MATERNAL LOSS: AN ANALYSIS OF TYPES OF DEATH AND GRIEF MEDIATORS

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ABSTRACT

Objective: To understand maternal grief by establishing an analysis between the types of death and the mediators of grief.

Methodology: Field research was carried out with a qualitative approach, with the participation of mothers who lost their children due to premature death (sudden/natural or violent/tragic) and who participate in the mutual help group “Mothers of Pieta”, in Patos, Paraíba. The interviews were reflected in the light of Bardin's content analysis method, the organization of data and information was done through the Mindomo 4.5.4 software, in the premium version, for the development of mind maps.

Results: Based on the mediators of mourning, to verify the existence of bonds of meaning between the bereaved and the lost being. It was observed, in the totality of the sample, that the bonds are of maternal order. Thus, it was possible to identify ambivalence in the relationship between mother and child, reports of satisfaction with social support after the loss and all mothers were involved in Catholic rituals. Most of the sample reported experiences resulting from a violent/tragic death, grief experiences prior to the death of their children, involvement in social roles and attachment security. Only one mother completed the six personality variables during the grieving path, while another experienced grief due to sudden/natural death.

Conclusion: There is evidence that the type of death can directly affect the experience of bereavement, since premature and violent death tends to lead to a longer period of mourning and a slower evolution of mourning.

Keywords: Mother-Child Relations, Death, Grief, Mediation Analysis.

PERDA MATERNA: UMA ANÁLISE ENTRE OS TIPOS DE MORTE E OS MEDIADORES DO LUTO

RESUMO

Objetivo: Compreender o luto materno estabelecendo uma análise entre os tipos de morte e os mediadores do luto.

Metodologia: Foi realizada pesquisa de campo com abordagem qualitativa, com a participação de mães que perderam seus filhos por morte precoce (súbita/natural ou violenta/trágica) e que participam do grupo de ajuda mútua “Mães da Pietá”, em Patos, Paraíba. As entrevistas foram refletidas à luz do método de análise de conteúdo de Bardin, a organização dos dados e das informações foram feitas através do software Mindomo 4.5.4, na versão premium, para o desenvolvimento de mapas mentais.

Resultados: Com base nos mediadores do luto constatou-se a existência dos laços de sentido entre o ente enlutado e o ser perdido. Foi observado, na totalidade da amostra, que os vínculos são de ordem materna. Sendo assim, foi possível identificar ambivalência no relacionamento entre mãe e filho, relatos de satisfação com o suporte social após a perda e todas as mães possuíam envolvimento em rituais católicos. A maioria da amostra relatou vivência decorrente de uma morte violenta/trágica, experiências de luto antecedentes a morte dos seus filhos, envolvimento

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1 INTRODUCTION

The human motivation to understand death predates the historical period of writing, since the investigative process of death answers questions directly linked to life (Santos; Incontri, 2009). The origin of the word death comes from the Greek *tanatus* and from the Latin *mors*, it means the extinction of life or cessation of vital functions of the organism (France, 2015).

According to Kovács (1992) death is something present in the daily life of humanity, it is concrete and inevitable. However, the subject is constituted by a subjectivity that constantly seeks immortality, making it an unwanted experience that needs to be fought.

The studies on death, which are the guidelines for legal medicine, began in Italy in 1602, under the research of Fortunato Fidélis. Since then, Legal Medicine has been, little by little, evolving in several countries until reaching the current specialty. Its practices have had as evolutionary basis congregates several new fields of investigation, among them: Forensic Anthropology, Forensic Traumatology, Forensic Toxicology, Criminology, Infortunistics, Medical Jurisprudence, Forensic Psychiatry, Forensic Sexology, Judicial Psychology, Forensic Tanatology, among others; making the search for its interdisciplinary understanding (Woelfert, 2003; France, 2015).

However, death can be configured differently, classifying itself as: (1) natural death, caused by natural agents, results from organic alterations or functional disturbances; (2) sudden death, without manifest cause, affects individuals apparently with a balanced state of health, its result is instantaneous; (3) violent death, whose determining cause is the unanticipated and intense or continuous and persistent action on the basis of a physical, chemical or mechanical agent on the organism (homicide, suicide or accident); (4) fetal death, occurs before expulsion or complete extraction of the mother’s body; (5) maternal death, during a pregnancy or inside a period of 42 days after the end of pregnancy; (6) catastrophic death, violent death of natural origin or intentional death of man, usually occurs in large number of victims; and (7) presumed death, absence or disappearance of a person, after the period elapsed by the law in effect (Woelfer, 2003; France, 2015).

Understanding death tends to help the subject accept it as part of life, it is as relevant an experience as any other, but it is still considered a taboo in various cultures (Ariès, 2003). According to Freud (1968) the subject tends to avoid the subject of death, with yearning for his arrival before life. The unconscious behaves as if it were immortal, not believing in death itself, identifying death as a random cause, with the purpose of distorting the only certainty of life: death is inevitable and infallible.

