

A synthetic worldview of inflexive becoming in the face of perinatal mourning

Una cosmovisión sintética del devenir inflexivo ante el duelo perinatal

RAMOS-JAUBERT, Rocío Isabel†*, ESPERICUETA-MEDINA, Marta Nieves, ALVARADO-CORTÉS, Julio César and RAMIREZ-CHÁVEZ, Jorge

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

ID 1st Co-author: *Marta Nieves, Espericueta-Medina* / ORC ID: 0000-0002-4924-4332, Researcher ID Thomson: T-1500-2018, CVU CONACYT ID: 372705

ID 2nd Co-author: *Julio César, Alvarado-Cortés* / ORC ID: 0000-0002-8655-4367, CVU CONACYT ID: 569028

ID 3rd Co-author: *Jorge, Ramírez-Chávez* / ORC ID: 0000-0001-56810545

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Abstract

Today, focusing on maternal mourning due to perinatal death, in order to understand a devastating phenomenon for parents and particularly for the mother, due to the loss of a child, is a homeostatic milestone. The objective of the present is to comment on an inflectional arc about the emotional adaptive changes in women and after pregnancy and the frustration of motherhood, which this loss entails. The grieving process must be interpreted through the different phases that characterize it and that can manifest in a linear way or behave as a dynamic process that changes from one phase to another. In these conditions, the approach of the health professional is important and must be based on a concatenation of empathy with the mother in the process of mourning, which contains ethical, philosophical and sociological connotations, which must be taken into account in all health management. For mothers in this situation, it is useful to have self-help or support groups, in order to highlight this sad experience and, at the same time, be allowed to interact and be supported by other mothers who have witnessed such an unfortunate experience.

Resumen

En la actualidad, centrarse en el duelo materno por muerte perinatal, para comprender un fenómeno devastador para los padres y en particular para la madre, por la pérdida de un hijo, es un hito homeostático. El objetivo del presente es comentar un arco de inflexión sobre los cambios emocionales adaptativos en la mujer y después del embarazo y la frustración de la maternidad, que esta pérdida conlleva. El proceso de duelo debe ser interpretado a través de las diferentes fases que lo caracterizan y que pueden manifestarse de forma lineal o comportarse como un proceso dinámico que cambia de una fase a otra. En estas condiciones, el abordaje del profesional de la salud es importante y debe basarse en una concatenación de empatía con la madre en proceso de duelo, que contiene connotaciones éticas, filosóficas y sociológicas, que deben ser tenidas en cuenta en toda gestión sanitaria. Para las madres que se encuentran en esta situación, es útil contar con grupos de autoayuda o apoyo, con el fin de resaltar esta triste experiencia y, al mismo tiempo, poder interactuar y ser apoyadas por otras madres que han sido testigos de tan desafortunada experiencia.

Mourning process, Perinatal mourning, Cosmovision

Proceso de duelo, Duelo perinatal, Cosmovisión

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* Correspondence to Author (E-mail: rocio.ramos.jaubert@uadec.edu.mx)

† Researcher contributing first author.

Introduction

The 2030 agenda defines among its objectives of sustainable development, the third objective that indicates how health and well-being require guaranteeing a healthy life, promoting well-being at all ages. Currently five million children die each year, four out of every 5 child deaths occur in Africa; the children of mothers who receive education are more likely to survive than those children of mothers without education, also today 17,000 fewer children die every day than in 1990; And by receiving the measles vaccine, almost 15.6 million children have been prevented from dying since the year 2000.

Today, focusing on maternal mourning due to perinatal death, to understand a devastating phenomenon for parents and particularly for the mother, due to the loss of a child, is a homeostatic milestone. The objective of the present is to comment on an inflectional arc about the emotional adaptive changes in women and after pregnancy and the frustration of motherhood, which this loss entails. The grieving process must be interpreted through the different phases that characterize it and that can manifest in a linear way or behave as a dynamic process that changes from one phase to another. In these conditions, the approach of the health professional is important and must be based on a concatenation of empathy with the mother in the process of mourning, which contains ethical, philosophical, and sociological connotations, which must be considered in all health management. For mothers in this situation, it is useful to have self-help or support groups, to highlight this sad experience and, at the same time, be allowed to interact and be supported by other mothers who have witnessed such an unfortunate experience.

An integrative look at the perinatal mourning phenomenon

To begin, it is important to answer as a rhetorical premise, what is a worldview? It is answered with support from Herrero (2002, cited in Illicachi, 2014), in the form or belief of a person who has about reality or a cultural representation to perceive, interpret and explain the world. Each world creates it as it sees fit, and the inclusive imaginary of the perinatal mourning phenomenon is extremely extensive.

