International Journal of Psychological and Brain Sciences
2018; 3(6): 55-62
http://www.sciencepublishinggroup.com/j/ijpbs
doi: 10.11648/j.ijpbs.20180306.11
ISSN: 2575-2227 (Print); ISSN: 2575-1573 (Online)

When Words Are Action and Practices Are Language

Racana María Fernanda[1], Rodríguez Goñi Eugenia[1], Bacca Constanza[1], Castano Julieta[2], Pascual Valentina[1]

[1]Extension Department Program: "Caring for Caregivers", School of Psychology, Universidad del Salvador, Buenos Aires, Argentina
[2]Gender and Sexual Diversity Department from the Municipality of Pilar, Buenos Aires, Argentina

Email address:

mariafracana@gmail.com (R. M. Fernanda), eugeniargoni@gmail.com (R. G. Eugenia), constanzabacca@gmail.com (B. Constanza), julietacastano@hotmail.com (C. Julieta), valentinapascual94@gmail.com (P. Valentina)

To cite this article:

Racana María Fernanda, Rodríguez Goñi Eugenia, Bacca Constanza, Castano Julieta, Pascual Valentina. When Words Are Action and Practices Are Language. *International Journal of Psychological and Brain Sciences.* Vol. 3, No. 6, 2018, pp. 55-62.
doi: 10.11648/j.ijpbs.20180306.11

Received: February 12, 2019; **Accepted**: April 8, 2019; **Published**: April 29, 2019

Abstract: This article presents a University Extension Actions Program based on a Participatory-Action Research (PAR), which was focused on the situation of mothers who accompany their children when they require hospitalization *in the Buenos Aires suburbs*. From the perspective of social constructionism and understanding that health institutions repeat gender stereotypes associated with motherhood, the PAR contributed to clarifying how the vision that health professionals have about the maternal role affects their relationship with mothers, attending the hospital. The Program presented, highlights this finding with Extension Actions that promote a responsibility of shared caring, associated with a non-oppressive subjective identification.

Keywords: Gender, Care, Motherhood, Hospital

1. Introduction

The University Extension Program we are presenting stems from the Participatory Action Research (PAR) "Caring for Caregivers", carried out in a locality of the greater Buenos Aires and focused on the mothers that make up the community of the Federico Falcón Pediatric Municipal Hospital (*Hospital Municipal Pediátrico Federico Falcón*) in Del Viso, Buenos Aires, Argentina. This institution treats a wide range of diseases with different levels of severity, and families facing hospitalizations there belong to a highly vulnerable socio-economic sector. The PAR methodological proposal allowed us to adopt an empirical corpus-based approach consisting of interviews, a self-administered questionnaire and the participant observation of health professionals, as well as interviews and data from a biographical workshop to access the mothers' voices.

The PAR implies a dialectical, dialogical and sequential process: "learning-acting-transforming", which seeks to identify needs and mobilize resources, raise awareness and promote commitment within the hospital community. It is a form of intervention that aims to: 1) Sensitize the population on their own problems, 2) Deepen the analysis of their own situation, 3) Organize and mobilize participants [1]. With this goal in mind and taking into account the historical situationality of all thought and language, we sought to include ourselves in that dialogical space through new social practices. This was made possible thanks to the fact that the PAR was supported by a training process involving students and trainees from the School of Psychology and Psychopedagogy of *Universidad Del Salvador*. Students' preparation included the conception that the researchers' role on the field is to recognize universes of significance different from their own, which process demands flexibility and training to hold interviews [2].

The search for knowledge was linked to identifying the beliefs shaping the social construct about motherhood from which healthcare providers relate to these mothers. In the work hypothesis, it is mentioned that mothers who seek hospital care for their children are usually considered an "instrument" of care. Regarding this point, the hypothesis presented explains that they are not usually given a high priority in the healthcare scene, as figures to look after, because available social narratives consider mothers' needs

secondary in nature. Besides, the fact of not being taken into account as relational subjects who are affected by the ailments of their children reflects their habitual place in the family scene as socially invisible actors, which results in there being little record of their needs, both from the institution and from themselves. This situation was evidenced by the lack of institutional conditions that fostered the well-being of consulting mothers, with their consequent emotional overload [3]. Besides, taking into account that consulting families may be exposed to significant stress and as mothers are the main agents of care, what happens with them is considered to affect not only the child, but also the whole family system. In this line, and intending to describe frames of intelligibility in tune with gender stereotypes in our culture, some discourses that shape gender relations in the so-called public space were taken into account. In this case the research considered the discourses circulating in the pediatric hospital, and then extended the observation to other institutions with which mothers and grandmothers are connected.