Separation, loss or death, when significant, develops on the basis of a fundamental and necessary process in the face of the existing void of absence, but which with temporality tends to be filled again. Such a process is called mourning and corresponds in an adaptation to being or object lost, involves a series of stages for its realization (Melo, 2004).
A study developed by Sanders (1999) shows that, after being aware of a loss, the subject goes through an experiential state of suffering called grief, without a global definition, capable of describing a wide sequence of emotions, experiences, changes and consequences in the face of loss.

Freud (1968), when starting his studies on Mourning and Melancholy, in the light of the repercussions that those who suffer from loss, shows that the loved one ceases to exist, emphasizing the need for all libido to be extracted from this object, constituting a difficult assignment to the subject, in the face of opposition due to the abandonment of a libidinal position, pre-established with this object.

In the face of mourning, one loses the object, different from melancholy, which loses one's own ego (Freud, 1968). From this perspective, the melancholic / depressive bereavement focuses on guilt and punishment, disagreeing to the point of seeking means of overcoming grounded in the instinct of death. Conflict arising from love ambivalence tends to be determinant for pathological mourning, giving opening to an obsessive neurosis, so it should be analyzed.

In seeking to understand the loss of a "loved one", Parkes (1972) highlights four phases relevant in the mourning process: phase 01 - period of torpor, in which moments occur after death; phase 02 - longing, the bereaved longs for the return of the deceased person; phase 03 - disorganization and despair, difficulties in exercising functions of the environment; and phase 04 - reorganization, return to activities and actions of daily life.

According to Worden (2013), to understand the mourning process one must establish knowledge beyond concepts, classifications and phases. According to the author, grounded in the therapies of grief, it is necessary to understand the mediators of grief. After the analysis of a significant number of people in mourning process, a range of behaviors reflected in normal or pathological conduct in mourning is noticeable, arousing paradigmatic dissimilarities in individual reactions.

To understand why each individual experiences the tasks of grief in a particular way, one must understand the seven mediators of grief, to be set out: Mediator 1: who was the person who died; Mediator 2: nature of the bond; Mediator 3: how the person died; Mediator 4: historical background; Mediator 5: personality variables; Mediator 6: social variables; and Mediator 7: competing stressors (Worden, 2013).

Therefore, the present research aims to understand maternal grief by establishing an analysis between the types of death and the mediators of grief.

**2 MATERIAL AND METHODS**

A field study with a qualitative approach, which allowed the interpretation and analysis of subjective experiences, discarding the possibility of results based on measures, intensities, frequencies and quantities (Turato, 2003). Thus, it seeks to improve conceptual bases by collaborating with the interpretation of a phenomenon (Richardson, 1989).

The study sample consisted of a subgroup of mothers who lost their children through early death, either sudden/natural or violent/tragic. They belong to a group of mutual aid of religious denomination - "Mothers of Pietà", located in the municipality of Patos, backlands of the State of Paraíba.

The group began its interventions in 2009, currently consisting of about one hundred and ten (110) mothers visited and thirty-five (35) mothers active in social and religious events. The research was based on two criteria, to be mentioned: (1) inclusion, meeting the inclusion criteria: (a) mothers who experienced the experience with their child before death, (b) mothers who went through the stages of mourning, (c) mothers who were active in the interventions of
the group; and (2) exclusion, were excluded from the research, (a) mothers below the age of 18 years and (b) mothers of stillbirth.

To comply with the ethical rigor of research with human beings, the study presented as a basis Resolution No. 510/16 of the Ministry of Health (Brazil, 2016). The analysis and intervention with mourning mothers were structured in the ethical aspects contained in the Code of Ethics of the Psychology Professional (CFP, 2005). Therefore, the research was linked to the Ethics Committee of the Catholic University of Pernambuco (UNICAP), under Opinion of approval No 2,155,336.

To do so, some aspects were taken into consideration, among them: (1) the purpose of the research, which is a study of social relevance, based on the types of death and the main mediators of grief, phenomena that generate existential conflicts faced by the current society; (2) the criterion of recruitment and selection, was composed of an intentional, voluntary sample, which withdrawal or non-cooperation would not bring harm; (3) the rights of the participants, presented by the Term of Free and Informed Consent (TCLE), which was signed by them, expressing the interest in participating in the research; (4) the secrecy, the identifications of the mothers participants were preserved, thus, cryptonyms were constituted chosen by the participants based on their "devotions", aiming to safeguard the sample of any damage or exposure; (5) care, in the face of a scenario that studies death and mediators of mourning, it is fundamental to take into consideration values, habits and customs.

The data collection procedure followed the following path: (1) the first moment was carried out, with the participants of the group, with the purpose of explaining the nature of the study, its objectives, methods and, subsequently, formalizing the invitation to participate in the research; it is important to note that the research was structured in an intentional sample, therefore being a non-probabilistic method, where elements defined on the basis of the criteria of the researcher (Vicente, Reis and Ferrão, 2001), showing this an effective method in relation to cost and time; (2) already the second moment was guided by a triggering question "What is the purpose of the research? "Grupo Mães da Pietà?", in order to obtain data and information about the origin and purpose of the group; (3) at the third moment, the adherence to the research was made by ten (10) mothers of the group, who then signed the TCLE; (4) fourth moment, which was intended for the planning of an agenda for individual listens, conducted through a thematic guide from a triggering question: "How was the experience of losing a child?", where it is important to point out that the listens were recorded through an audio application, with the prior consent of the interviewee, to be transcribed in full, respecting verbal communication as to non-verbal (sighs, crying, pauses, among others); (5) finally, the fifth moment, in which the devolutive interview with the participants was carried out to add or decrease the interviews transcribed by the researcher, it being important to emphasize that there was no request for alteration of the transcribed text by any of the participants.

