

Original article

Subjective experiences of loss: paths of vital resignification in different phases of the grieving process

Vivências subjetivas da perda: trajetórias de ressignificação vital em diferentes fases do processo de enlutamento

Maircon Rasley Gonçalves Araújo¹  | Millena Daniely Batista Marques¹  | Vivian Maria Gomes Santos¹ 

¹Ibituruna School of Health and Humanities (FASI), Montes Claros, MG, Brazil.

Abstract

Objective: to understand the subjective experiences of grief among individuals who lost loved ones in Montes Claros, Minas Gerais, Brazil. **Materials and Methods:** a qualitative phenomenological approach was adopted through semi-structured interviews with five participants. The study, of a descriptive and cross-sectional nature, sought to understand the grief experiences of individuals living in Montes Claros who had lost a loved one within the last five years. The interviews were conducted remotely, recorded, transcribed, and analyzed using Bardin's thematic content analysis. The research followed current ethical guidelines and was approved by a Research Ethics Committee, ensuring confidentiality and anonymity for the participants. **Results:** the narratives revealed that grief is a singular and dynamic process influenced by factors such as emotional bonds, spirituality, attachment style, and support networks. The accounts expressed feelings of pain, loneliness, and longing, but also indicated trajectories of growth, learning, and meaning-making. **Conclusion:** symbolic rituals, faith, and sensitive clinical listening emerged as fundamental resources for processing loss and for the subjective reconstruction of the bereaved individual. The study reaffirms the relevance of Psychology in legitimizing grief as a human and transformative experience, highlighting the importance of therapeutic spaces that welcome suffering without reducing it to a pathological dimension.

Keywords: Grief. Loss of a loved one. Subjectivity. Resignification. Psychology.

Resumo

Objetivo: compreender as experiências subjetivas do luto vivenciadas por indivíduos que perderam entes queridos em Montes Claros-MG, Brasil. **Materiais e Métodos:** abordagem qualitativa de caráter fenomenológico, por meio de entrevistas semiestruturadas com cinco participantes. O estudo, de natureza descritiva e transversal, buscou compreender as experiências de luto de indivíduos residentes em Montes Claros-MG que perderam um ente querido nos últimos cinco anos. As entrevistas foram realizadas de forma remota, gravadas, transcritas e analisadas por meio da análise de conteúdo temática de Bardin. A pesquisa seguiu as diretrizes éticas vigentes e foi aprovada por Comitê de Ética, garantindo sigilo e anonimato aos participantes. **Resultados:** as narrativas trouxeram à tona que o luto é um processo singular e dinâmico, atravessado por fatores como vínculo afetivo, espiritualidade, estilo de apego e redes de apoio. As falas expressaram sentimentos de dor, solidão e saudade, mas também indicaram trajetórias de crescimento, aprendizado e busca de sentido. **Conclusão:** os rituais simbólicos, a fé e a escuta clínica sensível mostraram-se como recursos fundamentais para a elaboração da perda e para a reconstrução subjetiva do enlutado. O estudo reafirma a relevância da Psicologia na legitimação do luto como uma experiência humana e transformadora, ressaltando a importância de espaços terapêuticos que acolham o sofrimento sem reduzi-lo à dimensão patológica.

Palavras-chave: Luto. Perda de ente querido. Subjetividade. Ressignificação. Psicologia.

Corresponding author: Maircon Rasley Gonçalves Araújo | maircon.araujo@fasi.edu.br

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Introduction

The experience of loss is inevitably marked by feelings of pain, absence, and uncertainty about the future, especially when it involves the death of someone emotionally significant. More than just an unwanted event, death highlights the definitive absence of the other and confronts the individual with their own finitude. In this context, grief emerges as an emotional response to the rupture of emotional bonds, characterized by intense suffering and the need for subjective reorganization¹.

