



The time of maternal bereavement after the child who died in childhood^a

O tempo do luto materno pelo filho que morreu na infância

El tiempo del luto materno por el hijo que murió en la infancia

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ABSTRACT

Objective: this study aimed at unveiling the existential movement of a mother after her child's death as a result of a home accident. **Method:** it was a research study based on the theoretical-philosophical-methodological framework of Martin Heidegger's phenomenology, whose data collection occurred between May and June 2017 through a phenomenological interview with 10 mothers whose children died as a result of a home accident. **Results:** from comprehension of the reports, three themes emerged: Remembering the deep suffering when facing the child's death and the first days/months without them; Reliving the pain in the present, through the child's daily absence and important dates and objects/symbols; and Anticipating that pain and yearning for the deceased will never disappear. **Conclusion and implications for the practice:** time is not a predictor for the elaboration of maternal bereavement. Thus, the maternal experience is composed of a set of meanings, which involve multiple factors and generate important repercussions throughout life. From the perspective of care promotion, the need to expand the understanding and the actions for welcoming bereaved mothers emerges, reflecting on temporality as part of maternal bereavement.

Keywords: Life-Changing Events; Maternal Behavior; Child; Bereavement; Death.

RESUMO

Objetivo: desvelar o movimento existencial da mãe após a morte do filho por acidente doméstico na infância. **Método:** pesquisa embasada no referencial teórico-filosófico-metodológico da fenomenologia de Martin Heidegger, com dados coletados entre maio e junho de 2017, mediante entrevista fenomenológica com 10 mães cujos filhos morreram em decorrência de acidentes domésticos na infância. **Resultados:** da compreensão dos relatos, emergiram três temáticas: Lembrando o sofrimento profundo diante da morte do filho e os primeiros dias/meses sem ele; Revivendo a dor no presente, por meio da falta diária e das datas importantes e objetos/símbolos da criança; e Antecipando que a dor e a falta que sentem dos filhos nunca irão passar. **Conclusão e implicações para a prática:** o tempo não é preditor da elaboração do luto materno. Neste contexto, o vivido da mãe é composto por um conjunto de significados, que envolvem multiplicidade de fatores e geram importantes repercussões ao longo da vida. Na perspectiva para promoção do cuidado, emergem, assim, a necessidade de ampliar a compreensão e as ações de acolhimento à mãe enlutada, refletindo sobre a temporalidade como constituinte do enlutamento materno.

Palavras-chave: Acontecimentos que Mudam a Vida; Comportamento Materno; Criança; Luto; Morte.

RESUMEN

Objetivo: develar el movimiento existencial de la madre tras la muerte del hijo a raíz de un accidente doméstico en la infancia. **Método:** investigación basada en el marco teórico-filosófico-metodológico de la fenomenología de Martin Heidegger, con datos recolectados entre mayo y junio de 2017, a través de entrevistas fenomenológicas con 10 madres cuyos hijos fallecieron como consecuencia de accidentes domésticos en la infancia. **Resultados:** de la comprensión de los relatos, surgieron tres temas: Recordar el profundo sufrimiento ante la muerte del niño y los primeros días/meses sin él; Revivir el dolor en el presente, a través de la ausencia diaria y las fechas y objetos/símbolos importantes del niño; y Anticipar que el dolor y la falta de sus hijos nunca desaparecerán. **Conclusión e implicaciones para la práctica:** el tiempo no predice la elaboración del duelo materno. En este contexto, la experiencia de la madre se compone de un conjunto de significados, que involucran multiplicidad de factores y generan importantes repercusiones a lo largo de la vida. Desde la perspectiva de promover el cuidado, surge la necesidad de ampliar la comprensión y las acciones de acogida de la madre en duelo y reflexionar sobre la temporalidad como constituyente del duelo materno.

Palabras clave: Acontecimientos que cambian la vida; Conducta materna; Niño; Duelo; Muerte.

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Submitted on 07/04/2021.

Accepted on 10/07/2021.