According to the World Health Organization (WHO), the perinatal period extends from 22 weeks of gestation to the first week of life of the newborn (World Health Organization [WHO], 2006). However, in praxis and in the specialized literature it is conceptualized in broader terms, with variability between countries and scientific organizations.

The concept of perinatal mortality was established by Von Pfaundler in 1936 (cited in Valdez, et al., 2009) and is considered as death of conception occurring between the twentieth week of gestation and the twenty-eighth day after birth, this is It 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).

Some clinical manifestations of the phenomenon particularize somatic or endogenous events that can be elucidated as the most frequent symptoms, of which the following are detailed (Moscarello, 1989):

Physical appearance, through empty stomach, tightness, shortness of breath, weakness, fatigue. Emotional environment, recurrent in shock, emptiness, rage, frustration, author reproach, guilt, disbelief, confusion, depersonalization.

Considering the worldview as a structure that unfolds, the conventional or specific characteristics of perinatal mourning, which are far from other types of mourning, can be represented as a multiple mourning, because despite the conscious loss of the baby, it represents or opens multiple losses for the parents, the literature externalizes them in the following way; the projected child is mentioned, this supposes Brier (2008, p. 455), as the "loss of a more symbolic than real relationship, built by the imagination of the one who is in mourning and based on their needs and desires".

On the other hand, Côte-Arsenault and Denney-Koelsch (2011), explained the fullness of the couple, symbolized by the expectation and arrival of a child- illusionism, of a stage of life marked by the moment of becoming parents or the family composition imagined, expected or idealized within a family project, due to the real absence of a child who has not been known, has been known as lifeless or has died early; so much so that they lose, an entire expected future on the occasion of the birth of that baby, articulating some aspect of themselves on the occasion of that pregnancy and of having that child. In similar situations, the possibility of transcendence can also be compromised. It may be that due to their circumstances (the mother's age, fertility techniques used, sequelae, etc.), the parents have the feeling of losing their last chance for motherhood/fatherhood, which at the same time generates mourning for infertility or infertility (López, 2011; Pastor Montero, 2011). In relation to individual and family vicissitudes, regardless of their condition as typology, structure, or life cycle that the family is internalized in view of the above, the birth of a child represents a stellar moment in the life of the family. From pregnancy to childbirth, parents develop feelings of hope, enthusiasm, and joy, projected into the future and neither of them imagines that there will be a happy ending (Ruíz and Robles, 2009). For women, the fact of conceiving a child continues a dense process or plexus, begins before conception, and causes emotional and physical changes in her.

Outlining a level of the claim of the central theme of the succinct, it is important to point out that during pregnancy the mother perceives the fetus as part of herself (symbiosis) and not as a separate subject. This fusion experience of a narcissistic or egotistical nature is the fundamental substrate on which the bond of maternal attachment to her child is based, since the mother deposits part of her self-esteem in it (Solís, 2002), so that the pregnancy fills the most relevant narcissistic ambitions pointed out 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 beings. humans, through a son (Winnicott, 1975). The maternal imaginary sign is deconstructed.

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 oneself that has been damaged (Kübler-Ross, 2006).

Given the above, conditions arise that surround the axiomatic approach of Kübler-Ross (2006), due to the discussion of the outcome in determining the fact or factum, it is not uncommon for perinatal loss to cause the appearance of somatic symptoms, altered behaviour, feelings of guilt, and with them comes maternal mourning, which implies a dynamic process that can incur episodes of crisis within any family system, in which the different phases that characterize it overlap each other and is closely concatenated with care mothers from the health team that treated her at her critical moment; the health personnel enlists an imminent role due to the matter of mediating and intervening in a systemic or systematic way in this summary, establishing a relationship with the pertinent models of social - behavioural intervention.

On the other hand, grief is a normal psychological response (thought and feeling) that occurs due to the loss of a loved one and leads to somatic, psychological, and behavioural symptoms. It is a "complex" reaction, constant, identifiable and involves a process of predictable course, in which the emotional ties he had with the deceased person gradually fade (Posada, 2005).

From the conception in the mother, the idea of the finitude of the human being arises, for which it raises existential questions up to that moment; Giving life entails a generational change and confronts the idea of death itself, which is frightening and distressing (Oviedo Soto et al., 2009).

So far, it is possible to interrelate in this area, a phenomenon that is decisive that attributes to the emotional heuristic, the family system conflicts with the types of crises that are generated in an intransigent way, the crisis for normative or inter-systemic predominates, according to Kornblit (1984), which makes explicit components, of which the first is broken down as family exponents – illnesses or accidents, which it implicitly idealizes, for which they imply abortions, sterility or infertility, complications of pregnancy, childbirth or puerperium, transmission diseases (STD), trauma and injuries, loss of bodily functions, amputations, hospitalization, disability or death of any family member, drug addiction, suicide, economic, labour, legal, etc., these characteristics per se instrumental or effective, not they appear isolated, if not they frequently interact and enhance each other.