Psychology, as a science dedicated to understanding mental and emotional processes, plays a central role in analyzing the experiences of grief and further asserts that the experience of loss, although universal and inherent to the human condition, can trigger profound emotional repercussions, requiring the individual to make a significant psychological effort to reorganize their life following the absence of a loved one². Although it is a universal phenomenon, the experience of grief is unique and can be influenced by cultural, spiritual, and age-related factors and, above all, by the type of bond established with the person who has died³.

The stages of elaboration of loss, proposed by Kübler-Ross⁴, contributed to organize the initial understanding of the process, but later approaches, such as those of Bowlby⁵ and Worden⁶, highlight its complexity, its multiple forms of expression, and the varying timelines for everyone. Parkes⁷, for his part, describes grief as a dynamic, ongoing process that can affect the emotional, physical, and social aspects of the bereaved person.

Freud⁸ distinguished between grief and melancholia, emphasizing that the suffering resulting from loss is to be expected and, in many cases, is naturally worked through overtime; in other words, the process of working through grief is inherent to the individual. However, in situations of traumatic or unexpected death, the process can be characterized as complicated grief, presenting symptoms like depressive or anxiety disorders, with a prevalence of up to 70% in cases of violent loss⁹. In these circumstances, the absence of social support, such as a support network, exacerbates suffering, intensifying feelings of loneliness, especially among vulnerable groups, such as the elderly, in whom grief is often intertwined with experiences of abandonment, physical frailty, and the proximity of death itself¹⁰.

The way of experiencing grief also varies according to the stage of development. In children, it may manifest as regressive behaviors and fears; in adolescents, as isolation or risky behaviors; and in adults, as existential crises and difficulties in adapting⁵. Individual and social factors significantly influence how adaptation to loss occurs, reinforcing the importance of support throughout the entire process⁶.

In contemporary times, there is a growing medicalization of grief, a practice underpinned by the ideal of eliminating pain¹¹, which shifts this experience from a subjective lived reality to a



predominantly biomedical approach¹². Illich¹¹ warns that this process can compromise individuals' autonomy, especially when suffering is treated as a pathology. Thus, psychiatrization redefines the boundaries between normality and illness, making the experience of loss a target for pharmacological interventions; for although, in some cases, medications may be necessary, grief remains a natural psychological response to absence^{8,12,13}.

In this context, thanatology stands out as an essential field for understanding and intervening in the grieving process, by proposing strategies that promote the reframing of the experience². Among its significant contributions is logotherapy, an approach developed by Viktor Frankl¹⁴, which emphasizes the search for meaning even in the face of suffering. For the author, finding purpose in adverse situations can become a decisive element in the bereaved person's subjective reconstruction.

Spirituality also plays a significant role by offering comfort, hope, and the possibility of new meanings in the face of loss^{15,16}. By connecting to a higher dimension, the individual strengthens their capacity to process suffering. The recognition of this dimension by healthcare professionals, such as psychologists, enables more humanized, sensitive care for the bereaved person's needs^{17,18}.

Another key aspect concerns social support networks—whether formal or informal—that enable the expression of grief and the collective construction of meaning. Therapy groups, religious communities, family members, and friends serve as welcoming spaces that contribute to the reconstruction of life and reinforce a sense of belonging¹⁰.

The importance of this discussion in the academic field is noteworthy, as it aims to broaden the theoretical debate on grief by drawing on authors such as Bowlby⁵, Worden⁶, and Freud⁸, thereby contributing to an understanding of loss reframing. From a social perspective, this paper offers a reflection on the taboo that still surrounds death and the contemporary trend toward the medicalization of suffering, which often silences the subjective experience of the bereaved.

Given this context, the objective was to understand the subjective experiences of grief as lived by individuals who have lost loved ones. We also sought to identify the emotional, psychological, and social processes involved in reconstructing life and reframing existence following loss.

Materials and Methods

This is a qualitative, descriptive study characterized as a cross-sectional study, as it analyzes the experiences of bereaved individuals at a specific stage of their healing process¹⁹.