The interviews were reflected in the light of Bardin's method of content analysis (1977) structured in three chronological poles: (1) pre-analysis; (2) material analysis; and, finally, (3) treatment of results, inference and interpretation. The organization of data and information was made through the Mindomo 4.5.4 software, in the premium version, an effective artifact in the development of mental maps (Mindomo, 2021).

It is important to point out that the analysis was structured based on the material collected, thus creating categories of data analysis, based on the objective of the research. To do so, the process was developed in an individual way, taking into consideration the order of each interview. After the analysis, the data were structured and presented based on both the type of death and the mourning mediators, in order to help the reader to understand each process in detail.
3 RESULTS AND DISCUSSION

According to Freud (1968), the individual possesses two main instincts, the first directed towards life (*Eros*) and the second directed towards death (*Tanatos*). The brevity of life amplifies the enjoyment that the individual experiences with death. In the quest to eliminate death from life, the subject tries to silence it, medicalize it, evangelize it, legalize it, deny it and mask it.

The sentiments are intensified by the word death, but this word is not pronounced before its real meaning, being replaced by other terms or expressions that little by little become popular, to quote: "is with God", "rested", "is in heaven", "turned a little star", among others. The magnitude of the fear of death tends to negatively affect the individual, making his vital path a constant search to transcend it.

According to Vygotsky (1996) science understood the concept of life effectively, but did not have the same success when trying to explain the concept of death:

Death is interpreted only as a contradictory contradiction of life, as the absence of life, in short, as the non-being. But death is a fact that also has its positive meaning, it is a particular aspect of being and not only of not being; it is a certain something and not the complete nothing (Vygotsky, 1996, p. 265).

France (2015) considers it essential to understand death as a process that, depending both on the intensity and quality of the aggression that triggers it, will have a specific duration. Since death is based on a succession of phases that progressively dismantle the functioning of the organism as an integrated biological unit.

According to Arbenz (1983) the death certificate arose for the purpose of legitimizing the veracity of death and relating the cause, based on a medical and legal view, thus presenting a diagnosis for the cause of death. The seven main types of death are recalled: (1) natural death; (2) sudden death; (3) violent death; (4) fetal death; (5) maternal death; (6) catastrophic death; and (7) presumed death (Woelfer, 2003; France, 2015).

Once this taxonomy of death typification is established, it is essential to present data referring to the loss scenarios experienced by each one of the mothers who participated in this study, highlighting the descriptions: mother's pseudonym, deceased child (a), sex, age, type of death, classification of death, year of death and time elapsed (Table 1).

<table>
<thead>
<tr>
<th>Mother’s pseudonym</th>
<th>Child</th>
<th>Gender</th>
<th>Age</th>
<th>Type of death</th>
<th>Classification of death</th>
<th>Year</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria</td>
<td>‘I’</td>
<td>Male</td>
<td>3 years</td>
<td>Violent</td>
<td>Accident/Hit</td>
<td>1992</td>
<td>25 years</td>
</tr>
<tr>
<td>Isabel</td>
<td>“R”</td>
<td>Male</td>
<td>20 years</td>
<td>Violent</td>
<td>Suicide / Firearm</td>
<td>2007</td>
<td>10 years</td>
</tr>
<tr>
<td>Conception</td>
<td>“T”</td>
<td>Male</td>
<td>24 years</td>
<td>Violent</td>
<td>Accident / Automotive</td>
<td>2010</td>
<td>7 years</td>
</tr>
<tr>
<td>Francisca</td>
<td>‘J’</td>
<td>Male</td>
<td>20 years</td>
<td>Violent</td>
<td>Accident / Automotive</td>
<td>2002</td>
<td>15 years</td>
</tr>
<tr>
<td>Rita de Cassia</td>
<td>‘J’</td>
<td>Male</td>
<td>15 years</td>
<td>Sudden</td>
<td>Infarction</td>
<td>2010</td>
<td>7 years</td>
</tr>
<tr>
<td>Appeared</td>
<td>&quot;A&quot;</td>
<td>Female</td>
<td>19 years</td>
<td>Violent</td>
<td>Accident/Automobile</td>
<td>2003</td>
<td>14 years</td>
</tr>
<tr>
<td>Grace</td>
<td>‘W’</td>
<td>Male</td>
<td>28 years</td>
<td>Violent</td>
<td>Accident / Automobile</td>
<td>2012</td>
<td>5 years</td>
</tr>
<tr>
<td>Pink</td>
<td>“P”</td>
<td>Male</td>
<td>19 years</td>
<td>Violent</td>
<td>Traffic Accident</td>
<td>2016</td>
<td>1 year</td>
</tr>
<tr>
<td>Fatima</td>
<td>‘JA’</td>
<td>Male</td>
<td>22 years</td>
<td>Violent</td>
<td>Traffic Accident</td>
<td>2011</td>
<td>6 years</td>
</tr>
<tr>
<td>Sonia</td>
<td>‘S’</td>
<td>Female</td>
<td>6 years</td>
<td>Violent</td>
<td>Accidental (Drop in elevator shaft)</td>
<td>2015</td>
<td>2 years</td>
</tr>
</tbody>
</table>

Table 1: Detailing Deaths
Based on the analysis of the types of death, the sample of the interview conducted in 2017 with mothers who lost their children points to violent death as being the most constant type of death among maternal losses, where about 90% of mothers evidenced this experience.

