

# Recreating life: the grief of the mothers and the maternal experience

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**Abstract:** The loss of children disturbs the family balance. In order to resume life after the loss, mothers need to express their feelings and act spontaneously. This study investigates the maternal experience of women who lost their young children. This study used a semi-structured interview and the Draw a Family – Tell a Story Procedure. The data was analyzed by means of the free inspection method of clinical-qualitative material. The mothers demonstrated difficulty in expressing their feelings, which worsened the experience of the loss and the elaboration of the grief, making it difficult for these women to be mothers for the surviving children. The support from the environment showed to be essential for the mothers to elaborate the feelings deriving from the grief and thus believe in their capacity to act spontaneously to help and take care of their children, giving a new meaning to life after the loss.

**Keywords:** grief; family; psychoanalysis; motherhood; children.

## RECRIANDO A VIDA: O LUTO DAS MÃES E A EXPERIÊNCIA MATERNA

**Resumo:** A perda de um filho rompe com o equilíbrio familiar. Para retomar a vida após a perda, as mães precisam expressar seus sentimentos e agir de forma espontânea. Neste estudo, foi investigada a experiência materna de mulheres que perderam seus filhos ainda crianças. Foram utilizados uma entrevista semiestruturada e o Procedimento de Desenhos de Famílias com Estórias (DF-E). A análise dos dados foi feita de acordo com o método da livre inspeção do material clínico-qualitativo. As mães demonstraram dificuldades na expressão de seus sentimentos, o que agravou a vivência da perda e a elaboração do luto, tornando difícil o exercício da maternagem com os filhos sobreviventes. O apoio do ambiente mostrou-se essencial para que as mães possam elaborar os sentimentos derivados do luto e assim, acreditar na sua capacidade de agir de forma espontânea para auxiliar e cuidar dos seus filhos, resignificando a vida após a perda.

**Palavras-chave:** luto; família; psicanálise; maternidade; crianças.

## RECREANDO LA VIDA: LA PÉRDIDA DE UN NIÑO Y LA EXPERIENCIA MATERNA

**Resumen:** La pérdida de un hijo rompe el equilibrio familiar. Para reanudar la vida después de la pérdida, las madres necesitan expresar sus sentimientos y ser espontáneas. Este estudio investigó la experiencia materna de mujeres que perdieran sus hijos cuando pequeños. Para esta investigación, se ha utilizado una entrevista semiestructurada y el

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Procedimiento de Dibujos de Familias con Historias. El análisis de datos se ha realizado acuerdo con el método de libre inspección del material clínico cualitativo. Las madres han demostrado dificultades en la expresión de sus sentimientos, lo que perjudicó la experiencia de la pérdida y de la elaboración del duelo, lo que dificulta el ejercicio de la maternidad con los niños sobrevivientes. El apoyo del ambiente fue esencial para que las madres pudieran elaborar los sentimientos derivados del duelo, y agir espontáneamente para auxiliar y cuidar de sus hijos, dando un nuevo significado a la vida después de la pérdida.

**Palabras clave:** duelo; familia; psicoanálisis; maternidad; niños.

## Introduction

Experiencing the loss of a loved one can mean coping with many difficulties. The set of reactions to a loss and the attempt to rebuild and organize life are part of the grief experience (Mazorra, 2009). Accepting the reality of death, experiencing pain completely, seeking to adjust to the new life, integrating aspects of the deceased loved one into one's own identity and finding meaning in the loss to initiate new relationships are tasks that can help the mourner reconcile with life after the loss (Cohen, Mannarino, & Knudsen, 2004). Grief being the result of individual reactions, it will always occur differently from person to person. The pain may reappear as memories of the departed person arise, depending on the relationship between the mourner and the deceased (Webb, 2011).

When losing a child, it is necessary for parents to build a new reality without him/her, deconstructing all expectations regarding the child's development and growth. Parental grief is complex, non-linear and continuous, as the loss breaks with family balance and compromises the quality of the environment (Carter & McGoldrick, 2001).

Many negative consequences can be generated in the parents' lives, in their work, marital and social relationship. They need to feel supported and secure not to understand the loss as a failure in their function (Bittencourt *et al.*, 2011).

The family has an important influence in the experience of the grief process and its understanding. Their support is essential for parents, as well as the existence of programs that offer professional assistance so that they can feel supported and understood. Mourners should be encouraged to communicate their feelings (Parkes *et al.*, 2011). Trust in the environment allows them to be able to act creative and spontaneously, managing to experience grief and proceeding with their emotional development (Winnicott, 1958; 2012).