The home becomes a wide and open space, with the continuous presence of family members due to the arrival of a new member and the invasion of intimate spaces, giving rise to a certain stability in the couple, which needs time to adapt to this situation. This scenario occurs when the pregnancy comes to a successful term and the newborn is alive and without complications, but it does not occur when the child is stillborn or dies at birth; In this case, the mother not only confronts the mourning for the loss of the child, but also the frustration of her motherhood (Worden, 2002).

Maternal grief is a nominal conception, Defey (1985) and Ewton (1993, quoted from Oviedo et al., 2009) report that the mother in the perinatal death of her child can create a more severe and intense response than when an adult; considered that the most significant points in this process with the increase in the feeling of unreality, because their relationship with the person who dies is not based on experiences or memories of a real person, but on the ties that develop before make physical contact with her. The relationship, in this case, is based on the hopes and fantasies of the parents towards a son frustrated by death, and the notable decrease in maternal self-esteem, as a consequence of the woman's perceived inability to trust her body and the supposed satisfactory achievement of the birth of a healthy and alive child; in particular when the loss of this is due to fetal endogenous abnormalities or genetic problems (Valenzuela et al., 2017).

For this reason, it is convenient that prior to the birth of a stillborn child or if it dies at birth, health personnel offer parents their help, helping them to face the death of their child (Entralgo, 1964), always respecting the decision to receive or no psychological or spiritual help is offered to them, since the autonomy of the mother as well as that of the father is a guiding bioethical principle that health personnel must respect (Uribe, 2006).

The health or support personnel faced with this phenomenon of perinatal death linked to maternal mourning, must listen carefully to the parents without making judgments about the initial reactions of mourning; if the death can be foreseen, it must offer the parents the opportunity to be with the child, to hug him, to talk to him, and if they express it, give him a name and baptize him before he dies, according to “religious” rituals or beliefs (Entralgo, 1964).

In short, various authors such as Claramunt (2009), take possession of family pain, sense of guilt, the sign of invalidation, etc., Neimeyer (2000) with the pathology reached by grief, Linares (2012) emphasizes emotional climate and its restrictions, and puts the rituals and beliefs of family lineage first, Kersting and Wagner (2012) internalized the phenomenon child envy, which translated into Spanish: child envy, makes it difficult to contact friends or relatives who have children or who are in the same gestation period in which your loss occurred; as well as the work of Alvarado, Ramos, Ramírez & Muñoz (2021), where they discussed the importance of symbolic interactionism concurrent to the introspective sign lacking perinatal mourning binomial parents in health personnel; Regarding the above, the responses of grief occupy a painful period of affliction that is a normal and necessary response to the loss of a loved one; instead, the absence of the affliction period can be an alarm sign of a pathological situation, including hopelessness or acquired helplessness syndrome (Seligman, 1975, cited in Yela & Malmierca, 1992).

Anchoring or helping to discipline

It is based on a theoretical or referential framework that makes perinatal mourning be considered a non-pathological process, but it leads to intense suffocation-suffering or sorrow for the parents and that represents a clear collateral correspondence of vital and family crisis.

Various models of social or psychosocial intervention were considered, under the tutelage of social constructionism (Bergen & Luckmann, 1966, cited in Gergen, 1996), social constructivism (Pallincsar, 1998), including Blumer's theory or paradigm of symbolic interactionism (1938, 1982); in conjunction with some models of health psychology, highlighting the social cognitive or cognitive social theory of Bandura (2001, cited in Tejada Zavaleta, 2005) "human agency is the ability to exercise control over our functioning and over the events that they affect our life", environment data and cognitions about reciprocal behaviours "self-efficacy" in abilities that exert desired changes, in itself, binary self-regulation to file all kinds of adverse situation, I learn-socialize and act; the theory of reasoned or planned action of Ajzen & Fishbein (1975, cited in Stefani, 1993), exhorts that the best way to predict behaviour is to know its intentions, as well as the perception coming from social pressure, this is associated with the "envy of the child" factor, then the mother, not reasoning about her condition, immediately wishes to become pregnant, without having emotionally felt the loss, and the so-called trans theoretical model of behavioural change, by James O. Prochaska in 1979 (cited in Cabrera, 2000), suggests the design of transition or modification strategies that are according to the characteristics of the people to whom they are directed, evaluates the stage or stage in which the person is in terms of his "intention of change", concatenates with a good grieving process, and the outcome that is optimal, not only in accepting, the loss, if not going further, that of assimilating.

Methodology to develop

It is bibliographic research, with a qualitative approach, the variables are anchored in worldview, grieving process and perinatal grief.