Phenomenology was adopted as a scientific research method, because it seeks to understand the essence of participants' experiences and values the way in which the phenomenon of grief manifests itself in their subjectivity and existential context. This approach allowed us to access the meaning attributed to the loss by those who experienced it, through attentive listening and the



suspension of judgments, in accordance with the principles of *epoché* and phenomenological reduction.

The study was conducted in the city of Montes Claros, Minas Gerais, Brazil. Interviews were conducted exclusively remotely via videoconferencing platforms to ensure participants' comfort, emotional safety, and accessibility.

The sample was selected using both purposive and convenience sampling, with the number of participants determined by the criterion of data saturation, which is common in qualitative research¹⁹. The study included individuals aged 18 to 60 who had experienced the loss of a loved one in the past five years, were residents of Montes Claros, Minas Gerais, were at any stage of the grieving process, had internet access and equipment with a functional camera and microphone, and who formally consented to participate in the study. Those excluded were individuals who had significant communication difficulties, had a direct family relationship with the researchers, were grieving the loss of a pet or experiencing symbolic loss, such as the end of a relationship or job loss, or did not authorize the audio recording of the interview.

Data collection was conducted through semi-structured interviews, guided by a script consisting of five open-ended questions. The script was developed based on research objectives and grounded in the theoretical framework of grief and the reframing of loss to encourage the free expression of participants' experiences. The average duration of each interview was 30 minutes.

Initial contact with participants was made through referrals, and the researchers knew the first participant. From there, using the *Snowball* technique, each participant referred a new person to participate in the study until the sample size reached saturation. Confidentiality and voluntary participation were ensured. All interviews were audio-recorded, fully transcribed, and analyzed using the thematic content analysis technique proposed by Bardin²⁰, carried out in three stages: pre-analysis, involving a skimming reading and definition of the corpus; exploration, involving coding and categorization of units of meaning; and data processing and interpretation, with the aim of understanding the meanings attributed to the experiences of grief.

The study was conducted in accordance with the guidelines of Resolution No. 466/2012 and Resolution No. 510/2016 of the National Health Council^{21,22}. The project was approved by the Research Ethics Committee, under opinion No. 7,713,829. Absolute confidentiality was ensured for the participants, so that their information remained confidential. To maintain confidentiality, each participant was identified by alphanumeric codes (P1, P2, P3, P4, and P5) to preserve anonymity and the integrity of the collected data.



Results and Discussion

Five volunteers participated in the study and completed a semi-structured interview conducted in September 2025. The average age of the participants was 30 years; the youngest participant was 22 and the oldest 46.

The participants' narratives showed that the experience of grief was lived as an emotional and existential milestone, characterized by pain, disbelief, and the need to reorganize one's life. The analysis of the narratives, guided by the research's guiding questions, sought to highlight the uniqueness of each experience, without losing sight of the theoretical elements that underpin the understanding of the phenomenon.

Freud⁸ states that grief is a natural process of emotional detachment and emotional reinvestment, which requires time and subjective conditions for pain to transform into acceptance. In this regard, participants were asked about what it was like to lose someone with whom they had a significant bond, and their accounts highlighted both the intensity of that bond and the impact of the loss. Participant P1 stated: *"I still feel like it's not true, as if it were a nightmare from which I'm going to wake up."* In this statement, one can perceive what Bowlby⁵ describes regarding the nature of attachment: the deeper the emotional bond, the more intense the pain of separation will be, as expressed by P1 when describing the sensation of a "nightmare." P2 expressed: *"It's the kind of pain that lasts a lifetime and goes through phases."* From this perspective, Parkes⁷ identifies shock and disbelief as common initial reactions to unexpected losses, as seen in P2's statement, when the individual is still unable to cognitively process the other person's absence.

Upon receiving the news, P1 and P2 reported experiencing intense emotional reactions, accompanied by physical and emotional symptoms. P1 described it as: *"It's a deep pain, a void, a feeling that cannot be measured"*; while P2 reported that *"It feels as if time and space come to a standstill... I still suffer from the effects of it to this day"*. These manifestations resemble what Farber, Silva, and Pereira²³ refer to as an experience of a rupture of meaning, in which the subject, upon losing someone, finds themselves compelled to reconstruct their identity in the face of absence.