For Winnicott (1958; 2012), emotional development occurs based on the continuous and creative interaction of one individual with the other. Every individual has an innate tendency towards maturing which, together with the presence of a sufficiently good environment, provides for the achievement of autonomy and independence. Winnicott (1958; 2012) explored the child's relationships with his family, especially with his mother (the baby's first environment). The mother may be able to meet the needs of the child, offer her physical and emotional support (holding) and present the world gradually, so that the baby can bear it. Through this care (initially offered by the mother, then extended to other people), children are able to mature, expressing their creative potential.

Creativity is essential in the elaboration of the experiences of loss because, through it, reality can coexist and be supported, without negatively affecting the emotional development. Thus, in addition to family and social support, to prepare for grief, it is necessary for the bereaved to use their own creative capacity to repair the loss suffered. The use of creativity enables individuals to re-signify the loss and elaborate their feelings, so that the pain does not compromise their ability to give continuity to life.

In this sense, the presence of a sufficiently good environment allows the bereaved to continue to become, as they can express themselves in a creative and spontaneous way. The grief experience happens when the individual manages to be creative again, even in the pain of loss, and feel that life is worthwhile (Barone, 2004).

In the light of the literature, this study aimed to investigate the maternal experience of women who lost their young children. In this way, we intend to understand aspects related to the grief of mothers, the possibility of elaborating the losses and the continuity of the mothering.

## Method

This paper is part of the Master's Thesis entitled: "*After the storm: a psychodynamic study about the bereaved child and his parents*", whose objective was to understand the experience of the child who lost a sibling, considering the grief experienced by the parents. In the present study, the results of the meetings with the mothers will be presented.

## Participants

Three mothers aged 38 (Helena), 39 (Rosário) and 41 (Regina), who had lost a child due to some chronic illness, and who had another child alive. All participants found out about the research after seeking psychological care for one of their surviving children.

## Instruments

Semi-structured interview and the Draw a Family - Tell a Story Procedure (DF-E).

## Procedures

A psychological interview was conducted with the guiding question "Tell me about your family" and "Tell me a typical family day", in which the participants reported what they wanted freely. Then, the DF-E took place, in which the participant made four drawings with the themes: "Draw a family," "Draw a family that you would like to have", "Draw a family where someone is not well" and "Draw your family", concluding them with a story about the production and giving a title to it. All meetings were individual.

Data analysis was done according to the free inspection method of the clinical-qualitative material (Trinca, 1984), considering the psychoanalytic theoretical framework.

In the interview with the mothers, special attention was paid to issues related to grief, feelings, anxieties and desires generated in the experience of loss and the attempted family reconstruction, especially regarding the relationship of the mother to the living child. As for the drawings, interpretative analyses of each production were made.

## Results

### Case 1 – Regina

Regina has three living children: the oldest, Jane, 22, from her first marriage, who currently lives with her maternal grandmother and the other two from her current marriage (Julia, 14, and Rodrigo, 12). Her husband was hospitalized for substance abuse treatment. She sought psychological assistance for her son Rodrigo, at the suggestion of the school, who claimed learning difficulties.

In her second marriage, Regina lost two children when her eldest daughter was two years old: a girl, who was born prematurely and died after contracting a hospital infection and a boy who died at six months of age, a victim of meningitis. Regina did not mention the names of the deceased children and referred to them as “the little girl” and “the little boy”. In reporting her life story, she did so very briefly, with short and direct lines, saying: “My life is normal... typical of the Brazilian family”. She reported that she had always wanted to be a mother, that she would like to have more children, but that she was afraid of realizing that desire after the babies’ death.

In her drawings, she demonstrated the need to keep the family together, without differentiation (family members are drawn as part of a single block). Difficulties are felt as possible disintegrators of the family nucleus, so it is necessary to invest in this union (in her history, she claims that the family makes an effort to be together despite the difficulties). This task demands a lot from her though, revealing the need to be cared for and supported, especially by the mother and daughter figures (these are highlighted in her drawings). When drawing her own family, she fills the entire sheet of paper and shows herself lost as to the number of people to draw. Finally, she draws herself, her husband, her mother and all (living) children, including two more people of whom “she does not know who they are.”

### Case 2 – Rosário

Rosário has four living children and three who died. In her first marriage, the eldest son, Lucas, died when she was eight months pregnant, shortly after birth, due to cardiac arrest. She then had three more children in this union: Sílvio (19 years), Leandro (17 years) and Ana; she died at the age of 14, after becoming ill as a result of cancer. Later, in her second marriage, Rosário had two more pregnancies: Edgar (14 years) and Leonardo (11 years); the pregnancy of the latter would be of twins, but one of them passed away before being born, having discovered his death at

childbirth. Currently, Rosario is in her third relationship and does not have children with this man.