DOI:<https://doi.org/10.1590/2177-9465-EAN-2021-0264>

INTRODUCTION

Home accidents during childhood are generally the result of the interaction between environmental and behavioral factors, with a significant number of cases that can be avoided¹. Such term is conceptualized as an unintentional event, causing physical and emotional harms, occurring in the home environment (housing/living space) and surroundings. It was decided to adopt it in the study in accordance with the determinations of the National Policy for the Reduction of Morbimortality due to Accidents and Violence, as it is consecrated by use, removing, however, the fortuitous and casual connotation that may be attributed to it².

Home accidents are the leading cause of morbidity and mortality among children worldwide³. Differently from the global reductions in the burden of diseases among children due to infectious, neonatal and nutrition-related causes, globally, there is a significant increase in deaths related to external causes⁴. In the Brazilian context, information from the Ministry of Health (*Ministério da Saúde*, MS), based on the analysis of the Mortality Information System (*Sistema de Informações sobre Mortalidade*, SIM), shows that, in 2019, there were 2,926 deaths of children under 10 years old across the country, as a result of external causes, which include accidents and violence. Of these, most were due to accidental risks associated with breathing (suffocation/strangulation in bed; obstruction of the respiratory tract by food/objects, among others) – 764 (26.1%); or caused by accidental drowning and submersion – 591 (20.2%), accidents that, in general, occur at home⁵.

The death of a child is one of the life-changing events, capable of altering the way in which bereaved parents see the world, the family and themselves⁶, and can have serious long-term consequences for physical and psychological health⁷. Despite that, little attention has been paid to the grief of parents after the death of a small and dependent child⁸. For mothers, grief in general triggers a cascade of negative and destructive responses, requiring deliberate and extensive care⁹. In this context, the complex and multifaceted nature of the adaptive and complicated responses of maternal bereavement stands out¹⁰, which increase mental ailments such as anxiety and depression, and contribute to the use of psychotropic drugs¹¹.

Such disorders are even more prevalent among parents whose children died suddenly and unexpectedly, as in the cases of accidents, with an especially high burden of symptoms related to grief^{8,12}. In these situations, such loss results in a wide range of mental health problems, including severe depression, post-traumatic stress disorder and complicated grief, as well as insomnia, problems with alcohol use, and psychosomatic pain¹³.

Although there are studies on parental bereavement, the issue of grief involves a complex temporal experience¹⁴ which lacks research and deepening¹⁵. Considering that time is an important dimension in grief responses⁷ and that the severity of grief experiences after the death of a small child is potentially a distinct subtype of bereavement, the need for further research in such area is encouraged^{8,12}.

The theoretical field of loss and grief is evolving. However, most of the contemporary theories of grief emphasize that bereaved mothers need to adjust to the new reality in which the deceased child is no longer physically present. This readjustment can be seen as an ongoing process that takes months to years to complete, while grief itself may never be resolved¹⁶. This is in line with the growing literature on ongoing bonds, which suggests, in typical mourning processes, that relationships with the deceased are reshaped and maintained rather than abandoned, as well as they challenge the dominant concept of breaking the bonds of grief in the current western culture^{17,18}.

Understanding the experience of mothers' grief and the consequent impact on maternal behavior can collaborate so that nurses and other professionals of the multi-professional health team act with empathy, considering the subjectivity related to the family aspects, in order to contribute to comprehensive assistance, capable of encompassing physical, emotional and spiritual care¹⁹.

Based on the above, this research was guided by the following question: How do bereaved mothers move existentially after the death of a child due to a home accident in childhood? Thus, the objective was to unveil the mother's existential movement after her child's death due to a home accident in childhood.

METHOD

This is a qualitative study, based on the theoretical-philosophical-methodological framework of Martin Heidegger's phenomenology, as it sought to develop an attentive perspective, so that the veiled phenomenon shows itself. The Heideggerian phenomenological method allows the phenomenon to be unveiled, manifesting the sense of being and the fundamental structures of the *Dasein*. It has the character of refusing cover-ups and distortions, since the phenomenon, in most cases, is misunderstood or insufficiently interpreted, from an ontological point of view²⁰.