Among the classifications of violent deaths presented by the sample, to cite: 80% had the classification as accidental, of which 10% for run over; 10% for fall in the elevator shaft; 40% for automobile (of which 20% automobile and charred); and 20% for traffic with motorcycle. It is important to note that 10% of violent deaths were by suicide with a firearm.

Only 10% of the sample was categorized as natural/sudden death, taking infarction as a classification. This corroborates the fact that the experience of mourning for a sudden or violent death tends to evolve in a different way, and may directly affect physical and mental health, if compared to a situation of natural death (Parkes, 1998). For Moura (2006), the development of grief tends to become somewhat complex, due to the surprise factor of a sudden death. In unexpected deaths, mourners feel the need to know the details of the circumstances of death, and ruminations are frequent about the cause of death or how to prevent it. In such cases, according to Kristensen, Weisaeth and Heir (2012), a greater difficulty in finding a meaning is then found.

In a psychological analysis, knowing the type of death and its classification is the initial step to understand the evolution of normal or pathological grief. However, one must also have detailed knowledge about the mediators of grief.

According to Worden (2013), some individuals experience the grieving experience intensely, others very subtly. Some people experience the onset of mourning from the announcement of death, while for others this experience may be neglected. Thus, in some cases, mourning lasts for a short time, while in others, mourning extends without defining the time required for its end.

From this perspective, the understanding of grief starts with the type of death extending to mediators who can detail grief, leading to a detailed understanding of why each individual deals with grief differently. Thus, seven (7) mourning mediators were analyzed, with the aim of understanding the numerous aspects pervading such experiences (Worden, 2013), which can be seen and understood by mediator 1: (who was the person who died).

### 3.1 Mediator 1: (who was the person who died)

According to Worden (2013), to understand how an individual responds to a loss or mourning process, it is critical to have information about the person who died.

Blood ties, fraternal ties, affinities, similarities, pacts, conscious and unconscious alliances, established between the person who died and the bereaved, are points to be taken into consideration in the search for understanding a relationship (Kaës, 2014).

In an analysis based on the type of death and the bond established between the deceased and the bereaved, Worden (2013) shows that a grandfather who goes to death by natural death will probably trigger a mourning process other than the loss of a child by violent death due to an accident/hit-and-run.

This research, therefore, presents cases of death reported by mothers, which describe subjectively who was the person who died, based on their affections, experiences and feelings (Map 1).
The description that an individual makes of another subject permeates from his particular experience with the world to the structured affections in his relationship with this subject (Suárez, 2018; Suárez et al., 2022). From this perspective, Map 1 illustrates in detail what the mothers describe about the first mediator "Who was the person who died" - here represented by the initial of their names - structured in the relationships and in the result of their experiences, to quote: "Mary", who begins her speech evidencing the construction of a faith in the face of the experience of life and death of "I"; "Isabel" compares "R" to a star; "Conception" presents in "T" the union; "Francisca" evidences in "J" the art of dreaming; "Rita of Cassia" sees in "J" purity; "Aparecida" Instead, it recounts the joy of "A"; "Grace" recalls the good that existed in the acts of "W"; already "Rosa" recalls how "P" was a dear person; "Fatima", recalls the love of "JA"; and, finally, "Sonia", recounts "S" as joy.

By looking at the past, one can find meaning and realization in those moments that were well lived (in which the sense was realized). From the perspective of Frankl (1993) it is evident that the past becomes a "storehouse", in which moments full of meaning are stored and that cannot be taken from the person, since it is already a consummate reality.

What is required of a person in moments of extreme inevitable suffering is that they support the inability to rationally understand that life has an unconditional meaning, notwithstanding such adverse circumstances. Such an unconditional sense is called, according to Frankl (1989), supra-sense, which is only perceived by faith, trust, love.

Nasio (2007) states that making sense or naming unfathomable pain is finally to build her a place within the transfer, where she can be clawed, mourned and spent with tears and words. Thus, the tasks of mourning can be measured beyond "who was the deceased person", also structuring themselves in the bonds established in life, as the second mediator presents below.
3.2 Mediator 2: (nature of the link)

According to Worden (2013), the second mediator of mourning consists of five (5) submediators, capable of subdividing the nature of attachment, which are: (i) the strength of attachment, (ii) the security of attachment, (iii) the ambivalence in relationship, (iv) conflicts with the person who died, and (v) dependent relationships.