Rosário made a long report about Ana's death. As the girl was ill for a few months, the family suffered many changes in daily life, "a very heavy burden we had to get through". As a result, she reported how much the children missed her, because they had to settle in the maternal grandmother's house while her mother took care of Ana. After Ana's death, the two older children continued to live at their grandmother's house and distanced themselves a lot from the family, showing difficulty to stay at their mother's house, as Rosário said: "You realize that they... locked themselves in."

The younger children also had difficulties after their sister's death. Edgar was considered a possible bone marrow donor for his sister, but Ana died before surgery, which made him feel guilty and depressed, claiming to see his sister in his bedroom and at school. Leonardo was diagnosed as hyperactive, refused to go to school, had learning difficulties and episodes of frequent fainting without a diagnosed cause. As a result of the refusal to attend school, he initiated psychological care by order of the tutelary council. Rosário pointed out that these two children wanted to make sure to remember their sister, and insisted that the mother kept objects belonging to her and visited the cemetery regularly to take flowers and to take care of Ana's tomb. She alleged that this was the way the children "worshipped their sister" and that she could not deprive them of these desires, for they would suffer due to the interruption of the rituals.

During the production of the drawings, Rosario included people from the family of origin (like her parents and brother). There are signs of difficulty in the relationship with the mother figure (the mother is the only one drawn with a sad mouth). Her stories are confusing and difficult to understand, especially when she wants to explain who each child is (they are drawn without any mutual distinction). In the drawing of the "family that is not well", she is confused about how many children to draw, says that one of them is missing, the eldest, who is locked up, so the family must get organized to "take things to him" (sic). She reported the feeling of discontinuity in the family when someone is distant (by death or imprisonment). Mobilized by this reflection, in her last drawing, Rosario draws her living children and ends with a drawing of Ana. Realizing that the absence of her daughter can be an important factor of disintegration of the family union causes her to be paralyzed in the face of a situation that is "very difficult", without being able to elaborate a history.

### Case 3 – Helena

Helena had two children from her first marriage: Paula (20 years old) who lives alone in her mother's hometown and Davi, who suddenly died at the age of 14 after showing common flu symptoms. One year after his death, Helena had Isabela (8 years) from her second marriage. At the time of her son's death, Helena had gone out for a walk with her current husband, and when she returned, she had to take her son to the

hospital quickly: "That's when he died... For me, it was all over, you know? I did not feel like doing anything. " Davi died without being able to verify the reason for his death.

Helena felt very depressed about the death of her son, but she received help from other people, which made her feel better. So, after a month of intense suffering, she resumed her activities, relying on her work, her friends, and a puppy that she had just gained from her husband. Through her relationship with this dog, Helena felt supported in her loss. When she needed to move, she left this animal in the care of her daughter Paula, but a few months later he died, which made her feel guilty, believing that the death occurred because the dog felt she had abandoned him.

After the death of Davi, the daughter Paula began to harm herself, claiming to hear voices. These symptoms improved over time, but others, such as feelings of revolt and rebellious behavior, especially opposed to the mother, intensified with the birth of Isabela. Helena did not seek professional help for this daughter and, in her account, these opposing behaviors decreased over time. For Isabela, she sought psychological care, with complaints that she felt tachycardia, nausea, belly cramps, fear, difficulty sleeping and recurrent thoughts about death, accompanied by "voices" in her head.

During the application of the drawings, Helena included the characters she had lost (her son Davi and the dog), putting her daughter Paula more distant from the rest of the family. The figure of Isabela is the only one drawn with her feet close to the ground (possibly representing the fact that, through her symptoms, she demonstrates that something is not right). Moreover, the figures of Davi and Isabela are the only ones who seem to have their eyes open, as if they represented contact with the outside world. In the second drawing ("family that she would like to have"), Helena inserted the figure of her own father (representing the function of care and protection) and of Davi. This design signals the loss of male figures and, consequently the loss of limits, protection and care. Finally, in drawing "her family", Helena did not draw her son Davi (as if she had retrieved the understanding that her son's absence is irreparable) and added: "I think it's the real family."

