

## Symbolic interactionism and its study representation in concomitant emotional faces in the face of perinatal grief

### El interaccionismo simbólico y su representación de estudio en semblantes emocionales concomitantes ante el duelo perinatal

ALVARADO-CORTÉS, Julio César†\*, RAMOS-JAUBERT, Rocío Isabel, RAMÍREZ-CHÁVEZ, Jorge and MUÑOZ-LÓPEZ, Temístocles

*Instituto Mexicano del Seguro Social, Mexico.  
Universidad Autónoma de Coahuila, Mexico.*

ID 1<sup>st</sup> Author: *Julio César, Alvarado-Cortés* / ORC ID: 0000-0002-8655-4367, CVU CONACYT ID: 569028

ID 1<sup>st</sup> Co-author: *Rocío Isabel, Ramos-Jaubert* / ORC ID: 0000-0003-3289-5390, Researcher ID Thomson: T-1652-2018, CVU CONACYT ID: 201861

ID 2<sup>nd</sup> Co-author: *Jorge, Ramírez-Chávez* / ORC ID: 0000-0001-5681-0545

ID 3<sup>rd</sup> Co-author: *Temístocles, Muñoz- López* / ORC ID: 0000-0003-4940-5730, Researcher ID Thomson: X-7834-2018; CVU CONACYT ID: 202437

DOI: 10.35429/EJRS.2021.12.7.31.41

Received January 25, 2021; Accepted June 30, 2021

#### Abstract

The grief or perinatal loss, until recently scarcely recognized, is acquiring a disposition of its own. This is due to its unique and idiosyncratic characteristics.

Objective: This review is intended to point out, analyze or present deficiencies in the symbolic interactionism approach and its interaction with perinatal grief together with its emotional concomitants.

Methodology: The primary and secondary sources of verification or collection of a scientific - theoretical nature were used.

Results: Understanding and interpretation were grouped into four signs: reactions to loss, emotional adaptation, the most appropriate interventions by the integral professional, as well as the main problems that practice presents for them.

Proposal: Through a critical documentary and exploratory analysis of the situation of perinatal grief, the development of new lines of research is proposed that can improve the clinical-social practice in the mental health professional and undertake future research interests, reconsidering the adoption of the symbolic interactionism due to its internalized background capacity in the interpretation of the acting signs in a comprehensive introspective manner

**Perinatal grief, Emotions, Human development**

#### Resumen

El duelo o pérdida perinatal, hasta hace poco escasamente reconocido, está adquiriendo una disposición propia. Esto es debido a sus características singulares e idiosincrásicas.

Objetivo: Con esta revisión se pretende señalar, analizar o presentar carencias del enfoque del interaccionismo simbólico y su interacción con el duelo perinatal aunado a sus concomitantes emocionales.

Metodología: Se utilizaron las fuentes primarias y secundarias de verificación o acervo de índole científico - teórico.

Resultados: La comprensión e interpretación se agrupó en cuatro signos: las reacciones a la pérdida, la adaptación emocional, las intervenciones más adecuadas por parte del profesional integral, así como los principales problemas que presenta la práctica para ellos.

Propuesta: Mediante un análisis documental y exploratorio crítico de la situación del duelo perinatal, se plantea el desarrollo de nuevas líneas de investigación que puedan mejorar la práctica clínica-social en el profesional de la salud mental y emprender futuros intereses investigativos, reconsiderando la adopción del interaccionismo simbólico por su capacidad de trasfondo interiorizado en la interpretación de los signos actuantes de manera introspectiva integral

**Duelo perinatal, Emociones, Desarrollo humano**

**Citation:** ALVARADO-CORTÉS, Julio César, RAMOS-JAUBERT, Rocío Isabel, RAMÍREZ-CHÁVEZ, Jorge and MUÑOZ-LÓPEZ, Temístocles. Symbolic interactionism and its study representation in concomitant emotional faces in the face of perinatal grief. ECORFAN Journal-Republic of El Salvador. 2021. 7-12:31-41.

† Researcher contributing first author.

## Introduction

Symbolic Interactionism (IS).

The present undertakes to use the theory or qualitative approach per se of symbolic interactionism (Blumer, 1982), which forms a vision of how people conceive and give meaning to something through communication and interaction, in this case the assertion to perinatal grief.

Blumer (1982), by means of his paradigmatic proposal argues that the meaning that things hold for the human being constitutes a central element in itself, ignoring the meaning of things according to which people act seems to simulate the behavior subjected in benefit of the factors that supposedly motivate the behavior in relation to the formation of the behavior.