The research setting was the Primary Health Care (*Atenção Primária à Saúde*, APS) in a municipality of the Brazilian Northeast region. Data provided by the Municipal Health Secretariat indicate that the APS is composed of 24 Basic Health Units (BHUs), 14 of which are located in urban areas and 10, in rural areas. Due to the researcher's ease of access, it was decided to include only units in the urban area.

The period for carrying out the field stage was between May and June 2017. The study protagonists were women whose children died due to home accidents in childhood. The following were delimited as inclusion criteria: age equal to or greater than 18 years old; and that the home accident had occurred with the child aged between one day after birth and 12 years old. The following was determined as exclusion criterion: mothers who presented changes in the cognitive thought process.

Before initiating the research field stages, full compliance with the ethical issues established by Resolutions 466/2012 and 510/2016 of the National Health Council was observed. The study was approved by the Committee of Ethics in Research involving

Human Beings of the Federal University of Piauí, in December 2016, as per opinion No. 1,872,403.

To carry out data collection, the Community Health Agents (CHAs) of the APS collaborated in the indication of possible participants who met the pre-established criteria for the study. In all, 17 names were listed, with inclusion of 10 participants. It is emphasized that the sample size calculation was not used since, when developing the field stage concomitantly with the analytical movement, it was possible to conclude data production when the meanings expressed in the maternal reports showed sufficiency of essential structures to understand the phenomenon under investigation²¹. All the participants who were invited agreed to collaborate with the study.

In the data production meetings, the phenomenological interview technique was used, mediated by empathy and intersubjectivity. The guiding question that led to the interview was as follows: What does the death of your child due to a home accident mean?

As for the locus, seven participants requested that the meetings be held at their own homes, two in a room provided at the neighborhood BHU, and one at a relative's home (place where they lived when the home accident that victimized their daughter occurred). They were conducted individually, audio-recorded, with prior authorization and lasting between 30 and 90 minutes.

The analytics based on the Heideggerian methodological framework involved two moments: vague and median understanding and hermeneutic understanding. The first moment was carried out concurrently with the interviews. Through it, the factual (ontic) view of the participants was addressed, in which the meanings attributed to the phenomenon were emphasized and, therefore, it could be impregnated with traditional theories and opinions about being, which constitute sources of dominant understanding²⁰.

At the second moment, hermeneutic understanding was sought, which projects the being preliminarily given in the being itself, in order to arrive at the concept of structure. In this way, it is possible to go beyond the knowledge of what has been understood and elaborate on the possibilities projected into understanding. This relates to the hermeneutic interpretation, removing the concealment provoked by the statements, which were strongly linked to who heard and produced veiling of the senses²⁰⁻²².

To preserve the participants' anonymity, they were identified with a code consisting of the letter M, followed by the Arabic number corresponding to the order in which the interviews were carried out (M1, M2, M3... M10). The name of the child who died as a result of a home accident was replaced by the letter F (*"Filho"* in Portuguese), also followed by the Arabic number corresponding to the order in which the interviews were carried out (F1, F2, F3... F10).

RESULTS

The results of this study consisted of data from the analysis of interviews with 10 mothers whose children died as a result of home accidents, with ages varying between 28 and 82 years

old, most of them married or in stable relationships (06). Most of them (04) reported being housewives. The time since the accident varied from one to 53 years. The home accidents that victimized the children were the following: poisoning (03), electric shock accidents (03), drowning (03) and choking (01). As for the victims' gender, six were boys and four were girls, aged between one and 11 years old.

Gathering of the excerpts extracted from the testimonies exposed by the participants verbalizations and transcribed *in verbatim* allowed constructing three units of meaning that enabled interpretation of the meanings of the *being-there-mother* to achieve the existential movement that is temporality after the child's death, namely: Remembering the deep suffering in the face of the child's death and the first days/months without them; Reliving the pain in the present, through the child's daily absence and important dates and objects/symbols; and Anticipating that pain and yearning for their children will never disappear.