Results

Social constructionism bases its ideas on common sense and social interactions and realities, its understanding of action in the face of a determining factor situation that seeks reinforcement and meaning from it; social constructivism creates an individual sense of their knowledge of their social context, being more appropriate to a psychological construction and deconstruction; Symbolic interactionism argues that the meaning that things hold for the human being constitutes a central element in itself, ignoring it according to which people act is similar to simulating the behavior submitted for the benefit of the factors that supposedly motivate behavior in relation to behavioral training. They are established in structural and scientific ideas in awareness, sensitization to the optimal solution of psychosocial problems over time.

Based on the manuscript, the models that can be adapted mediately and identify or guide a convincing interposition in the face of such an overwhelming situation, the crisis model or crisis intervention channeling the ego support method, described by Duque (2013) is mentioned, whose purpose is to help eliminate symptoms of emotional-attitudinal idiosyncrasy, and recover the balance prior to the crisis (homeostasis with a situational-occupational perspective, activation of their own resources), where the life cycle situation is activated by a tension (loss) with unexpected or usual emotional reactions (grieving process); On the other hand, Viscarret (2007) stated that the purposes of the intervention are to cushion the stressful event – trauma through an immediate – mediate and emergency first emotional environmental aid.

The Gestalt model of Reynoso and Calvo (cited by Duque, 2013) combines the socio-therapeutic or socio-therapy task, with principles that can contribute and of which the following can be mentioned: thought-feeling-action integration; homeostasis or self-regulation, at the end of the day is a psychosocial learning process that directs the person and the dynamic relationship with their environment.

You can also consider the model of networks and systems supported; life cycle crisis network method (Garbarino and Walton, cited in Payne, 1995), supports the strengthening and constitution (if they do not exist) of support systems that work in a network through natural and/or formal groups (self-help groups, reflective, educational-psychoeducational, etc.) for mutual help, combines personalized intervention, (systems) and collective - social; it can emphasize essential networks in the face of the process or a powerful emotional dilemma in the face of the phenomenon that has arisen.

In summary, models of the so-called "social intervention", which precedes the classical schools of psychology, specifically the branch of social psychology, and which would significantly contribute, it is pointed out, the human validation model of Virginia Satir proposed in the year 2002; Walton and Garbarino's Networks and Support Systems in 1983; the life model of Germani and Gitterman of 1980, and the change model of Bernier and Johnsson published in 1997, (cited in Duque, 2013).

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Conclusions

Despite a blurred panorama before the subjective - subjective perinatal mourning, the literature shakes or infers that the central nucleus of its worldview - integrative, relatively are the emotions and hope of conceiving a child together with the arrival in this world, however the loss unexpected can not be ignored in any type of thought or desire, rather, the inflectional point helps to reconfigure cognitive structures to prevent, modify care habits during pregnancy, establish couple agreements in bifurcation "medical - social environment", since that any transition for or against is imminent, especially a long-term obstetric or obstetric preconception.

The models of the theories described must be distinguished, social constructionism versus social constructivism, symbolic interactionism and its articulation with Gestalt theory, crisis intervention model and its typification, etc., not to influence an old model (almost unreal or utopian) to a latent model, since most are directly related to so-called social theory. Do not overlook the models or theories of the area of health psychology, on the contrary, weave the clinical process as reinforcement; It is not omitted to mention the undermining of the construct "social healing", which is rather an ideology that seeks to integrate from the irrational point of view.

Currently the models are overlapping, but with inertia, in accordance, it is becoming an imminent and overwhelming reality in the face of the exposed phenomenon. As the information is re-established, deconstructs the approach of the health or support personnel, better empathy, ethical and quality results will be shown in the management of the perinatal mourning process. Likewise, with a progressive and articulated vision, under a dynamic of emotional-affective-spiritual intuition in a systematic order, it ensures the applicability of the elucidated intervention models, it is not only the intention, but also the action, reiterating Neymer's constructivist perspective (2000). It continues to ponder the emotional climate through the resources of deity in rituals or implicit beliefs, which for parents and family is extremely valid.

Proposals

Continue reviewing, exploring the phenomenon-perinatal mourning- concatenating - perinatal death, aim to reconsider the mourning process, in this area.

Develop from scientific research a methodological theoretical framework to understand the impact of perinatal grief and integrative concomitants.

Design qualitative and quantitative instruments that measure variables that make up the transition of mourning and perinatal death from what is the mourning process.

The measurement of the concept of perinatal mourning - mourning process and perinatal death should consider the term "assimilation" as an important conclusive connector.

Build a predictive family model starting from the transition and transaction of perinatal mourning, for its characterization and comprehensive understanding.

Rocío Isabel Ramos Jaubert PhD

rocio.ramos.jaubert@uadec.edu.mx

Email Correspondence to Author

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