

# Understanding Gestalt Therapy In The Face Of Maternal Grief Experience

<sup>1</sup>Araildo Enoque de Oliveira Junior

<sup>2</sup>Marcus César de Borba Belmino

<sup>1</sup>Graduated in Psychology, (UNILEÃO)-Centro Universitário Doutor Leão Sampaio, Av. Maria Leticia Leite Pereira s/n, Juazeiro do Norte - CE, e-mail: oliveirajuniorpsi@gmail.com

<sup>2</sup>Doctor in Philosophy, Federal University of Santa Catarina (UFSC), Rua Lauro Linhares, Nº: 970, Florianópolis-SC.

---

## Summary:

Motherhood is a social and cultural phenomenon that involves unique expectations, challenges and experiences for each woman. Pregnancy marks a time of greater understanding and experience of this role, as the relationship between mother and child is influenced by individual, social and cultural factors. In the context of maternal grief, the loss of a child causes deep and lasting pain, impacting the mother's sense of existence. Therefore, this article aims to understand the process of maternal mourning from the perspective of Gestalt Therapy. And as specific objectives: elucidate the notion of subject and suffering in Gestalt-Therapy, address theories about grief and its processes and list the understanding of Gestalt-Therapy in relation to the experience of maternal grief. Regarding methodology, this study consists of an integrative, qualitative and descriptive review, in which it used fully available studies published in Portuguese, in the PEPsIC, SCIELO, BVSPsi databases, using the descriptors: maternal mourning, suffering and Gestalt-Therapy. Therefore, through the reflections carried out, it was found that motherhood is a complex and unique experience, shaped by cultural, social and subjective factors. Maternal grief is a painful experience that requires adequate support and respect for the uniqueness of each bereaved mother. In the face of maternal grief, it was found that the Gestalt Therapy clinic offers therapeutic tools to understand and address this experience of mourning, facilitating the bereaved person's awareness and the reconstruction of a new relationship with themselves and with the void left by the loss of their child.

**Keywords:** Maternal grief. Suffering. Gestalt therapy.

Date of Submission: 08-10-2023

Date of Acceptance: 18-10-2023

---

## I. INTRODUCTION

As we know, mourning is represented as a natural experience when faced with the loss of someone or an object that was very loved. In view of this process, considering maternal grief, when it is not processed in a healthy way, it can allow the subject to develop psychological illness. At the heart of maternal grief, it is understandable that mothers face the loss of meaning and even wish not to continue living, even if this situation is not characterized as pathological grief. These reactions must be understood and welcomed, as they are intrinsically linked to the new reality that is established after the child's departure.

In the process of welcoming the bereaved mother, based on Gestalt Therapy, some strategies become evident, such as living in the present, working with emptiness and absence, in addition to imaginary dialogue with the lost child. These strategies enable the maternal figure (who is) immersed in the mourning process for the loss of her child, the ability to explore her subjective demands within the context of her current experience, exploring horizons conducive to the generation of new conceptions and meanings related to the experience of the void caused. for mourning. In this way, the Gestalt Therapy approach is relevant in the context of maternal grief, given that its theoretical-methodological structure allows the subject to experience grief in the present moment, at the same time that it encourages the expression and reformulation of the affections involved ( FUKUMITSU, 2022).

The Gestalt therapy approach recognizes the uniqueness of the person as a unique human being. This implies observing human beings in a unique and exclusive way in the global context, considering their specific characteristics and their relationship with the environment. In this approach, the theory views the individual as a conscious agent, whose knowledge arises from the interaction between their consciousness and the world around them. This dynamic transforms the understanding of the world towards the individual's personal intentions, values, prejudices and interests (MARTON; JÚNIOR; COSTA, 2021).

Through the analyzes carried out during the research, it was found that the pain felt due to the loss faced by the mother must be understood from a subjective point of view, needing to be understood as a social and cultural process. It became clear during the research that each experience faced by mothers has a unique character,

since in view of the theory presented by Gestalt Therapy, an understanding of the human being emerges in a unique, or even subjective, way.

From this perspective, it was found that by not being able to experience organismic self-regulation, the grieving mother can enter a state of neurosis. The individual in a state of neurosis lacks the ability to differentiate themselves from their environment (BELMINO, 2020), thus presenting an imbalance in terms of the organism-environment bond, not having the power to perceive their needs and equally satisfy them.

The construction of the work was based on the importance of social representation surrounding maternal grief, understanding the subject and suffering, aiming at a greater understanding of how the process of maternal grief occurs, in addition to the possible ways that mothers find to overcome the pain caused by loss. Making it possible to help different people who go through this situation through contact with work.

Regarding professional relevance, contact with work enables the development of effective clinical interventions, and a different contribution to the academic community on how the processes of maternal mourning, suffering and the notion of subject occur in Gestalt-Therapy.

This article aims to understand the process of maternal mourning from the perspective of Gestalt Therapy. And as specific objectives, elucidate the notion of subject and suffering from the perspective of Gestalt-Therapy, in addition to addressing the different theories about grief and its processes, and the understanding of Gestalt-Therapy in relation to the experience of maternal grief.

