in heaven, as people say, I'm not believing anymore, because it's a great pain that is caused to us. So, I ask myself: what God is this, that lets us lose someone so important in our lives. I actually can't accept it. I'm sure of only one thing: I want to go, I know I'm being selfish, but my mind, my heart wants to go away, I want to be able to see my son. I just don't know if anyone actually goes to another universe. I do not know! Only if I die I will know. I know I'm being selfish, but I know that if there really is this God that people talk about so much, He will listen to me, I will be able to hug my son and ask for forgiveness.

This bereaved mother shows her ambiguity about belief in God. On the one hand, she wants to believe that she will see her child one day, that she can alleviate her guilt by getting her child's forgiveness. In the previous report, she showed revolt and indignation, as if she had been betrayed by God. Now she realizes that, in fact, she doesn't accept her son's death. Previously, she still blamed the medical team; in this last report she fully assumes the fault. All of this was evident, but it was too early for the psychotherapist to say anything. Silence and attentive listening consisted, at this time, in the art of asking well. And the mother continued to talk about her guilt, her debt, that is, actions that she now believes she should have had but didn't.

Today, in addition to missing him, I regret it so much, because I valued studying and a room, which is actually something for people with no notions. And I'm like this: out of it. My son was a child, so he needed to be taken to medical doctors often. I only took him when he felt something. What I did was not supposed to be like that. I'm regretting it too late. Aw gee! I feel like crap, I need to pay, I need to be punished. My son suffered, my life went through this suffering of this disease and, still, he went through this cursed disease, this cursed virus, that maybe he could survive. But my son needed me, and what did I do? I took him to this bad place, then, on the top of it, he had to go through this damn hospital that contaminated my son. But my head is not taking it. I blame myself; I blame the hospital. I need to know the result of the UPA [Emergency Care Unit], although I am sure that it was at the hospital that I took him. But I may also be trying to deceive myself. Who guarantees that my son has not left here already with this virus. Even me very carefully pissing him off, poor thing. I need to know; I'm going to try to see if a lawyer can help me know the result of the UPA. Maybe that way I can see that it wasn't the infection that killed him. And I wouldn't be that sure it was at the hospital. I need to know this, for myself and my son. I need to know who was really responsible. I know I'm guilty of not being a present mother. And the truth is, if he was already infected or if he got it at the hospital, that's important to me.

Now she wants to know the truth, and she wants to fight to know where the tragic outcome finally began. In that way, she believes she can alleviate some of her guilt. Undoubtedly, in this mother, the pain of the loss of her child appears; but also, the suffering that is accompanied by guilt, indignation, and revolt. The psychotherapist listens to the pain and welcomes the one who is taken by it. As for the suffering, it is up to the psychotherapist, through the art of asking well, to dwell on it to be able, little by little, to let it change, as far as it is possible to appear to the mother in suffering. But it was still early, it was necessary to listen and be silent, it was necessary to welcome the other in their pain and suffering. What was still apparent was having something to tell, expressing her guilt, her anger. At that mo-

ment, it didn't matter to know about the conduct of the medical team to which the patient referred with such anger. This would consist of interrupting her in the expression of her affections. Any interruption could sound to this mother as incomprehension and, still, to the psychotherapist in the existential-phenomenological perspective, it is not wise to be curious (Feijoo, 2010). Curiosity would take you away from what is most important in a psychotherapeutic relationship: the continuity of the expression of affects.

My son suffered, I can't stop thinking about my son, his face talking, breathing hard. Poor little thing! My baby, needing help and no help solved, no one helped him nor even the God of the impossible, as people say. Because I even believed so, but I asked so much for my son, and I wasn't heard. If He likes punishing someone, then that was the best punishment He's ever given me.

Again, ambiguity appears: at the same time that she believes everything is possible for God, she is disappointed. But as it is still difficult to end this belief, she says: "it was punishment". Now she sees the God who punishes, punishes, as present in the First Testament. Also in this passage, she finds herself alone in this fight and says: "Nobody helped him". And then she starts recounting an experience where abandonment is very clear to her.