By means of the devices implemented in our research, circulating discourses associated with the idea that mothers should be "instruments of care" for the family's children and men have been captured. These discourses are expressed through healthcare provider practices and reinforced by the media and other institutions that repeat the gender stereotypes of our culture. This proves the systemic character of the concept of gender, referring to the fact that institutions reproduce historically situated cultural conceptions. From this notion, it is relevant to highlight that mothers who attend hospitals, concerned about their children's well-being, find that in each institution gender stereotypes are reproduced again and again, placing them in the unavoidable position of "instrument" of care, as if the only way to provide care was at the cost of their own invisibility. As Keneth Gergen says, "each cultural form (each language of comprehension) offers only a limited range of solutions to the problems a culture faces" [4].

Taking into account the PAR findings, the Caring for Caregivers Program proposes to devise actions that promote the well-being and care of mothers and grandmothers during child care, in addition to raising awareness in the community so that the emotional overload represented by providing care in a patriarchal context is not naturalized. Moreover, in the data obtained from the implemented devices, it is possible to observe certain social mandates associated with motherhood that limit healthcare providers' actions suitable for the needs of such population. In this sense, one of the key findings that marked a turning point in the research was realizing that most health professionals hold beliefs associated with the concept of maternal instinct. It is interesting to note that from this view, motherhood is seen in the order of nature and not in that of culture, as an instinctive practice that requires no effort since it is anchored in the natural. In this sense, caring for children is characterized, in the words of Joan Tronto[5], as instinctive, instead of understanding that it responds to a caring culture consistent with our institutions, with cultural practices of our society and with existing policies.

Expected changes regarding the conception of care supported by healthcare providers respond, mainly, to the need to question the social construct, which considers maternal care as a fact requiring no effort; and therefore no measures to address the possible discomfort of the caring mother should be taken into consideration precisely because caring becomes an instinctive action that requires no capacity or learning and is effortless. In addition, from this conception, if a mother does not take adequate care, she becomes a "failed" being, not worth making an effort for, dismissing the idea that she could learn if the institution had adequate resources for this learning.

In order to materialize these ideas in new professional practices, the team of researchers decided to extend the spectrum of our participation to other institutions related to discourses about motherhood and which consider the mother as the main caregiver in the family. For this reason, in addition to the pediatric hospital, the Comodoro Meisner Maternity Hospital (*Maternidad Comodoro Meisner*) was included in the program; and actions were planned in the area of the Elderly of the Municipality of Pilar. The inclusion of grandmothers in the selected group responds to the idea that maternalistic beliefs associated with mothers' instinctive caregiving capacity is extended to grandmothers.

These settings have been selected because, from our participation, we consider it necessary to create awareness strategies for the concept of caregiving and "mutual development"[6], aiming at the practices and habits of all the members of the consulting families and the institutional community. In the three territories, we seek to question what is expected of mothers, to get close to a more concrete possibility of modifying those institutional practices that, due to being performed according to gender determinations, are not prone to equity regarding health professionals' expectations of parents and grandparents in relation to caring for their children and grandchildren.

Along the PAR, we expected to favor the possibility for some maternal needs, within the hospital context, to be recognized, named and taken into account by all the actors involved in this local network. In this same sense, the Program seeks to translate the dialogical intentionality of the PAR to strengthen each community into new professional practices, based on the narrative construction of new self-possibilities of mothers and grandmothers. Interventions to promote concrete changes in each of these communities are associated with the intention of devising actions leading to cultural change and gender mainstreaming through an intersectional perspective that enables us to show how discrimination factors interact in relation to gender, social class and ethnicity.