## **II. METHODOLOGY**

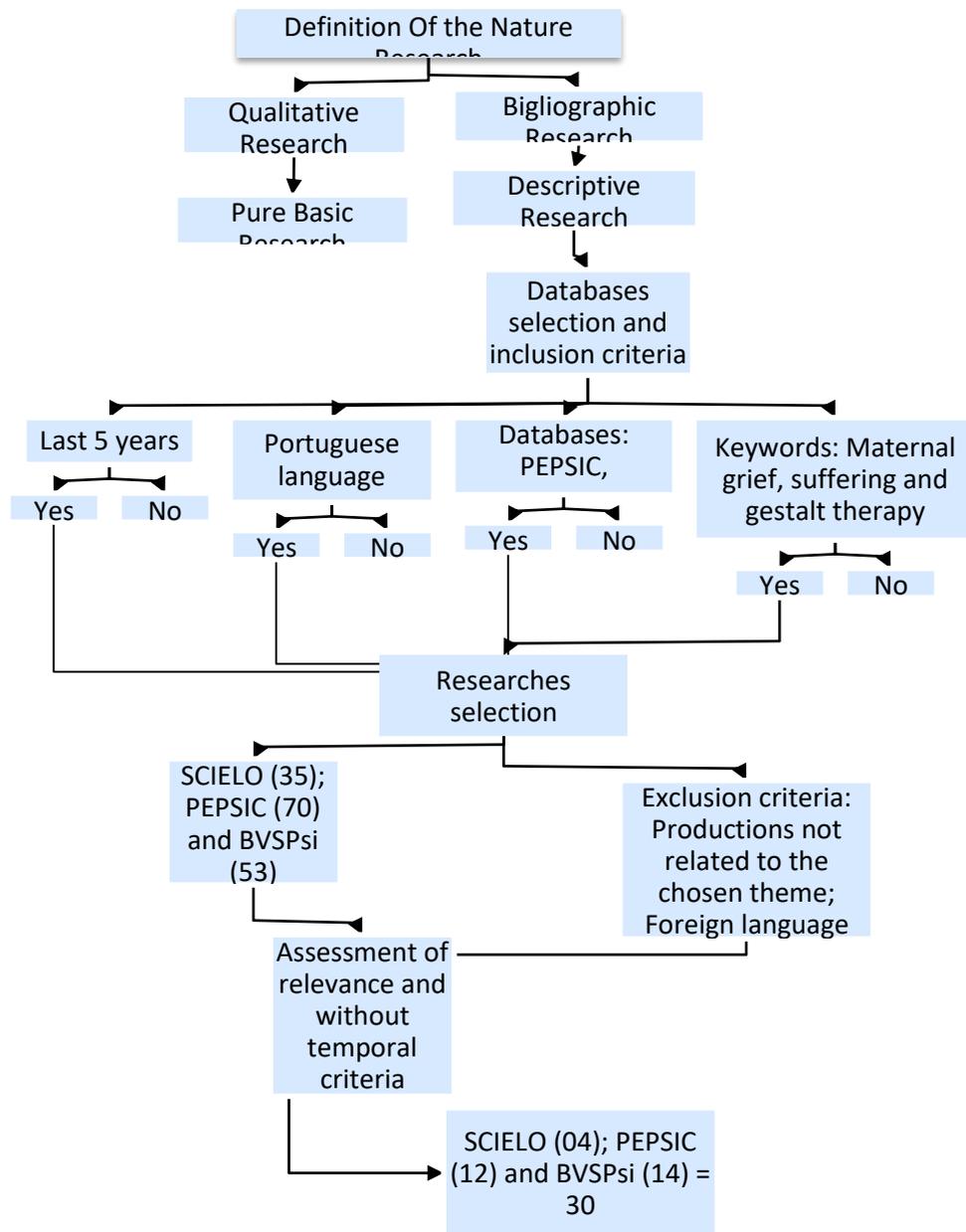
The research is qualitative in nature, as it presents the researcher's interpretation of a given topic. Because, its concern is a greater understanding of a given context from a subjective aspect of the researcher himself. The study is still characterized as bibliographic, based on published materials, such as event annals, scientific articles and books. Through the survey of materials, this aimed to address both the perspective of maternal grief in the face of the loss of a child, the conceptualization of grief itself and the phases that compose it, and the perspective that Gestalt Therapy brings to the understanding of theme, aiming for a greater understanding of the topic addressed (MARCONI; LAKATOS, 2017).

In relation to nature, it is pure basic research that aims to expand knowledge without the requirement or concern of applying it to reality (GIL, 2010), since it is then possible to analyze scientific works with the with the aim of providing a different perspective on the topic in question.

In relation to the objectives, this is descriptive research, which aims to describe the phenomena and facts of a given reality (TRIVIÑOS, 1987). It is aimed at an analysis of studies on the subject, aiming to provide a different understanding in the work from those presented in other publications, considering that the aim of this type of research is to describe characteristics of the previously studied subject.

To clarify the methodological processes used in this research, the flowchart was constructed (see figure 1 below):

Figure 1. Flowchart of research methodological processes:

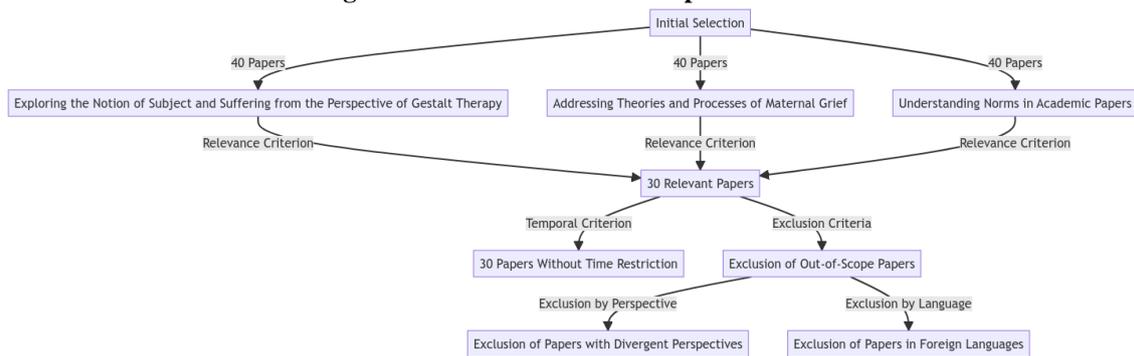


Source: author himself (2023).

The flowchart above describes the step-by-step methodological procedures that served as the basis for the construction of this article. Through the exposition, we see the characterization of the nature of the study, the databases used, in addition to the inclusion and exclusion criteria. Considering the inclusion criteria: productions published in the last 5 years were used, in Portuguese and the databases PEPsic, SCIELO, BVSPsi, in addition to the descriptors: maternal mourning, suffering and Gestalt-Therapy.

In the selection process, 40 works were selected that addressed the notion of subject and suffering from the perspective of Gestalt Therapy, and those that addressed the theories and processes involved in maternal grief. And work on understanding the standards used in academic work. Among these, 30 works were used that proved to be relevant in terms of the themes involved, without the use of temporal criteria, but rather a broad understanding of these processes at different times. As for the exclusion criteria, works that addressed themes such as suffering and the subject's notion from different perspectives from those presented by Gestalt Therapy and works published in a foreign language were discarded (see figure 2 below):.