Remembering the deep suffering in the face of the child's death and the first days/months without them

The mothers explained that, in the first days after the child's death, they were faced with the new reality of life, established by the absence of the child, characterized by the impossibility of seeing and/or hearing them described as impacting and limiting factors of the daily activities. Despite the absence, they continued to feel their child's presence, sometimes seeing them, hearing them and/or dreaming about them. Maternal isolation, lack of appetite and insomnia were often triggered and, in all cases, the need to readjust, requiring different times for each mother to be able to dilute suffering and elaborate the child's death. Regarding this aspect, it is emphasized that chronological time was not a predictor of the elaboration of mourning.

Such understanding was made possible by the fact that there was no correspondence hierarchy between the number of years since the children's death and a more effective resolution of mourning. In other words, a mother whose child died 27 years ago expressed suffering as mothers of a child who died ten or only a year ago. A mother whose child had died a year ago (M2) showed more effective resolution of grief when compared to the one whose child had died 10 years (M10) or 27 years (M5) ago, for example.

In this sense, the mothers described mental disorders, such as depression and symptoms related to complicated grief, regardless of the time elapsed since the child's death, and even suicidal ideation; however, they stated that they had to bear it because of the other children. They expressed that the first days and months and the first year after their child's death were more difficult, especially because of proximity to the occurrence. Many left the house they lived in and the place where, in most cases, the home accident occurred, as they could not bear the memories and pain generated by the scenario and routines, which made them feel the presence of their child everywhere. Subsequently, for a better understanding of the transformations that occurred in

the past as a result of the child's death, excerpts that portrayed such period were extracted.

... then it was in the morning [the day after the child's burial] that I woke up, it was when I didn't see him anymore [F1], knowing [...] that he would no longer be calling me mom [...] The first year is very difficult, because there are so many dates. It was for us not to make a lot of food that he liked for a long time, because I wasn't able to do it [...] (moved) (silence) (M1).

[...] so when she [F3] died, I felt her presence. I'm not going to say that I saw her [F3] that I didn't, but I saw her in a dream [...] when it's new it's stupid. Then I said that I wanted to die too, I wanted to go with her [...] (M3).

[when he died] I almost go crazy (crying) [...] I didn't talk [...] (takes a long pause, crying), I didn't eat (crying profusely) ... I kept going, then I put my head back in place... (silence, cries) [...] (M5).

When she died, I left home [...] I left home because I couldn't stand to see that place where she had died [...] I stayed (crying) [...] I made him [ex-husband] leave [...] we left home! (M9).

Reliving the pain in the present, through the child's daily absence and important dates and objects/symbols

In the present, the mothers highlighted that the memories of their children are relived, as well as the intense pain and suffering, on important dates, such as birthdays, death anniversaries, Children's Day, Mother's Day, Day of the Deceased, or in typical childhood moments, such as going to amusement parks. They also revealed the care provided to the deceased child on these occasions, through rituals such as visiting the child's grave in the cemetery, watching over the absent body and procedures that aim at alleviating suffering and helping them to better deal with the void left by the child.

They also explained that, regardless of these special moments, the child's absence is felt daily and that memory and pain are permanent, although they are no longer limiting, as they are already able to perform daily activities. They highlighted that the death/loss of the child does not cease to be remembered. However, they understood that, even though they are not able to overcome their child's death, they get used to the new reality and go on with their lives. In addition, objects/symbols of the deceased child also generated intense suffering in the mothers, making the participants remember the time when the child was alive, the home accident and the death moment. They reported not wanting/being able to get rid of the child's objects/things, although these evoked everyday memories with the deceased child.

Then, it's his birthday, it's Children's Day, it's the day that the amusement park comes to town and we'll remember

that we took him. So, years go by, there's no longer the last year for you to remember, but there's that date [...] if he were here, today it was like that, it was that way, so, these are dates that we go to the cemetery, we make a visit, we cry, we remember the moment of the funeral, we recall everything, come back [...] it's like a cassette tape that you put on and back again... and everything happens again [...] (M1).