In that sense, symbolic interactionism will help the clear part of the individual and how this will give the guideline to know a point to intervene. To the foregoing, the dialectical scrutiny of the article supports the elucidation of which will be fundamental in a guideline for the construction and reconstruction of the stigma of perinatal grief.

The study is justified as it is of an original-thematic nature, through the design or proposal of symbolic interactionism (Blumer, 1982), it will allow an opening to know and transform the essence per se of grief and identify the emotional and concomitant factors in perinatal death through a process of communication between those affected and the moderator, interpreting emotional symbols and their relationship with other components of the grieving process; Observing that very few women have any emotional accompaniment in their stage of mourning after the loss of a child, who, although not born, was stripped away or finally shed something very his or her own. In itself, it is to obtain an overview of the main underlying emotional and concomitant categories that stand out in the development of perinatal grief, and to propose models of intervention in accordance with the understanding of each professional in their area of knowledge, which is useful and appropriate in the health area, since the knowledge and management of perinatal grief is almost nil, and its vision is close to the marginal mitigating factor.

To know the conceptual conditions of perinatal grief, as it has been represented through different points of view of affected mothers, supported by empirical literature, as well as phonosis as an intervention proposal.

The asir is to find theoretical and empirical relationships as symbolic referents of the symbol of perinatal grief, as a central topic. Therefore, during the investigation, the authors in the matter of social theory in the qualitative approach will contribute the scientific heritage and a reality which is present in health and socio-cultural contexts, which detonate in circumscribed psychosocial problems in the family context.

The foregoing is to outline the magnitude in relation to perinatal grief, of which it is a topic of great interest and whose importance is beginning to be recognized in recent decades. It is a very vast and complex concept, since it would understand the process of pain that a family goes through, after the death of a child before birth or within a few days of it (Claramunt, et al., 2009). Interest in perinatal bereavement begins in the mid-20th century. At that time there is a transition in the attitudes of parents, and greater birth control, which makes children stop being "another mouth to feed" (Badenhorst W, 2007, cited by Hernández Alcántara, 2012). Currently there is a greater sensitivity or sentimentality regarding perinatal losses both on the part of medical personnel and on the part of society (Lang A, et al., 2014, cited by Hernández Alcántara, 2012). Annual reviews, which are conducted globally, report an estimated approximately 130 million children; Almost 3.3 million are still born and more than 4 million die in the first 28 days of life, with impact data that transcend from the medico-social perspective (González Pérez et al, 2016). The concept of perinatal mortality was established by Von Pfaundler in 1936 and is considered as any death of the product of conception that occurred between the twentieth week of gestation and the twenty-eighth day after birth. Perinatal mortality occurs around birth and is divided into two periods: the first includes intermediate fetal death (20-28 weeks of gestation) and late fetal death [more than 28 weeks of gestation]. (Valdez González et al. 2009).

To the above, a possible look at a new way of knowing or asserting the uncertainty of perinatal grief is proposed, the intrinsic roles of mothers and health professionals, both are highly involved social "actors" are the protagonists of the work of their daily life in the face of such deprivation and emotional affectation on a large scale.

Definitions in relation to grief, according to Montalvo (2004):

Grief is a normal affective response of a person to a significant loss and includes as symptoms: sadness, irritability, anger, depression, sleep and appetite disorders, feelings of nostalgia for the lost person and occasionally auditory or visual hallucinations of the deceased. Furthermore, these specific grief responses are usually accompanied by predictable physiological or psychosomatic symptoms, such as headache, asthenia and lethargy, dyspnea, tachycardia, xerostomia, sweating, digestive disturbances, and a sensation of suffocation. Grief symptoms diminish in the first six months after perinatal death, but may take one to two years for full resolution. On the other hand, grief is symbolized by a normal psychological response (thought and feeling) that occurs due to the loss of a loved one and involves somatic, psychological and behavioral symptoms. It is a complex, constant, identifiable reaction and involves a process predictable course, in which the emotional ties that he had with the deceased gradually fade (Posada, 2005).

#### Anticipated duel:

It occurs when the grieving process begins before the loss takes place. It has been observed that the early perception of the eventuality can attenuate the shock phase and facilitate the evolution of recovery.

#### Pathological grief:

The grieving process is pathological when the individual does not fully adapt to the loss and to the reorganization of her life. The chronicity of the process is manifested by nervousness, irritability and aggressiveness, and usually evolves into depression. Finally, the duel is a process of reconstruction of meaning, of narrative. Thus, it gives parents the opportunity to reaffirm or reconstruct a personal world of meanings that has been questioned by loss (Neimeyer, 2000).