**Figure 2. Filter flow of the 40 reports found:**



Source: author himself (2023).

### III. RESULT

#### THE NOTION OF SUBJECT AND SUFFERING IN GESTALT-THERAPY

Gestalt therapy understands the person as an integral human being, bearing in mind that this concerns having a unique and unique view of man in the world, as well as his relationship with the world. The individual's incessant search is the engine that drives him, this search is guided by a genuinely humanistic and holistic approach.

Within this perspective, the understanding of the human being is understood through a vision of integrality, which transcends both the dualistic and fragmented vision. However, it is vital to realize that the conception of a human being should not be limited only to their state of illness, their feelings or speeches. On the contrary, it must be understood as a holistic entity, which fits into a notion of a unified organism. This inevitably generates controversy in relation to the predominant understanding of dualist conceptions, which reduce the subject to the mind-body dichotomy (PERLS, 1981).

From this perspective, the subject's constant search for his updating process is what makes him move according to the process of organismic self-regulation and development of his potential. In this logic, the understanding of the human being is understood through a conception of integrality, understanding the human being as a totality, seeking to overcome any dualistic vision (PERLS, 1981; RODRIGUES, 2011).

Within this context, aligned with Kurt Goldstein's Organismic Theory, Fritz Perls clarifies that human nature boasts an innate ability to self-regulate the organism, called homeostasis. This dynamic implies that the organism strives to meet its own needs, perpetuating an internal balance, commonly referred to as the homeostatic process. Therefore, when the organism is in a balanced state, this condition denotes a state of well-being (YONTEF, 1998). At the same time, it is observed that this search for balance, intrinsically associated with the tendency towards self-realization, is based on the assumption that the organism is continually interacting with the surrounding environment, with a view to adapting and regulating. Perls, in this sense, attributes significant importance to this process of balance, since it is in line with the notion of gestalt completeness, that is, with the achievement of a harmonious state in organic functioning (PERLS, 1981).

In the wake of this thought, with regard to suffering in the field of Gestalt Therapy, to understand how the process of health and disease works, we must consider the healthy state and the state of pathology/suffering. In the first, respectively, it requires greater assimilation and integration in terms of contact with the environment, in the second, on the other hand, it is based on the assumption of a closed border or excessive openness. This happens when the subject is unable to relate or even has difficulty delimiting what belongs to the self and what belongs to the other (YONTEF, 1998; MIRANDA, 2003).

*In Gestalt Therapy, we can consider psychopathology as directly related to an inadequate relationship with the Other. In this sense, we will not speak of an individual psychopathology, but of a psychopathological relationship, or a relational psychopathology. Being ill, in Gestalt Therapy, is being in relational disharmony, either with the world in general or with oneself (HOLANDA, 1998, p. 41).*

The Gestalt clinic, unlike other approaches, proposes a vision where not only neurosis, but also other attributions considered psychopathological, are not seen as a disease. And neurosis even demonstrates the possibility of the organism in seeking the possibility of creative adjustment, taking into account the adversities that can be faced in different contexts, whether social or political. "The clinical proposal of Gestalt Therapy does not focus on thinking about neurosis like a disease, but, in truth, as a possible form of creative adjustment to a series of political, social, economic, biological issues, etc." (BELMINO, 2020, p. 244). The author also discusses that society pathologized the disease, closing it off as if it were an anatomophysiological flaw, ending up reducing what would be the body's behavioral inhibitions to a disease.

As described by Perls (1981), people are immersed in an environment that requires constant changes, adaptation and continuous movement, essential to maintain a healthy body. When someone is healthy, they can use their Self to distinguish what helps growth and what doesn't. However, in situations of neurosis, "the individual is crystallized in an obsolete way of acting, he is less capable of meeting any of his survival needs, including social needs" (PERLS, 1981, p. 40).

Furthermore, as Perls explained (1977), neurosis arises when people become immersed in situations that they cannot resolve, overwhelming themselves with several unfinished demands, hindering their ability to move on with their lives. According to this author, there are five "layers" in neurosis: (1) the layer where people repeat their roles without stopping and live only on appearances; (2) the layer where people avoid suffering and frustration, resisting being true to themselves; (3) the layer in which we cannot accept who we were in the past, and we end up fantasizing that we cannot be who we are discovering ourselves to be; (4) the implosive layer, where energy is trapped and does not let our excitement reach our senses; and finally; (5) the explosive layer, which is related to the energies that are trapped in the implosive layer.

In this sense, the neurotic individual emerges as one who, when seeking to establish his balance, inadvertently distances himself from his own essence, allowing the influences of society to exercise considerable control over his life. The subject who is in a state of neurosis demonstrates difficulty in discerning between his self and the outside world, with society occupying a preponderant influence on his existence (BELMINO, 2020).

Consequently, the relationship between the organism and the environment presents an imbalance, resulting in the individual becoming distant from himself and from others. This culminates in an inability to recognize their own needs and, consequently, to satisfy them adequately. Here, neurosis can be considered an attempt by the individual to avoid the conflict between their organism and the environment, in search of harmony in the face of the suffering experienced, even though this effort can lead to the fragmentation of the personality due to the internalization of this same conflict (PERLS, 1973/1981; MIRANDA, 2003).

Therefore, in subsequent discussions, the different perspectives of grief were addressed, including the contribution of Gestalt Therapy to maternal grief. Bearing in mind the understanding of the suffering caused by maternal grief, it becomes pertinent to describe, in addition to the phases that make up maternal grief, to list the possibilities that aim to better cope with the pain caused by loss. Psychotherapy based on the Gestation-Therapy approach according to Belmino (2020), aims at a place where the clinician is placed in a place of listening and acceptance, enabling the client to have greater contact and understanding of the pain they are going through, enabling construction of a new way of life bearing in mind that the relationships that were previously possible in the presence of the living child will not be possible due to his departure.