It's over 50 years, but I still remember him today [...] (M4).

[...] I still have two of his toys today: one of those tiny formula 1 cars and an Easter egg, a toy, made of plastic [...] (M7).

Anticipating that pain and yearning for their children will never disappear

In relation to the future, the participants also made projections with the deceased child, alluding that "if my child was alive", he would be this or that way, while they see him as at the time the child died, sometimes speaking in the past tense and others in the present. They stated that the pain and absence triggered by death will never disappear or that they do not know when the intense suffering will end, and they mentioned that they have no prospects for the future.

if he were alive, he would've turned 14 years old [...] [He had] a lifetime ahead of him [...] whenever you go out on the street to buy something, you look at a 14-year-old boy's outfit, you look at it [...] it would've been good for him. Then, you see a small outfit [...] oh he wore it like that. Time goes by, but it's very present [...] the truth that no, you don't overcome [the child's death] [...] (M1).

... if he were alive, he'd be 10 years old now [...] he's the male child I dreamed of having (M7).

[...] I don't see a future. For me, time has stopped [...] has stopped altogether [...] (M8).

There, there were eight women and three men. And I only have seven "little women", some married, others became friends, live with their husbands [...] she won't be able to do any of that (M9).

If he were alive, he'd already be 10 years old, would already be big, would be there playing. It's already been 10 years, we're talking normal, right?! But, I can't speak (crying) [...] I don't know when such pain will go away (M10).

DISCUSSION

To unveil the mother's existential movement after the child's death due to a home accident in childhood, it is necessary to know the ways of *being-in-the-world*, or *Dasein*, which concerns man thrown into a world that inhabits him and is also capable of questioning his own reality and himself. The *being-there-a-*

mother-whose-child-died-due-to-a-home-accident-in-childhood, when expressing the meanings of her experience, which made up the common thread that allowed advancing to this hermeneutic analysis, was unveiled as *oneself* (impersonally or properly), regarding what in every historical path of its *Dasein* remained constantly like it, just in the way of *being-in-the-world*, of *can-be-in-the-world*²³.

It is in the lived world or as *being-in-the-world* that the determinations of the being of presence must be seen and understood²⁰. In this perspective, when referring to the world of *being-there-mother*, she will be directed towards her experience and her mundanity as an existential characteristic, on which the several specific ways of living are based, which, in this context, relate to daily life, involving behaviors, habits and tasks, among other aspects²⁰.

In her world, marked by the death of the child, the mother misses the child in the past and in the present, and already understands and anticipates what she will feel in the future. The *being-there-mother* joins, respectively, the past (*vigor-of-have-been*), the present (*current time*) and the future (*still to come*) in one way or another, in order to bring them together and, thus, to make up and settle the respective time structure, in order to, in this way, *temporalize* the residence.²³ Although each time has been explained separately, in the horizon of *temporality*, such separation is not possible, as the *Dasein* does not live in time, it is time²⁰. Thus, life and death are given to the *being-in-the-world*, in *temporality*, and treated not as parts of an existence, but as an intrinsic condition of the being²⁴.

When conducting the actions, the *Dasein* determines whether *temporality* is proper or inappropriate. The core of inappropriate *temporality* is time as a sequence of moments, conceived outside the activities and purposes of the *Dasein*. The concepts of past, present and future emerge from misunderstanding time. *Vigor-of-have-been*, *current time* and *still to come*, called by Heidegger as *ekstases*, show the phenomenal characters of original and proper *temporality*²⁰⁻²⁵. *Temporality* is described as the articulation between the *still to come* and the *vigor-of-have-been*, which is updated in the realization of the possibilities of the *Dasein*'s being in its projection^{20,23,26}.

Thus, the past corresponds to the return to what was lived, the present to occupation with the things of the world and the future to the possibilities of being. The *being-there-mother*, when commenting on its experience, showed itself attached to the past, to the *vigor-of-have-been*. In the mothers' discourse, it can be seen that the time of being bereaved is not delimited by the passing of days. On the contrary, it is noted that chronological time does not erase the memories, as the child's presence remains alive in its *existence-in-the-world*²⁷.