Perinatal grief is what happens in deaths that occur in the perinatal period. However, the concept of perinatal grief extends to abortions, deliveries of immature fetuses and reactions to having a child with congenital anomalies (Murray, et al., 2000, cited in Martos López, et al., 2016).

In itself, it is a relatively frequent traumatic event that affects couples, and in general families, in different aspects of their lives: physiology, emotion, life project, restart of the cycle, identity as parents and couple relationship, among others. ; Thus, it is a fact that not only affects the mother, but also the father and the conjugal relationship (Claramunt et al., 2009).

Maternal grief is a nominal conception, Defey (1985) and Ewton (1993, cited by Oviedo et al., 2009), state that the mother in the perinatal death of her child can create a more severe and intense response than when the death of an adult relative. They consider that the most significant points in this process are the increase in the feeling of unreality, because their relationship with the person who dies is no longer based on experiences or memories of a real person, but on the affective ties that developed before. to establish physical contact with her. The relationship, in this case, is based on the parents' hopes and fantasies for the child frustrated by death and the notable decrease in maternal self-esteem, as a consequence of the woman's perceived inability to trust her body to successfully achieve the birth of a living and healthy child; particularly when blood loss is due to fetal abnormalities or genetic problems.

The emotional climate is the result of an agreement, mostly implicit, about the affective states that can be shared. Couples can agree to share all kinds of emotions or restrict those that are tolerated, either in general or in certain circumstances (Linares, 2012). Along with sadness and anger, couples feel loneliness and misunderstanding in the pain of loss, likewise the sign is towards an invalidation of the family suprasystem, of which in many cases it becomes guilt, for not living the loss as it is. demands of them (Claramunt et al., 2009).

The rituals or beliefs of family lineage from the perspective of systemic family therapy constitute the territory of the behaviors shared by the members of the couple (Linares, 2012), if it potentiates social isolation, there may also be a loss of interest in the world external. In the same way, another opposite behavior that they can present is that of visiting places or carrying objects that remind the baby (for example, keeping and visiting the room prepared for the child) (Worden, 2002).

A relevant contribution was by Kersting and Wagner (2012) called child envy (envy of a child) to the feeling of envy that may arise. Often times, these parents have difficulties in contacting friends or relatives who have children or who are in the same gestation period in which their loss occurred.

The vertiginous changes of our time merit permanent adaptations, innovations or re-readings of social reality, especially in the socio-medical or personal health field, of which it is not the exception, considering a spiritual biopsychosocial perspective, in the face of such an event, in relation to With the grief and consequently the imminent detachment in the face of the loss of a child or degenerative emotional deprivation, it seeks to reduce the conflict.

Transform the natural essence of grief, for which it is very important to identify the emotional and concomitant factors in perinatal death through a process of social intervention.

Observing that very few women have any emotional accompaniment in their stage of mourning after the loss of a child, even though she was not born, she was finally deprived of something very of her own. Next, the phenomenon or problem is described using the criteria of León Hernández, et al., (2003), shown in italics.

The magnitude of the problem is based on annual reviews, which are carried out worldwide, reporting an estimated approximately 130 million children; Almost 3.3 million are still born and more than 4 million die in the first 28 days of life, with impact data that transcend from the medico-social perspective (González et al, 2016).

While the biological symbiosis that the mother experiences with the fetus confirms her own value, hence, in the face of the perinatal loss of the unborn child, the emotional response that the mother experiences is like a bodily emptiness, with a feeling of inadequacy, helplessness and loss of self-esteem; feelings that derive from the loss of a part of herself that has been damaged (Kübler-Ross, 2006).

According to Kübler-Ross (2006), dimensionality dates from conditions that surround the axiomatic approach more by discussing the outcome in determining the fact or factum, so it is not uncommon for perinatal loss to cause the appearance of somatic symptoms such as alteration behavior, feeling of guilt, and with them maternal grief ensues, which implies a dynamic process that can incur episodes of crisis within any family system, in which the different phases that characterize it and have a relationship overlap each other. Directly with the maternal care of the health team that attends her at that critical moment for her.

The importance of problematizing the topic gives rise to the perinatal mortality construct; It labels its occurrence around birth and is divided into two periods: the first includes intermediate fetal death (20-28 weeks of gestation) and late fetal death [more than 28 weeks of gestation]. (Valdez, Meza, Núñez and Ocampo 2009).

In relation to the explicit, the individual and family vicissitudes, regardless of their condition as typology, structure or life cycle that the family is internalizing in the face of the above; the birth of a child represents a stellar moment in the life of a family. From pregnancy to delivery, parents develop feelings of hope, enthusiasm and joy, projected into the future and neither of them imagines that there will be an unhappy ending (Ruiz & Robles, 2009).