## Discussion

The process of grief is understood as a subjective experience, and it is difficult to establish a period of completion, as some feelings and aspects of loss will always accompany the mourner (Hangman, 2001). It is considered that the mourning has taken place when grief is no longer frequent and intense, resulting in a kind of reconciliation with life after the loss (Franco, 2002). Being able to re-signify life, however, does not mean forgetting the loved one, or necessarily, ending mourning (Rangel, 2008).

According to Stedeford (1986), when there are difficulties in the process of grief, the mourner can settle for the loss without, however, elaborating his feelings. Defenses such as denial, affective detachment and trivialization of events would be a way of ensuring that life can continue despite suffering.

The mothers in this study demonstrated affective involvement, especially in conflicts that were not directly related to the loss of their children. It is as if these situations occupy them and cause them to distance themselves somewhat from the pain of loss. An attempt was made to trivialize the problems, making them feel less painful and cause anxiety, as in Regina's account, who claimed that her family was "typical of the Brazilian family" (sic). The position of these mothers was of passivity and of little affective involvement, defending themselves against a possible disintegration that would make it impossible to take care of the family. Among other feelings involved in the loss, there was deep sadness, the feeling of paralysis and guilt. Regina, Rosário and Helena showed signs that they felt responsible for the death of their children, either because they felt that they transmitted something harmful to them or because they believed that they were unable to offer enough holding, taking care of their illness or being present when they needed it.

Mothers used rationalization as a form of defense, explaining the events that preoccupied them, giving concrete reasons for the feelings they expressed (mainly related to their routine, work or family life), avoiding to relate them to the losses of the children and the insecurities deriving from this experience. In the difficulty to express oneself and the lack of confidence in the environment, the mind assumes control. Thus, in a situation of disorganization, the individual seeks the help of the mental functioning to restrain himself (Winnicott, 1958; 2012).

In order to avoid the feelings of loss and the resulting memories, mothers also made use of projection and displacement, especially of the feelings associated with hatred and sadness. Helena seems to have displaced the feelings and memories of Davi's mourning to the loss of her dog. Rosário projected in her children her difficulties with mourning and the children took responsibility for representing the maternal feelings. All these defenses became necessary because, in losing their children, parents feel confident in their own creative capacity and face difficulty to address their own feelings (Rangel, 2008).

Schoen *et al.* (2004) described communication as one of the ways to help the elaboration process of mourning, to recall the deceased and to express oneself. Helena and Regina had difficulty in talking about the deceased children, due to the absence of a space and a place they occupied, as if it were necessary not to remember death so as not to feel it. Regina did not refer to her children by their names and showed a desire to distance herself from the feelings of their loss. Helena, then, briefly discussed the story of her son's death, turning more to her current life, to the loss of the dog and memories of her daughter Paula's reactions after her brother's death. Rosário was the only one who spoke at length about her deceased daughter, however, presenting difficulties in reporting on the death of her other children. For Rangel (2008), the remembrance of the deceased child continues for the parents without this representing a disease, but the strictness of these memories may represent a pathological freeze. Miller (2002) argues that this freezing can undermine the elaboration of feelings of

mourning. In this sense, Rosário demonstrated strictness in Ana's recollections, in discussing the need for the entire family to always remember her, through the care for her objects and rituals. For her, these actions represent her love for her daughter and the certainty that Ana will never be forgotten.

Recollecting deceased children through memories is a common behavior of bereaved parents (Rangel, 2008). For mourning to take place, however, mothers need to be able to internalize the lost object so that the child's memories take place without prejudice to the changes necessary to continue life. This situation does not seem to be possible for Rosário, as the daughter has to exist concretely (through objects and rituals) to also exist in her mental world. Giving up going to the cemetery means letting her daughter be forgotten.

To face the reality generated by the loss of a child makes these mothers feel weakened by the pain, as well as the fear of dealing with everything that may represent an end. In this sense, mothers may find it difficult to offer holding and caring to surviving children (Alam *et al.*, 2012). For the mothers in this study, the relationship with the children was made difficult after the experience of the loss, due to maternal doubts about the ability to perform their function.

Faced with this intense suffering, support and care of the family is essential for these mothers to be able to recover and exercise their motherhood (Heath & Cole, 2011). Mourning may be related to how mothers' families lived their grievances and how they assisted them in the first losses, from the beginning of their lives (Pincus, 1989). Thus, the participants reported the history of their families of origin, demonstrating that the relationship between them and their own parents influenced and resemble their relationship with their own children. When asked about their families, they reported on their childhood and memories of how they were raised (they said they lived with grandparents, sibling rivalry and other issues that made it difficult for the parents to offer their holding), highlighting the importance of the family environment in emotional development (Winnicott, 1958; 2012). In the case of the loss of a loved one, this importance is even more evident, as the elaboration of the feelings of mourning can only be successful if the mourner is supported for as long as he needs it.