This is because, thrown into the *facticity* of *being-without-the-child*, the *being-there-mother* does not lose its social status of being a mother, as in the case of the wife whose husband died and then becomes a widow, or the child who lost his mother and becomes an orphan. The *being-there-mother-of-a-living-child* is now the *being-there-mother-whose-child-died-due-to-a-*

home-accident-in-childhood in search of its new place. For the *being-there-mother*, it was not only the child who died, but also the way of existing that showed itself only in the relationship with him²⁸. This felt presence is the result of an accumulated history of encounters and interactions with the child that left traces in the body and in the lived space. Thus, in the course of sharing their lives, mother and child became part of an inter-corporeal sphere with the specific style of speaking, smiling, walking together, and other sharings. Grief also means separation from such intercorporeality¹⁸.

In this context, the past has primacy and influence over the present and the future. Currently, even if the child is not physically present, a new way for the mother to relate to the child emerges: the *modus* of the absence's presence. The child who died can become more present to the grieving mother in his absence than he ever was in his lifetime²³. It is for this reason that, even if not present, the *being-there-mother* could feel him in such a way as to be able to see and hear him and/or dream about him. Thus, even though the child was not physically present, he remains in the maternal existence as a presence.

In grief, the mother experiences fundamental ambiguity between presence and absence of the deceased child, between the present and the past, which, in fact, present themselves as two conflicting forms of the present, namely: the continuous reality of everyday life, and the persistent presence of the loved one. The temporality of grief can be described as the separation of these two forms of time, one flowing and the other stuck, which become increasingly out of sync. In the first case, the beloved child is dead and the world moves on, and, in the second, the child is still vividly present. In a certain sense, the child is no longer subjected to the progression of time and remains the same. Even as years go by, the memories of the child can be as vivid as they were at the beginning¹⁸.

As the mother can no longer take care of the child, in the ways of being when the child was alive, she sought to take care of him at the funeral, at the burial, and also takes care of the ceremonies for those who died (Day of Deceased and other dates that she deems worthy of worship). Along with the child, in the homage of the cult, the *being-there-mother is with him*, in the form of *reverential concern*²⁰. The function of these rituals, often marked by religion and/or spirituality, is to gradually establish and confirm the new order, and not less important, to clearly demarcate the domains of life and death again¹⁸.

In confronting the loss of their child, the mothers find special experiences of a transcendent nature, which help them stay connected to their child after death. In this context, spirituality is significant in the perspective that, in some way, it offers support in the face of the existentially disturbing reality of the loss. Thus, the spiritual dimension is part of maternal bereavement care, and health professionals should be aware of its relevance and consider offering adequate and compassionate assistance²⁹.

As a result of grief, the mother felt physical and mental symptoms: she stated that she "cannot eat" (lack of appetite), "cannot sleep" (insomnia), "almost goes crazy", "gets depressed".

However, such symptomatology cannot be understood only from the point of view of the positivist biomedical paradigm, as it is usually the case. These symptoms reveal much more than somatization or a characteristic feature of maternal bereavement.

It is necessary to understand that what emerges in the *appearance* of the *being-there-mother*, in fact, covers the suffering caused by the child's absence, which distorts and manifests it as symptomatology. Such cover-up in the form of distortion is the most frequent and the one with the greatest risks, as the possibilities for deception and disorientation are particularly severe and persistent²⁰.

Unintentional mistakes are often made by physicians and other health professionals, due to lack of knowledge about the psychological impact of children's death³⁰. For this reason, there is recurrent psychologization and psychiatrization in the management of the bereaved mothers' distress, as well as evident medicalization that increasingly permeates grief³¹. Although it is understood that the use of psychotropic medications can be interpreted as a means of dealing with underlying mental health problems after the traumatic event of a child's death, it is also possible that such medication is used to treat normal grief reactions, and not only complicated grief³².