It has characteristics that differentiate it from other types of duels: the proximity between birth and death, the youth of the parents for whom it is their first contact with death, and the unexpectedness of the event. It should be added that it is the loss of a more symbolic than real relationship based on their needs and desires (Brier, 2008).

For this reason, perinatal grief falls into the category of unauthorized grief: Perinatal losses are currently a taboo subject. It is a loss that is neither recognized nor socially validated, nor expressed by the person in an open way, nor supported by the environment. For women, conceiving a child follows a complex process, begins before conception and causes emotional and physical changes in her. What is remarkable during her pregnancy is the perception of the fetus as part of herself and not as a separate subject; what is explained by this experience of fusion of a narcissistic or egotistical nature is the fundamental substrate on which the bond of maternal attachment to his son, since the mother places part of her self-esteem in him (Solís, 2002), so that the gestation fulfills the most relevant narcissistic ambitions indicated by Freud, among which are the feeling of omnipotence derived from the fact of giving life to a new being, the affirmation of femininity and the illusion of immortality, by contributing to the perpetuation of the next generations of human beings, through her son (Winnicott, 1975).

The feasibility of the problem arises in symbolic situations towards the phenomenon, for which the health professional or personnel plays an imminent role or role due to the question of mediating and intervening in a systemic way in this summary, establishing a relationship with their models of intervention.

On the other hand, from the conception in the mother the idea of finitude of the human being arises, for which existential questions are posed up to that moment: as if giving life entails a generational change and is faced with the idea of his own death, which scares and anguishes her (Oviedo, et al, 2009).

A determining phenomenon that attributes the emotional heuristic that conflicts the family system in these duels, internal signs such as the types of crises that are gestated in an intransigent way, predominating the crisis for normative or Inter-systemic as stated by Kornblit (1984), which makes explicit components, breaking down the first as familiar exponents; diseases or accidents, which implicitly idealize the present, of which imply abortions, sterility or infertility, complications of pregnancy, childbirth or the puerperium, sexually transmitted infections, trauma and injuries, loss of bodily functions, amputations, hospitalization, disability or death of any family member, drug addiction, suicide; economic; labor and legal, these characteristics per se instrumental or effective, do not appear isolated, but often interact and enhance each other.

The vulnerability towards the problem is based on the above, of which it is proposed to work with the qualitative approach under the method of symbolic interactionism in grasping the mourning process in a mitigating way in the loss of a child with the aim of contributing to the resolution of internal conflicts, through affective and decisive communication and the concomitant emotional meanings related to perinatal loss and grief that affect mothers in individual and family situations.

The viability is directed according to the policies of the health institution that will be involved, which leads to a conciliatory intervention, which will potentiate a posteriori in the elaboration of an original cut model, which includes the typology, classification of inter-crisis and intrafamily before the gloom of a possible or present perinatal grief is there where well-manipulated and consensual empowerment will provide elements of healing and emancipated social awareness that prevent the perinatal grief from outlining a pathology.

## **Methodology**

A bibliographic review, search and consultation of primary and secondary sources in Spanish and foreign languages, preferably of the qualitative paradigm, was carried out, associating the elements of the problematization of the topic. From the prospect of symbolic interactionism, the methodological peculiarities were considered, of which they were verified in the bibliographic exploration.

According to Jacob (1987, cited in Buendía Eisman, et al., 1998), the implicit methodological attributes that were of interest was the description of the interaction processes of sign, towards behavior; intelligibility, verification as observed scientific work, which enhanced an authentic empirical science, its reality, the study of people in their natural environment, was visualized in the understanding of the process of evolution of perceptions and interpretations, in itself the magnitude by glimpse how individuals learn the meanings in a specific instance of interaction, inferring "processes by which the symbols were elaborated and in turn these are used to guide new actions", in epitome, this approach at the level of the meta, was specified in designs micro analytics (ontological level of intervention) may be an additional incentive in the discussion group technique.

### **The generalized interpretation of results**

The manuscript began with the interest of exploring and articulating the topic in essence and how a loss attached to perinatal grief affects the mythology or skepticism of the couple. Starting from the situation, a reflection of the results of what was explored is shared below. It is confirmed that the theory or qualitative design called "symbolic interactionism" is not considered in the state of the art consulted.

The results are presented in a synthetic and direct way from the abstraction of each article. Ultimately, various authors point out that grieving responses occupy a painful period of grief that is a normal and necessary response to the loss of a loved one; On the other hand, the absence of this period of grief can be a warning sign of a pathological situation, even hopelessness or a syndrome of learned helplessness.

