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Perinatal Grief and the work of Behavioral Therapies: A Bibliographic Review

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Abstract
Perinatal grief remains underdiscussed at the national level; however, it represents an urgent area for research in psychology. This assertion is supported by United Nations data indicating that, in the post-pandemic period, there was an 11.1% increase in pregnancies interrupted before the onset of labor. Another survey reported that, in 2018, neonatal deaths accounted for 15.5% of cases. These data are alarming, not only for psychology but for healthcare as a whole. This article aimed to present the perspectives of Contextual Behavioral Therapy approaches on perinatal grief, as well as the methods and techniques that may be employed by these approaches in clinical management. The relevance of this project is justified by the need to understand how Contextual Therapies may address perinatal grief, especially in light of the persistently high mortality rates in Brazil, particularly in the North and Northeast regions. The possible devaluation of this topic also constitutes a rationale for the development of this project. With respect to perinatal grief, the focus may be placed not only on death itself but also on other related demands, such as expectations associated with pregnancy. Finally, a qualitative and exploratory bibliographic review was conducted. The databases used for the selection of articles supporting this study were BVS, PePSIC, SciELO, LILACS, and Google Scholar.

Keywords: Gestational grief; psychology; behavior analysis.

Introduction

To better understand the discussion developed in this article, it is first necessary to consider how death and mourning have been historically constructed. Historical and sociocultural scholarship indicates that death was once more visibly integrated into everyday communal life, whereas modern societies progressively relocated death to more institutional, medicalized, and socially distant spaces. In contemporary Western contexts, death and mourning are frequently treated as taboo subjects, often surrounded by avoidance, euphemism, and discomfort (1; 2). This shift is particularly relevant to psychology because it shapes not only how loss is experienced, but also how grief is socially recognized or silenced.

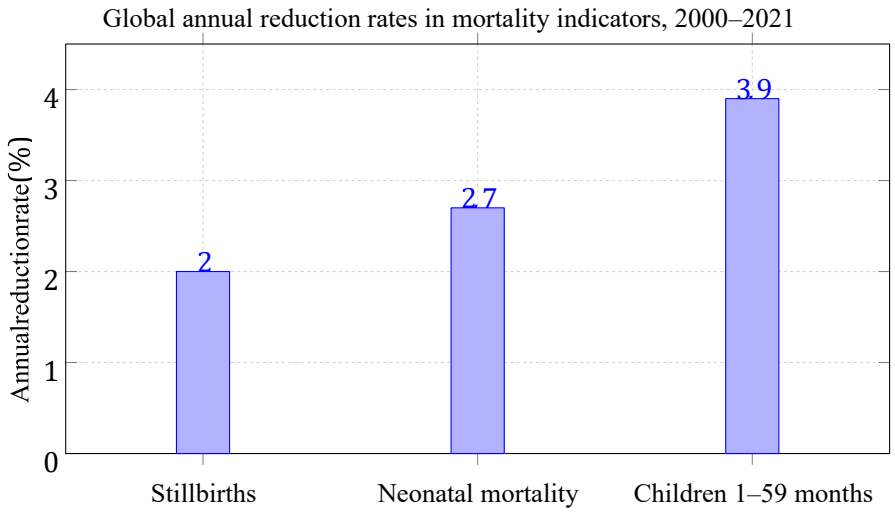

Figure 1: Global progress in reducing stillbirths has been slower than progress in reducing neonatal and child mortality (10).

With respect to bereavement, grief may be understood as the adaptive process of learning to live in a world without the lost person. This involves not only the primary loss itself, but also a set of secondary losses, such as the interruption of physical proximity, shared projects, anticipated roles, and imagined futures (19; 33). In the context of perinatal loss, these dimensions are especially significant, because grief is often compounded by the abrupt collapse of parental expectations and by the social minimization of the bond with the baby.

From a behavior-analytic perspective, death and grief may be examined across phylogenetic, ontogenetic, and cultural levels. At the phylogenetic level, death represents the interruption of the organism's potential continuity across generations; at the ontogenetic level, it marks the cessation of organism–environment interaction; and at the cultural level, it involves the practices, rituals, and meanings that societies develop to deal with loss (2; 3). Thus, death may be understood as the interruption of interaction across multiple levels of selection, while grief involves the behavioral and cultural processes through which this interruption is experienced and signified.

Grief is therefore broader than death as an isolated event. It extends to multiple domains of life and may be manifested in several forms, including childhood grief, parental grief, collective grief, and perinatal grief. Perinatal grief refers to the loss of a baby during pregnancy, at birth, or shortly after birth, including stillbirth and neonatal death (15; 19). Closely related to this concept is parental grief, understood in psychology as the grief associated with the loss of one's child, regardless of age, including death before birth (19; 33).

The construction of parenthood begins long before gestation itself. It is shaped through earlier identifications, developmental experiences, family expectations, cultural norms, and the desire to have a child. Pregnancy then consolidates an anticipatory bond that is both affective and socially mediated, especially for women, who are often subject to stronger familial and cultural expectations regarding motherhood (7; 19). For this reason, perinatal loss cannot be reduced to a purely biological event; it also entails symbolic, relational, and identity-related ruptures.