Still stuck in the past, the *being-there-mother* abandons the house she used to live in and the place where, in most cases, the home accident occurred, because she cannot bear the memories and pain generated by the scenario and the routines that made her feel the child's presence all over the place. The desire to leave such environment which, for the *being-there-mother* generated such suffering, implies more than abandoning or distancing herself from the physical and concrete space; it means going in search of a new home that gives her back her lost safety and familiarity.

Such ontic attitude of leaving the house, in fact, reveals another fundamental and genuine ontological-existential characteristic of the *being-there: spatiality*, which is the feeling of being close to or distant from something or someone. The *Dasein* can feel very close to someone to think of them, and away from a person or an object that is still at its side. In this way, through her bodies, gestures and even thoughts, the *being-there-mother* can approach or distance herself from the others, it may find or not her place in the environment. All these ontic ways originate in the ontological *spatiality*. Thus, it is possible to assert that the maternal topographic change originates from this existential element³³.

Helpless and trying to escape from such singular and strange experience that placed her outside the protection of the daily life she was used to, the *being-there-mother* escapes from such environment that was part of her space and thus constituted her world²⁰. With the child's death, the home environment is no longer familiar, as the *being-there-mother* lost part of the references with which she was guided. Such desire to leave/abandon the house where she lived with the child who died should not be understood as distance, which is a categorical determination of beings deprived of the way of being of *presence*, but as *distancing*, which must be maintained as a relative existential element to the *spatiality* of the *Dasein* in the world.

In such sense, this *distancing* from the presence should not be estimated in geometric-spatial terms, but in temporality's everyday terms. By wishing to leave/abandon the house, the *being-there-mother* actually wants to "make distance disappear", the distance of such new daily life in relation to the previous one, in which the child was present²⁵. Leaving the house, the *being-there-mother* tries to *be at distance* from the lost child as a result of the home accident in that environment and to get *closer* to the living child, when thinking about him without the memories of the tragedy that the environment makes her recall³³.

The separation generated by the child's death also belongs to the shared world. Living together with him created a sphere of common habits and practices (sharing leisure activities, cooking and taking care of hygiene, among other usual activities that implied the relationship with the deceased child and which have now lost meaning) and, with that, a consensual meaning of familiar objects, places and memories. The bereaved mother, however, is pulled out of such shared world. Now the family environment is transformed into a place of painful absence, emptiness and even repellent alienation¹⁸.

However, even if the *being-there-mother* changes her environment, the child's memories remain daily and are intensified in the encounter with his objects, which are not only material things, but full of meaning and capable of making present the experiences shared with the child for some time. Thus, the mode of presence of the child who died assumes the *modus* of remembering something that happened at a given moment, through personal objects^{23,34}.

From this perspective, the memories are inserted in the daily life of the *being-there-mother*. The memory of what happened (both living with the child, as well as the home accident and the related death) is a determinant for the present and the future. For the *being-there-mother*, such memories acquire the meaning of maintaining the child's existence in her own existence. Even though she is not able to share the same world with her child, her world of being a mother, consisting of the clothes the child wore, framed photos on the wall, toys and remaining memories of the relationship, she admits the *co-presence* of the child under this new *status*, the *modus* of remembrance²³. Searching the remembrance memories with the child helps the mothers to find a way to continue their bond with the child in the new reality¹⁶.

The objects described, which activate the memories, called transitional objects, provide safety and a symbolic connection with other valuable people when separated from them. Bereaved parents tend to store, care for and visit saved objects which belonged to their deceased children and, therefore, are key aspects of grief. From this perspective, it is necessary to understand the potential therapeutic uses of transitional objects in promoting the adjustment to grief³⁵, which have been recommended by research studies as a concrete and physical way for bereaved mothers to feel closer to their deceased children and maintain a connection with them^{36,37}.

For the *being-there-mother*, the child's death was revealed as a phenomenon that now permeates daily life. In the *vigor*

of-having-been-a-mother-of-that-living-child, even with death, she oscillates in talking about the child, sometimes in the past, sometimes in the present, and others in the future, when she makes projections, stating that “if my child were alive”, he would be this or that way or visualizing him, in the *present*, as old as the child might have been, had the child not died.