Returning to the constructivist perspective of Neimeyer (2000), the fundamental process of the experience of grief is the attempt to reconstruct one's own world of meanings, one's own narrative towards sanitation. Consistent with this approach, the literature elucidated how loss can profoundly disrupt each couple's beliefs about life and strike at the foundations of these own presupposed beliefs and values.

The containment of what is observed about perinatal loss makes the couple connect with a feeling of vulnerability and undermining the sense of justice, in fact, it can be inferred that the mother highlights her perception of injustice in the face of what has happened to her.

Therefore, various models of social, psychological or clinical intervention base their structural and scientific ideas on raising awareness of the optimal solution to problems over time, therefore, in the face of this phenomenon of perinatal death linked to maternal grief, it is necessary to listen attentively to the parents, without making judgments about the initial grieving reactions; If death can be foreseen, it should give the parents the opportunity to be with the child, to hug him, to speak to him and if they express it, give him a name and baptize him before he dies - in accordance with their religious beliefs (Entralgo, 1964).

In the literature on the subject, empirical evidence on projects to overcome losses was observed, it was found that of Rodal (2010), a master's thesis whose objective was to carry out a process of narrative therapeutic intervention aimed at divorced people and achieve the elaboration of the grief, narrative systemic therapy techniques and a qualitative design were used. This proposal helped the consultants to elaborate their griefs, of them, 3 were located in the fertility phase, one of them has already concluded the process and others are in the healing stage; all managed to construct alternative stories, García Ledezma, et al. (2016) through the use of techniques from the narrative approach in a psychotherapeutic intervention in a family due to child grief, they carried out sessions to saturate the problem of grief using techniques of family psychotherapy and individual intervention. The interposition favored the family to live a grieving process in which they rebuilt their experience and managed to recognize their family knowledge and skills, allowing themselves to be accompanied in their lives by the memory of their deceased son, the psychotherapeutic intervention plays a very important role. in the process of accompaniment before the duel.

For their part, Valenzuela, et al (2017), addressed the meaning of the experiences lived before perinatal grief, through a phenomenological study, identifying three categories; the meaning of understanding mothers, awareness of the lack of competence and needs for theoretical / practical training on the part of the health professional on the subject; However, the study highlighted the interpretation of the conclusions, revealed exegesis towards a background of the true emotional sign, if not that it focuses on the interventional and epistemological deficiency of the professional. In the same way, Hutti, et al. (2016) consider the experiences, meaning and consequences of the nursing staff based on Swanson's theory of care (1991, cited in Hutti, et al. 2016) who attended the fetal death of women, concluding in the adoption of negative and positive feelings associated with caring for mothers in the face of loss; The focus group technique covers emotional primary reflexive arguments such as compassion fatigue.

The in-depth interview as a collection technique, within the interpretive phenomenological design (IPA), applied in gynecological doctors in order to explore their human experience and their own meaning, it turned out that fetal death as a human response was complicated, of significant impact, responsibility of care, a professional burden that can transcend into a medico-legal challenge, likewise the authors propose training on the topic (Nuzum, Meaney & O'Donoghue, 2014), the authors later continued to address the phenomenon, (McNamara, et al. al., 2017), here as the response of health professionals to intrapartum death, (McNamara, Meaney & O'Donoghue, 2018), studies in Spain, England, USA., Hernández, Sánchez & Echevarría (2017), (Brierley, et al., 2018) with the methodological approach and inferences, this last prospect the grounded theory, similar to the previous findings, Willis (2019), emphasized in its conclusions the incursion educational nursing staff as a necessity in the care of women with perinatal loss. In the line of qualitative interviews, in Switzerland, they were conducted with parents and health professionals, they explained that the diagnosis, decision, birth and death, highlighted gaps between parents after the death of the baby, their point of contact, dilemmas, remaining pregnant, etc., the opposite of health personnel for the correct diagnosis, no matter how sensitive it may seem (Fleming, et al., 2016).

A concordant qualitative study in Africa, where midwives were considered together with doctors, despite being a country with low resources, they face a daily perinatal death rate (Petrites, et al., 2016).

Symbolic interactionism would provide the staging of the approach to background meanings of a cognitive, conversational and experiential nature that leads to a concomitant breakdown of pessimistic sensations and does not bypass the opportunity towards an opening of empowerment as a whole in the so-called "point of Contact".