## THEORIES ABOUT THE GRIEF PROCESS

From the 19th century onwards, with the advent of capitalism and the emphasis on individual autonomy, social relations began to be highly individualized, also impacting conceptions of death and the doctor-consultant bond. Understanding this historical bias is essential to understand the influence of socioeconomic, cultural and religious aspects on the perception of death and the grieving process (COMBINATO; QUEIROZ, 2006; MAMED, 2022).

Kübler-Ross observed that people have adopted different attitudes towards death, from avoiding talking about the subject to completely denying it. The author highlights the development of medicine and its practices that often reduce consultants to biological bodies, avoiding contact with their biopsychosocial dimension and, in this way, not entering the experiential field of pain, anguish and suffering of individuals (KOVÁCS, 1992).

This human distance, especially with regard to death, has the consequence of reducing the experience of the grieving process. Modern society has moved away from the experience of death, seeking mechanisms to face it. The rejection of death, according to Kübler-Ross (2008), is based on the attempt to develop mechanisms to deal with it. Currently, suffering is considered aversive and frowned upon in the eyes of society, unlike in the past, when it was seen as an important element in the process of individual evolution. This context reflects the need to rethink society's relationship with death and mourning, seeking to restore understanding and acceptance of these processes as part of the human experience. Recognizing the importance of mourning and valuing the expression of suffering can contribute to a healthy and meaningful coping with loss (KOVÁCS, 1992; MAMED, 2022).

In her studies on death and dying, Kübler-Ross (2008) identified different stages of mourning that frequently occur in clients with terminal illnesses. These stages are a way of understanding and dealing with the proximity of death. In the denial and isolation stage, the querent may initially deny their health condition and isolate themselves emotionally. It is common to feel shock and numbness when faced with the diagnosis or news of a terminal illness. As denial subsides, the anger stage emerges. The subject may experience feelings of anger, resentment and revolt, directed both at the healthcare team and at family members and close friends.

Then comes the bargaining stage, where the subject tries to make agreements or bargains with destiny, seeking to postpone death. This may involve closely following medical advice, adopting a healthy lifestyle, or seeking additional medical interventions in hopes of prolonging life. As the reality of the situation sets in, the

depression stage sets in. Feelings of sadness, hopelessness and depression arise. These feelings may be related to the loss of physical capabilities, the prospect of separation from loved ones and facing anticipated grief (KÜBLER-ROSS, 2008).

In the final stage, called acceptance, the subject reaches a state of acceptance of their condition and imminent death. This does not necessarily mean indifference or resignation, but rather emotional preparation and dealing with practical issues related to the end of life. It is at this stage that final goodbyes and reconciliation processes with loved ones occur. It is important to highlight that not everyone goes through all of these stages and that there is no fixed order. Furthermore, each person experiences the grieving process in a unique way, with variations in the intensity and duration of each stage. These stages are just a theoretical model that helps to understand some of the common emotional and psychological reactions to the prospect of death (KÜBLER-ROSS, 2008).

From this perspective, mourning is a phenomenon characterized as a social and cultural process triggered after a significant loss, commonly linked to the death of a loved one or family member. However, it is understood that several situations involving losses, ruptures of emotional bonds, whether related to human beings, animals or objects of great esteem, can trigger the development of grief. It is important to highlight, as mentioned, that the grieving process is subjective for each individual, that is, each person deals with grief according to their experience and the time needed to work through the loss. The meaning attributed to mourning is particular, the result of personal experiences, context and cultural influences (RAMOS, 2016).

We can identify phases of grief as a set of reactions related to what the subject lost, as Bowlby (2004) points out. The first phase is the moment of shock, lasting hours or even days, depending on the subjectivity involved. At this stage, feelings of anger and despair may arise. It is important to highlight the importance of having company when dealing with grief. The second phase is marked by the desire for what was lost, which can last weeks or even years. During this period, the person may experience anger over the loss, as well as feelings such as despair, difficulty sleeping, anxiety and apprehension. It is worth highlighting that the individual may present fantasy behaviors, denying reality and maintaining the hope of finding the lost object.

The third phase is characterized by disorganization or despair in the face of the mourning situation. Anger, one of the common feelings at this stage, can manifest itself in both a temporary loss and a permanent loss. When the subject cannot overcome this anger, it indicates that the loss has not been accepted and that there is still hope for a reunion. It is important to mention that this anger can be directed towards people close to the bereaved person, as the individual has not yet detached themselves from the idea of reunion, and people close to them end up receiving this anger for confirming the loss to the subject (KOVÁCS, 1992; BOWLBY, 2004).

Finally, we have the reconstruction phase, in which the individual begins to elaborate on the grief and attribute a new meaning to the idea of grief, finding other ways of dealing with what happened. In this sense, although this phase involves acceptance and changes, the occurrence of sadness and longing is understandable. The grieving process occurs gradually and may never be completely completed. Therefore, the time of mourning is relative and can last for years. In some cases, the process may never end, so that, over time, the individual may experience intense sadness, discouragement and despair. However, these feelings are experienced differently as grief becomes distant. It can be said that loneliness is a constant feeling in mourning (KOVÁCS, 1992; BOWLBY, 2004).

According to Worden (2013), mourning is associated with four fundamental tasks. The first task is to accept the reality of the loss, facing the notion that something or someone cannot return. It is important to highlight that denial is common at this stage, as opposed to accepting the loss. The individual tends to deny mourning and, especially, the object of their affection.

The second task is to deal with the pain of grief. When a person loses something they had a significant connection with, they are likely to grieve to some degree. Each person experiences pain differently, making it extremely important to consider that each grief is subjective. It is necessary to work and process suffering so that it does not intensify or harm the individual's mental health. However, it is possible to lack this second stage, in which the subject can avoid feeling and thinking about painful aspects as a defense mechanism (WORDEN, 2013).

The third task concerns adjusting to a world without the lost object of affection. There are three aspects of adjustment: external adjustment, which involves adapting to a new context in which the presence of the stimulus that motivated the mourning is not present; internal adjustment, related to factors that affect the individual's subjectivity, influencing their perception of themselves and the world; and spiritual adjustment, which refers to reflection on beliefs, life perspectives related to religion, among others (WORDEN, 2013).