With this aim and within the theoretical framework proposed by social constructionism 1 , which replaces the

1 According to Keneth Gergen (1993:9): "Social constructionism considers the discourse on the world not as a reflection or a map of the world, but as a device for communal exchange". "Social constructionist research is mainly concerned with explaining the processes by which people come to describe, explain or, in

conception of isolated individuals with the awareness of being relational persons, we promote inclusive caregiving in families, with actions tending to produce new territoriality that will bring historically invisible actors to the scene. This is in line with what was proposed in the presentation of our research, since considering institutions as constructed orders that can be transformed through social practices infers the action capacity of the various actors to modify them. That is to say, deconstructing those discourses that involve all the participating actors, which was carried out in the research, has enabled the identification of beliefs that limit what these mothers' might tell and feed the expectations that fall on them. Moreover, since the subjects "put on" the expectations associated with their gender or, paraphrasing Gloria Bonder [7], they "*engender*" themselves through practices and institutions that define what is expected of men and women, we expect to generate the necessary conditions for new practices that grant relief and support to women at the time of giving birth, to mothers of hospitalized children and to grandmothers with grandchildren in their care.

From this view, it is essential to move outside of any linear thinking that gives a unidirectional look at childcare, dismissing the interactional aspect of every human relationship. In this line, the proposal of Esquivel, Faur, and Jelin [8] is considered, as they say that direct and indirect caregiving activities are situated in a relational context, which presuppose an emotional connection between both parties. Even though feminine nature has historically been defined around motherhood and its innate abilities of caregiving and protection [9] that consider the care given by mothers as an instinctive, effortless activity; we believe that this change is possible because, as Reid says:

"The universe of traditional and hegemonic meanings and values is challenged in all periods of time by new practices, which generate new meanings, which dispute new alternatives in the current desiring modes, continuously recomposing the social modes of gender organization, in this case, the exercise of motherhood" [10].

2. Child Care

2.1. Child Care in the Pediatric Institutional Setting

The concept of care used in this article refers to that of Joan Tronto [5], who defines it as everything that we do to maintain, continue and repair our world so that we can live in it as well as possible. The author argues that care is always relational; therefore, her perspective is associated with the PAR work hypothesis, to refer to the childcare that mothers are expected to provide from their social role, without considering the relational aspect of such care [11]. As John S. Rolland says:

"By using a broad definition of family as the basis of the care system, it is possible to describe a model of successful coping and adaptation based on family system strengths and weaknesses. This model is in sharp contrast to most current intervention models in medicine, interconsultation psychiatry and psychotherapy, which are patient-centered" [12].

In this same line, the approach proposed by *Family-Centered Care*, which regards emotional support as an essential component of health care, is taken into consideration, emphasizing that it is necessary to respond to the development needs of the child and their family in that context [13]. It differs from the standard model, which focuses on the child's disease and treatment needs. For this reason, the family is expected to comply with the treatment indicated by the professional, without taking into consideration the strengths and weaknesses of that particular human group. Even in care models that take the needs of children into consideration, by including pre-surgical preparation among their practices, for instance, it is usually the professional, as an expert, the one who determines the needs of the child and the family from his or her own perspective. However, in the pediatric hospital, it is observed that the difficulty faced by health care providers for mothers to follow their suggestions is often related to a professional view that is alien to the patient's context. In this sense, the authors agree with those who conceive the course of health-disease-care as a social process, determined by multiple causes [14] and with the idea that when family members' suffering is taken into account and recognized as relevant, physicians "prevent them from being marginalized and mobilize their potential as a powerful psychosocial unit in the treatment process" [12].

Conventions of handling emotions [15] influence professionals' expectations to set up a "neutral" relationship between them and the mothers and, according to this conception, mothers should adapt to an immediate present and remove any cultural influence in order to meet the expectations of care that are assigned to them [11]. For that reason, it is possible to state that the social expectation overloading mothers as the sole responsible actors for care does not only damage their subjectivity, but also limits the possibilities of "family resilience" [16] to face the difficulties associated with consultation in both pediatrics and neonatology. As A. Zamar [17] explains, many times the role assigned to women in the healthcare sector only reinforces the place of women as caregivers and supporters of their family members, without taking into account their overload.

2.2. Childcare in Other Institutional Settings

The conception of mother within gender stereotypes, which promotes caring for others at the expense of personal care and not from setting up caregiving networks, is also applied to the grandmother hood exercised by older adults involved in caring for their grandchildren. Any way, in this paper we will present the Extension Actions that promote a responsibility of shared caring, associated with a non-oppressive subjective identification at the Maternity hospital and the Pediatric Hospital.