Based on the strength of attachment, it is important to note that the links established in the research are all (100%) of maternal nature. Freud (1968) highlights the possibility of the mother establishing a "narcissistic identification" with the child. Thus, the maternal reaction to the loss of a child is characterized by the degree of importance that this child possessed in the life of the mother, that is, the intensity of the mourning tends to be determined by the intensity of the love that was destined to the dead (Worden, 2013).

Nasio (2007) explains that the mourning of the beloved is the most exemplary proof to understand the nature and mechanisms of mental pain. It is evident that all these pains are, to varying degrees, caused by the brutal amputation of a beloved object, to which was intense and permanently linked to the point of regulating the harmony of the psyche. Thus, once this bond is regarded as a feeling of love, it can then be said that pain only exists on a background of such a feeling.

Attachment security is also described by Worden (2013) as a submediator, analyzing the relevance of the deceased based on the bereaved's sense of well-being. This aspect was evidenced by 20% of the sample: "Maria" praises that "before the return of "I"... my life was devoted to my family, my joy was husband and children only" and "Rita de Cassia" reports that "I had in "I" a reference, he represented a fortress... I felt strong because I had his presence" reported their experiences based on the security of attachment. The survivor then needed the person who died for his own sense of self-esteem, to feel good about himself, this will be a strong indicator of complicated grief reaction.

The existence of an ambivalence in the relationship is described by Worden (2013) as the third submediator. For the author, ambivalence can be identified in any close relationship, evidencing the possibility of the existence of both positive feelings and negative feelings between the deceased and the bereaved. This ambivalence tends to cause a complicated grieving experience, with even a certain sense of guilt being observed in some settings.

It is important to note that the sample (100%) did not point out any reports of ambivalent feeling. However, there is a guilt speech evidenced by two of the mothers (20%), quoting "Maria" and "Sonia":

"Why didn't I run anymore? Why didn't I take it? Why did I go buy bread? (Crying and reflection) ... I couldn't look at myself, I blamed myself for not being able to save my son. Because a mother feels guilty even for what she is not to blame..." (Maria).

"I always wondered, why didn't I explain to her about the elevator?... We never imagine that a fatality can occur in our home" (Sonia).

The speeches of "Mary" and "Sonia", before the violent death of their children, reflect the feeling of helplessness in the face of the desire to provide a safe base, in which they can explore the outside world and return (Bowlby, 1989).

Worden (2013) presents as the fourth submediator the conflicts with the person who died, not necessarily a one-off conflict to death, but to a history of conflict existing from the perspective of diverse themes. Based on the sample being studied, only "Francisca" (10%) evidenced in her speech a restlessness as to some conflict in the past: "J" began to give a lot of work, was very disgusted with my separation, with the fact that I had to work alone to sustain
the house”. For Worden (2013), accounts of conflicting and unfinished episodes before death are common in sudden deaths.

Finally, Worden (2013) presents as fifth and last submediator, dependent relationships, (20%) of the sample presented this mediator. "Francisca" cited that "if "J" were here, he would be helping me and accompanying” and "Rita of Cassia" recalled the fact that "I always counted on him for everything", it being evident that both addressed in their speech points associated with the adaptation or internal adjustment in the face of the death of their children. These relationship models tend to directly affect the adaptation of the bereaved, and it is necessary to have external adjustments to the dependent of the deceased.

Map 2 presents in detail the speeches of the Mothers of Pietà regarding the "nature of the bond".

For Worden (2013), the mourner handles the tasks of mourning based on how the person died. The unexpected death, especially of children or young people, tends to be a factor of greater difficulty for the bereaved in the first two years. When unexpected death passes through violent death, it shows signs of greater impact (Parkes & Weiss, 1983).

Violent death is accompanied by traumatic episodes, which can develop a longer and more complicated grief, often challenging the traditional phases of normal grief, affecting the sense of self-efficacy, the sense of life, stagnating in anger and the need to penalize a culprit (Worden, 2013), as can be seen below in the speech of "Franciscas".

Map 2 - Mediator 2 (nature of the bond)

3.3 Mediator 3: (how the person died)

For Worden (2013), the mourner handles the tasks of mourning based on how the person died. The unexpected death, especially of children or young people, tends to be a factor of greater difficulty for the bereaved in the first two years. When unexpected death passes through violent death, it shows signs of greater impact (Parkes & Weiss, 1983).

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"My son was the victim of an automobile accident that resulted in six injuries and three deaths. After some time there was a hearing with the person responsible for the accident and he was released, to this day not accepted. He took the life of "J" and justice did not happen!" (Francisca).

According to Gamino, Sewell and Easterling (2000), in a death classified by the mourner as avoidable, specific issues arise that tend to cause the search for responsible, guilty, and recriminations. Such situations involve court proceedings that may further prolong the mourning process.

Map 3 objectively presents the two main types of death exposed by the sample, followed by their classifications.

Map 3 - Mediator 3 (how the person died)

Compared to the natural death of an elderly person, the accidental death of an adolescent tends to be compassionate in a differentiated way, considering the time of life already covered, considering the death of the elderly as a fact occurred at the most appropriate time (Worden, 2013).

A study by Christ et al. (2003) sought to understand the main specificities surrounding parents' reactions to the death of a child. For the authors, grief is a trigger of high stress, evidencing in their research that the most enduring and stressful maternal grief is the one resulting from the death of the child as a child.