Gandino, et al (2016), through a narrative analysis intensifying the meanings of perinatal loss, in the experiences of health personnel, elucidated narrative episodes of intense experiences such as helplessness, frustration, anguish, shock, incomprehension, this led to the construction of meanings about a traumatic event, they also identified areas of opportunity in favor of users.

The intention to educate on perinatal care to bereavement, a qualitative article, made to obstetric students, generated important guidelines in relation to reflecting on emotions and the need for experience, especially building confidence to provide attention to bereavement, development of coping with real events a posteriori, coupled with continuous training (Martin, Robb, & Forrest, 2016).

Foster and Hafiz (2015), explored the perceptions of health professionals, underpinning social constructionism (Gergen, 1996, cited in Foster & Hafiz, 2015), through qualitative interviews, exposing constructions associated with pediatric death around to coping in support of peers, physical impact and spiritual beliefs.

The attribute designated Meaning or sign, is constant, in the studies presented, Valenzuela, et al (2017), Hutti, et al (2016), (Nuzum, Meaney & O'Donoghue, 2014), (McNamara, et al., 2017), (McNamara, Meaney & O'Donoghue, 2018), (Hernández, Sánchez & Echevarría, 2017), (Brierley, et al., 2018), the works agreed on the training of health personnel in the face of the phenomenon “coping or experience before perinatal grief”, however, the status quo of symbolic interactionism must enrich aspects of passive and active attention concomitance to the selectivity of inherent alternatives of faculty and vocation in itself, for and in favor of whom, attributing rhetorical attributes that the sign or symbol must be re-considered, through metaphors or allegories about death before a possible event, synonymic presences in relation to confusing the meaning of loss and mourning, even discriminating a vision of Ethiopia as a spiritual quality.

### Acknowledgments

This work does NOT have support funded by a particular institution, university or company.

### Conclusions

It is inferred that the empirical evidence reviews of the manuscript lack theoretical support called "Symbolic Interactionism", therefore the objective reveals the scope of what is established in the review. That health personnel, patients and family members should better understand the different stages of the grief or affliction that underlies death, rely on the symbolic interactionism of Blumer (1982), since it can clarify in any semiotic context the mourning process in all the events that the human being experiences, symbolism, allegory, the sign, are attributes of each implicit stage, and perinatal grief is not the exception, but the explored articles do not consider it as an important theoretical or methodological support, this being a design qualitative transcendental. The identification and analysis of the predominant themes in the couple (from the mother's perspective) allow us to describe what part of the couple's world of meanings has been questioned after the loss, as well as the changes that have arisen in the emotional and emotional climate. in the rituals or implicit beliefs. The nuances and specific aspects covered by these main themes should be highlighted.

The present bibliographic review puts theoretical or orientative deficiencies in the present proposal; As well as in the provision of adequate psychological care, rather symbolic interactionism lies in a humanized narrative (Rodal, 2010), through a joint and interactive systemic approach.

Ledezma, et al. (2016) emphasizes the need for support from the professional who is in contact with this situation on a daily basis. It has been said that the health, psychology or integral professional has little knowledge on the subject; The social worker and health team go to great lengths to provide the best possible care for families after perinatal loss. They assume the somatic and psychological costs or values of working with women after a perinatal death.

The constructivist perspective of Neymer (2000) is reiterated, in the reconstruction or even deconstruction of their own world of meanings, the own narrative towards sanitation by the parents is crucial for their mental improvement. The couple that lives a perinatal grief experiences a change in their mythology or allegory, in the world of meanings that they have been negotiating and building since the beginning of their relationship. The loss of the desired son or daughter after an uncomplicated pregnancy has a significant impact on the couple's world, causing changes in values and beliefs, in the emotional climate and in consensual rituals.

Emphasize that, after the loss, the couple begins a process of reconstruction of a shared narrative with very specific characteristics, which have been described in the present. It is inescapable to emphasize the relevance of proposing and designing psychotherapeutic or empowering treatments that consider the specific nuances of this type of grief in order to avoid pathological grief processes. This would help to confirm and validate these griefs, which have often been "forgotten or peripheral" because the son or daughter did not have a physical presence of life.



Likewise, the implications of the manuscript weigh the support that health professionals should receive to face the perinatal grief scenario, in such a way that they develop an effective approach with families, a better self-management of the emotional processes experienced by them, which highlight the true sign, sign or meaning that are traced by elements such as introspection, Cognitiveness, sociability and empathy.