The experiences of P3 and P4 reveal trajectories marked by living with the disease and the presence of death as a concrete possibility. P3 reported: *"From the moment the diagnosis was confirmed, I began to grieve, because I knew she was going to die, and that she didn't want treatment,"* which highlighted the onset of anticipatory grief, as described by Bowlby⁵ and Parkes⁷, in which the awareness of imminent loss leads the individual to gradually come to terms with the separation.

Regarding anticipatory grief, authors such as Kübler-Ross⁴, Worden²⁴, Rando²⁵, and Batista and Cardoso²⁶ highlight that this phenomenon is an emotional and adaptive process that begins before



the actual loss, allowing the individual to gradually accept the proximity of death and reorganize their internal emotional bonds. From this perspective, awareness of imminent loss leads the individual to gradually come to terms with the separation, marked by ambiguous feelings that oscillate among denial, hope, and preparation for the farewell. This dynamic is evident in P3's account, when he states: *"I experienced this anticipatory grief, you know? And since I knew, I made the most of everything I could with her."* The participant transforms care into a gesture of presence and farewell, which confirms what Worden⁶ describes as the first task of grief: accepting, albeit gradually, the reality of the loss.

When recalling the moment of her death, P3 describes the physical and emotional intensity of the experience: *"On the day I received the news that she had died, it was like this... a sense of emptiness took hold of me, something quite inexplicable. It's funny, I found myself surprised by something that wasn't a surprise."* This sense of strangeness in the face of the expected reflects the complexity of anticipatory grief, which, even when consciously processed, does not negate the real impact of the loss. P3 then adds: *"I became an orphan the moment I saw her die; that's when my anticipatory grief became a reality... and it was from that point on that I gave myself permission to grieve."* This statement represents the symbolic transition between anticipatory and actual grief, a stage in which suffering is recognized and legitimized, as noted by Corr *et al.*²⁷ and Kovács²⁸ in their descriptions of coping with loss and the search for meaning in the face of death.

P3 exhibits traits of secure attachment, expressed in the ability to form profound bonds, experience grief, and, at the same time, seek to come to terms with it. Her speech demonstrates awareness of loss and a willingness to integrate it into her life story, a characteristic of individuals who, according to Bowlby⁵, can acknowledge pain without losing touch with reality.

P4's experience also extends to the hospital setting and the final moments of care. The participant recalls: *"it was the last time I saw him... he passed away a few days later as well,"* which frames the experience of saying goodbye as a silent and poignant event. The participant reports that *"at the wake, I sat there, like this, beside him, leaning against the coffin, crying and talking to him."* One can perceive, in P4's words, an anxious/ambivalent attachment, as there is a strong emotional bond and an initial difficulty in accepting the separation, expressed in the need to remain physically close, even after death. This attitude demonstrates a search for continuity of the bond, a central concept in Bowlby⁵, according to which love and attachment do not cease with death but transform into a symbolic connection that aids in emotional reorganization.

From a psychological perspective, this symbolic presence is seen as an important psychological resource for the grieving process, as it allows the individual to maintain the bond symbolically and safely, thereby integrating the absence more easily. The literature highlights that



rituals, farewells, and symbolic gestures have a therapeutic function, as they allow the expression of feelings, the acceptance of loss, and the reconstruction of identity following the severing of the bond^{28,29}. From this perspective, psychology understands that the symbol acts as a mediator between the concrete experience of death and the emotional acceptance of loss, which contributes to psychological balance and a healthy grieving process²⁶.

Regarding the role of spirituality in coping with grief, the statements of P3 and P4 show that faith serves as a source of comfort and meaning in the face of loss. For these participants, spirituality provides a connection to something greater than the pain itself and acts as emotional and existential support. P5 complements this perspective by reporting that *“praying and participating in religious rituals help me feel that I am not alone in the face of pain,”* reinforcing the consoling function of faith in experiences of grief.