Another important point is that perinatal grief is often socially underestimated. Families and communities may treat miscarriage, stillbirth, or neonatal death as events that are unfortunate yet somehow less legitimate than other losses. This dynamic contributes to the disenfranchisement of grief, since bereaved parents frequently encounter silence, minimization, or pressure to "move on" quickly (19; 33). In this sense, the devaluation of perinatal grief is not merely interpersonal, but also cultural.

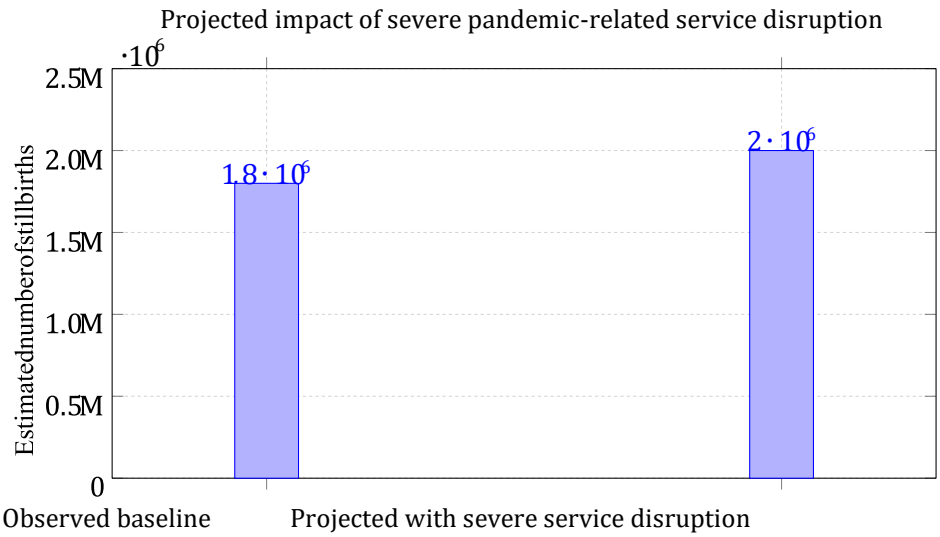

Figure 2: UNICEF/WHO projections indicated that a 50% reduction in maternal and newborn health services could lead to nearly 200,000 additional stillbirths in 117 low- and middle-income countries, corresponding to an estimated 11.1% increase over baseline (9).

The public health relevance of this topic is reinforced by epidemiological data. In Brazil, perinatal mortality remained high in 2018, totaling 45,875 deaths and a national rate of 15.5 per 1,000 births. According to the modified Wigglesworth classification, the highest component was antepartum mortality (7.6 per 1,000 births), followed by deaths related to prematurity (3.6 per 1,000 births). Importantly, 14 of the 27 Brazilian states had antepartum mortality rates above the national level, including eight states in the Northeast and four in the North (16). These data are especially relevant for the present study because they highlight the unequal territorial distribution of perinatal mortality in Brazil.

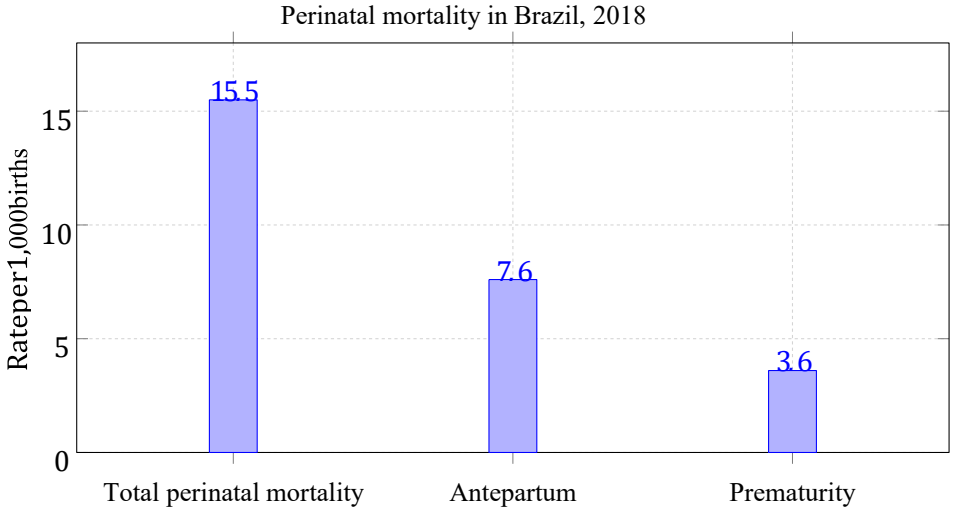

Figure 3: Perinatal mortality indicators in Brazil in 2018 according to the modified Wigglesworth classification (16).

At the global level, stillbirth also remains a major yet often neglected public health problem. The latest UN inter-agency estimates indicate that the global stillbirth rate declined from 22.5 per 1,000 total births in 2000 to 14.3 in 2023; however, progress has been slower than for other mortality indicators, and the burden remains substantial (31). In 2021 alone, an estimated 1.9 million babies were stillborn, and nearly two in five stillbirths occurred during labour (10). This continued burden helps explain why perinatal grief deserves greater clinical, scientific, and policy attention.

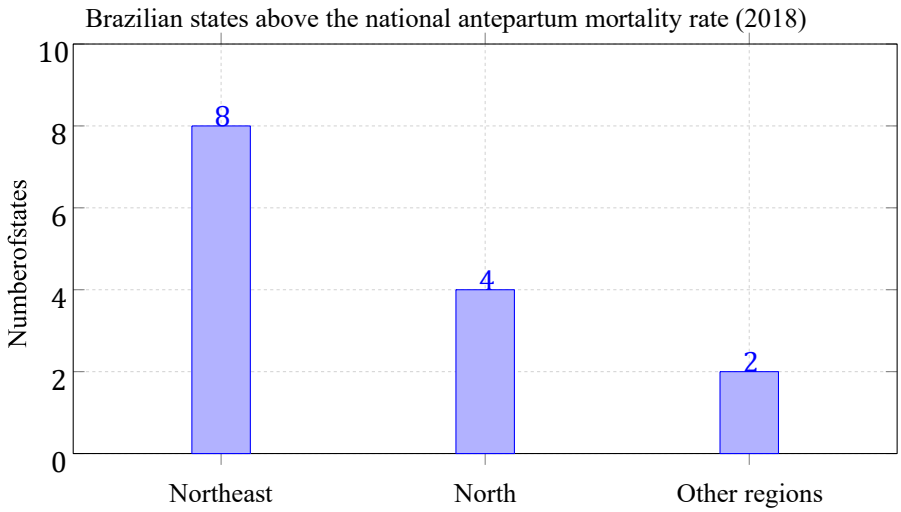

Figure 4: Of the 14 Brazilian states above the national antepartum mortality rate in 2018, eight were in the Northeast and four were in the North (16).

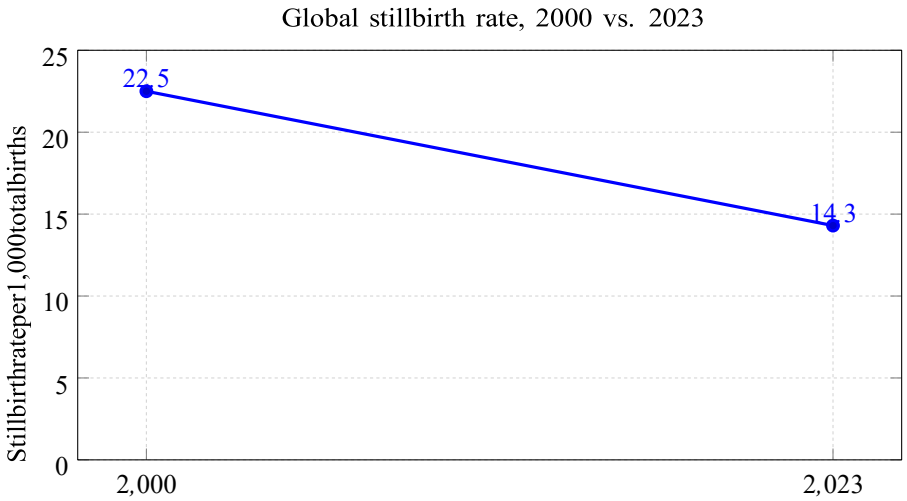

Figure 5: Although the global stillbirth rate declined between 2000 and 2023, the burden remains high and reductions have been slower than for other mortality indicators (31).

Taken together, these data reinforce the relevance of investigating perinatal grief in Brazil, particularly in regions where mortality remains above the national pattern and where bereavement may be further aggravated by social invisibility. The literature also suggests that perinatal grief continues to receive limited recognition in care practices and research agendas, despite its profound emotional, relational, and clinical implications (15; 19). In this context, the present study asks: what contributions can Behavioral Analytic Therapy (BAT) and Acceptance and Commitment Therapy (ACT) offer to individuals undergoing perinatal loss? Accordingly, this article aims to understand the clinical management proposed within contextual therapies, particularly from the perspectives of BAT and ACT, by reviewing bibliographic data and identifying possible procedures and techniques applicable to the clinical care of people experiencing perinatal grief.

Methodology

This project is grounded in the themes of perinatal grief and behaviorism, with a specific focus on grief associated with gestational loss. The methodological approach adopted is a narrative literature review. According to Rother (12), narrative reviews are broader in scope, aiming to describe and discuss the development of a given topic without applying rigid evaluation or selection criteria to the studies used as their foundation.

The study follows a qualitative approach and is based exclusively on bibliographic data, including journal articles, periodicals, books, and printed and/or electronic records. Its level of depth is exploratory, since it addresses concepts and relationships between the proposed themes while maintaining a preliminary level of analysis. This is consistent with the exploratory nature of the present study, as noted above.

The databases used to support this project were BVS, LILACS, PePSIC, and SciELO. Regarding the search strategy, the chronological period adopted for article selection ranged from 2011 to 2021. The keywords selected were: *gestational grief; psychology*; and *behavior analysis*.

Objective

The objective of this study is to understand the clinical contributions of Behavioral Analytic Therapy (BAT) and Acceptance and Commitment Therapy (ACT) to individuals experiencing perinatal grief. More specifically, the study aims to analyze how these contextual approaches may support the management of psychological suffering associated with gestational, perinatal, and neonatal loss. In addition, it seeks to identify the main procedures, strategies, and therapeutic techniques described in the literature for the clinical care of bereaved parents. Finally, the study intends to examine how behavior-analytic perspectives may contribute to a broader and more sensitive understanding of perinatal grief within psychological practice (13; 14; 15).

Justification

This study is justified by the growing relevance of perinatal grief as a psychological and public health issue, especially in contexts where perinatal mortality remains high and grief are still socially neglected. In Brazil, epidemiological data indicate persistent rates of perinatal mortality, with greater impact in the North and Northeast regions, reinforcing the need for clinical and scientific attention to this topic (16; 17). Furthermore, perinatal grief is often minimized or rendered invisible, which may intensify parental suffering and hinder adequate emotional support (19; 33). Thus, investigating the contributions of BAT and ACT is relevant both for expanding the academic literature and for strengthening evidencebased psychological care for individuals undergoing perinatal loss (13; 25).

Results

After the bibliographic search and the analysis of titles, abstracts, and full texts, the results presented in the tables below were obtained. The first table refers to journal articles, and the second to book chapters. In this section, we briefly describe the sources that support this study. As noted previously, both journal articles and books were used. A total of 10 journal articles were identified in databases such as BVS, Google Scholar, and SciELO, in addition to 2 books, comprising 10 chapters on grief.

Table 1: Selected journal articles.

Author(s)	Title	Year	Database/Source
Barbosa, L. M.; Murta, S. G.	Acceptance and Commitment Therapy: history, foundations, model, and evidence	2015	BVS
Carvalho, T. S.; Pellanda, L. C.; Doylle, P.	Stillbirth prevalence in Brazil: an exploration of regional differences	2018	SciELO
Nascimento, D. C. et al.	Grief: A perspective from Behavioral Analytic Therapy	2015	*Psicologia Argumento*
Neno, S.	Functional Analysis: Definition and Application in Behavioral Analytic Therapy	2003	*Brazilian Journal of Behavioral and Cognitive Therapy*
Nóbrega, A. A. et al.	Perinatal mortality in Brazil in 2018: an epidemiological analysis according to the modified Wigglesworth classification	2021	SciELO
United Nations Organization (UNO)	UN: 2 million babies are stillborn every year worldwide; deaths could be prevented	2020	UN Website
Pereira, T. F. S.; Carvalho, P. H.	Treatment of gestational depression from a behavioral-analytic perspective: a systematic review	2020	FACITTO
Rodrigues, L. et al.	Understanding bereavement experiences of mothers facing the loss of newborn infants	2020	SciELO
Santos, S. A.; Sousa, A. C. A.; Gomes, U. S.	Experiential Avoidance and the Acceptance Process in a Case of Maternal Grief	2020	*Psicologia em Ênfase*
Zanatta, E.; Pereira, C. R. R.; Alves, A. P.	The experience of first-time motherhood: changes experienced in becoming a mother	2017	BVS

Barbosa and Murta (13), in their article on Acceptance and Commitment Therapy (ACT), aimed to help readers better understand the development of ACT, including its history, theoretical foundations, model, and supporting evidence, using a bibliographic review as their method.

Nóbrega et al. (16) aimed to present national data on perinatal mortality in Brazil in 2018, using the Wigglesworth classification as a basis, which refers to the classification of availability of infant deaths.

Rodrigues et al. (21), in turn, sought to understand the experiences of mothers who had lost their newborn children in the neonatal intensive care unit of a University Hospital. Their research adopted a clinical-qualitative method, and data were collected through semi-structured interviews based on an open-ended question guide. The sample consisted of six mothers.

Carvalho, Pellanda, and Doyle (17) presented a study on the prevalence and possible determinants of stillbirth in Brazil across its different regions. They conducted a cross-sectional study including women who had been pregnant within the previous five years, based on records from the National Demographic and Health Survey.

Zanatta et al. (22) aimed to identify the changes perceived by first-time mothers based on their experiences of motherhood. The study used semi-structured interviews, and the analysis followed a qualitative approach.

Nascimento et al. (14) addressed Worden's tasks of mourning from the perspective of Behavior Analysis, and also proposed guidelines intended to support therapeutic practice in cases involving lossrelated demands.

Neno (23), in his article, reviewed some aspects related to the use of the concept of functional analysis in Behavior Analysis and Behavioral Therapy, and subsequently proposed technical applications of functional analysis.

Pereira and Carvalho (24), in their article, discussed depression during the gestational period from the perspective of Behavior Analysis, as well as the factors potentially associated with the onset of such depression.

Santos, Sousa, and Gomes (25), in their article, aimed to identify processes of experiential avoidance and to promote acceptance in perinatal grief, grounding their discussion in Behavioral Analytic Therapy (BAT).

Oliveira et al. (26), in the chapter "Grief in Motherhood: Experiences of Grief in the Hospital Context," discuss parental grief with a focus on motherhood, specifically regarding mothers who lost their children in that context. The chapter presents this discussion from the perspective of Behavior Analysis, using functional analysis to examine cases experienced by the authors.

Table 2: Selected book chapters.

Author(s)	Book Title	Year	Chapter(s)
Fonseca, F. N.; dos Santos, L. B.; Freire, A. L. L.	*Grief: Theory and Intervention in Behavior Analysis*, 1st ed.	2021	Chapter I, *When Death Knocks at the Door: Behavioral Therapy and Grief;* Chapter III, *Behavior-Analytic Intervention in the Grief Process*; Chapter VIII, *Grief in Motherhood: Experiences of Grief in the Hospital Context*.
Salgado, H. O.; Polido, C. A.	*How to Deal with Perinatal Grief: Support in Situations of Gestational and Neonatal Loss*, 1st ed.	2018	Chapter I; Chapter II; Chapter III; Chapter VII; and Report.

Books Used as Theoretical Support

The book by Fonseca, dos Santos, and Freire presents chapters dedicated to grief and to the ways in which Behavior Analysis can contribute to clinical understanding and intervention. Across the selected chapters, the authors illustrate practice through case-based discussions and describe important aspects of the work of the behavior-analytic psychologist. The volume also discusses contemporary contextual approaches, including Acceptance and Commitment Therapy (ACT), emphasizing their relevance for the understanding of suffering, avoidance, and values-based action in bereavement-related processes (13; 27).

Similarly, the book by Salgado and Polido functions as a practical guide for psychologists and other professionals who work with families experiencing perinatal loss. In addition to offering recommendations regarding what should and should not be done in these situations, the book includes a report intended to further clarify the experiences discussed throughout the text. Each chapter presents a different family history involving perinatal grief, including losses occurring both before birth and in the neonatal period, thereby highlighting the heterogeneity and emotional complexity of these experiences (15; 28).

Discussion

Perinatal Grief from the Perspective of BAT and ACT

From the perspective of human development, experiences of loss may be understood as present throughout the life span, from its beginning to its end. In the specific case of perinatal grief, this process must also be examined in light of the

formation of parenthood, which begins long before pregnancy itself. Parenthood is shaped by desire, expectation, relational experience, and social meanings that precede conception and continue throughout gestation. For this reason, perinatal loss affects not only the concrete absence of the baby, but also the symbolic collapse of imagined futures and parental identity (19; 27).

Pregnancy is a period marked by profound change in social roles, bodily experiences, and psychological organization. During this stage, prior experiences are often reactivated, and multiple domains of life must be reorganized, including intimate relationships, socioeconomic arrangements, and occupational activities. In this context, grief cannot be reduced to a mere reaction to death; rather, it involves adaptation to a world in which the primary loss of the baby is accompanied by secondary losses, such as the interruption of touch, care, routines, plans, and anticipated life projects (19; 28).

This broader view is clinically relevant because gestational and perinatal loss are also associated with elevated risk of psychological distress. A large systematic review and meta-analysis found that, compared with controls, perinatal loss was associated with a significantly higher risk of depressive disorders (RR = 2.14) and anxiety disorders (RR = 1.75). The same review also reported that depressive and anxiety symptom scores were significantly higher among bereaved women than among women without loss (29). These data reinforce the importance of early psychological follow-up after gestational or neonatal loss.

The evidence is even more expressive in short-term symptom prevalence after miscarriage and related reproductive loss. Review data indicate that approximately 8%–20% of women show moderate depressive symptoms, 18%–32% show anxiety symptoms at four to six weeks after loss, and 25%–39% show posttraumatic stress symptoms at around one month after loss (29). Although these outcomes are not identical to all forms of perinatal grief, they provide a strong empirical basis for understanding why clinical monitoring is essential in the aftermath of loss.

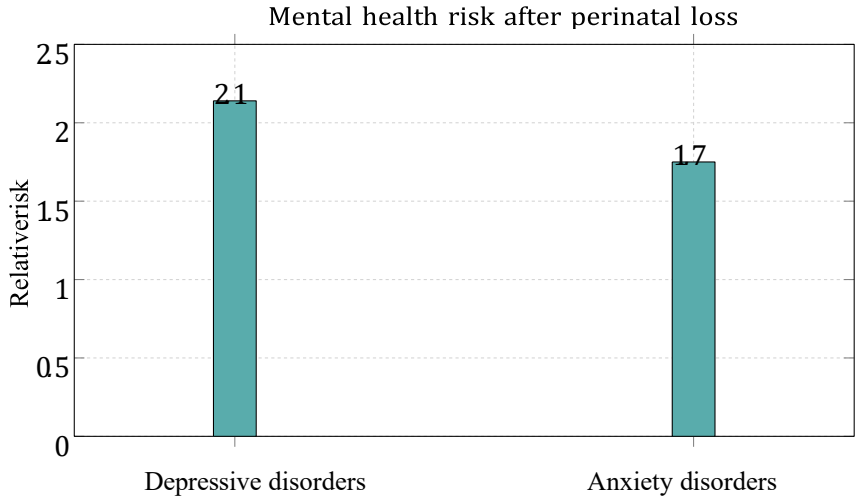

Figure 6: Relative risk of depressive and anxiety disorders following perinatal loss compared with controls (29).

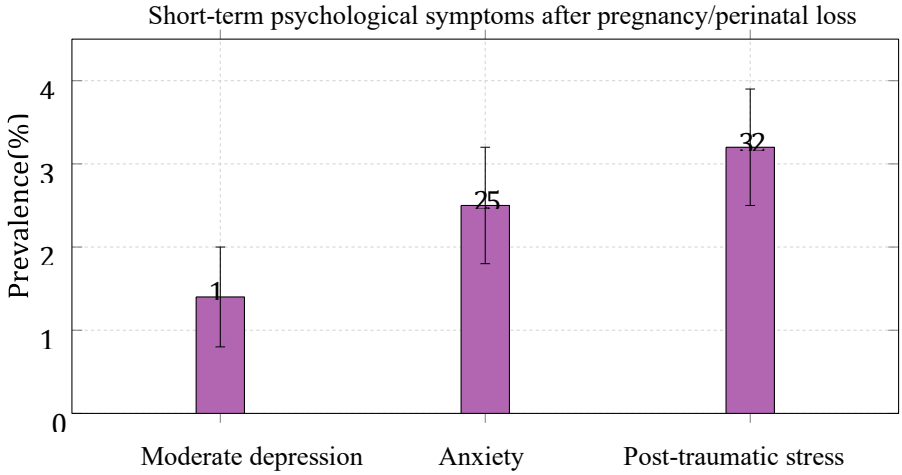

Figure 7: Midpoint prevalence estimates with range-based error bars derived from review data: depression (8%–20%), anxiety (18%–32%), and post-traumatic stress symptoms (25%–39%) in the early period after loss (29).

In cases of gestational loss, clinical work directly involves verbal behavior, including thoughts, meanings, self-descriptions, emotional reports, and patterns of avoidance. From a behavior-analytic standpoint, the goal is not to suppress grief, but to understand how grieving behavior is functionally organized within the person's history and current contingencies. This is especially important because bereavement may coexist with depressive symptoms, trauma-related responses, and severe emotional dysregulation, all of which may require careful differential assessment and support (14; 23; 29).

In this context, the role of the behavior analyst is not limited to the technical application of procedures. Contemporary contextual therapies emphasize a non-punitive therapeutic audience, a strong therapeutic bond, and the functional understanding of suffering. Functional assessment helps identify the antecedents, consequences, and motivating operations that sustain patterns such as withdrawal, experiential avoidance, rigid self-rules, and diminished access to reinforcement. This makes intervention more precise and allows clinicians to organize support in socially meaningful ways (13; 14; 23). ACT is especially relevant in this field because it frames suffering as part of human life while seeking to reduce the unnecessary amplification of pain produced by experiential avoidance, cognitive fusion, and behavioral restriction. Rather than attempting to eliminate grief, ACT promotes willingness, contact with the present moment, defusion, and commitment to valued action. In clinical terms, this means helping bereaved parents make room for pain without allowing pain to fully dictate life direction (13; 30).

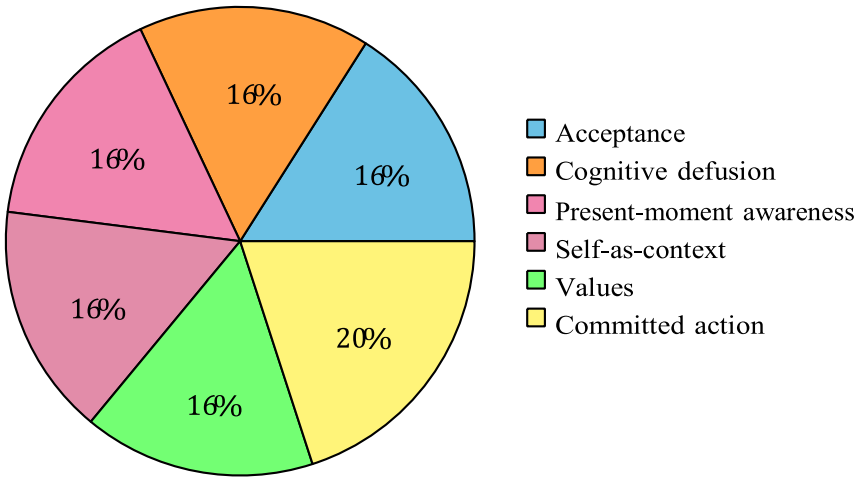

Figure 8: Core ACT processes commonly mobilized in grief-focused intervention, adapted from the psychological flexibility model (13; 30).

Clinical Management of BAT and ACT in Perinatal Grief

Behavior Analytic Therapy (BAT) may be understood as the clinical application of Behavior Analysis. Its central tool is functional analysis, through which the therapist examines the dependence relations between responses, antecedent situations, consequences, and motivating operations. In grief-related care, this means identifying how each person responds to reminders of loss, social expectations, bodily states, family interactions, and hospital experiences, and how these variables shape the persistence or transformation of suffering over time (14; 23; 24).

This approach is particularly relevant in institutional settings such as hospitals and maternity wards, where the first support after gestational or neonatal loss often occurs. Brazilian data reinforce the importance of this setting: in 2018, the national perinatal mortality rate was 15.5 per 1,000 births, with antepartum mortality alone reaching 7.6 per 1,000. Moreover, 14 of the 27 Brazilian states were above the national antepartum rate, with concentration in the North and Northeast (16). These figures highlight that the context in which grief begins is also marked by epidemiological inequality and health-service pressure.

The regional component of this burden is also clinically meaningful. Another Brazilian study reported a stillbirth prevalence of 14.82 per 1,000 births nationwide and found substantially higher odds in the North and Northeast compared with the Center-West, even after adjustment for confounders such as deprivation and ethnicity (17). This finding supports the argument that clinical care for perinatal grief in Brazil cannot be fully understood without considering territorial and structural inequalities.

Within BAT, functional analysis is therefore indispensable because it makes it possible to understand grief not as a standardized syndrome, but as behavior selected and maintained under specific consequences. This prevents the clinician from imposing normative expectations regarding how a patient "should" grieve. Instead, it allows grief to be understood

as a singular process shaped by personal learning history, family contingencies, social invalidation, and current sources of punishment or reinforcement (14; 23; 24).

ACT complements this perspective by providing a coherent framework for cases in which pain becomes entangled with behavioral restriction. Contemporary ACT literature consistently emphasizes psychological flexibility as a central treatment target, and recent meta-analytic evidence indicates that ACT interventions reduce psychological inflexibility and increase flexibility-related processes across clinical studies (30). In perinatal grief, this is useful because many patients become trapped not only in sorrow itself, but also in efforts to avoid reminders, conversations, places, bodily sensations, and future plans associated with the baby who died.

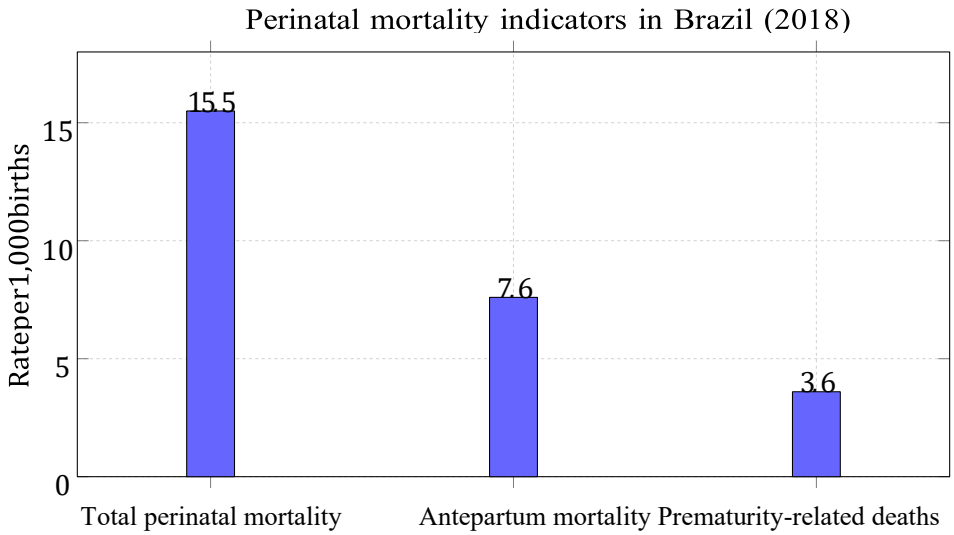

Figure 9: Brazilian perinatal mortality indicators in 2018 according to the modified Wigglesworth classification (16).

Figure 10: Distribution of the 14 Brazilian states with antepartum mortality above the national rate in 2018 (16).

Case-based applications described in the literature illustrate several ACT-consistent strategies that are adaptable to grief care, including attentive and non-punitive listening, psychoeducation about grief, diary records, mindfulness exercises, values clarification, planning of meaningful activities, and therapeutic writing directed toward the deceased baby (13; 25). Such strategies do not aim at erasing grief; rather, they aim at broadening behavioral repertoire and restoring contact with valued sources of life even in the presence of pain.

Finally, special attention must be given to the language used in clinical and family settings. Practical guides for perinatal bereavement emphasize that common-sense consolations and invalidating phrases may intensify suffering rather than relieve it. Families frequently receive comments that minimize the loss or attempt to replace acknowledgment with premature reassurance. For this reason, grief management should prioritize validation, precise listening, empathic presence, and functionally informed intervention, especially in the early stages after loss (15; 28; 33).

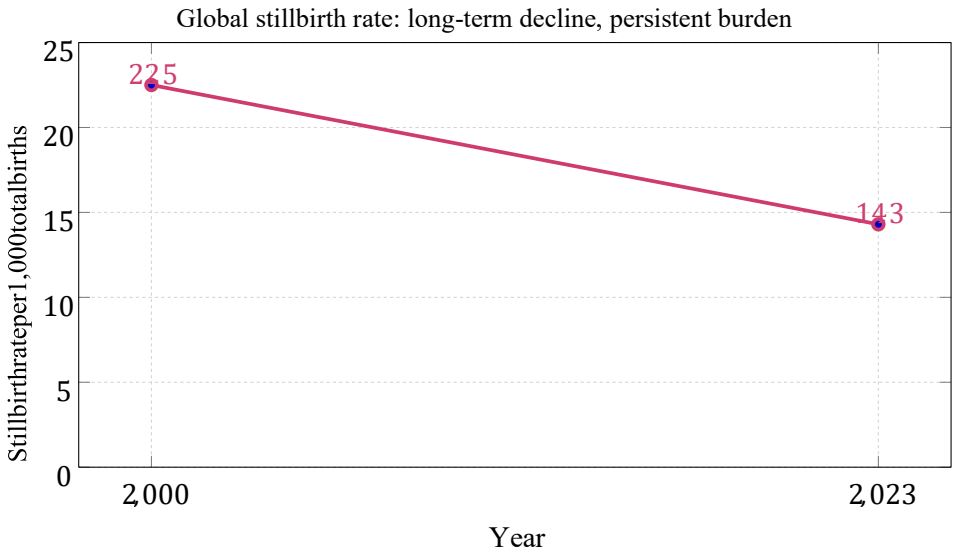

Figure 11: Global stillbirth rate declined from 22.5 per 1,000 total births in 2000 to 14.3 in 2023, but the burden remains substantial (31).

Final Considerations

As discussed throughout the previous sections and in accordance with the inclusion and exclusion criteria adopted in this review, it is evident that Behavior Analysis still presents a limited number of national publications on perinatal grief when compared with other approaches in psychology. This limitation is observed both in hospital settings and in outpatient clinical practice. Even so, the studies analyzed demonstrate that Behavior Analysis offers important contributions to the understanding and clinical management of perinatal grief, especially through functional assessment, attention to verbal behavior, and contextualized therapeutic interventions (13; 14; 23).

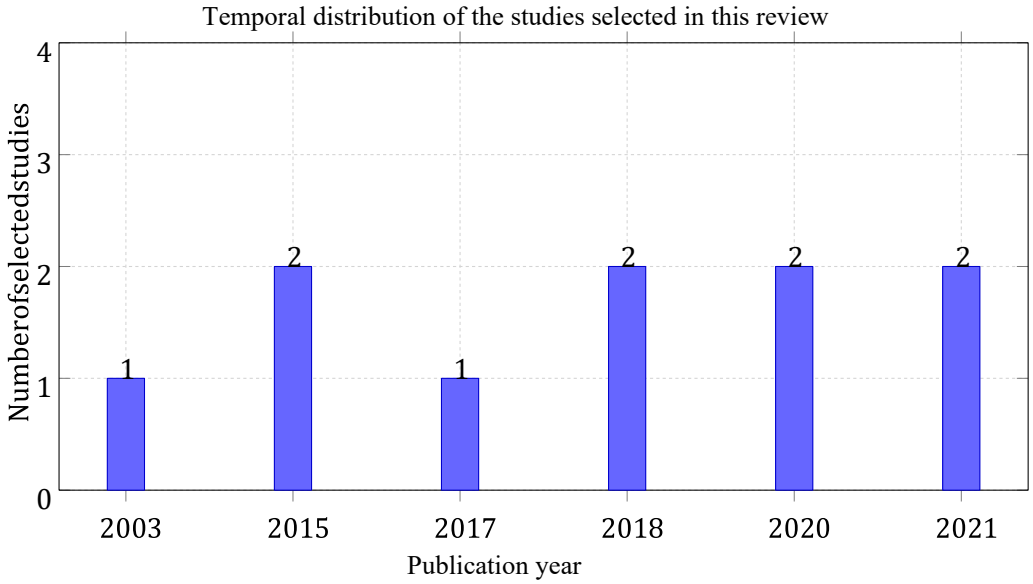

Figure 12: Distribution of the studies selected in this review according to publication year.

As shown in Figure 12, the scientific production included in this review is still quantitatively limited and concentrated mainly in recent years. This visual distribution reinforces the relevance of the present study, since it highlights that perinatal grief, especially from the perspective of Behavior Analysis and contextual therapies, remains an emerging field within national scientific literature. Therefore, the graph supports the argument that this research is relevant not only because of the clinical and social importance of perinatal grief, but also because of the need to expand scientific production, strengthen professional practices, and develop more qualified interventions for bereaved parents (15; 16).

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