The authors of this work argue that “symbolic interactionism” should be considered as a proposition to: continue with lines of research and prevent this proposed theoretical deficiency; train health personnel on the issues of death and perinatal grief; provide up-to-date information about emotional preparation and skills development for marital bereavement, as well as high-risk pregnancy patients and their partners; preparation of a guide for the management of perinatal / maternal grief in health and social assistance institutions; conformation of multidisciplinary groups that allow to adequately face this situation with parents. Now, the possible differences in expression and handling of grief between health personnel before the spouses, it is important to propose to carry out an approach with the two members of the couple, and also with the other children if there are any, to improve the accompaniment to these families and attend to the relational dynamics, even with the unborn child, who forms or is part of the system, in itself, its readjustment aimed at a natural environment a posteriori, positions in an important way the proposal of Blumer (1982), and even comprehensive improvement.

## References

- Blumer, H. (1982). *El Interaccionismo simbólico, perspectiva y método*. Barcelona.: Hora D.L.
- Brier, N. (2008). Dolor después del aborto espontáneo: una revisión exhaustiva de la literatura. *Revista de salud de la mujer*, 17, 451-464
- Brierley-Jones, L., Crawley, R., Jones, E., Gordon, I., Knight, J., & Hinshaw, K. (2018). Supporting parents through stillbirth: A qualitative study exploring the views of health professionals and health care staff in three hospitals in England. *European journal of obstetrics, gynecology, and reproductive biology*, 222, 45–51. <https://doi.org/10.1016/j.ejogrb.2018.01.007>
- Buendía Eisman, L., Colás Bravo, M., & Hernández Pina, F. (1998). *Métodos de Investigación en Psicopedagogía*. México DF.: McGraw-Hill/Interamericana de España. S. A. U.
- Claramunt, M., Álvarez, M., Jové, R. y Santos, E. (2009). *La cuna vacía: el doloroso proceso de perder un embarazo*. Madrid.: La Esfera de los Libros.
- Entralgo, P., L. (1964) *El médico y el enfermo*. Madrid.: Editorial Triacastella.
- Fleming, V., Ijuschin, I., Pehlke-Milde, J., Maurer, F., & Parpan, F. (2016). Dying at life's beginning: Experiences of parents and health professionals in Switzerland when an 'in utero ' diagnosis incompatible with life is made. *Midwifery*, 34, 23–29. <https://doi.org/10.1016/j.midw.2016.01.014>
- Forster, E., & Hafiz, A. (2015). Paediatric death and dying: exploring coping strategies of health professionals and perceptions of support provision. *International journal of palliative nursing*, 21(6), 294–301. <https://doi.org/10.12968/ijpn.2015.21.6.294>
- Gandino G, Bernaudo A, Di Fini G, Vanni I, Veglia F. (2016). Meanings of perinatal loss: A thematic analysis of health workers' experiences. *Minerva Psichiatr.* 57(3):104–12. <https://www.minervamedica.it/en/journals/minervapsychiatry/article.php?cod=R17Y2016N03A0104>