The death of a child shakes the family, which needs shelter, usually sought in the family of origin (Parkes *et al.*, 2011). The participants demonstrated that they did not have this support, evidencing the need to be cared for and protected, so that they could survive the difficult conditions of the reality of the loss.

The perception that they still need the care of the family places these mothers in a situation of fragility, hindering the exercise of motherhood. Thus, they demonstrated the need to keep their families together, perceiving this union as a protection against difficulties. To remain united, however, negative feelings, which could cause destabilization of the family structure, need to be bypassed.

Thus, in order to assist in the development of the children, the mothers concluded that they needed to be strong, avoiding and denying their own feelings. This effort

makes them feel overwhelmed and tired though, with their own limited resources to focus on themselves. In this context, the relationship with the child, despite being very close, becomes conflicting because, in order to avoid feeling helpless in the face of situations that can prove the (in)effectiveness of their function in the child's life, the mothers end up distancing themselves from them affectively (Alam *et al.*, 2012).

The participants expressed their concern to reaffirm their commitment to their maternal role. They sought to feel successful as mothers, to believe in their competency as caregivers, which seems to have been questioned due to the death of their children, unconsciously or not, feeling that they were not able to exercise their function of protecting them. Rosário, for example, reported the difficulties she experienced during the time her daughter was hospitalized, emphasizing her effort to be with her, even if it meant distancing herself from her other children. In addition, she demonstrated her attitudes as responsible for maintaining the health and well-being of the family when talking about her living children: "*I have to be strong or the world will collapse for them*", thus demonstrating that mourning cannot be fully lived, because you have to be complete and willing to offer what your children need.

Confronting the feelings derived from the loss of their children and creating satisfactory solutions for the pain and all the other feelings that need elaboration is a difficult process. Some parents experience loss constantly, even over time and with the most intense feelings mitigated, because the connection with the child will never be undone (Rangel, 2008). Thus, it was observed in mothers that the experience of loss is constant, even if it is not assumed. The elaboration of mourning, therefore, is only possible based on the understanding of the reality and the experience of the feelings awakened in the loss, as a possibility of a spontaneous action in the world. Living the feelings of loss, respecting one's own rhythm, makes it possible to recreate reality through the understanding that the deceased child will always be connected in some way to his parents.

For this to be possible, however, it becomes essential that the bereaved be able to make use of their ability to create (Barone, 2004). The participating mothers showed impairment in relation to this capacity, with difficulty to make use of their own creativity, making the process of mourning more lasting and complicated and making it difficult to resume life after the loss. The affections need to be contained and the interaction between the inner and outer world occurs in an ineffective way. The concrete object is still very important, there is no symbolization of the loss. Thus, the experience of the mother's role becomes difficult for a mother who, by not being able to express herself spontaneously, makes it difficult to prepare the mourning for herself and the children, because she does not accept their spontaneity (Musachio & Daudt, 2003).

Without the possibility of recreating reality through creative and spontaneous impulse, it is not possible to experience mourning that permits a healthy relationship with reality. Once again, the experience of mothers' mothering is impaired by the difficulty to elaborate the mourning of their children, resulting from the difficulty to elaborate their own mourning.

## Conclusion

The death of a child is a difficult situation that interferes in many aspects of the mothers' life. In this study, the mothers sought to deny the issues related to mourning, as there was fear of facing death, with their own fragility and with new possibilities of loss. The total knowledge of reality can make them not restore themselves. If affective appropriation of situations means depressing, one needs to take distance from difficult feelings in order to continue to live, even in a rather spontaneous way. The possibility of mourning is thus impaired.

Survival becomes necessary and care for the other children occurs with great effort. The experience of mothering is hampered by the impossibility to live their feelings fully and act spontaneously. For these mothers, the help and support of their families, friends and health professionals is essential if they are to find each other, feeling confident that they are able to provide their children with the care they need, facing the difficulties and transforming the most painful of losses.

It is important to emphasize that, as mourning is a subjective experience, bereaved families need to be welcomed and cared for with respect and attention to their particularities. In relation to the maternal experience, we add the need for children to be heard so that the reflection of this relationship, which after all consists of at least two people, can also be considered. Mourning in mothers is a complex subject that needs to be discussed in order to improve the support offered to this population, which is fragile in the face of one of the most difficult losses.

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