Compared to other struggles, the psychological response to a child's death tends to present intense complications with long-lasting effects (Young and Papadatou, 2003).

3.4 Mediator 4: (historical background)

To understand how mothers experienced their children's mourning, it is essential to consider whether they have already experienced other possibilities of mourning, normal or pathological, in order to identify whether this mourning woman brings to the new experience some incompleteness of previous experience. Map 4 presents, objectively, the historical background presented by the sample, and it is important to point out that (60%) of the mothers did not report mourning experiences that preceded the death of their children.
The results pointed out by "Maria" presented the existence of a history of losses that precede the death of her son, evidencing the experience of previous struggles.

"Isabel" reported that before the gestation of the returned child, she had a multiple pregnancy of five (5) of which only one (1) developed, going to death by natural death after two months of life.

"Conceição" presented in his account of loss the mourning of a son by natural death at the age of three. It is important to note that "Isabel and Conceição" experienced the death of more than one child, being a relevant factor to be taken into consideration that only the most recent experiences were reported in detail.

"Rita de Cassia" reported being diagnosed with depressive disorder before her son's death. After the loss of "J", she reports three consecutive losses: (1) the paternal grandmother of "J", by natural death, (2) the husband also by natural death (cancer) and (3) the cousin who accompanied her during the mourning of "J", by natural death/infarction. In a scenario of this magnitude, the mental health history of the bereaved is relevant. There are studies focused on mourners and history of depressive disorders (Costa; Mota; Milheiro, 2013; Silva; Nardi, 2011a; Silva; Nardi, 2011b). Zisook et al. (1997) showed that pre-death depression tends to change the risk of major depression episodes further after the loss of close people.

Finally, "Graça" presented losses and struggles with people of daily living: father, mother and husband. However, he assured her that there was no pain she experienced greater than the loss of a child. According to Paul and Grosser (1965) and Walsh and McGoldrick (1991) there is a historical mediator who tends to associate himself with familiar aspects. Losses and ill-conceived struggles tend to go on for generations and influence the process of actual mourning.

3.5 Mediator 5: (personality variables)

Bowlby (1980), in trying to understand the individual response to a loss, states that it is relevant to analyze the structure of the bereaved person's personality. Personality has variables that must be taken into account when analyzing an individual's mourning process, citing the presence of six (6) (Worden, 2013): (1) age and gender, (2) coping style, (3) attachment style, (4) cognitive style, (5) ego strength (self-efficacy) and (6) presumed world (beliefs and values).
Based on the first variable based on gender and age, the research sample is composed of women who have experienced mourning, aged over 18 years, ranging between 45 and 64 years old. Worden (2013) reports that women tend to have a more problem-oriented look and may experience a peculiar grief. The account of "Aparecida" contemplated an experience similar to Worden's theory as can be seen below.

"It was a very difficult period for all of us, my husband isolated himself in a room, he had high blood pressure, he had ischemia, until today he is not conforming, nor accepted. I organized the bureaucratic part of burial, invitation and mass alone, until today I do not know where I got so much strength" (Aparecida).

For Worden (2013), when comparing the mourning of a man, the woman presents a distinct result about the loss, which may be associated with greater social support in the face of mourning.

The second variable is based on the coping style, i.e., the changes used by individuals to deal with external and internal demands, based on thoughts and actions.

Worden (2013) presents three styles of coping: (1) coping with problem-solving, the abilities to solve problems may vary among subjects, some presenting stronger or weaker evidence, being the subject, able to give up in the face of failures or unrealizations; three mothers presented this style: "Mary", "Isabel" and "Aparecida"; (2) active emotional coping, the search for something positive, manifest emotions and accept help; three profiles were identified with this classification: "Conception", "Grace" and "Fatima"; and (3) coping with emotional avoidance, includes: and of the other, distraction, denial, social isolation; four mothers presented this style: "Francisca", "Rita de Cassia", "Rosa" and "Sonia".

It is important to point out that through the participation of groups with the same loss profile, the mourners tend to learn to use more assertive strategies of social support (Worden, 2013).

The third variable is grounded in the attachment style: after the death of the attachment figure, the bereaved, committed to preserving or re-establishing proximity to that figure, tending to gradually consider the existence of loss. Thus, attachment style can be classified in two ways, secure attachment or insecure attachment: No (1) secure attachment, mourners who go through the pain of loss are able to process this loss and continue to develop a healthy border with the lost person. In turn, the (2) insecure attachment is divided into four (4) sub-attachments: the first is anxious/preoccupied attachment, in which the grieving shows dependent behavior and the search for help; the second anxious/ambivalent attachment, presents intensity of anger and excessive anxiety in the face of loss; the third avoidant/resistant attachment, in which individuals can show few symptoms and minimal emotional reactions, basically because they are minimally attached; and the fourth avoidant/threatening attachment, in which long stories of tentative attachment are present, as a result of the fear that these Words bonds may be broken (see below) den, 2013).

Of the ten mothers in this investigation, three presented the secure attachment style and seven the insecure. In this, anxious/worried and anxious/ambivalent attachment were identified, and there are no indices of avoidant/resistant and avoidant/threatening attachment, as will be detailed in map 5.