- García Ledesma, R. I. Mellado Cabrera, A. Llarramendi Hernández, C. Pérez Cequera, M. B. (2016). Uso de técnicas con enfoque sistémico narrativo: intervención psicoterapéutica en una familia por duelo infantil. *Rev. Alternativas en Psicología*, 18(33): 8-21. Available in: <http://www.alternativas.me/attachments/article/98/Alternativas%20en%20Psicolog%C3%ADa.%20N%C3%BAmero%2033%20-%20Agosto%202015%20-%20Enero%202016.pdf>
- González, D. M. Pérez, G. Leal, J. C. Ruíz A, González, J. J. (2016) Tendencia y causas de mortalidad neonatal en el Instituto Mexicano del Seguro Social 2011-2014 a nivel nacional. *Rev Mex Pediatr.*, 83:115-123.
- Hernández Garre, J. M., Sánchez Sánchez, F. C., & Echevarría Pérez, P. (2017). Alumbrando la muerte. Profesionales de la vida gestionando el duelo. *Revista Internacional De Sociología*, 75(3), Available in: <https://doi.org/10.3989/ris.2017.75.3.15.189>
- Hutti, M. H., Polivka, B., White, S., Hill, J., Clark, P., Cooke, C., Clemens, S., & Abell, H. (2016). Experiences of Nurses Who Care for Women After Fetal Loss. *Journal of obstetric, gynecologic, and neonatal nursing: JOGNN*, 45(1), 17–27. <https://doi.org/10.1016/j.jogn.2015.10.010>
- León Hernández, S., Padilla Lara, E., Olmedo Camarena, J. A. (2003). El proceso de investigación clínica. (1er edición). México DF.: Distribuidora y editora mexicana SA de CV.
- Linares, J. (2012). Terapia familiar ultramoderna. Barcelona: Herder.
- Martin, C. J., Robb, Y., & Forrest, E. (2016). An exploratory qualitative analysis of student midwives views of teaching methods that could build their confidence to deliver perinatal bereavement care. *Nurse education today*, 39, 99–103. <https://doi.org/10.1016/j.nedt.2015.12.023>
- Martos López, I. M. Sánchez Guisado, M. M. Chaxiraxi Guedes, A. (2016). Duelo por muerte perinatal, un duelo desautorizado. *Rev Esp Comun Salud.* 7(2): 300 – 309. Disponible en: <http://dx.doi.org/10.20318/recs.2016.3454>
- McNamara, K., Meaney, S., & O'Donoghue, K. (2018). Intrapartum fetal death and doctors: a qualitative exploration. *Acta obstetricia et gynecologica Scandinavica*, 97(7), 890–898. <https://doi.org/10.1111/aogs.13354>
- McNamara, K., Meaney, S., O'Connell, O., McCarthy, M., Greene, R. A., & O'Donoghue, K. (2017). Healthcare professionals' response to intrapartum death: a cross-sectional study. *Archives of gynecology and obstetrics*, 295(4), 845–852. <https://doi.org/10.1007/s00404-017-4309-9>
- Montalvo G. Muerte perinatal y el proceso de duelo. *Cambios-Órgano oficial de difusión científica.* 2004; 3(6): 167-170.
- Nuzum, D., Meaney, S., & O'Donoghue, K. (2014). The impact of stillbirth on consultant obstetrician gynaecologists: a qualitative study. *BJOG: an international journal of obstetrics and gynaecology*, 121(8), 1020–1028. <https://doi.org/10.1111/1471-0528.12695>
- Neimeyer, R. (2000). Aprender de la pérdida: una guía para afrontar el duelo. Barcelona: Paidós.
- Kornblit, A. (2004). *Somático familiar: enfermedad orgánica y familia.* México.: Ed. Gedisa
- Kübler-Ross E. (2006). *Sobre la muerte y los moribundos.* (2 ed.) México, DF: Random House Mondadori, S.A de C.V.
- Oviedo Soto, S. Urdaneta Carruyo. E. Parra Falcón, F. M. Marquina Volcanes. M. (2009) Duelo materno por muerte perinatal. *Rev. Mex. Pediatría.* 76(5): 215-219. Available in: <http://www.medigraphic.com/pdfs/pediat/sp-2009/sp095e.pdf>
- Petrites, A. D., Mullan, P., Spangenberg, K., & Gold, K. J. (2016). You have no Choice but to go on: How Physicians and Midwives in Ghana Cope with High Rates of Perinatal Death. *Maternal and child health journal*, 20(7), 1448–1455. <https://doi.org/10.1007/s10995-016-1943-y>
- Posada R. S. (2005) *El manejo del duelo. Una propuesta para un nuevo proceso.* Bogotá: Editorial Norma.

Rodal, A. Y. (2010) Intervención dirigida a divorciados para superar esta crisis desde el enfoque *narrativo*. Tesis para obtener el grado de maestría. Universidad de Cuenca, Ecuador. Available in: <http://dspace.ucuenca.edu.ec/handle/123456789/2639>

Ruiz E. & Robles V. (2004). *Niños de riesgo*. En Programas de atención temprana. Barcelona: Editorial Norma-Capitel

Solís L. (2002). La construcción de la parentalité. París.: Presses Universitaires de France.

Valenzuela Mujica, M. T., Salas Urzúa, C., Rivera Martínez, M. S. (2017). Significado de experiencias vividas por profesionales al cuidar a madres en situación de pérdida perinatal. *Ética de los Cuidados*. ene-jun; 10(19). Available in: <http://www.index-f.com/eticuidado/n19/et10690.php>

Valdez, R. Meza, R. Núñez, J.O. y Ocampo M.O. (2009) Etiología de la mortalidad perinatal. *Rev. Perinatol Reprod. Hum. Medigraphic* 23(1):1-4. Available in: <http://www.medigraphic.com/pdfs/inper/ip-2009/ip091a.pdf>

Winnicott D. (1975). *El proceso de maduración en el niño*. Barcelona.: Ediciones Laia.

Willis P. (2019). Nurses' Perspective on Caring for Women Experiencing Perinatal Loss. *MCN. The American journal of maternal child nursing*, 44(1), 46–51. <https://doi.org/10.1097/NMC.0000000000000490>

Worden, J. (2002). El tratamiento del duelo: asesoramiento psicológico y terapia. Barcelona.: Paidós.