The death of a child, especially in childhood, means that their future (*still to come*) has been interrupted. This is not only about the future and the *can-be* of the deceased child, but also that of the mother. Existential projections are abruptly suspended. For not accepting that the *can-be* of the child and her *can-be* as the mother of this living child no longer exist, the *being-there-mother imagines* herself in that future with him²³.

Projecting into the child’s future allows the mothers to reconnect with their deceased child. Even though they are frustrated and sad because their child’s future has been interrupted and they have not been able to see him grow old, for these mothers, dreaming about their deceased child’s future has brought considerable comfort³⁸. These results are consistent with new models of grief, which focus on developing and maintaining connections with the deceased, in the form of ongoing bonds, finding meaning in the loss and living with it rather than recovering from it^{15,39}.

While thinking about an impossible future with their child, the mothers are trapped in a frozen or timeless time and captivated by a lasting past and, for such reason, they refrain from making plans or projects and from taking part in the continuous life of other people. Rather than that, they preserve and value their children’s memorials, toys, clothing, or other belongings, thus making the deceased child “present”^{7,18}.

In the existential movement, the *being-there-mother* connects, albeit not authentically, *vigor-to-have-been*, *current time* and *still to come* with one main objective: to maintain a bond with the deceased child. The mothers do not want to stop talking about their children, or stop remembering the moments they had with them. They want to be heard in their pain, talk about the life they had before the accident that killed the child, touch the objects that belonged to the child and that help the past to return. They neither want nor can leave the past behind. These data converge with the current theoretical synthesis that shows the need for interventions in maternal bereavement, focusing on the continuous nature of mourning, highlighting those designed to keep remembrances and recall memories and for the continuous recognition of the child in the maternal experience¹⁶.

CONCLUSIONS AND IMPLICATIONS FOR THE PRACTICE

Entering the world of the mothers whose children died as a result of home accidents made it possible not only to glimpse at the weakened human being, but to understand such being in their existential movement. Given such conditions, it was unveiled that, although pain and the child’s absence are more intensely felt on special dates, the loss of the child is felt daily, allowing the conclusion that memory and pain are permanent, although

they no longer limit maternal activities in the present. Also on the temporality horizon, another unveiled facet concerns the mother’s future, where the possibilities of being involve projections with the deceased child and the imagination of an impossible future at her side. This condition reinforces that the transforming process of grief must be analyzed as a gradual adjustment to the loss, which allows for the reintegration of the conflicting realities: the child’s death and his permanent presence.

Thus, it is possible to plan care guided by the mother’s experienced life/experience, aimed at actions that go beyond the technical issues directed at the suffering related to maternal bereavement. In this sense, care will not be focused on a somatic complaint or identified symptom related to complicated grief, but will be guided by the specific movement of the mother’s life from birth to death. Such reflections allow the professionals to acquire a broader view on the phenomenon of maternal bereavement as a result of a home accident, in the context of childhood, a perspective built from the perception of mothers who lost their children.

Finally, it is necessary to consider that, although the maternal bereavement process can present significant variability with regard to duration and individual ways of coping, maintenance of the affective bonds with the child is not subjected to linear time. The mother wants to keep her deceased child permanently present in her life. Any therapeutic grief adjustment strategy must therefore take such premise into account.

The study limitation was the use of only one data production strategy, since the association of different techniques, especially in groups, could provide data from the collective discourse to the research findings. It is also emphasized that, this phenomenological report on maternal bereavement tried to capture essential elements, corresponding, in particular, to the Brazilian cultural tradition and, therefore, do not cover forms of mourning in other cultures with equal conciseness.

AUTHOR’S CONTRIBUTIONS

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^a Article extracted from the PhD thesis entitled "The experience of mothers whose children died as a result of home accidents in childhood", by Maria Augusta Rocha Bezerra, under the guidance of Professor Silvana Santiago da Rocha, Graduate Program in Nursing at the Federal University of Piauí. Year of thesis defense: 2017