The fourth variable features cognitive style, where Worden (2013) classifies them into different cognitive styles, and may be optimistic in doom or persistent ruminative, repeatedly focusing on negative feelings without acting to relieve those emotions.

"Mary" clearly presented a cognitive style of optimism in misfortune, by evidencing that she compacted with her daughter the following idea: "after the death of "I" our family is happier, because it found spirituality through pain, we find God". Francisca's corresponded to a
persistent cognitive style of ruminatives, focused on negative feelings and actions, to quote: "I didn't accept that situation. I didn't want to pray anymore, I was angry". It is important to point out that the other mothers did not clearly show such cognitive styles.

The fifth variable is structured from the strength of the ego, self-efficacy is a component of ego strength, associates with how much one believes to have control over what has happened in his life (Worden, 2013). The self-efficacy can be identified in the discourse of 50% of the study sample, as detailed below.

"And after the experience of loss we started to believe in a living God, who invited us to carry our cross with resignation and without revolt” (Mary)

"Many people were scandalized by my strong posture in the face of such a great loss, but I forgave those people who do not know what I felt, because to suffer for a loss is not to cry without breaking” (Isabel)

"It is a feeling of must fulfilled, I fulfilled my purpose as a mother. That is why I live well spiritually and psychologically” (Conceição)

"I had to stand up, I saw that if I did not lift what was left of my family I would be buried along with "R", and by it I got up” (Aparecida)

"Little by little serenity has invaded my soul, I believe it was God changing my behavior, today I am strong” (Rosa)

Worden (2013) points out that self-efficacy is particularly useful in helping bereaved people in questions about finding meaning for loss and establishing new identity constructs.

Finally, the sixth variable, structured from the presumed world, some deaths tend to affect the beliefs and values of individuals more than others, causing spiritual crisis and uncertainties about what is good and true. According to Smith, Range and Ulmer (1992) there are structures in the presumed world that function as protective actions, the belief of a reunion with the lost being is one of them. Some beliefs can be identified in the speeches of six (6) mothers who experienced the death of their children, as can be seen below.

"I have "returned" my son to God and today he is much more present in my life... we will be together forever” (Mary)

"On Wednesday I returned "J" and on Wednesday I meet with the group, so I consider it a day of celebration, it is the day of meeting God” (Rita of Cassia)

"I feel happy because I have her in heaven interceding for me, and I soothe longing through good memories” (Aparecida)

"Prayer calms me, I know "W" intercedes for me” (Grace)

"I believe that one day I will meet him again” (Rosa)

"My son to intercede for me, and I always attain grace” (Fatima)

Based on the personality mediators studied by Worden (2013), it is important to note that only "Maria" presented the six (6) personality variables during the mourning journey. Map 5 presents in detail the fifth (5) mediator fragmented by the data of the mothers under study.
3.6 Mediator 6: (social variables)

Grief is a social phenomenon and the need to share such a process with others can be something of enough value to the bereaved. The degree of emotional and social support received from others, both within and outside the family, is significant in the mourning process (Worden, 2013). For the author, there are three important items to be taken into consideration in the analysis of social variables, namely: (1) support satisfaction, (2) involvement in social roles and (3) religious resources and ethnic expectations.

The first mediator, (1) satisfaction with the support, reflects directly the perception of the bereaved about the social support he received in the first moments of the news of death extending until the second year after the loss, also being analyzed the satisfaction of the bereaved when receiving this support, as can be seen in detail below in the narrative of the mothers under analysis.

"My husband, we began to seek God through books, groups and prayers, and He strengthened our family more and more every day" (Mary).

"The neighbors were always present and the priest gave support" (Isabel)

"My husband, we were already in the process of separation, but he accompanied me in the spiritualities of the group […] my daughter was my companion at home and on Sundays in church" (Conceição)
"My daughter has always been the livelihood of the family, even being the youngest, she is courageous and strong" (Francisca)

"I could not count on my husband [...] my mother welcomed me [...] and when I returned home I could count on my cousin" (Rita of Cassia)

"My husband, my son, some friends and the priest" (Aparecida)

"Every visit that came strengthened me more" (Grace)

"My oldest son has always been at my side [...]. My sister was very supportive" (Rosa)

"My family, the girlfriend of "JA" [...] the priest, members of the church [...] and the friends of "JA"" (Fatima)

"My Family" (Sonia)

Satisfaction with social support was identified in the narrative of 100% of the sample under analysis, 30% reported the importance of the care of the children, 20% showed the support of the husband, 20% reported receiving the support of the parish priest, 10% cited the assistance of the mother, 10% emphasized the support of siblings, 10% the presence of close relatives (cousin), 20% presented the support and assistance of friends, 10% reported the support of the girlfriend of the deceased son, 10% presented in their speeches the social assistance provided by neighbors.

It was possible to identify a constant satisfaction, among the experiences during the mourning process, considered as such, support bases for the interviewees, highlighting the relevance of the family and of the closest people for the elaboration of a normal mourning.