Thus, among the various ways of coping with loss, spirituality emerges as a significant theme in the accounts analyzed. Participant P4 describes that, faced with the impact of the death of a close relative, she spontaneously turned to prayer as a form of comfort, stating: *“I would pray too. [...] I’m a Christian, right? I’m Catholic. So, I would say: Jesus, bring them back? [...] I had this feeling that it couldn’t be real”*. P3, on the other hand, reveals a spiritual experience more focused on the symbolic presence of the lost person, stating: *“Losing someone is bad, it’s hard, it’s sad, but it’s inevitable [...] and continuity means keeping that person alive inside you, through memories”*. These narratives demonstrate that, although expressed in different ways, sometimes through prayer and hope for a reversal of the situation, and other times through the preservation of memory, spirituality emerges as an important resource for coping with loss. Farber, Silva, and Pereira²³ emphasize that spiritual coping is one of the paths to regaining a sense of life, as it transforms suffering into existential learning. Frankl¹⁴ had already asserted that human beings can find meaning even in situations of great pain, provided they understand the experience as part of a greater purpose.

The hospital setting, on the other hand, can evoke both acceptance and resistance in the face of mortality, depending on everyone’s emotional capacity to cope with death²⁸. P4’s account illustrates that the farewell took place amid disbelief, as expressed in the statement: *“I had this feeling that it couldn’t be real”*, which demonstrates the difficulty in acknowledging the irreversibility of the loss even in the presence of the body. This type of reaction reinforces Angelo’s understanding³⁰, as he points out that the hospital and ritualistic context of mourning often evoke feelings of helplessness and loss of control, making the acceptance of death a gradual rather than an immediate process.

The concept of longing can be understood as a form of symbolic presence, acting as a link between the past and the present by reaffirming the emotional bond with those who have passed away. In the words of participant P4, this feeling is summed up in the statement: *“Today, there’s a lot of*



longing left. It's just longing, folks. There's no way around it". This expression shows that mourning does not end with the burial but continues in attempts to reorganize daily life and reframe the absence. In this sense, Kovács² points out that *saudade* operates as a continuation of the bond, allowing the presence of the deceased to be preserved in the daily lives of those left behind. In line with this understanding, Worden⁶ states that one of the final tasks of mourning is to find a lasting emotional place for the lost person and continue to live fully.

When participants were asked to describe their experiences to someone who had never gone through this, they emphasized the difficulty of communicating the pain and the solitary nature of their suffering. On this point, P1 stated: *"It's the worst feeling a human being can have—being left alone"*, while P2 reported: *"It's a deep, black, dark, cold feeling... you'll never see that person again"*. Such expressions reflect what Kovács² identifies as the taboo of death in contemporary culture: the symbolic distancing from this topic leads to the isolation of the bereaved, who often find no legitimate space to express their suffering. Furthermore, P2's statement revealed the possibility of giving form to suffering through the materialization of the feeling *"deep, black, dark, cold"*, a device that functions as an attempt to name the unspeakable. As Freud⁸ highlights, in the mourning process, the subject seeks to give meaning to the absence and process the void left by the loss, frequently resorting to symbolic representations to make the pain more comprehensible and communicable. Complementarily, Kübler-Ross⁴ also emphasizes that verbalization and symbolization are ways of organizing the intense emotional experience that accompanies mourning, which allows the bereaved to establish a possible relationship with the absence.