At the Meisner Maternity Hospital, mothers who have just

some other way, account for the world (including themselves) in which they live" (1993:10). From this position, the process of understanding is the result of an active and cooperative group of connected people.

given birth and who accompany their newborn children when they require hospitalization might be sleeping on the hallway floor to be near their children who are hospitalized in the Neonatal Intensive Care Unit. The institution dismantled the mothers' lounge, considering that it was a "source of conflict" among mothers, without asking about their needs or about how the particular situation they are going through might give rise to such conflicts.

Reconfiguring the actors in the context of hospital consultation, which we propose in this program, vindicates a style of plural and inclusive coexistence and promotes the possibility of forming spaces for debate with pluralist participation, where problems and interests that are hidden in the private sphere may be identified.

We consider it is essential to defend Virginia Vargas's proposal [18] to subvert traditional gender orders that naturalize subject positions incompatible with alternative ways of being mothers and grandmothers; this may be carried out by promoting actions within the consulting families tending to a shared responsibility for caring and to the social awareness that a caregiver needs to be cared for.

3. Program Activities at the Federico Falcón Hospital and the Meisner Maternity Hospital

3.1. Biographical Method Through Reflective Workshops with Mothers at the Federico Falcón Hospital

The group of mothers at the pediatric hospital began to work in 2016 under the PAR. Reflective workshops were organized so that mothers whose children were admitted to the hospital could share their life stories. To this end, the researchers followed the work of Kaethe Weingarten [19] who, in order to help mothers identify the discursive contexts that shape worldwide ways of being, proposes a "radical listening" that contributes to drawing out an authentic voice. The author describes such listening by relating it to the ways in which discourses shape our experiences, saying that it is the kind of listening that does not judge or prejudge, that listens to what is absent as much as to what is present. She states that:

Radical listening entails listening when something is said in a stereotypical way, and identifying the discourses that have shaped the way in which the speaker organizes their experience [20].

This distinction shows that it is particularly difficult for hospital mothers to express themselves genuinely when speaking with health professionals. This view is consistent with the theoretical framework described above, based on which it has been suggested to work with "life stories" [21]. In this sense, coordinators have become the co-constructors of a group narrative in the groups, allowing mothers to manage the changes they believe necessary for their own life stories as producers of knowledge. This approach facilitates the flow of their voices, with the aim of empowering them, encouraging them to ask themselves questions, denaturalize incapacitating issues or question mandates, and be able to see and listen to themselves and other women. Many times, mothers act as co-therapists, highlighting a horizontal relationship that gives them a place of knowledge and by allowing them to ask the right question at the right time, their intervention becomes more powerful. The group shapes and promotes the development of healthy bonds and exercises the development of social skills. The emerging circuit seems to say: *While I listen to you I listen to myself and my story takes on a new meaning. I find myself being and being able, or I find myself accompanied in the same difficulties and sufferings, and your pain makes me strong and your story opens up an opportunity, because your attentive look and your expectations about me restore my confidence or encourage me to build it. And I find an outlet for my anger that does not hurt and does not hurt me. And I feel accompanied and valuable.*

Below we have transcribed the voices of some mothers to illustrate the issues we address, these women's resources and the movements that arise from group work in this space. Sofia says:

"I take care of everyone at home... I have repeated my mother's story... Coming here and listening to other moms has made me think, has made me stop and think that I have to focus on the relationship with my children, now I can listen to them... I needed to vent and I was smothering my children... Here I've learned to say no. I've stepped aside from the place of caring for everyone, my nephews, my mother, my brothers". (A "senior" mother who has been coming to the group for 5 months, who always listens attentively and intervenes assertively).

Another mother who brought in her son's father and participated in family interviews in the playroom said: "As a mother, I used to feel guilty... If I don't change, his life (referring to her son) won't change either".

She adds:

"I've come here for my youngest son Elías because he is unmanageable, he does not pay attention to me, I find it hard to be firm... I'm being treated for ulcerative colitis because sometimes I can't stand him anymore...I didn't dare to have an abortion...I almost had a spontaneous abortion, I didn't rest so that I might have a miscarriage, but he was holding on... Today, if I don't have my son, I get desperate, I can never say no to him".

Their voices take on a different value and meaning to us and the other mothers, who listen attentively, intervene, ask and follow up on the particular issues each of them have because beyond the contents brought up in each meeting, they are driven by the same axes that underlie their stories. Violence, abuse, the relationship with their own mothers, the expectations of the teacher, the doctor, their fears, autonomy and femininity resonate and spring up in each dialogue. Says Rocío:

"Until I was 10 years old I was raped, I still have it in my head, and my dad hit me all day long. And I started to work as a live-in maid to escape from home. I want to protect my

daughters from what I went through. Nobody will touch them."