The second social mediator presented variables based on (2) involvement in social roles, in which people who play various social roles seem to adjust to the better face of loss than those who do not participate, in the light of the sample under analysis, it was possible to identify that 30% present in their narratives this mediator, as can be seen in the sequence.

"I was invited to be part of the Meeting of Couples with Christ - ECC [...] to be part of this group helped us a lot (Mary)

"I have always had a very close relationship with the church, today I participate in the pastoral (Isabel)

"I have always been a great part of the church and the pastoral ministry, it has helped me a lot" (Aparecida)

Hershberger and Walsh (1990) pointed out major categories of the involvement aspect in social roles, such as: community involvement, religious groups, and political groups. The study sample showed 30% involvement with religious communities and groups. The religious aspect is seen by May (2009) as an effective way to transcend suffering. The author correlates psychotherapy as a starting point for psychic healing, and sees religion as a way to seek salvation for the soul.

Finally, (3) religious resources and ethnic expectations. According to Worden (2013), Catholics as well as Protestants and other cultures follow their own and typical rituals. Thus, to predict how a person will live the process of mourning, it is essential that you need to know something about their social, ethnic and religious background. Mothers present accounts based on the religious resources of their religion, used during the period of loss, as can be seen below.
"Through faith, prayer [...] God in all my answers" (Mary)

"I joined other mothers who had also lost their children and we formed the Prayer Group, later the Pietá Mothers Group" (Isabel)

"The Pietá mothers group helped me a lot in the prayers" (Francisca)

"I missed it, I missed it, but spirituality and the prayer group helped me a lot" (Conception)

"I was already religious, but my spiritual growth was through the Mães da Pietá Group" (Rita de Cassia)

"Today I ask Our Lady to give me tranquility to be with my family" (Aparecida)

"I agreed to return him to God [...] prayer was my basis" (Grace)

"I began to pray the rosary of mercy at home every afternoon at 3 p.m. and that was comforting me" (Rosa)

"The visit of the Mothers of Pietá Group, I accepted to participate in the prayer group and began to visit other mothers" (Fatima)

"I began to participate in the group and the prayers" (Sonia)

It was possible to identify that 100% of the sample shows involvement in Catholic rituals, based on prayers (evidencing devotion to "Saints"), participation in prayer groups and in the Mothers of the Pietá group. There is no way of specifying whether the religious resources used during the period of mourning assist in adjusting to loss. This is still an uncertain and obscure answer (Worden, 2013).

Map 6 presents in detail the sixth (6) mediator classifying in detail which mediators were evidenced in the narratives of the mothers under study, based on social data and religious resources, as can be seen below.
3.7 Mediator 7: (competing stressors)

Mediator 7 objectively presents competing factors that affect the loss process, overlapping changes, and crises that may arise after death. For Worden (2013), some changes after the death of a loved one are inevitable. Some mourners experience high levels of disruption following death, reflected in secondary losses.

Among secondary losses, Worden (2013) presents complex financial crises as the most frequent. In the light of the study sample, only 10% of the mothers reported this secondary loss, describing financial losses after the loss of their child, as can be seen below.

"My husband chose to stay at home alone [...] he was looking for the drink, he was absent from work [...] with some time we separated, it was a difficult separation, we spent nine months apart [...] after he came back and with little time he died of lung cancer [...] we had some financial difficulties, but God helped us to this day (Rita of Cassia).

It is important to note that the secondary loss presented by "Rita of Cassia" after the loss of her son. In a short period "Rita de Cassia" experienced four fights in a row, among them the son, mother-in-law, husband and cousin who gave her social support.

4 CONCLUSION

The experience of loss, regardless of the scenario, is capable of generating grief. Death loss can thus be defined as a negative experience, capable of generating unimaginable pain, but it can also generate growth by being bereaved, in the form of interpreting or re-signifying life in the face of death.
Inevitable suffering is capable of generating meaning, there are situations - such as the death of a child - that are capable of teaching the human being about dignity and self-transcendence in the face of pain. From this perspective, to re-signify life in the face of loss is essential to look at death and learn a lesson from it.

The type of death can directly affect the grieving experience, since early and violent death tends to lead to a longer period of grief and a slower evolution of grief.

It becomes fundamental to understand the importance of the mediators of mourning, since mourning is classified as a slow and painful process of dislove, that is, it is necessary to desatiate the physical presence, to love the reconstruction of a memory full of positive memories, modifying the bond and the way of loving, re-elaborating love in absence.

Therefore, the pain of loss, of the broken bond, needs to be experienced. The image of the lost child cannot be deleted, it must be present in all phases of normal mourning. Pain needs to be crazy, making it the last barrier against madness.

For mourning, there are no deadlines or ready responses, but there are phases that can be analyzed according to each clinical case. It is important to emphasize that the patient should be conducted as a subjective being considering, also, that the time record is different for the unconscious, not accompanying the chronological version.

Maternal mourning, however, is structured on exorbitant emotional bases, and may remain for months, years, or for life. In extreme cases and in cases of pathological mourning, it is up to the psychologist to conduct the therapeutic process.

A good reference to the finitude of grief is to think of the person who died without feeling the pain accompanied by anguish; when sadness makes room for nostalgia, allowing the bereaved to displace their energies to live it.

REFERENCES