Also old age, why are we dependent on everyone and are no longer accountable for our actions? I used to be a caregiver, I used to fight for them because some people are so selfish that they have no respect for the elderly. I'm tired of seeing this. A boss once looked me in the face and said that I had to work at an NGO [Non-governmental organization], because I fought for the elderly, I cried to see how they become so unimportant to some people. But I end up seeing myself that way too. Today my son needed more attention and I did like these people, I didn't give the attention my son really needed. It hurts me because now it's too late for a child who was happy and wanted to live, he had a beautiful smile on his face, wonderful boy! Today I saw a mother who lost her little son from a building. He fell, poor thing, another mother who suffers. Aw gee! What a wicked world! Only suffering, for us even more, without financial conditions, children are forced to live only with the basics. Our children suffer, they don't have a decent condition, so they end up suffering the consequences. I'm so like this, I'm realizing that the treatment makes me feel good, but sometimes I find myself so sad, feeling guilty, that I just want to meet my 'little sour' very quickly, he needs me to ask for forgiveness and I want to show him how much I love him and how much I'm missing him.

This 50-year-old woman had never heard of psychotherapy, just as she had never heard of a generalized infection. She recognizes that talking to the psychotherapist makes her

feel good, but soon after all the pain returns to the same intensity as before. In all the above stretches, the expression of pain predominates. And in the face of the pain that dominates her, in the psychotherapist's art of asking well, silence is opportune.

This mother remains in the experience of time in the present tense. Her accounts, which are presented as experience, refer to guilt – that is, past present –, to resentment. For the future, this mother only sees the possibility of death and with that she designates herself as selfish. It is necessary, again, to be able to patiently wait for the opportune moment, so that the past can present itself as a memory – in which other experiences may appear besides the expressions of neglect and little attention to the child. And yet, to the extent that she manages to gain freedom from the lamented past, from the oppressive present, the future may appear as a possibility. We still need to patiently break the bonds of illusion. This mother saw herself invulnerable, even watching so many deaths of children, so many deaths caused by the pandemic, she mistakenly believed that this happened to others, not to her.

When analyzing the data from the meeting reported above, we see that, in order to reach it, we first need to understand that every phenomenon to be achieved occurs in a phenomenological reduction; for that, it was necessary to suspend all theories that refer to mourning. Whether they come from DSM-5 (APA, 2014), in which grief is taken from its temporal duration; whether from psychoanalytic, psychological, or psychiatric theories.

By following the mother's report in an imaginative variation, we reflexively reach the senses or units of meaning present in the report: guilt, anger, deep sadness, desire to die, loneliness, experience of extended time – eternal present.

In summary, a comprehensive analysis and consequent description of the phenomenon shows that this bereaved mother, when speaking of the indifference of the world, realizes that she was also indifferent to her child. Her guilt returns. Soon, she remembers another bereaved mother, sympathizes with her. Then comes the revolt, now directed at economic differences. And finally, she talks about the missing, the lack – she wants to meet him again. Therefore, guilt, solidarity, anger, and missing show the phenomenon of maternal grief in the first days after the child's death.

Final Considerations

Finally, Psychology scholars may ask how the elaboration of mourning took place in the encounter presented above. It is noteworthy that, in the phenomenological-existential perspective in psychotherapy, elaboration is not done. Elaborating concerns a psychism that somehow processes the event. In the perspective with which we worked, in dialogue with Heidegger, we do not need the psychic (Feijoo, 2010) and, therefore, the experience in which pain is insurmountable matters.

The technique used does not tell an action with an anticipated end. In the existential-phenomenological clinic, we comprehensively follow the mourner's experience of pain through the clinician's attitudes, which are: patience, serenity, and the art of asking well (Feijoo, 2020). We emphasize that silence, as the attitude of the psychotherapist that predominated in the above-mentioned encounter, consists of a clinical management in which understanding, patience, and serenity appear in full force.

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