Many of them are teenagers. A teenage mother who is living in her mother's house expresses:

"I feel I give everything at home and it's not enough. My brother works and I don't feel valued"

In this case, we invited her mother to come to the group so that she could hear about her daughter's progress and growth as a teenage mother through the voices of the mothers in her group and of the child psychologists who see her granddaughter in the playroom. At the next meeting she told the group:

"I'm firmer. I have more courage and I speak to her respectfully".

Another teenage mother says that her son's father burned their son with boiling water. She says:

"I couldn't stand being at the hospital for burn treatment, I got desperate and left, and everyone accused me of abandoning my child... I need to change. I feel very lonely; I only have the company of my mom... I came to this group earlier, and it was useful for me, it was interesting to listen to the older women. Coming to this group has helped me let go of my anger; it's hard and it takes time. Today I can say that it's helped me".

Thus we continue adding topics on caring for and loving oneself, setting limits, rights and responsibilities, listening to their own voice and understanding their own needs; also the struggle between dependence and autonomy, the connection with their children. Another mother declares:

"I do not think or reflect on anything. I just feel angry. I've always been angry. My dad was always angry. And my mom abandoned us when we were children and left us with him, who did what he could. I had to raise my younger brothers. "

And suddenly another voice comes from a woman's deepest strength:

"Everything can be done, today I see my son making progress and I consider myself a bad mother for thinking that he would not be able to make it."

And one mother tells another:

"You can choose spaces where there is no violence."

At the end of the year, the group reflected on the work done and created a WhatsApp group for the mothers to keep in touch during vacations.

3.2. Working with Children in the Playroom of the Federico Falcón Hospital

At first the psychologists used to work only with mothers, but two years ago, a group of children was started simultaneously in the playroom. Although this space was created to address the mothers' need to attend the group with their children, the possibility of working with the filial subsystem quickly became evident. It is necessary to include children's voices as part of the family system, to think of possible ways to meet the needs of both.

Children are provided with a space for free play, which is enriched by the possibility they have to interact with their peers. Actively participating or simply observing the game of other children generates new learning experiences: winning, losing, trying, sharing, speaking, hitting. As professionals, we participate by putting into words the emotions that the children seem to feel but have trouble understanding or acknowledging. The game between siblings is, in turn, a valuable resource that enables family dynamics to unfold, which we can use to give feedback.

The objective of the workshop is to help children develop in a relationship where their mothers are able to build a fluid (rather than static) sense of their children's self-image. In this line of work, when mothers come to pick up their children, professionals try to give an extended and friendly feedback on each of them, thereby promoting a new perspective from which to look at their children. As a guide we use the work of Elen Wachtel [22], who states that mothers and children are often trapped in vicious circles that perpetuate the children's self-image, limiting their possibilities for growth. The author considers that even newborn babies begin to act in ways that confirm their parents' expectations. When mothers are able to see their child as a growing being in constant change, the child's self-image changes and so the circle becomes virtuous rather than vicious.

To reinforce the subsystem in this direction, we regularly suggest mother and child relational meetings that encourage the empathy of mothers towards their children, and the practice of healthy and pleasant interactions. New ways to relate are thus created and positive behaviors emerge from the children, which enables us to provide the mothers with positive feedback of their children and the exercise of their own motherhood.

3.3. Training Activities at the Meisner Maternity Hospital

The PAR allowed us to carry out training activities with the professionals treating the mothers at the Falcón Hospital in order to sensitize the community. This resulted in doctors beginning to rethink their own practices, generating favorable changes for the consulting mothers. In this Program, we intend to work at the Meisner Maternity Hospital with the same goal, for which we carry out different training activities.

3.3.1. Training Healthcare Professionals on Intervention Models with Mothers Whose Newborns Are in the Neonatal Unit

Premature low birth weight infants need to spend a long time in the neonatal intensive care unit. Different investigations suggest that the birth of a premature child can generate a high level of stress in mothers, affecting the mother-child bond.

The healthcare team that cares for newborns in the neonatal unit faces different situations on a daily basis, some of them really stressful, such as having to give bad news, dealing with serious or disabling diseases and even the death of neonates, despite the efforts made. All this contributes to increasing the professionals' feelings of helplessness, demotivation, frustration and anger. Hence the need to sensitize and train the healthcare personnel who treat these highly vulnerable children and their families, providing tools

and theoretical concepts that help them in their daily activities.

The importance of having family-centered maternity hospitals and a greater involvement of mental health professionals in the healthcare team promotes the development of intervention policies to better manage parents' anxieties, reduce their stress, favor bonding behaviors and stimulate their ability to understand and adapt to the complex environment of the Neonatal Intensive Care Unit.

After a year of working together with the team of psychologists in individual interviews to hospitalized mothers, meetings with mothers and fathers, mourning workshops and experience-based workshops, we placed emphasis on sensitizing the different groups of professionals, so that they would be able to empathize with those who make up the largest population attending the Maternity Hospital, adolescent mothers.

Having a vast majority of adolescent mothers move us to wonder how to accompany these girls-teenagers-mothers, who, for the most part, have not chosen this condition. Actually, it is often the result of unreported abuse, naturalized by the healthcare system and society. Still, the professionals who treat them often omit the living conditions that accompanied the conception and the mother-child relationship, especially in the case of adolescent mothers. Their shortcomings are not seen from a social perspective leading to a learning path for which the State is also considered responsible [1].

In this regard, professionals expect teenager girls to suddenly go from playing and "fooling around" to taking on the responsibility of caring and experiencing "maternal love". However, the feelings that arise in them are usually surprise, anguish, fear, and helplessness. In fact, most of the girls-teenagers-mothers arrive at the maternity hospital in labor, having no opportunity to elaborate what is happening to them and without having received prenatal care. In many cases in which the pregnancy was the result of rape, they were not even informed of their right to legally interrupt it. Although no one seems to be interested in a teenage girl and her feelings, professionals at the institution inevitably demand that she be "a good mother"; which means that she must "instinctively" love this son who she never wanted or chose to have, that she must know how to care for him, feed him and be stoically available for him, without showing signs of fatigue or complaining, even if she has to spend weeks sleeping on the floor. As A. M. Fernández [23] says, institutions that protect adolescent mothers should not only attend to the helplessness of these girls materially, but should continue to care for them in a maternal way so that they, in turn, can exercise their own maternal function.

Besides, most of the mothers who sleep on the hallway floor of the neonatal unit are teenagers, who give birth to premature or low birth weight babies, babies with a higher risk of perinatal mortality, and in many cases stillborn fetuses, due to their young age.

In the cases in which their other children are left at home, at risk of being abused by those responsible for their care, the situation worsens, limiting the chances of those mothers to be able to see the warning signs of what is happening to their newborns or to understand medical language.

When professionals' expectations put them in the place of mothers who must respond in the best way, it does not seem to matter that most of these teenagers belong to a sector of the population that is marked by poverty, high school dropout rates, lack of sex education, lack of access to contraceptive methods and is affected by exclusion, unequal power gender relations and early unions.

The vast majority requests contraceptive methods that guarantee they will not have other children, either tubal ligation or a contraceptive implant. This is linked to the high frequency of unplanned pregnancies in the adolescent population, which increases the risk of school dropout, exposure to unsafe abortion, and limits access to the job market, which curtails prospects for personal development, especially in low-income teenagers.

From this perspective, we seek to promote a comprehensive view of the adolescent mother, her family, and the hospital community, seeking to transcend the provision of care and supporting the empowerment of the family and the social institutions that contain her.

3.3.2. Experience-Based Reflective Workshop for Mothers with Premature Low Birth Weight Newborns

In the reflective workshops, a special space is created in order to encourage the expression of feelings and ideas; our goal is to strengthen the capacity of all members of the family to face and accompany the successive moments of preterm babies. These workshops are aimed at mothers who are in the waiting lounge while their children are hospitalized, which helps them to interact with other mothers in their same situation.

3.3.3. Mourning Meetings

Mourning meetings aim to provide emotional support and containment to the parents whose children passed away at the Meisner Maternity Hospital.

By generating a place to express emotions, this space becomes therapeutic and acts on the prevention of future pathological mournings.

The death of a child is the most devastating event that a family can experience. The death of a loved one is an event that exceeds emotional and physical strength, especially in the closest relatives and friends, for the pain it represents. Its impact on everyday life and the increase of feelings of sadness when the one who dies is a child, can cause all the projects and fantasies that had been planned with him/her to be shattered; especially when the death occurs in the delivery room or in the neonatal unit and the child has not been acknowledged or met by the parents' closest friends and family members. Allowing them to generate spaces and times to share their feelings with others going through a similar situation helps them to elaborate their process of loss. The actions presented encourage acceptance and taking possession of the child's identity by naming him/her,

allowing them to understand the situation while expressing their feelings and emotions, in order to reposition the child emotionally and move on with their lives.

4. Conclusions

The approach presented falls within the relational theory that places childcare as an interactional practice. This perspective allows us to understand, in a multidimensional way, the practices and needs of those involved in the task of providing care and taking care of themselves. It is based on the Participatory Action Research approach, which allowed understanding the tensions that arise in the relationship between doctors and mothers. We have observed that those tensions are translated into difficulties and frustrations that could be avoided if doctors had an interpretative framework that looked upon mothers from a different perspective; a perspective that does not naturalize the socially constructed place that legitimates a cultural model of mother that ignores her as a subject. As we have already said, conventions of handling emotions [15] influence professionals' expectations of a "neutral" relationship with the mothers, leading them to believe that mothers should adapt to an immediate present and remove any cultural influence in order to meet the expectations of care that are assigned to them.

These actions are considered to increase mothers' discomfort; and the lack of public policies does not help to transform this cultural order. It is deemed necessary to carry out actions from innovative platforms, which can subvert the traditional gender orders that naturalize subject positions, incompatible with alternative ways of being a mother; actions that promote a responsibility of shared caring, associated with the social role of women as mothers, and that do not confront women with dilemmas with false dichotomies, denying the possibility of a non-oppressive subjective identification.

The Program is based on our interest to contribute to the transformation of this order from our territorial participation with concrete practices that encourage the strengthening of those involved in these processes.

Acknowledgements

The authors thank Magdalena Caballero, Laura Contreras and Guadalupe Medel and the Gender and Sexual Diversity Department of the Municipality of Pilar, Buenos Aires, for their participation in "Caring for Caregivers" (*Cuidar a quien cuida*), a program of the University Extension Department, School of Psychology of the *Universidad del Salvador, based on the PAR Cuidar a quien cuida, both directed by professor Maria Fernanda Racana*.

References

[1] M. Montero, Hacer para transformar, el método en la psicología comunitaria. Buenos Aires. Paidós. 2006.

[2] R. Guber, El Salvaje metropolitano, reconstrucción del conocimiento social en el trabajo de campo". Buenos Aires, Paidós. 2004.

[3] M. F. Racana, E. Rodríguez Goñi, "Cuidar a quien cuida. Un proyecto IAP dirigido a madres". Revista Acta Psiquiátrica y Psicológica en América Latina, 61(3), pp. 257-263. 2015.

[4] K. Gergen, El yo saturado. Buenos Aires: Paidós. pp. 312. 1992.

[5] J. Tronto, "Who cares? How to reshape a democratic politics". Nueva York, NY: Cornell University Press. pp. 3. 2015.

[6] J. B. Miller, "Connections, disconnections and violations", Work in progress n_33. Training Institute at Wellesley Center for women. The tone center. 1988.

[7] G. Bonder, "Género y subjetividad: Avatares de una relación no evidente en globalización y género", Seminario Prigepp, Buenos Aires, Flacso. 1998.

[8] Esquivel, E. Faur,. Jelin, (Eds.) Las lógicas del cuidado infantil. Entre las familias, el Estado y el mercado. Buenos Aires: Ides. pp. 20. 2012.

[9] K. Felliti, Madre no hay una sola. Experiencias de maternidad en Argentina. Buenos Aires: Ed. Ciccus. 2011.

[10] G. Reid, Ninguna y todas quieren ser madres hoy. Nuevas prácticas, nuevas representaciones de la maternidad. En: Diana Tajer (Comp.) "Género y salud. Las políticas en acción". Buenos Aires: Lugar. pp. 120-121. 2012.

[11] M. F. Racana, "Madres de ficción. Las valoraciones sociales acerca de la maternidad en un Hospital pediátrico del Conurbano Bonaerense". Facultad Latinoamericana de Ciencias Sociales. Programa Regional de Formación en Género y Políticas Públicas (PRIGEPP). Maestría en Género, Sociedad y Políticas. Octubre 2018. Buenos Aires, Argentina. No publicado.

[12] W. Rolland, