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Estudos de Investigação em Psicologia Clínica Narrativa
Escrita terapêutica e o processo de luto de mães
que experienciaram uma perda gestacional precoce
o Bem-estar narrativo

DISSERTAÇÃO DE MESTRADO

Teresa Catarina de Paiva

MESTRADO EM PSICOLOGIA CLÍNICA, DA SAÚDE E BEM-ESTAR



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Therapeutic Writing and the Grieving Process of Mothers Who Experienced Early Pregnancy Loss – Narrative Well-being

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Resumo

Contexto: A perda gestacional precoce afeta profundamente os pais, com uma prevalência de 20% a 50%, sendo o luto complicado (LC) uma das questões mais prevalentes e desafiadoras deste acontecimento. A Terapia Narrativa (TN) e a Realidade Virtual (RV) emergem neste estudo como potenciais abordagens de intervenção psicológica.

Objetivos: Expandir a investigação sobre a perda gestacional precoce, ressaltando a necessidade de intervenções inovadoras e humanistas/empáticas. O principal objetivo recai na análise de narrativas de mães que enfrentaram uma perda gestacional, categorizando as suas narrativas escritas e identificando possíveis marcadores, facilitadores ou não do seu processo de luto.

Metodologia: É um estudo de caso de duas mães que experienciaram uma perda gestacional precoce. As narrativas foram recolhidas a partir de um projeto de investigação em curso – AViR (Cameirão & Fonseca, 2022) e foram analisadas a partir de 3 instrumentos de avaliação de Narrativas – Conteúdo, Estrutura e Processo (Gonçalves et al., 2001a; Gonçalves et al., 2001b; Gonçalves et al., 2002b).

Resultados: A análise de resultados revelou que a narrativa da participante que foi sujeita à intervenção com realidade virtual demonstrou sinais de maior bem-estar. Parâmetros como

maior capacidade de metaforização e subjetividade cognitiva na descrição da perda gestacional precoce foram identificados com maior relevância.

Conclusões: A escrita terapêutica pode ajudar a ultrapassar o processo de luto. Atribuir significados à experiência está associado a processos de luto menos dolorosos. A escrita possibilita a captura de detalhes que explicam como foi experienciado o luto, contribuindo para uma compreensão mais profunda da experiência e a uma maior aceitação e integração na vida do sujeito.

Palavras-chave: Análise narrativa, maternidade, perda gestacional, adaptação ao luto, ambientes restaurativos

Abstract

Context: Early pregnancy loss profoundly affects parents, with a prevalence of 20% to 50%, making complicated grief (CG) one of the most prevalent and challenging issues arising from this event. Narrative Therapy (NT) and Virtual Reality (VR) emerge in this study as potential psychological intervention approaches.

Objectives: The study aims to expand research on early pregnancy loss, highlighting the need for innovative and empathetic/humanistic interventions. The primary objective is to analyze the narratives of mothers who have faced early pregnancy loss, categorizing their written narratives and identifying potential markers that either facilitate or hinder their grieving process.

Methodology: This is a case study of two mothers who experienced early pregnancy loss. The narratives were collected from an ongoing research project – AViR (Cameirão & Fonseca, 2022), and were analyzed using three narrative assessment tools – Content, Structure, and Process (Gonçalves et al., 2001a; Gonçalves et al., 2001b; Gonçalves et al., 2002b).

Results: The analysis revealed that the narrative of the participants who underwent the virtual reality intervention demonstrated signs of greater well-being. Parameters such as a higher capacity for metaphORIZATION and cognitive subjectivity in describing early pregnancy loss were identified with greater relevance.

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Conclusions: Therapeutic writing can help overcome the grieving process. Assigning meanings to the experience is associated with less painful grieving processes. Writing enables the capture of details that explain how the grief was experienced, contributing to a deeper understanding of the experience and greater acceptance and integration into the individual's life.

Keywords: Narrative analysis, motherhood, pregnancy loss, grief adaptation, restorative environments

1. The Origins of the Narrative Approach

Since the 1980s, new paradigms—constructivism and social constructionism — have emerged in contrast to the foundations of traditional behaviorism and pure cognitivism (Matheus & Bolze, 2022; Soares, 2023). Narrative Therapy (NT) is a therapeutic modality resulting from the pioneering and collaborative work of Michael White and David Epston and stands as a prominent psychotherapeutic exponent of postmodernism (Ferreira, 2007; Santos et al., 2013).

Bateson, Bruner, and Foucault are considered the main influences on the authors (Batista et al., 2018a; White & Epston, 1990). Eclectic in nature, NT applies to various populations — children (Jorge, 2007), adolescents (Losada & Faga, 2022; Ojeda & Garza, 2020), adults (Ferreira, 2007) — and proves useful in multiple contexts: addiction (Vale Lucas et al., 2018), trauma (Crossley, 2000), depression (Gonçalves et al., 2015; Lopes et al., 2014), phobias (Gonçalves et al., 2002a; Oliveira & Soares, 2014), eating disorders (Weber et al., 2006), domestic violence (Moreira et al., 2022), anxiety (Ojeda & Garza, 2020; Soares, 2012; Vale Lucas & Soares, 2014), suicide (Tabares & Gonzáles, 2021), and grief (Gabriel et al., 2021; Lima & Fortim, 2015).

The postmodern era highlights two substantial ideas – human reality is not inseparable from the observer, emphasizing the notion of proactivity in the construction of knowledge, which is socially created through language and organized narratively – language is an integrative

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element of reality, responsible for constructing rather than merely describing the world (Batista et al., 2018a; Jorge, 2007; Matheus & Bolze, 2022; Soares, 2023).

Sarbin (1986), Gergen and Gergen (1986), Polkinghorne (1988), and Bruner (1990) were essential authors for NT, contributing to the initial conceptualization of the narrative approach (Ferreira, 2007). For instance, Sarbin (1986) proposes the narrative metaphor, emphasizing the temporal dimension, suggesting human life as a story with a beginning, middle, and end, highlighting the responsibility of creating a narrative – organizing human action. According to Polkinghorne (1998), a narrative “can refer to the process of making a story, to the cognitive scheme of the story, or to the result of the process” (p.13), stressing the narrative again as an organizer of meanings regarding events and actions, where the individual organizes all elements of the experience into a whole, giving them meaning, revealing another dimension to describe the narrative matrix – totality. Gergen and Gergen (1986) state that a narrative is conceptualized by the “capability to structure events in such a way that they demonstrate, first, a connectedness or coherence, and second, a sense of movement or direction through time” (p. 25), introducing the notions of direction and movement to the aforementioned dimensions. In other words, a narrative is typified by having an end goal and the events that aim toward that end.

Bruner (1990) adds dimensions such as sequentiality, communication of subjectivity, originality, and ambiguity, defining narrative through the cultural aspect and the notion of narrative thinking. Based on these perspectives, a narrative exposes a mode of organizing psychological processes, enabling the organization and direction of multiple processes such as memory, expectations, relationships, and emotions.

Gonçalves (2002a), inspired by the aforementioned contributions, proposes seven fundamental and defining dimensions of the narrative matrix: analogical, temporal, contextual, gestalt, meaning-making, cultural, and creative. The analogical nature is assumed as the analogical organization of experience, where experiences admit multiple meanings. The temporal nature refers to the possibility of the narrative organizing the knowledge of lived

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experiences through a temporal structure. Thus, our experiences and life moments can be narrated sequentially and organized, enabling healthy functioning of the subject. In the narrative act, the past, present, and future are united. The contextual nature allows knowledge to be historically and culturally situated, meaning the full understanding of a narrative is subject to its historically situated context – contextual truth, diverging from universal knowledge. The gestalt nature presupposes the ability to establish connections between different elements (spaces and times) of the experience to impose coherence and logic in its organization, constructing meaning. The narrative does not reveal meaning but functions as a way to impose meaning on the experience. The meaning-making nature allows subjects to acquire coherent, complex, and distinct metacognition of the multiple episodes they experience. Meanings arise when the experience is constructed, interpreted, and shared. The cultural nature emphasizes that narrative is a discursive production of an interpersonal and culturally situated nature. Thus, it allows the construction of the individual according to the social practices and linguistic conventions of belonging to social groups. Certain contexts encourage narrative construction, while others limit new conversations. The creative nature reflects the terms of proactivity and intentionality, providing the narrator the opportunity to enrich their life and autobiography. The narrator is thus understood as a constructor of their experience and not a mere regent. By recalling and organizing their experiences discursively, the narrator adds meanings since this exercise introduces alternatives, changes, elements, and novelties.

It is emphasized that narratives are stories that allow linking events in a sequential order and offering views on people's and/or world experiences (Gonçalves, 2002a). The possibility of telling our story generates new constructions of meanings, and our stories connect with other stories (Sousa et al., 2015; White & Epton, 1990). By creating a narrative, we have an organization of events and an interpretation of meaning to the experiences narrated by the person. The premise of the narrative model states that to build knowledge, one must be proactive since the meanings given to experiences arise from an interaction between the environment and the subject (Soares, 2023; Sousa et al., 2015). Knowledge is the

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interpretation we attribute to our experiences, organized through language, effectuating the process of meaning construction – multiple and potential – “Multiple because it configures a variety of meanings, and potential because it enables new and endless experiences” (Gonçalves, 2002a; pp. 47).

According to White and Epsen (1990), when a narrative is rigid, it becomes limiting and generates feelings of suffering. Rigidity is characterized by restricting possibilities, leading to therapeutic help requests. Thus, this theoretical proposal suggests stimulating alternative, more flexible, and adaptive narratives, created as a consequence of a deconstruction action, enabling changes and new life possibilities (Santos et al., 2013; Vale Lucas & Soares, 2014). Coherence and organization are fundamental (de Mattos Brito & Germano, 2013).

1.1. Stages of Narrative Therapy (NT):

The therapeutic process in NT begins with exploring the dominant narratives in a person's life. In a therapeutic context, the journey reflects the creation of alternative narratives capable of fostering change. Initially, the person must discover and effectively understand their dominant story. After this discovery exercise, the person moves into a position of re-authorship (Batista et al., 2018a). Throughout the therapy, multiple questions arise, characterizing NT as "a therapy of questions," with a distinct purpose of generating experiences rather than merely uncovering information, thus evoking versions of life (Combs & Freedman, 2012, p. 1043). Psychotherapy enables the individual to reorganize their experience and, through language, stimulates reflection, allowing for a joint construction between the therapist and the client (Soares, 2023).

According to White and Epston (1990), there are three phases of the therapeutic process – deconstruction, reconstruction, and consolidation – which are not sequential but dynamic. Deconstruction focuses on questioning what sustains the problematic narrative, deconstructing ideas, beliefs, and cultural practices. Reconstruction involves the development of alternatives. Consolidation, in turn, is the phase where the person solidifies the narrative of change (Batista et al., 2018a; Payne, 2006).

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The premise of NT diverges from traditional approaches, viewing the problem as external to the person and therefore not perceived as insurmountable. From this perspective, the therapist, aiming to make resolutions more visible and accessible, formulates externalizing questions inherent in an implicit language that the problem is not intrinsic to the person but external – The therapist says “Depression invaded your life” rather than “you became depressed” (Carr, 1998; Combs & Freedman, 2012; Payne, 2006, p.12; Vale Lucas & Soares, 2014). This latent separation allows the person to internalize their resources (including the ability to envision their life devoid of the problem) and mitigate guilt, shame, and frustration in the face of an inability to change – a non-pathologizing approach (Combs & Freedman, 2012; de Mattos Brito & Germano, 2013).

As the process unfolds, details or events emerge that place the subject outside the logic of the problem – unique outcomes/extraordinary events/moments of innovation – that is, exceptions that trigger new meanings and experiences previously ignored due to the rigidity of the dominant/saturated narrative (Batista et al., 2018a; Gonçalves & Silva, 2014; Vale Lucas & Soares, 2014). These moments prompt new ways of thinking, feeling, or acting, allowing individuals to construct one or several alternative stories (Batista et al., 2020).

Faced with the emergence of extraordinary moments, the therapist thoroughly explores events – action panorama and explores the field of meanings with the analysis of intentions, values, and thoughts present in the events – identity panorama (Batista et al., 2018a; Matheus & Bolze, 2022).

To grasp an alternative identity, the therapeutic process aims to validate the alternative story, which reaches its potential when achieved in a context outside of therapy. To amplify and strengthen the narratives, resources are provided through techniques such as:

I) remembering – our identity is constructed with the contribution of significant characters and figures in our life; II) therapeutic documents – resources used to recognize the effects of the problem, record preferences, and value advancements (e.g., declarations, diplomas); III)

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ceremonies – inclusion of one or several witnesses in the session to hear and/or retell the client's story (White & Epston, 1990).

Throughout psychotherapy, therapeutic change has been associated with the emergence of moments of innovation, which are empirically observed alongside maintenance moments (when an innovative moment is followed by a return to the problematic pattern). According to Braga et al. (2023), maintenance moments emerge as a measure of ambivalence, manifesting in the behaviors, thoughts, or feelings of subjects. This ambivalence is viewed as an inherent and predictable part of the change process, characterized by an internal conflict between two antagonistic tendencies: the innovative position (moments of innovation) and the problematic position (status quo) (Braga et al., 2018; Braga et al., 2023). This conflict can result in a blockage that not only diminishes motivation but also intensifies maladaptive responses, such as rumination, causing suffering and potentially worsening symptoms. It is also noted that this hampers therapeutic success (Braga et al., 2023; Batista et al., 2022; Gonçalves & Silva, 2014; Oliveira et al., 2021). According to Oliveira et al. (2021), ambivalence emerges as a significant factor in the withdrawal of subjects from psychological follow-up. The authors state that ambivalence resolution can occur in two ways: dominance (of the innovative position and consequent inhibition of the problematic position) and negotiation (of both positions). Conversely, when ambivalence is overcome during the change process, cognitive processing and self-regulation are facilitated, providing clarity regarding life goals and challenges (Batista et al., 2022; Braga et al., 2023; Lucas Vale & Soares, 2014). As highlighted by Batista et al. (2022) ambivalence is associated with intervention efficacy. Braga et al. (2018) argue that "ambivalence in the presence of psychotherapeutic change should be addressed and resolved if we are to avoid psychotherapeutic failure and promote sustained change" (p. 369).

Thus, a convergence of perspectives underscores the importance of addressing and overcoming ambivalence in the therapeutic context, aiming to avoid unfavorable outcomes and foster lasting change. The consideration and validation of the motivations and reasons underlying the problematic part, combined with the recognition and validation of the innovative

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part, enable a balanced integration of the different motivations and reasons involved (Braga et al., 2018; Braga et al., 2023).

1.2. The Therapist Adopting a Narrative Approach:

In the therapeutic approach of NT, the therapist is highlighted as an active recognizer of the knowledge and skills of the client in therapy. Active listening, empathy, and respect predominate in sessions (Vale Lucas & Soares, 2014). A dynamic of reciprocity is substantial for the co-construction of sessions between the therapist and the client. According to Gonçalves (2003), in NT, solutions “are not discovered, do not pre-exist the conversation, but are built as therapeutic interaction evolves” (p. 77). Prioritizing the client's pace is one of the important details for the client to feel comfortable in the therapeutic process (Carr, 1998; Vale Lucas et al., 2018).

Instead of proposing drastic or hard-to-achieve changes, the therapist works together with the client to identify and implement gradual and achievable progress aligned with the client's understanding and experience, making the therapeutic process more accessible and effective for the client (Vale Lucas et al., 2018).

The therapist is identified as a supportive and partnering figure, with a genuine interest and curiosity in the client's story, aiming to enhance the discovery of inconsistencies and contradictions in the stories (Carr, 1998). The client, in turn, is claimed as the figure holding the power of their change, where their language predominates in exploring numerous constructions of reality, positioning them as the greatest *expert* in their life (de Mattos Brito & Germano, 2013; Santos et al., 2013). Furthermore, they emphasize their power in defining goals and the duration of their engagement – goals are perceived as achieved by the client when the narrative is seen as enriched enough to sustain the future (Payne, 2006; Losada & Faga, 2022).

It is underscored the adoption of a collaborative partnership contrary to the expert and specialist position (one-up) or the inferiorization position (one-down), emphasizing the therapist as a mere vehicle for empowering the client to construct change, where the process

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arises from a shared construction of meanings (Batista et al., 2018a; Carr, 1998; Vale Lucas et al., 2018).

1.3. Benefits of Narrative Writing:

Through narrative construction, individuals can make sense of events, perceive their experiences and identity, gain awareness of certain aspects, improve behaviors, acquire greater control of their own lives, and enable better management of emotions, simultaneously regulating more positive emotions (Pennebaker & Seagal, 1999; Sousa et al., 2015). According to Machado and Gonçalves (1999), narrative is fundamental to the organization of complex emotional experiences, reflecting well-being in individuals. Karibwende et al. (2022), in the same line of thought, point out that “the principles and techniques of narrative therapy increase resilience” (p.7).

In addition to emotional issues, well-being is evidenced by improvements at a physical level, such as fewer visits to the doctor, lower levels of pain, less need for medication, and improvements in the immune system (Pennebaker & Seagal, 1999).

Authors like Sanini et al. (2021) investigated the relationship between NT and neuroplasticity, highlighting how this therapeutic approach can influence brain plasticity. By practicing therapeutic writing and narrative therapy, which emphasizes the construction of alternative narratives, individuals have the opportunity to stimulate the formation of new neural connections as they retell their own stories. The mental challenge required by NT to elaborate these new narratives provides a favorable environment for neuronal plasticity, emphasizing the interconnection between different facets of the human being, such as the body, mind, behavior, feelings, anatomy, and physiology.

Implicitly, narrative construction confers the ability to predict and prepare for the world around them, enabling individuals to manage future situations. Similarly, it enables them to produce coherence and diversity – important peculiarities for well-being (Sousa et al., 2015).

2. Narrative Therapy and Early Gestational Loss

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Narrative Therapy (NT) is a relevant approach in multiple contexts. Rogers et al. (2019) point to its effectiveness in cases of early gestational loss. Romney et al. (2020) highlight that NT is suitable for grieving couples, emphasizing it as a framework to be adopted in saturated narratives given the constraints these impose, incapacitating parents from envisioning new perspectives and consequently effecting changes.

Of traumatic nature, early gestational loss refers to the termination of a pregnancy within the first 20 weeks of gestation (Bardos et al., 2015; Bhat and Byatt, 2016; Romney et al., 2020). Commonly termed as a miscarriage, loss occurs naturally without deliberate interference or may be voluntarily induced due to embryo or maternal health reasons (Graça, 2018; Morin, 2020; Nazaré et al., 2010). It is considered the most common issue to occur during pregnancy (Farren et al., 2020; Kersting & Wagner, 2012; Rogers et al., 2019). It substantially affects a large number of women, with estimates suggesting that about 20% to 50% of pregnancies end in miscarriages (Markin, 2017).

The pain experienced in a baby loss event aligns with the conceptualization of grief, which is complex and unique (Furtado-Eraso et al., 2021; Morin, 2020). Distress, isolation, guilt, frustration, sadness, low self-esteem, and suicidal thoughts are evident aspects representing the psychological impact (Caldwell et al., 2023; Markin, 2017). Commonly accompanying the experience is a negative impact on the self and the conception of a biological failure of the body itself (Furtado-Eraso et al., 2021). Bardos et al. (2015) found that 47% of women feel guilt, 41% isolate themselves, and 28% feel shame. Additionally, severe psychological sequelae are evident, leading to disorders such as anxiety, depression, and post-traumatic stress disorder (PTSD; Farren et al., 2020; Markin, 2017). The predominance of disorders is visible in Farren et al.'s (2020) study, which, one month after the loss, in a sample of 492 women, identifies 29% of women with symptoms of PTSD, 24% with moderate/severe anxiety, and 11% with depression.

The grieving process involves not only the direct loss of the person (the so-called primary loss) but also secondary losses, encompassing maternal identity, bonds, the beloved and

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invested baby, and fantasized plans and dreams (Gabriel et al., 2021; Graça, 2018; Nazaré et al., 2010).

Grief varies from mild and transient forms to severe and debilitating manifestations (Goulart, 2019; Marques, 2022; Neimeyer, 2019). Following the loss of a significant person, there is uncomplicated grief, which manifests as a natural, healthy, and tolerable response to emotional distress and stress. Temporary impairment of functions, shock reactions, sadness, guilt, anger, and isolation are attenuated over time, without triggering pathological consequences at a physical and mental level. Over time, this grief tends to organically evolve into integrated grief, where the person can reintegrate into daily activities and rediscover interest and pleasure in them (Bui, 2018; Goulart, 2019).

Conversely, at the opposite extreme, there are instances of complicated grief (CG), where symptoms extend for more than six months and underscore psychological disturbances (Bui, 2018; Kersting & Wagner, 2012; Toffol et al., 2013). In this panorama, dysfunctional responses and a more prolonged and intense psychological and functional impairment are evident. This can become debilitating, significantly affecting people's ability to cope with life's demands (Goulart, 2019; Silva, 2011).

According to Bhat and Byatt (2016), it is the second frame of symptomatology that predominates in gestational loss than in any other loss, with the intensity of symptoms requiring attention. Psychological intervention is assumed to be useful in helping people deal with the distress felt (Medeiros et al., 2020).

2.1. Predictors of Psychological Distress

According to the literature, psychological distress is more pronounced in the presence of certain predictors:

i) Satisfaction with healthcare services – In the data from the study by deMontigny et al. (2017), women who were satisfied with healthcare services showed a reduction in symptoms of grief over time. Empathy from professionals is identified as a very important factor in women's satisfaction;

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ii) History of losses – According to the study by Yilmaz and Beji (2013), anxiety, fear, depression, and low levels of happiness are more prevalent in women with a history of losses. Graça (2018) corroborates this by stating that pregnant women with a history of loss present more symptoms of anxiety than mothers without a history of loss. This predictor is associated with negative psychological influences and difficulties in creating *coping* strategies for future pregnancies (Donegan et al., 2023; Toffol et al., 2013);

iii) Previous mental health (Rogers et al., 2019) and according to Bhat and Byatt (2016), women with a history of major depression are more likely to develop CG after a loss;

iv) Absence of children – Women with one or more children have their grief symptoms alleviated after the loss (deMontigny et al., 2017). In this study, women without children showed no variations in symptomatology regardless of when the loss occurred. Kersting and Wagner (2012) state that the reduction in grief can be explained by a successful birth after a loss;

v) Lack of support – The lack of social or marital support correlates, respectively, with higher grief symptomatology and increased stress in the relationship, as well as loss of a future family vision (Kersting & Wagner, 2012);

vi) Maternal investment and experience – Regardless of the stage of loss, whether it be during the early stages of pregnancy, where parents have only chosen/thought about the child's name, or bought materials, or during more advanced stages, where there is closer contact with the reality of pregnancy, such as feeling the baby's movements inside the uterus, grief symptoms manifest (Graça, 2018; Kersting & Wagner, 2012). Motivation, desire for pregnancy, the intensity of attachment, and the meanings attributed to the experience influence psychological reactions more than essentially the gestational age at which mothers lose the baby (Camarneiro et al., 2015; Furtado-Eraso et al., 2021).

vii) Lack of information, debriefing, or pre-conception counseling – Ignorance of the causes leading to miscarriage increases despair and fear of a new pregnancy (Donegan et al., 2023).

After an involuntary loss, planning for another pregnancy is a preference for parents (Bhat and Byatt, 2016; Caldwell et al., 2023; Graça, 2018). The literature points to ambivalence on

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this topic, resulting in divergent opinions about the decision to conceive and its respective impact. A study conducted by Johnson and Johnson (2021) concluded that a successful birth after a loss alleviates grief. In line with this thinking, deMontigny et al. (2017) state that a subsequent pregnancy allows for the recovery of certain ideologies of the woman (the role of a pregnant woman, the role of a mother), beneficial to her well-being. However, a subsequent pregnancy can negatively impact parents, especially during the gestation period in which the previous loss occurred (Johnson & Johnson, 2021). The uncertainty about the success of the new pregnancy causes more stress and anxiety for parents due to the fear of another loss (Donegan et al., 2023; Graça, 2018; Markin, 2017). Furthermore, the impact of a loss may be felt in terms of attachment in a subsequent pregnancy (prenatal attachment; Markin, 2017). The relationship between the mother and the baby can be affected by the unresolved grief of the mother. On one hand, the mother may not be as attentive or sensitive to the needs of the new baby, seeing it as a replacement for the lost baby. On the other hand, she may be excessively protective, fearing another loss (Graça, 2018). Both dynamics can impact emotional investment and bonding with the baby.

It's crucial to understand that the findings reported in the literature are inconsistent and subject to debate in light of the individuality of each person's experience. This means that personal and external factors unique to each individual determine “the quality and duration of reaction to a miscarriage” (Toffol et al., 2013; p. 156). Consequently, the distinctiveness of the experience assumes various individual characteristics, leading to different grief processes (Gabriel et al., 2021; Marques, 2022; Silva, 2011).

Furthermore, as additional exacerbating factors, it is noted that the suffering of grieving parents often goes unrecognized and lacks social support (Markin, 2017; Nazaré et al., 2010). The legitimacy of their grief is denied, and the event is considered taboo, discouraging parents from openly mourning their loss and instead suffering in silence (Markin, 2017; Rogers et al., 2019). The psychological significance and importance of emotions are underestimated by

significant others such as family and friends, healthcare professionals, and society as a whole (Caldwell et al., 2023).

2.2. The importance of rituals as a soothing source

Early pregnancy loss deprives parents of the opportunity to hold funerals, making the grieving process even more challenging (Kersting & Wagner, 2012). Funeral rituals play a significant role in the grieving journey. As evidenced in Marques's study (2022), during crises such as the pandemic, bereaved individuals face various obstacles. Among them, the absence of rituals has made it especially difficult to accept the loss and integrate it into their life narrative and personal identity. The lack of real images and tangible memories of the loved one also holds psychological implications to be considered for the parents (Toffol et al., 2013).

In addition to disregard, the literature also points to a lack of acknowledgment and neglect of the emotional impact on the father, who experiences intense feelings similar to those of the mother (Mota et al., 2023). The cultural position of the male gender (as the family patriarch) implies that the father suppresses his feelings and focuses his attention and care on the mother. The demand to adopt a strong stance incapacitates him from the grieving process, with implications for his well-being (Aydin & Kabukcuoğlu, 2021; Donegan et al., 2023; Johnson & Johnson, 2021; Nazaré et al., 2010).

The lack of training for professionals and the absence of specific guidelines on how to deal with this issue is also widely documented (Furtado-Eraso et al., 2021; Mota et al., 2023; Rogers et al., 2019).

The narrative approach has been integrated into grief processes with demonstrated positive outcomes. Some authors argue that, in the context of grief, therapies emphasizing the search for meaning are beneficial as they enable a perspective beyond mere symptoms (Batista et al., 2018b; Gabriel et al., 2021; Neimeyer, 2000; Neimeyer, 2019; Silva, 2011).

According to Neimeyer (2006a), narrating events is crucial for individuals to understand who they are and how they relate to the world. People construct narratives to make sense of their lives and identity (Soares, 2012). However, traumatic and unexpected events, like gestational

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loss, can challenge this personal narrative, disrupting coherence and necessitating the reconstruction of identity (Corno et al., 2020; Neimeyer, 2006a; Neimeyer, 2006b; Neimeyer, 2019; Romney et al., 2020). The quality and diversity of stories come under scrutiny, and therapy aids in the reauthoring of these narratives (Andrade, 2010). During pregnancy, identity is shaped as parents begin to envision and bond with the child. When a loss occurs, this identity is shattered, and feelings of shame and guilt make it difficult to ascribe new meaning to the event, leading to prevailing negative views that affect parental identity (Romney et al., 2020).

Self-narrative is crucial as it structures life experiences into a broader story, influencing self-perception, emotions, and goals. When challenged, it poses a risk to well-being (Neimeyer, 2006a).

The process of metaphorization, a characteristic of NT, empowers individuals to be the protagonists of their narratives, giving them an active role (Marques, 2022). Exploring emotions and thoughts, also facilitates reflection on events, leading to an adaptive alternative view and reconstruction of meaning (Gabriel et al., 2021; Silva, 2011). Expressing these can have therapeutic effects (Gonçalves et al., 2002a; Gonçalves, 2002b; Neimeyer, 2000; Silva, 2011).

A study by Rocha et al. (2018) with mothers who experienced a medical termination of pregnancy demonstrated the power of metaphorization through the narrative approach. Assigning meaning is seen as a protective factor, providing individuals with a sense of comfort, relief, and serenity in the face of the situation (Marques, 2022). Moreover, it allows for viewing the world through a different lens, enabling the construction of purpose in life, better emotional regulation, reduced rumination of thoughts, improved immune system functioning, decreased tendency towards avoidance, increased self-esteem, reduced depression, as well as enhanced self-efficacy. Higher levels of meaning-making are associated with better psychological adjustment, leading to a reduction in individual psychological distress (Gabriel et al., 2021; Marques, 2022; Neimeyer, 2010; Neimeyer, 2019; Yang & Lee, 2022).

Rogers et al. (2019) assert that NT engages mothers in an exploration and reflection of past-present-future dynamics. Lima and Fortim (2015) highlight the importance of writing

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experiences, which expand reflection on situations, allowing individuals to revisit and organize events. Expressing emotions through writing helps reduce stress, prompts cognitive changes, and contributes to well-being. In the case of gestational loss, parents commonly internalize misconceptions stemming from sociocultural discourses, such as the notion of blame attributed to them, pressure to quickly overcome grief and attempt another pregnancy, and the taboo of suffering in silence. Turning to writing can be highly beneficial, not only because it allows individuals to organize the traumatic event but also by facilitating the approach to difficult topics to verbalize during therapy sessions (Oliveira & Soares, 2014; Romney et al., 2020). This resource offers a safe and reflective space where individuals can explore their most intimate and complex feelings. By putting thoughts on paper, individuals can access deeper layers of their emotional experience and thus progress in the healing and transformation process (Neimeyer, 2010). Constructivists approach writing in various ways. It may involve inviting the grieving person to express their feelings and experiences, reflecting on their loss with the sensitivity of a compassionate observer, as if they were viewing their journey with empathy, or encouraging the grieving person to revisit the experience to gain new meanings and perspectives (Neimeyer, 2010).

In the view of Romney et al. (2020), NT is effective for grieving couples as it allows them to narrate, rewrite, co-write, and give meaning to their story. In gestational loss, saturated narratives limit possible alternative stories and may incapacitate the individual from processing present and future information, leading them to internalize limiting beliefs. The feeling that, for example, “my body is broken” may dominate the mother’s lived experience (Bhat & Byatt, 2016). The process of externalizing narrative language provides a new perspective on the problem and is essential for promoting change. Retelling facilitates the understanding of challenging issues and contributes to mitigating the tendency to avoid them (Neimeyer, 2010).

2.3. Beyond Psychological Intervention: Virtual Reality and Early Gestational Loss

Given the high levels of depression, grief, and post-traumatic stress disorder (PTSD) in gestational loss, interventions and research based on technology are currently being explored

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to enhance the reduction of respective symptoms (Loughnan et al., 2022). Interventions using virtual reality (VR) show promising results, being used as a valid and effective tool in the field of clinical psychology (Ashford et al., 2016; Cieślik et al., 2020; Corno et al., 2020; Faria et al., 2016).

VR enables the opportunity to create and recreate multiple environments that may be therapeutic and reparative. Simulated and personalized, it allows testing and training the management of emotional aspects difficult to control in the physical world (Cameirão et al., 2023). Through VR, in the face of a traumatic event, the expression and confrontation of emotions can be facilitated, and the safety and control of the environment are ensured (Eshuis et al., 2021).

Despite this potential use of VR, in technology-mediated approaches specifically targeting gestational loss, there is still a lack of literacy on the topic. In 2021, a group of researchers from Portugal created the AViR project (Adaptive Virtual Reality for coping with involuntary pregnancy loss) aimed at addressing this gap (Cameirão & Fonseca, 2022). AViR proposes a model that emphasizes psychological support in grieving after gestational loss, combining traditional methods of psychological support with interactive virtual environments (Cameirão et al., 2023). This ongoing research project incorporates an experimental group, where mother participants underwent intervention through VR, and a control group consisting of mothers who only received standard care provided by healthcare professionals (Cameirão et al., 2023).

3. Method

3.1. Participants and Study Design

The participants in this case study were recruited through the AViR project and were invited to compose a narrative about their experience of involuntary pregnancy loss. The narratives were collected at the Psychology Laboratory of the University of Madeira after the participants had undergone their respective interventions (if they were in the control group, they received standard conventional care provided by healthcare professionals; if they were in the experimental group, they went through the intervention modules of the AViR project).

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In total, 2 mothers were selected based on the inclusion criteria of the AViR project: having experienced an involuntary pregnancy loss (up to the first 20 weeks of gestation) within the last six months. The narratives were collected by a researcher trained in Psychology. The instructions given to the researcher included adopting a neutral and minimally interventionist/opinionated stance, with the recommendation to respond only to questions with the simple instruction, "Write in the way you find best about your loss".

During data collection, the participants were given the following instructions: "Please write with pen and paper about your personal experience of early gestational loss. Write as freely and spontaneously as possible. Your data and narratives will be analyzed anonymously and solely for research purposes. To ensure your anonymity, each narrative will be identified by a number and transcribed into a computer by the researchers. You may keep the original narratives written by you with pen and paper if you wish."

This case study follows a qualitative and quantitative methodological approach that involves classifying the narrative processes present in each narrative according to three narrative dimensions: content and narrative multiplicity, process and narrative complexity, and structure and narrative coherence (Gonçalves et al., 2001a; Gonçalves et al., 2001b; Gonçalves et al., 2002b). The aim is to better understand and gain insight into the mothers' perceptions and their losses through a narrative framework.

3.2. Instruments

The evaluation of the narratives is conducted using three manuals related to three dimensions: i) structure and narrative coherence, ii) process and narrative complexity, and iii) content and narrative multiplicity. The scoring method involves several steps. Initially, the entire narrative is read. During a second reading, it is determined whether the text constitutes a narrative. The basic criterion for defining a narrative is the existence of a temporal unity in the narrative. Subsequently, using a 5-point Likert scale (1 = very little or none, 2 = little, 3 = moderate, 4 and 5 = high), the respective dimensions of each manual are coded (Gonçalves et al., 2001a; Gonçalves et al., 2001b; Gonçalves et al., 2002b).

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The **Narrative Structure and Coherence Evaluation Manual** addresses narrative coherence, organized into four assessment parameters: orientation (O), structural sequence (SE), evaluative commitment (EC), and integration (I).

Orientation contextualizes the narrative, involving personal, cultural, social, and historical factors. Good orientation makes the narrative understandable and allows for answering the questions “Who?”, “When?”, “Where?”. In contrast, poor orientation isolates essential elements for understanding the narrative. The **structural sequence** translates the narrator's understanding of an experience, clarifying the question “So, what happened?”. It consists of subcomponents: (1) initial event; (2) internal response to the event; (3) action; and (4) consequences. **Evaluative commitment** pertains to the narrator's emotional tone, indicating how emotionally involved the participant is with the narrative. **Integration** signifies the narrative's continuity (Gonçalves et al., 2001b). Numerous interruptions and a fragmented organization describe a narrative with low levels of integration.

This narrative analysis instrument exhibits high levels of inter-observer reliability (96%) and internal consistency (Cronbach's alpha values ranging from 0,79 to 0,92; Gonçalves et al., 2001b; Gonçalves et al., 2002a).

The **Narrative Process and Complexity Evaluation Manual** aims to analyze four narrative processes: objectivation (Obj), emotional subjectivation (ES), cognitive subjectivation (CS), and metaphorization (M).

The first process, **objectivation**, reflects the complexity of the sensory aspects present in the narrative (visual, auditory, olfactory, gustatory, and physical sensations). **Emotional subjectivation** seeks to understand the complexity and multiplicity of emotions in a narrative. On another level, **cognitive subjectivation** refers to the complexity and multiplicity of cognitive aspects (ideas, cognitions, desires, thoughts) experienced in the narrated episode. **Metaphorization** is defined as the use of metaphor to express the meaning of the experience attributed by the narrator, reflecting their reflective and meta-analytical attitude (Gonçalves et al., 2001a).

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It is a manual that demonstrates a high level of inter-observer reliability (89%) and internal consistency (Cronbach's alpha values ranging from 0,66 to 0,87; Gonçalves et al., 2002a).

The **Narrative Content and Multiplicity Evaluation Manual** aims to assess the narrative based on the multiplicity and diversity of narrative contents. The evaluation is operationalized through the scoring of four organizing elements: **themes** (T; the overall perspective of a content), **events** (E; narrative sequences with a determined temporal structure), **settings** (S; places where the action unfolds), and **characters** (C; real or imaginary). Thus, a narrative rated as diverse and flexible contains a range of characters that address various themes and interact in multiple settings, where several events occur (Gonçalves et al., 2002b).

It is a manual that demonstrates high levels of inter-observer reliability (94%) and internal consistency (Cronbach's alpha values ranging from 0,86 to 0,90) (Gonçalves et al., 2002a).

3.3. Data Analysis Procedures

Data analysis proceeded through several sequential stages. Initially, two judges with training in Psychology underwent training for narrative assessment. For this purpose, two activities were conducted. The first was carried out using the Dedoose¹ platform, which facilitates the organization, exploration, and interpretation of textual data. Under the supervision and assistance of a third judge, the judges coded 90 pages of text. The second activity aimed at analyzing example narratives following the guidelines outlined by the manuals of the process, content, and narrative structure. Evaluation rules were presented by a professional trained in clinical narrative research and analysis, enabling the judges to proceed with individual training. When there was little consensus among judges on evaluation parameters, the agreement was reached under the supervision of the third supervisory judge. Subsequently, a new training session was conducted where both judges reached a consensus on the problematic parameter.

¹ <https://www.dedoose.com/>

It is crucial to emphasize that reaching an agreement among the judges is of utmost importance in this evaluation method, with particular relevance placed on resolving discrepancies by the evaluating judges to reach a mutual consensus.

The narratives of the study were transcribed and then subjected to scoring. Once the sequential analysis of the readings began, each judge examined each narrative and scored it on each parameter. Subsequently, they convened to compare results and reach a consensus on all parameters, assigning a score that was acceptable to both.

The final scores were analyzed using Excel software to calculate the mean and standard deviation of the results across the various dimensions of narrative analysis.

4. Results

It is observed that regarding **Structure**, narrative 1 scores higher values in all four categories (M=4,75, SD=0,5).

Table 1: Analysis of results of the 3 dimensions of narrative N1

Narrative No. 1	Content				Process				Structure			
	C	S	E	T	Obj	ES	CS	M	O	SE	EC	I
Scoring	3	2	3	5	1	5	3	2	5	5	4	5
Mean (M)	3,25				2,75				4,75			
Standard deviation (SD)	1,258				1,708				0,5			

As for **Content**, it has an average of 3,25 and a standard deviation of 1,258, and regarding **Process**, it has an average of 2,75 and a standard deviation of 1,708, with the **Themes** dimension (**Content**) and the **Structural Sequence (Process)** standing out with the highest score (level 5), respectively. Conversely, with lower scores, we have the **Objectivation** dimension (**Process**, level 1), the **Settings (Content)**, and **Metaphorization (Process**, level 2).

Table 2: Analysis of results of the 3 dimensions of narrative N2

Narrative No.2	Content				Process				Structure			
	C	S	E	T	Obj	ES	CS	M	O	SE	EC	I
Categories												
Scoring	1	1	5	4	2	5	5	3	4	4	4	5
Mean (M)	2,75				3,75				4,25			
Standard deviation (SD)	2,062				1,5				0,5			

Similarly, in this narrative, the **Structure** continues to stand out by recording higher scores in all categories (M=4,25, SD=0,5). In the other dimensions, it is evident that **Events, Themes, Emotional Subjectivation**, and **Cognitive Subjectivation** are the most prominent dimensions, all with higher ratings (levels 4 and 5). In the **Content** manual (M=2.75, SD=2.062), it is observed that the **Settings** and **Characters** dimensions both have the lowest score (level 1) and in the **Process**, we have **Objectivation** (level 2).

5. Discussion

This case study analyzing two narratives of mothers who lost a child during pregnancy allowed to understand the identification and differentiation in individual experiences, with emotional and cognitive nuances in each narrative.

In narrative N1, predominant expressions² of the denial phase of grief are observed, characterized by difficulty in accepting the reality of the event. An anxious denial manifests, as noted by Marques (2022) and Neimeyer (2006b), associating this reaction with a typical defensive posture in the initial phase of grief:

#(...) then I started to have a strange feeling too because I already have two children and I saw that the ultrasound was very different.

#(...) I felt that something was not right

#I can't say I was in shock because I was suspicious (...).

From Neimeyer's perspective (2006a), difficulty in accepting loss is an example of an invalid thematic substructure and a disruption of narrative coherence resulting from an inability to reconstruct meaning.

² Transcriptions of expressions in italics throughout the article

In Narrative N2, it is identified as the stage where the individual expresses anger towards the situation, with the anger being expressed through a series of questions beginning with 'whys' (Marques, 2022; Medeiros et al., 2020):

*# It was the day I cried the most in my life and when questions like "why",
there are so many people who don't want children and have them,
there are parents mistreating children while we are here ready to give love and affection
(...).*

In the logic of the constructive perspective, losses challenge the core beliefs of individuals. Deaths marked by prematurity and unpredictability can evoke the sense of an unjust, dangerous world that triggers questions about the benevolent nature of the world (Milman et al., 2018). The fundamental foundations that sustain life, as visible in the excerpt, are challenged, weakening the meaning and coherence of the narrative (Neimeyer, 2010).

In the final stage of mourning, which Medeiros et al. (2020) point out as characteristic of the grieving process, the same narrative highlights distinct elements of this moment, marked by the progression towards acceptance of the loss. In this transition, a change in perspective is observed, where the individual embraces the loss with serenity, managing to overcome the despair or denial previously present. In many cases, the transformation is influenced by spirituality, as evidenced by the participant's experience (Marques, 2022):

#My faith has led me to believe that the day to be a mother will come and, on that day, I will be the best mother I ever thought I could be.

The spiritual struggle after a loss can contribute to a more complicated mourning process. Religious issues play an intermediary role in how people find meaning after loss (Neimeyer, 2006b; Neimeyer & Thompson, 2014; Neimeyer, 2019). In this narrative, the quote seems to reveal a positive belief and an optimistic perspective regarding motherhood, fueled by faith, nullifying a potential impasse in the search for meaning.

In this brief analysis, one narrative exposes more details of an initial stage of denial, while another reveals the passage through the stage of anger, and details indicating a progression

towards acceptance of the event. This perspective highlights the idea of the complex and individualized nature of this emotional phenomenon which is grief. We then recognize that grief does not follow a linear and uniform timeline for everyone, on the contrary, it is a unique journey for each grieving person (Marques, 2022).

By delving deeper into the analysis and considering the approach proposed by Gonçalves (Gonçalves et al., 2001a; Gonçalves et al., 2001b; Gonçalves et al., 2002b), interpreting the narratives in light of the three dimensions (**Structure, Process, and Content**) emerges particularities that contribute to a more detailed understanding of the grief experience and seem to be three useful dimensions of analysis in understanding and intervening in this phenomenon of early gestational loss.

The **Structure** dimension emerges with higher scores in both narratives (N1=4,75, N2=4,25), demonstrating effectiveness in the mother's discursive ability. Both are capable of articulating various episodes, giving them a logical sequence (Gonçalves et al., 2001b). Based on the results obtained in the different categories, it is plausible to affirm that both narratives show a cohesive narrative structure. There seems to be harmony between the ideas with logical connections between them.

Neimeyer (2010) suggests that an intrinsic attribution to losses could weaken the cohesion and consistency of one's own story. Contrary to what Neimeyer (2010) suggests in the literature, both analyzed narratives show good indicators of **Structure** and narrative **consistency** (Neimeyer, 2006a; Neimeyer, 2010).

In terms of the **Narrative Process**, the narratives present low values, which may indicate that the narrated experiences still lack meaning attribution. Narrative N2 shows higher levels of narrative processes compared to narrative N1 (Vieira & Henriques, 2013).

Narrative N2 stands out for higher scores in **Structural Sequence** and **Cognitive Subjectivation** (both at level 5), categories responsible for describing events regarding the internal processing of the experience (Gonçalves et al., 2001a). According to Pennebaker and Seagal (1999), the elaboration of the experience at an internal level signals physical and

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psychological improvements in individuals. In this line of thought, it is observed that, similarly to the **Metaphorization** category, it appeals to the reflection of meanings and interpretation of the event. Narrative N2 scores higher in this Metaphorization category, which seems to indicate progress in well-being (Gabriel et al., 2021; Neimeyer, 2019).

Achieving a high score in **Cognitive Subjectivation** is correlated with reflection on the grieving experience and, consequently, with a greater likelihood of attributing meaning to that experience (Vieira & Henriques, 2013). Being aware of one's thoughts allows the individual to have a free mind to achieve mental health and change behaviors (Soares, 2012).

Today, I want to believe that the baby didn't come because I wasn't ready. And the truth is, maybe I wasn't. I'm trying to turn this adversity that life has given me into an opportunity for improvement myself. I've allowed myself to have different experiences, and to get to know other realities and new people. I've been feeling lighter and more confident, I would even say happy. My faith has led me to believe that the day to be a mother will come and that, on that day, I will be the best mother I ever thought I could be.

The previous description highlights the reflective attitude adopted by the mother in attributing meaning to her experience. The participant's interpretation involves acceptance and self-reflection and suggests that upon this reflection, an openness to new experiences and consequently personal growth was triggered.

An adaptive response to grief presupposes that grieving individuals are capable of attributing meaning to their experience and can integrate the loss into their lives. This action is associated with a decrease in levels of Complicated Grief (Neimeyer & Thompson, 2014). As a result of perception and reconstruction of the world challenged by loss, the consistency and ability to transition meanings of the self-narrative may allow for a normative response (Neimeyer, 2010). Thus, according to Neimeyer's theory (2019), the life lesson found by the mother allowed her to integrate the loss and consequently grow through the experience. When someone faces a significant loss, how they reconstruct their understanding of reality and find

meaning in life again plays a crucial role in their ability to cope with and overcome grief (Neimeyer, 2006a; Neimeyer, 2010; Silva, 2011; Yang & Lee, 2022).

In this participant, the meaning given is the premise that the experience will serve as a learning space, in which she will work to improve as a person and as a future mother, that is her current life purpose. This ability to learn to reframe is associated with less exacerbated grieving processes, reduced mental distress, and a healthier emotional and physical adjustment after loss (Neimeyer, 2019). The process in which the individual re-establishes connections with the external world, from which they had disconnected, as visible in the excerpt, is also an indication of overcoming (Arizmendi & O'Connor, 2015; Bui, 2018; Marques, 2022; Neimeyer, 2000).

According to Neimeyer (2010), for individuals who yearn to find meaning, the journey can be arduous. When losses are premature, sudden, and devastating, the impact on the internal world can be particularly lasting. In the narrative of participant N1, unlike N2, a search for meanings is not identified.

#(...) I felt good and the thought has passed, now it's just moving forward (...)

Considering the perspective of postmodern constructivism, we approach death differently. In the story of participant N1, the notion of "moving forward" could be further explored and enriched, in a psychotherapeutic process, for example. Instead of simply considering death as an endpoint, we begin to see it as a transition. This implies that we should not just leave behind those we lost as we move forward. On the contrary, we should seek new meanings and a new understanding of ourselves after this loss (Silva, 2011). The inability to construct meanings may be directly related to complicated grieving reactions and the deterioration of personal narrative.

Just like meaning-making, the **Integration** of an event (such as early gestational loss) allows for understanding the grief situation (Neimeyer, 2006b). When we face a traumatic situation, this ability to integrate different perspectives becomes limited, which in turn restricts new options. In narrative N1, despite the high **Integration**, the low capacity for reasoning

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(demonstrated by the low **Cognitive Subjectivation**) incapacitates the mother from envisioning different views, accessing and working through thoughts related to the event, and hindering her from overcoming grief more healthily. According to Batista et al. (2018b), the constructive-narrative therapeutic approach holds promising potential to assist in the treatment of prolonged grief by focusing on the reconstruction of the meaning of loss.

In psychotherapeutic terms, the most positive outcomes are linked to the process in which individuals elaborate their personal stories in a more detailed and reflective manner, rather than just describing external events as is more evident in narrative N2 (Jorge, 2007).

According to Vieira and Henriques (2013), a narrative that evokes various affective tones contradicts an experience lacking in meaning, saturated and monotonous. In narrative N2, the text initially evokes positive emotions, exemplified by the sensation of *joy*, which later give way to more negative feelings, expressed by terms such as *destructive* and *sad*. However, during the aforementioned highlighted meaning-making process, tones of positive emotions resurface, such as the feeling of happiness, thus connoting the presence of various affective tones. In contrast, in narrative N1, despite scoring high in **Emotional Subjectivation**, there is a predominant inclination towards negative emotions. This aspect is associated with the restriction of new perspectives and understanding of the experience, limiting the individual's ability to react and reflect on the situation. Despite the emotional variety of the experience described in narrative N1, it becomes lacking in enrichment in terms of learning. This implies that, although the person experiences a range of feelings, the lack of diversity in understanding the situation makes the experience repetitive and limited in its learning potential, which could be explained by assigning a level 3 (moderate) in **Cognitive Subjectivation** (Gonçalves et al., 2001a; Gonçalves et al., 2001b; Gonçalves et al., 2002b; Vieira & Henriques, 2013).

As a result of these aspects, it is possible to highlight narrative N2 with a response that appears to be more adaptive to grief than in narrative N1 (which does not show a search for meaning), aligning with the idea of Vieira and Henriques (2013). Furthermore, having a greater awareness of one's emotions, and expressing them while valuing more positive emotions

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aligns with a better ability to overcome loss (Arizmendi & O'Connor, 2015; Silva, 2011). In the narrative of participant N2, a more pronounced evolution of positive emotions is noticeable, contrasting with the more abrupt transition in the narrative of participant N1.

In the **Content** dimension, the elements that compose the narrated situation stand out, fundamental to the existence of the narrative (Vieira & Henriques, 2013). **Content** is associated with diversity that enhances glimpses and new possibilities, providing opportunities for resolving the problematic situation (Gonçalves et al., 2002b). In this analysis, it was expected that narrative N2 would stand out more in **Content** compared to narrative N1, however, this is not the case. Monothematic narratives repeatedly address the same issues and may indicate difficulty in exploring different aspects of life, which may be considered pathological. Despite the great variety in the **Events** and **Themes** dimensions, there is a low score in **Characters** and **Scenarios** (Gonçalves et al., 2002a; Gonçalves et al., 2002b; Jorge, 2007). This discrepancy may be attributed to possible restriction of the provided instruction, which may have limited the narrative's scope, directing the participants' focus to specific aspects.

Aspects such as a decrease in feelings of guilt and the definition of goals and future social roles suggest a better ability to cope with loss, aligning with integrated grief (Arizmendi & O'Connor, 2015; Bui, 2018; Marques, 2022; Neimeyer, 2000). Neimeyer et al. (2008) highlight the importance of understanding guilt dynamics, both towards oneself and towards others, as self-blame is correlated with more acute grief symptomatology, while blame directed at others is associated with symptoms of anxiety.

When analyzing the narratives in light of the dimensions of Structure, Process, and Content, it is noted that the participants do not exhibit signs of guilt, an aspect that seems to highlight a positive perspective of the process. This is consistent with Marques (2022), who emphasizes the importance of the absence of guilt as an indicator of healthy adjustment after a significant loss.

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The establishment of goals is associated with the notion of **Structure**. Goals provide a roadmap for life, and without them, individuals find themselves adrift. Setting objectives guides the achievement of the idealized goal and can be something a person wants to achieve, create, experience, accomplish, or become (Vale Lucas et al., 2019). In narrative N2, there is greater emphasis on this aspect of goal orientation.

Additionally, identity reconstruction is another aspect that should be highlighted. It involves self-compassion, self-concept, and autonomy, characteristics that aid in adaptation and acceptance of the event (Arizmendi & O'Connor, 2015; Bui, 2018; Marques, 2022; Neimeyer, 2000).

By expressing the intention *I'm trying to turn this adversity that life has given me into an opportunity for improvement, but for myself*, the participant in narrative N2 demonstrates self-compassion by addressing pain lovingly and compassionately toward herself. This attitude is also reflected in her self-concept, acknowledging her ability to grow and transform in the face of difficult circumstances. The narrative also highlights the participant's autonomy, especially when she mentions – *I have allowed myself to have different experiences, to get to know other realities and new people*, indicating a willingness to explore new possibilities and make decisions that promote her own well-being and personal growth throughout her healing process. Specifically, the participant illustrates what it entails for a grieving person to undergo a process of change, which boils down to creating a new understanding of the world and even of oneself. Assigning meaning to the loss may be closely related to the reconstruction of one's own identity. This idea of creating the best version of oneself parallels the creation of a new future role – the role of a better mother for her child, emphasizing a positive aspect of the grieving process (Bui, 2018).

Based on this analysis, it is also noticeable that the participant in narrative N2 seems to demonstrate greater psychological well-being due to her more prominent **Metaphorization**, which reflects a more constructive attitude towards adversity and restoration, which is

generally characteristic of integrated grief (Bui, 2018; Neimeyer, 2000). However, it is essential to recognize that various other aspects also play a significant role in this grief scenario.

Considering that miscarriage is a challenge influenced by a variety of factors shaping the intensity of grief, some predictors referenced in the literature and mentioned in the narratives are also highlighted, namely: the role of society, the existence of children, the mother's experience, faith, and spirituality. The manifestation of grief can be inhibited by society, which often discourages the expression and sharing of pain, labeling them as signs of weakness (Medeiros et al., 2020). However, it is important to recognize that social support plays a fundamental role in enabling people to face grief more healthily (Silva, 2011). Bui (2018) suggests lack of support is a risk factor after loss. When exploring the dynamics of miscarriage, it is common for parents to describe the social dimension as impoverished. The absence of social support in the face of the loss of a child is a reality faced by several women (Lima & Fortim, 2015).

In the narratives under study, mothers reveal a duality between loneliness and the scarcity of support associated with loss. Expressions such as *I didn't want to talk to many people* (N1) and *I felt sad, at times alone, lost, and disconnected from everything* (N2) depict an emotional landscape marked by a lack of space for grieving expression. The decision to distance oneself from family and friends, as indicated by narrative N2 – *I even distanced myself from family and friends because I deduced they wouldn't understand* – reflects the perception of a surrounding environment that would not comprehend the complexity of grief and its suffering. This suppression may lead to psychopathological repercussions (Medeiros et al., 2020).

Social support plays a significant role in how grief is processed, and its presence can impact the prognosis (Silva, 2011). In narrative N1, although the mother maintains a certain reserve regarding the broader social network, the support of her husband is evident – *My husband supported me a lot, it was a comfort (...)*, an aspect that may protect the mother from facing a more complicated grief. This deduction aligns with the study by Piper et al. (2011), which raised the conceptual question of how social support should be assessed – by the number of people

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in the social network, by the bereaved person's perception of support, or by their satisfaction with the support received? Adaptation to grief occurs at physical, psychological, sociological, and spiritual levels, resulting in various symptoms and manifestations in the bereaved individual.

Faith plays another significant role in influencing the grieving individual (Marques, 2022). For instance, gaining a different perspective through faith and hope allows for the alleviation of pain and, simultaneously, building of a sense of purpose (Marques, 2022; Neimeyer, 2010). Faith and spirituality are highlighted as a support for unanswered questions while offering hope to women. The concept of hope, according to Lucas et al. (2019), serves to assist people in surviving mode and is a source that helps achieve outlined goals. Hope differs from a compassionate phenomenon associated with the notion of "cross your fingers and hope for the best" (p. 200). Hope is underlying the notion of action and planning. It is important for promoting physical and mental health and is a positive indicator of performance and satisfaction in interpersonal relationships. In situations of miscarriage loss, where many questions remain unanswered, thoughts of faith provide comfort and serve as an alternative for facing tragedy (Lima & Fortim, 2015). In Narrative N2 – *My faith (...)* illustrates how religiosity has become a resource for the participant to overcome the event and thus offers a good prognosis for the mother (Lima & Fortim, 2015).

The presence of children can also play a crucial role in overcoming miscarriage loss. Through narrative analysis, the study by Lima and Fortim (2015) concludes that conceiving a child after late loss is identified as a protective factor, while the absence of a child is associated with frustration. In narrative N1, the mention of having children leads us to reflect on the vital role they play in the participant's life. Additionally, in the same narrative, the issue of desirability arises when the mother describes the pregnancy as *desired*. This aspect, considered a predictor of greater psychological distress, also points to a need for psychological reconstruction and adaptation in the face of integrated idealizations that are no longer realized

with the loss. However, the lack of details about the mother's experience prevents conclusions about the weight of these factors on her grief emotions.

The construction of a narrative, as suggested by Soares (2012), emerges as an indicator of physical and mental health. The assessment of cohesion, complexity, and variety in speech or writing can be interpreted as a reflection of well-being. "The more diverse, enriched, and coherent one person's narrative, the more she can deal with adverse experiences of daily life" (Soares, 2012; p.2). From this perspective, personal expression gains prominence, allowing the communication of profound meanings.

The way someone articulates their experience of loss can provide insights into how they process and understand the grieving situation (Neimeyer, 2006b). The act of narrating, wherein the individual gradually constructs and organizes the experience, helps to express contents and emotions, yielding indicators of their trajectory (Neimeyer, 2019; Silva, 2011). Through narrative, we organize the "traumatic experience" (Lima & Fortim, 2015; p.771).

Therapeutic writing and metaphorical language, from a constructivist perspective, are characterized as two effective approaches to the grieving process, allowing individuals to rediscover meaning in life after a difficult period (Neimeyer, 2010). Writing can be considered a protective factor in the grieving process, having therapeutic effects due to its reflective nature on the event and by allowing the preservation of the memory of the lost person (Neimeyer, 2006a; Gonçalves, 2002b; Rocha et al., 2018; Silva, 2011). Writing frequently leads to the use of more words related to positive feelings and also helps reduce the use of words with negative emotional connotations (Oliveira & Soares, 2014). Neimeyer (2019) corroborates this reasoning by emphasizing that narrative writing is a form of therapy.

Narrative Therapy, for example, can be important in cases of early gestational loss by allowing the deconstruction of negative metaphors in favor of more positive and adaptive alternatives. Grieving demands a reconstruction of meanings, and the constructivist approach works on metaphorization, inciting new meanings to the experience, which is important for

facing the pain with less rumination and better emotional regulation (Gabriel et al., 2021; Marques, 2020; Neimeyer, 2019; Rocha et al., 2021; Yang & Lee, 2022).

In this study, we delved into the analysis of writing, demonstrating significant narrative nuances in the divergent paths of participants facing a traumatic event: early gestational loss. This approach allowed for a deeper understanding of individual experiences and personal trajectories related to this painful event, highlighting the importance of narrative writing as a way to perceive the grieving process through the eyes of mothers and as a possible method to overcome the pain (Gabriel et al., 2021; Lima & Fortim, 2015; Neimeyer, 2006a).

Interestingly, this analysis also revealed that the narrative of participant N2, who went through the modules of the virtual reality intervention project – AViR, showed better indicators of narrative well-being, while participant N1, who only had the assistance of standard conventional care provided by healthcare professionals, did not show as many signs of narrative well-being. This result emphasizes the intervention of the Virtual Reality project in promoting more positive narrative writing, demonstrating its fundamental role in supporting mothers in the grieving process, representing an initial exploration of the impact of the AViR project intervention.

6. Limitations

This study had several significant limitations that should be addressed in future research. The main limitations are associated with the small sample size, which prevents a more robust assessment of the positive implications of the AViR project, hindering more concrete conclusions. Additionally, another limitation is noted in the choice to provide a prior indication of participants' narrative writing. While the indication identifies the central theme to be evaluated, it may have restricted mothers to solely focus on that particular event, hindering a more comprehensive writing with more evidence to be studied and reflected upon.

7. Implications

Despite the mentioned limitations, this study suggests evidence of the effectiveness of narrative writing as a means of understanding the grieving process. The results point to the

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need to assist a vulnerable population, mothers who experience early gestational loss, but also provide valuable insights for various healthcare professionals (psychologists, physicians, and nurses) when dealing with individuals facing this type of loss, often overlooked in mental health and clinical practice.

This study also highlights Narrative Therapy as a promising approach with this population and underscores innovative methods for understanding grief and its complexities. It also emphasizes the relevance of writing as a powerful tool for understanding and giving voice to individual experiences silenced by the stigma of early gestational loss.

Future studies could investigate the importance of writing in early gestational loss and also include the male population to obtain more concrete and comprehensive conclusions, as the experience affects not only mothers but also fathers. Furthermore, exploring the effectiveness of writing-based interventions in different cultural and socioeconomic contexts can help identify more inclusive and culturally sensitive practices for dealing with grief, as cultural principles, culture, and traditions shape how each person faces the grieving process (Medeiros et al., 2020).

8. Ethical approval and consent to participate

The study received prior approval from the University Ethics Committee (79/CEUMA/2023). Participants were informed of the requirements for their participation, and all of them signed a consent form before any data collection.

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