When asked about the meaning they attributed to their loss, a gradual process of reframing emerged, with P1 stating: *"I learned to live with myself, to understand my feelings, and to reinvent myself."* Here, it is evident that grief was experienced as a journey of self-discovery, as P1's statement reflects a deep personal experience. As Thomas Attig³¹ highlights, the grieving process involves not only adapting to the absence of the other but also a journey of self-discovery and reconstruction of one's inner world, through which the bereaved comes to know themselves in new ways. P2 added: *"I've learned to value life a little more, in the sense of wanting to spend more good moments with the people I care about."* This statement resonates with Frankl¹⁴, who argues that even in the face of extreme suffering, it is possible to find meaning and reconstruct the sense of existence. Similarly, Farber, Silva, and Pereira²³ understand grief as a reclaiming of the meaning of life, a process in which pain is transformed into learning and maturation.

The coping strategies for grief employed by the participants varied, reflecting the subjective nature of the experience of grief. On this subject, P1 sought psychotherapy but found the results to be limited: *"I do it, but it's not something I feel is helping me."* This perception, however, also reflects



the complexity of the subjective experience of suffering, since the therapeutic process does not always yield immediate results, but rather promotes more subtle and gradual transformations linked to the internal processing of the loss. In this sense, as Freud⁸ points out, the work of grief involves a psychological process that requires time and emotional investment to reframe the absence.

On the other hand, P2 found comfort in memories and symbolic bonds: *“To this day, I take pleasure in talking about her... she is literally under my skin.”* This diversity of reactions illustrates what Morin³² describes as the complexity of human experience, in which reason, emotion, and symbolism intertwine to make sense of the pain. Worden’s⁶ understanding also supports this view by proposing that grief involves four essential tasks: accepting the reality of the loss, processing the pain, adjusting to the world without the person, and emotionally re-engaging with life. However, the way everyone navigates these stages is deeply subjective and influenced by their internal resources, personal beliefs, cultural context, and support network, such as the psychotherapeutic space, which can serve as a mediator in the process of emotional reconstruction.

It is evident that coping with grief is not limited to intrapsychic aspects but is also grounded in interpersonal relationships and the bonds formed with others. From this perspective, the support network was a central element in the experiences analyzed, as P1 reports: *“I am so grateful to God for having my parents and my sisters, who are my unconditional support”*. It is possible to perceive family support as the emotional foundation for this participant. P2, on the other hand, stated that *“Going back to college was something that did me a lot of good, because if I had remained immersed in grief, I don’t know where I’d be today,”* and highlights that friends and colleagues were also part of their support network and contributed to restoring meaning to their daily routine. These statements confirm the relevance of support networks, as pointed out by Luna¹⁰ and Sluzki³³, who argue that family, community, and institutional bonds function as mediators of emotional resilience, which facilitates reorganization following loss.

Beyond these dimensions, the analysis of the statements allows us to relate grief experiences to attachment styles, as described by Bowlby⁵. Attachment, understood as an emotional system that regulates affective relationships, directly influences how the individual reacts to separation and loss. In P1, when stating that *“It is the worst feeling a human being can have, that of being alone,”* a pattern of anxious/ambivalent attachment was observed, marked by emotional dependence and an intense fear of loneliness. This dependence, however, is mitigated by family support, which provides security and promotes emotional reorganization.

By stating that *“She is in my skin, literally,”* it becomes clear that P2 exhibits an anxious/preoccupied attachment style, evidenced by the effort to keep the other person’s presence alive. This attempt at symbolic fusion reflects the desire to preserve the bond and the difficulty in



accepting complete separation. However, by verbalizing and reframing the pain, one can understand that the participant demonstrates a capacity for reorganization and reveals aspects of secure attachment. In this sense, Parkes⁷ observes that individuals with this attachment style tend to experience longer periods of longing and protest but can achieve acceptance when sustained by emotional support and existential meaning.

This is observed in Bowlby's theory⁵, which holds that attachment style not only determines the intensity of grief but also guides coping strategies. Dunker³⁴ adds that, in contemporary times, grief is often silenced or accelerated by social demands that impose a rapid return to "normality," which undermines the psychological time needed to process the pain. In this sense, clinical listening should accommodate the subjective timeline of grief and respect pauses and regressive movements as part of the healing process.