The fourth task is to establish a lasting connection with the deceased person, while starting a new life. This task involves coping in the face of adversity and the search for a healthy life in the psychosocial sphere. Grief, regardless of its nature, directly affects the psychological field, and the best way to deal with it is to go through each of the tasks mentioned above and use resilience to find healthy ways to carry on after extreme pain (WORDEN, 2013).

From a contemporary perspective, we list the Dual Process Model of Grief. Franco (2021), based on the studies of Stroebe and Schut (2001), states that, in the grieving process, the subject, when experiencing loss, undertakes the constitution of new meanings and reorganization in the face of a new reality where the deceased person does not is present. In this context, coping stands out as a fundamental strategy in understanding grief. Based on this theoretical perspective, adaptation and the construction of meaning occur through the movement not only of coping aimed at loss, it also permeates the action of coping aimed at restoration. This means that, at different times, the bereaved subject is directed towards loss and, in other contexts, towards restoration. These movements and oscillations are seen as expected and make up a healthy and essential process in terms of reorganization for the development of a new life without the presence of the lost loved one.

In the Dual Process Model of Grief, when these peaks of oscillation do not occur, the grieving subject remains fixated either on the loss, or on the attempt at restoration, resulting in the absence of adequate (healthy) reframing of the grieving process, therefore, resulting in a complicated grief. This experience is characterized by the absence of a healthy process of mourning, in which the mourner remains stagnant in one of the phases of the process, unable to progress and achieve an adequate emotional and psychological restructuring (STROEBE; SCHUT, 2001 apud FRANCO, 2021 ).

Finally, says Andery (2021), that mourning is a field that several theoretical aspects have been involved in studying over the years, mainly within the scope of psychology, psychoanalysis, Gestalt Therapy, philosophy, sociology, among others. As can be seen, the mourning process, throughout the history of humanity, has undergone numerous transformations, ranging from a phenomenon associated with mental illnesses with no direct link with regard to the loss of the loved object, rupture of relationships with family members, to the conceptions that it involves an experience experienced by everyone in the face of loss.

Therefore, both the themes of death and mourning are still characterized as taboos in the social context, representing a negative aspect regarding the expansion of knowledge on this subject, in addition to the development of new understandings on how to act and help the bereaved. However, nowadays, there is a significant opening in the academic, social and spiritual scenario, which allows new perspectives on losses and mourning itself (ANDERY, 2021).

## GESTALT-THERAPY AND MATERNAL GRIEF

### Motherhood and grief

Motherhood has been conceived by society as the moment in which a woman assumes the role of mother. This perception is evident from childhood, when girls begin to reproduce behaviors associated with motherhood, and in games where they play the role of doll caretakers, for example. However, it is during pregnancy that women acquire a deep understanding of motherhood, as they experience the effects, feelings and challenges inherent to pregnancy. It is crucial to highlight that both the desire to be a mother and the experience of motherhood itself are cultural constructions and reproductions, also influenced by the historical and personal aspects of each individual (GRADVOHL; OSIS; MAKUCH, 2014).

Motherhood is characterized as an intimate and unique relationship between a mother and her child. With regard to mothering, this assumes the role of establishing a purely affective relationship, aiming to welcome and care for the child. Therefore, it is important to highlight that maternal care is closely related to what society determines as the mother's responsibility, giving women the responsibility of taking care of their children. In other words, each culture defines the ways in which women should perform motherhood, so the process of understanding what it means to be a woman and mother can vary in line with cultural characteristics (GRADVOHL; OSIS; MAKUCH, 2014).

The desire to have a child is a process that occurs even before conception. Since childhood and adolescence, women go through a stage of identification with motherhood, which culminates in pregnancy. However, motherhood can be experienced subjectively by each individual, since some women may experience uncertainty, anguish, concerns and doubts regarding the exercise of motherhood, while others have an opposite stance. Furthermore, it is important to highlight that, during pregnancy, women go through a period of intense focus on themselves and their baby. However, after birth, all attention focuses exclusively on the baby, which can cause psychological harm to the woman, as she may feel neglected and lacking attention and care (ZANATTA; PEREIRA; ALVES, 2017).

At the family level, the arrival of a baby can trigger stress and apprehension, as it brings changes to the entire family dynamic, requiring parents to adapt to the baby's needs. These changes can encompass economic, personal and social aspects, leading parents to seek support and support from family, friends and even social assistance services, given the different situations that may arise in the child's early stages (ZANATTA; PEREIRA; ALVES, 2017).

A relevant aspect in the relationship between mother and child is that, as it is something new and unique in each woman's life, the arrival of the child and everything that this condition entails can be influenced by the relationship that the woman established with her own mother. , serving as a reference for the flourishing of

motherhood. Regardless of the positive or negative experiences experienced, a woman, at the beginning of motherhood, can reproduce a relationship with her child similar to that established with her own mother. It is essential to recognize that motherhood constitutes a complex and unique process for each woman, influenced by individual factors, social and cultural. Each mother carries with her her own experiences, expectations and challenges, and the experience of motherhood is a personal journey that develops over time (ZANATTA; PEREIRA; ALVES, 2017).

In this context, Freitas (2013) points out that motherhood represents a complex phenomenon, influenced, above all, by cultural, subjective and social issues, since the attribution of the role of being a mother is strongly associated with a mode of existence of sense, that is, for the mother figure the child is an existential support. Thus, faced with this loss, the mother, in addition to experiencing pain, experiences the loss of meaning, the loss of a way of existing in the world. This follows why, for them, it is not just about breaking the bond with the loved one, it also symbolizes a death within themselves, as if a piece of them had died with the death of their child.

In a study carried out with three bereaved mothers, Freitas and Michel (2014, p. 276), observed when collecting information that the experience of maternal grief is structured into ten basic elements such as:

*Three of these constituents were present in the reports of all mothers, namely: pain, loss of a way of existing and experience of spirituality. The other seven were found only in the speech of two of them: guilt; loss of meaning in the life-world; will to die; fragmentation of emotional ties; engagement in projects that were related to the child; perpetuation of the son's memory; and strengthening ties with people significant to the deceased. The analysis of the speeches of the three mothers allowed us to notice a qualitative difference between the structuring constituents of the experience of mourning. In some, the mere description of aspects present in the experience of grief, such as pain or guilt, for example, was perceived. In other cases, the presence of what can be called resignification was noted. In the case of these units, a new way of existing is evident — already conformed to the limitations imposed by the lack of intercorporeality. They are still part of the experience of mourning, as it is an endless process, but they reveal new ways of being-in-the-world.*

Through reflection regarding the structure of the mourning experience of the three maternal figures interviewed in the research, Freitas and Michel (2014) elucidate that it is essential to address that each case has its specific demands and way of dealing, given that each experience is unique and encompasses peculiar circumstances. Respect for the mother's experience in the grieving process becomes essential, allowing her to respond to the loss of her child in line with her own demands, regardless of the social impositions that may emerge.

At the heart of maternal grief, it is plausible that mothers experience a loss of meaning and the desire to not want to continue living, even if this context is not linked to the development of pathological grief. Such possibilities must be grasped and welcomed as they are intrinsically linked to the new reality experienced after the child's death. During this research, gaps were observed regarding the understanding of the factors: desire to die, lack of meaning and the desire to preserve the I-you, which opens up questions about the mother's implication in wanting to accompany her child even in the face of own death (FREITAS; MICHEL, 2014).

It is necessary to emphasize the magnitude of the pain that affects a mother when losing a child, especially considering the social context in which we live, characterized by the exaltation of the maternal role and the expectation of moderation in the expression of emotions. As emerges from the interviews analyzed, it is an indelible experience, the impact of which tends to evolve over the years, as the maternal figure learns to deal and confront the gap left by the death of her child (FREITAS; MICHEL, 2014 ; FREITAS; MICHEL; ZOMKOWSKI, 2015).

These symbolic resources or not are intrinsically intertwined with rituals, new plans and constitutions of meanings, which must be meticulously constructed in the search for strengthening family and social ties, given that mourning is a phenomenon that transcends the individual sphere, revealing itself as an experience closely interconnected with human relationships (FREITAS; MICHEL, 2014; FREITAS; MICHEL; ZOMKOWSKI, 2015). In addition, Silva (2013) explains about maternal grief that the experience of loss involves the grieving mother experiencing a new reality, a new way of being in the face of her child's absence.

### 3.3.1 Motherhood, grief and the Gestalt Therapy clinic

From this perspective, in the context of the clinical practice of Gestalt Therapy in grief, it is essential for the therapist to be aware that each expression made during the sessions has extreme relevance for the therapeutic process and for future interventions. The author emphasizes that the form of expression, verbalization, posture and intensity of the voice are essential elements for understanding the client (ALMEIDA, 2010; BARROS, 2023).

According to Perls (1981), the intervention of Gestalt Therapy focuses on facilitating the subject's awareness, considering the present moment, to allow the rehabilitation of both bodily and emotional perception. In this sense, the Gestalt therapist aims to establish a therapeutic bond based on a dialogic perspective, increasing awareness, personality integration and the individual's self-esteem.

For this to happen, the Gestalt therapist must consider some elements when building a trusting relationship, such as having an empathetic conduct, knowing how to listen and consider others, in addition to being open to receiving the client. Furthermore, the Gestalt therapist must value the idea that the organism and

the environment are parts of a whole, in which one influences the other in a constant relationship of mutuality. This occurs because Gestalt Therapy believes that all behavior is the result of the relationship between the field, the organism and the environment (PERLS, 1981).

In this sense, considering the maternal mourning process, we see that understanding and addressing repetitive patterns in the therapeutic context implies considering the complex interaction between the elements of the field, the client's organism and the environment, seeking a deep understanding of the internal and external dynamics that influence the subject's state of suffering. It is through this understanding that the Gestalt therapist will be able to help the client in rebuilding a new relationship with themselves and the world, aiming to overcome blocks and promote psychological well-being (BELMINO, 2020; BARROS, 2023).

According to Belmino (2020), the clinical environment provides the client with a place not for correction, but rather for welcoming and the possibility of creation. Because, illness occurs precisely because of the understanding that there is a correct way to live. Considering bereaved mothers, it becomes pertinent to talk about the benefits that the Gestalt clinic can bring to these mothers. The author also postulates that the Gestalt Therapist acts to help the individual identify their demands, which are often not clear to them. And from this, it becomes possible for the bereaved person to regain their autonomy to face situations that create vulnerabilities.

Regarding the clinical role of the Gestalt therapist in the grieving process, Karina Fukumitsu (2022) uses a series of strategies based on the Gestalt Therapy approach to deal with maternal grief. These strategies aim to help you express your emotions, experience the present, work on emptiness and absence, establish an imaginary dialogue with your baby and promote self-reflection and self-acceptance. For schematization purposes, a table was constructed (see table 1 below), containing the centers, strategies and their characteristics,

**Table 1.** Strategies and their definitions regarding the maternal grieving process

STRATEGIES	DESCRIPTION
Emotional expression	It allows the bereaved person to experience and externalize their feelings and emotions, such as fears, guilt, anger, sadness, among others.
Experience of the present	It allows the grieving mother figure to expand contact with the experience of grief, allowing her to deeply explore sensations, feelings and emotions in the here and now.
I work with emptiness and absence	In this strategy, working with emptiness and absence provided the grieving mother with a new meaning of the loss of her son, giving her greater subjective and emotional resources to elaborate it, as well as helping her to understand the emptiness through honoring the memory of the child. lost son.
Imaginary dialogue with the lost son	The Gestalt therapist makes it possible to create a welcoming space for the bereaved mother, where she provides an experience of imaginary dialogue with her baby, favoring the externalization of sensations, feelings and emotions, such as guilt, anger, the emptiness left behind. for loss, etc.
Self-perception, self-reflection and acceptance in the face of grief and emptiness	The Gestalt-therapist, through the creation of a welcoming and empathetic space, must promote reflections that allow the grieving maternal figure to expand self-perception, self-reflection and accept her subjective processes, enabling her to accept and experience grief, in addition to giving new meaning to them. faced with the void left by the loss of his son.

**Source:** Fukumitsu (2022).

From this perspective, it is observed that these strategies enable the maternal figure in the process of mourning due to the loss of her child, to comprehensively explore her subjective demands, in the present experience, opening horizons for the development of new conceptions and meanings regarding experience of emptiness caused by grief. Considering this, Gestalt Therapy can have significant relevance regarding maternal grief, since its theoretical-methodological support allows the subject to experience it in the here and now, in addition to providing the externalization and resignification of affections (FUKUMITSU, 2022).

Therefore, it is important to highlight that the Gestalt approach starts from a perspective that recognizes the subject as responsible for the bonds established with the world and with people in general. This aspect represents a difference by allowing the client to take responsibility for their choices and, consequently, for the consequences resulting from them. Faced with the maternal mourning process, it is up to the therapist to create favorable conditions for the individual to be able to establish broad contact with their relationships and with themselves. Therefore, the Gestalt therapist, working in clinical practice, must build viable conditions that enable the client to expand their awareness of themselves and their relationships, so that they can self-regulate and efficiently manage their subjective demands (PERLS , 1981; YONTEF, 1998; SOUSA, 2016).

#### IV. FINAL CONSIDERATIONS

From the discussions held in the article, it was observed that motherhood is a social and cultural construction that involves unique expectations, challenges and experiences for each woman. From childhood, girls are exposed to ideals and behaviors related to motherhood, and pregnancy marks a time of greater understanding and experience of motherhood. Maternal care is attributed to the mother's responsibility, depending on social norms, and the ways of exercising motherhood may vary according to cultural characteristics.

The desire to be a mother is a process that occurs before conception and can generate different emotions and uncertainties in women. The arrival of a child brings changes to family dynamics and may require support and adaptation from parents. The relationship between mother and child is influenced by the mother's experience with her own mother, and each woman experiences motherhood in a unique way, shaped by individual, social and cultural factors.

In the context of maternal grief, the loss of a child causes deep pain and a lasting impact, affecting the mother's sense of existence. Society often expects mothers to temper their emotions, which can make the grieving process difficult. Each grieving mother has specific demands and faces a new reality, so it is important to respect her experience and offer adequate support.

In the Gestalt Therapy clinic, this therapeutic approach considers the relationship between therapist and client as fundamental, aiming to facilitate the subject's awareness and the rehabilitation of bodily and emotional perception. The Gestalt therapist must be aware of contact blocks and the mechanisms that permeate the client's psychopathological condition, seeking to understand the internal and external dynamics that influence neurosis and help in the reconstruction of a new relationship with oneself and the world.

In short, the mother-child bond is a complex and unique experience for each woman, influenced by cultural, social and individual factors. Maternal grief is a painful and challenging experience that requires adequate support. The Gestalt Therapy clinic offers tools to understand and address these experiences, aiming to promote psychological well-being and overcome blocks with oneself, with others and with the world, created from the experience of grief.

## REFERENCES

- [1]. Almeida, J. M. T. Reflections On Clinical Practice In Gestalt Therapy: Possibilities Of Access To The Client's Experience. *Gestalt Approach Magazine*, P. 217-221, 2010. Available At: <[Http://Pepsic.Bvsalud.Org/Scielo.Php?Script=Sci\\_Arttext&Pid=S180968672010000200012](http://Pepsic.Bvsalud.Org/Scielo.Php?Script=Sci_Arttext&Pid=S180968672010000200012)>. Accessed On: 05/15/2023.
- [2]. Andery, M. C. R. Timeline Of Studies On Grief. In: Franco, M. H. P.; Andery, M. C. R.; Luna, I. J. (Eds). *Reflections On Grief: Interventional Practices And Specificities Of Working With Bereaved People*. Curitiba: Appris Editora, 2021. P. 15-30.
- [3]. Barros, I. L. S. The Processing Of Grief In Health Professionals: Developments In Pandemic Times. 2023. 15 F. Course Completion Work In Psychology. Ari De Sá College. 2023. Available At: <[Https://Repositorio.Faculdadearidesa.Edu.Br/Bitstream/Hs826/130/1/Igor%20lima.Pdf](https://Repositorio.Faculdadearidesa.Edu.Br/Bitstream/Hs826/130/1/Igor%20lima.Pdf)>. Accessed On: 05/15/2023.
- [4]. Belmino, M. C. B. *Gestalt Therapy And Field Experience: From Fundamentals To Clinical Practice*. Publisher: Paco Editorial, 2020.
- [5]. Bowlby, J. *Attachment And Loss: Loss - Sadness And Depression – Volume 3*. Trans. Waltensir Dutra. São Paulo: Martins Fontes, 2004.
- [6]. Combination; D.S.; Queiroz, M. S. Death: A Psychosocial View. *Psychology Studies*, V. 11, No. 2, P. 209-216, 2006. Available At: <[Https://Digital.Unileao.Edu.Br/Pluginfile.Php/350739/Mod\\_Resource/Content/1/Morte%20%20uma%20visa%20Cc%83o%20psicossocial.Pdf](https://Digital.Unileao.Edu.Br/Pluginfile.Php/350739/Mod_Resource/Content/1/Morte%20%20uma%20visa%20Cc%83o%20psicossocial.Pdf)>. Accessed On: 05/23/2023.
- [7]. Fukumitsu, K.O. *Setback Of A Birth: Maternal Mourning*. São Paulo: Summus, 2022.
- [8]. Franco, M. H. P. *Formation And Rupture Of Bonds: The Dilemma Of Losses Today*. São Paulo: Summus, 2021.
- [9]. Freitas, J. L.; Michel, L. H. F. The Greatest Pain In The World: Maternal Grief From A Phenomenological Perspective. *Psychology In Study*, V. 19, No. 2, P. 273-283, 2014. Available At: <[Https://Www.Scielo.Br/J/Pe/A/Kvycvnl5nfcjmxdkw6rrcqj/?Format=Pdf&Lang=Pt](https://Www.Scielo.Br/J/Pe/A/Kvycvnl5nfcjmxdkw6rrcqj/?Format=Pdf&Lang=Pt)>. Accessed On: 05/10/2023.
- [10]. Freitas, J. L.; Michel, L. H. F.; Zomkowski, T. L. Me Without You: An Existential Reading Of Grief In Psychology. In: Freitas, J. L.; Cremasco, M. V. F. (Eds.). *Grieving Mothers: Pain And Its Existential And Psychoanalytic Repercussions*. Curitiba, Pr: Juruá, 2015. P. 15-24.
- [11]. Gradwohl, S. M. O.; Osis, M. J. D.; Makuch, M. Y. Motherhood And Forms Of Mothering From The Middle Ages To The Present. *Thinking Family*., Porto Alegre, V. 18, No. 1, P. 55-62, Jun. 2014. Available At: <[Http://Pepsic.Bvsalud.Org/Scielo.Php?Script=Sci\\_Arttext&Pid=S1679494x2014000100006&Lng=Pt&Nrm=Iso](http://Pepsic.Bvsalud.Org/Scielo.Php?Script=Sci_Arttext&Pid=S1679494x2014000100006&Lng=Pt&Nrm=Iso)>. Accessed On: 05/15/2023.
- [12]. Gil, A.C. *How To Design Research Projects*. 5. Ed. São Paulo: Atlas, 2010.
- [13]. Kovacs, M, J. *Death And Human Development*. São Paulo: Psychologist's House, 1992.
- [14]. Kovács, M. J. *Death In Life*. In: Franco, M. H. P.; Et. Al. *Life And Death: Bonds Of Existence*. 2nd Ed. São Paulo: Casa Do Psicólogo, 2011. P. 11-31.
- [15]. Kübler-Ross, E. *About Death And Dying*. Translated By Paulo Menezes. 9. Ed. São Paulo: Wmf Martins Fontes, 2008.
- [16]. Mamed, A. *Notes For A Comprehensive Loss Clinic: A Study On Grief Resulting From Suicide And An Essay On Grief As An Ethical-Political Category*. São Paulo: Editora Dialética, 2022.
- [17]. De Oliveira, Magno, Valéria Mm Lima, Shizue Melissa A Yamashita, Paula Santos Alves, Augustus Caesar Franke Portella. *Experimental Planning Factorial: A Brief Review*. *International Journal Of Advanced Engineering Research And Science*, V. 5, N. 6, P. 264164, 2018.
- [18]. Marton, C. A.; Júnior, R. D.; Costa, M. L. Here-And-Now, Person And World In Gestalt Therapy: An Essay On Foundations. *Igt Magazine On The Network*, V. 18, No. 34, P. 3 -18, 2021. Available At: <[Http://Www.Igt.Psc.Br/Ojs](http://Www.Igt.Psc.Br/Ojs)>. Accessed On: 04/22/2023.
- [19]. Marconi, M.A.; Lakatos, E.M. *Scientific Work Methodology*. 8th. Ed. São Paulo: Editora Atlas, 2017.
- [20]. Miranda, W. B. *Health And Illness In Gestalt Therapy*. 2003. 99 F. Monograph In Psychology. Brasília University Center. Faculty Of Health Sciences – Fcs. Psychology Course. 2003. Available At: <[Https://Repositorio.Uniceub.Br/Jspui/Bitstream/123456789/2864/2/9908156.Pdf](https://Repositorio.Uniceub.Br/Jspui/Bitstream/123456789/2864/2/9908156.Pdf)>. Accessed On: 04/20/2023.
- [21]. Perls, F. *Gestalt-Therapy Explained*. São Paulo: Summus, 1977.
- [22]. Perls, F. S. *Gestalt Approach And Eyewitness To Therapy*. Translation: J. Sanz. Rio De Janeiro: Zahar Editores, 1981.
- [23]. Ramos, V, A, B. *The Grieving Process*. *Psychology, The Psychologists Portal*, September 25, 2016. Available At: <[Https://Www.Psicologia.Pt/Artigos/Textos/A1021.Pdf](https://Www.Psicologia.Pt/Artigos/Textos/A1021.Pdf)>. Accessed On: April 11, 2023.

- [26]. Rodrigues, H. E. *Introduction To Gestalt Therapy: Talking About The Fundamentals Of The Gestalt Approach*. 8. Ed. Petrópolis, Rj: Vozes, 2011.
- [27]. Silva, P. K. S. *Maternal Experiences Of Losing A Child To Childhood Cancer: A Phenomenological-Existential Understanding*. 2013. 229 F. Dissertation (Master's In Psychology, Society And Quality Of Life). Federal University Of Rio Grande Do Norte, Natal, 2013. Available At: < <https://repositorio.ufrn.br/handle/123456789/17537?mode=full>>. Accessed On: April 11, 2023.
- [28]. Sousa, Luiza Eridan Elmira Martins De. *The Grieving Process In The Gestalt Approach: Contact And Separation, Destruction And Assimilation*. *Igt Ready*, Rio De Janeiro, V. 13, No. 25, P. 253-272, Dec. 2016. Available At: < [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S180725262016000200006&lng=pt&nrm=iso](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S180725262016000200006&lng=pt&nrm=iso)>. Accessed On: 06/05/2023.
- [29]. Triviños, A. N. S. *Introduction To Social Science Research: Qualitative Research In Education*. São Paulo: Atlas, 1987.
- [30]. Word, J.W. *Grief Counseling And Grief Therapy: A Manual For Mental Health Professionals*. Translated By Adriana Zilberman, Leticia Bertuzzi, Susie Smidt. 4th. Ed. São Paulo: Roca, 2013.
- [31]. Yontef, Gary. *Process, Dialogue, Awareness*. Trans. Eli Stern. São Paulo: Summus, 1998.
- [32]. Zanatta, E.; Pereira, C. R. R.; Alves, A. P. *The Experience Of Motherhood For The First Time: The Changes Experienced In Becoming A Mother*. *Search. Prat. Psychosocial*, São João Del-Rei, V. 12, No. 3, P. 1-16, Dec. 2017. Available At < [http://pepsic.bvsalud.org/scielo.php?script=sci\\_arttext&pid=S180989082017000300005&lng=pt&nrm=iso](http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S180989082017000300005&lng=pt&nrm=iso)>. Accessed On: 05/15/2023.