P5's experience is marked by ambivalence and uncertainty regarding the grieving process itself, as expressed in the following statement: *"I can't really say whether I went through a grieving process regarding her or if... it happened and I didn't realize it."* Such uncertainty can be understood in light of the concept of "silenced grief," formulated by Dunker³⁴, characterized by a restrained, fragmented experience that often lacks a social space for expression. This difficulty in recognizing one's own suffering is accentuated when the interviewee reports not having been able to participate in the moment of farewell, stating: *"I couldn't even visit her in the hospital... that's when I started taking antidepressants."* This emotional detachment and the consequent medicalization of suffering illustrate what Alcântara and Ferreira³⁵ describe as the medicalization of grief, a process in which pain is treated primarily as a pathology rather than as a legitimate human experience. However, it is essential to emphasize that medicalization should not be understood as an intrinsically negative practice, since, in numerous instances, pharmacological support is indispensable to prevent severe psychological deterioration, especially when there is a risk of emotional collapse or suicidal behavior. As Faria and Lerner¹² point out, there are situations in which psychotropic medication serves as a supportive resource, ensuring the individual has the minimum conditions to endure the pain, but it should not take the place of symbolic elaboration. Thus, the distinction between when to medicate and when to invest in the work of elaboration must be evaluated on a case-by-case basis, in collaboration with health and mental health professionals, so that care does not silence grief but embraces its uniqueness.

In another instance, the participant mentions: *"I went to the market to do my grocery shopping, I went alone, and then I came back home, and then I went again."* This repetitive behavior may indicate emotional avoidance—a way of keeping busy to avoid feeling. Despite this, P5 acknowledges the cumulative impact of the losses: *"There were three losses in less than eight months... It's been*



eight or nine months today since I started feeling better.” P5’s statement highlights the intensity of the successive losses and the long road traveled to achieve some emotional improvement. Kovács² points out that experiences of multiple grief can intensify suffering, making it more challenging to process and adapt to the new reality. However, in stating “*it has been eight or nine months since I started feeling better*”, we observe the beginning of a process of internal reconstruction, which is consistent with Worden’s perspective⁶, for whom grief is a dynamic process marked by advances and setbacks. This account also highlights the importance of subjective time and support networks in restoring emotional balance, since, according to Bowlby⁵, preserving meaningful bonds and emotional support is fundamental to resuming life after loss.

These excerpts reveal a pattern of avoidant attachment, in which the individual tends to repress intense emotions and avoid emotional dependence. According to Bowlby⁵, this attachment style leads to the suppression of suffering as a self-preservation strategy, but it can result in emotional detachment and difficulty in experiencing grief in an integrated manner. This confirms the proposal for the concurrent use of medication and psychotherapy, in which the former acts on the body and the latter helps the person reframe pain and suffering in the best possible way. P5’s account, therefore, reaffirms the importance of clinical listening as a space that validates pain and allows the subject to construct, in their time, a new meaning for the absence.

P5’s journey, however, is not limited to pain. It represents an ongoing process of reconstruction, a search for reconnection with life and with one’s own sense of existence. The recognition of her improvement, after months of suffering, signals the gradual resumption of the tasks of grief described by Worden⁶, especially that of emotionally reinvesting in life.

P5’s account concludes the series of interviews and offers a broader reflection on contemporary ways of coping with loss. In a society that accelerates time and silences suffering, grief comes to be considered something to be quickly overcome, rather than as a process to be lived out in each person’s own subjective time. According to Frankl¹⁴ and Boff¹⁷, suffering only becomes a learning experience when it is embraced and given new meaning.

Ultimately, the experiences of all participants point to the need to talk about death and break the cultural silence that surrounds it. P2 observed: “*You have to make room for death; there’s no way around it. Otherwise, it takes over on its own,*” while P1 reflected: “*I learned a lot, especially about people... family is my father, my mother, and my sisters.*” These statements show that, despite the pain, mourning can be experienced as a process of growth and emotional and existential maturation resulting from lived experience, as confirmed by Boff¹⁷, who holds that spirituality and reflection on human finitude can serve as paths to inner strength and wisdom.



Ultimately, the experience of all participants points to the need to talk about death and break the cultural silence surrounding it. P2 observed: *“You have to make room for death; there’s no way around it. Otherwise, it takes over on its own,”* while P1 reflected: *“I learned a lot, especially about people... family is my father, my mother, and my sisters.”* These statements show that, despite the pain, grief can be experienced as a process of growth and emotional and existential maturation resulting from lived experience, as confirmed by Boff¹⁷, who holds that spirituality and reflection on human finitude can serve as paths to inner strength and wisdom.

It was found that participants expressed feelings of shock, loneliness, sadness, and longing, but also indicated signs of growth, learning, and rebuilding. The grieving process, as Bowlby⁵ and Worden⁶ assert, is unique and nonlinear, marked by fluctuations between pain and acceptance. The diversity of the accounts helped identify different manifestations of attachment, coping strategies, and meanings attributed to the loss, and strengthened the consistency of the findings and the study's interpretive validity.

Thus, the importance of symbolic rituals, support networks, and the search for meaning is underscored as fundamental aspects of the grieving process. In clinical psychology practice, the importance of spaces for empathetic, non-pathologizing listening is highlighted, as these spaces foster recognition of grief as a universal and potentially transformative human experience. In this context, the clinical setting can serve as an environment for reframing pain, where active and attentive listening allows the individual to name feelings, process experiences, and emotionally reorganize their lived experience. Psychotherapy, by offering support, understanding, and appropriate techniques, effectively helps the bereaved person navigate their suffering and find new meanings for the absence, which promotes the integration of the experience of loss into the individual's life narrative³⁶.

As a limitation, the study involved a small number of participants, which, although appropriate for the proposed qualitative methodology and saturation criterion, limits the generalizability of the findings. It is suggested that future research expand the sample diversity and explore different cultural and religious contexts, which may deepen understanding of the mechanisms of reframing and of the most effective psychological interventions for supporting bereaved individuals.

Conclusion

The participants' narratives revealed that grief transcends the dimension of immediate pain, emerging as a process of profound transformation in which loss drives the individual to reinvent themselves through new meanings and the formation of bonds.



It was found that the way grief is experienced is influenced by multiple factors, including the type of bond established, spirituality, attachment style, and the available support network. The participants' accounts revealed trajectories marked by both suffering and disbelief as well as by movements toward reconstruction and emotional maturation. Care, faith, symbolic rituals, and the opportunity to talk about the loss proved essential resources in sustaining the grieving process. They contribute to emotional strengthening and enable the continuation of symbolic bonds with those who have passed away.

From both a theoretical and practical perspective, this study contributes to the field of psychology by deepening our understanding of grief as a human phenomenon rather than merely a pathological one. The participants' narratives highlighted the importance of sensitive clinical listening, empathetic acceptance, and respect for each person's pace. In the psychologist's practice, it is emphasized that creating therapeutic spaces that validate suffering, encourage emotional expression, and assist the bereaved in reconstructing meaning and integrating the loss into their life story is important.

The results point to the importance of discussing death and grief in an ethical, sensitive, and inclusive manner, recognizing in them not only suffering but also the potential for reconstruction that emerges from the act of continuing to live.

Authors' contributions

Research conception and design: Maircon Rasley Gonçalves Araújo, Millena Daniely Batista Marques, Vivian Maria Gomes Santos. **Data analysis, interpretation, and manuscript drafting:** Maircon Rasley Gonçalves Araújo, Millena Daniely Batista Marques, Vivian Maria Gomes Santos. **Resource management:** Maircon Rasley Gonçalves Araújo. **Critical review of the manuscript regarding intellectual content and final presentation:** Maircon Rasley Gonçalves Araújo. The authors approved the final version of the manuscript and declared themselves responsible for all aspects of the work, including ensuring its accuracy and integrity.

Conflict of interest

The authors declared that they had no conflicts of interest.

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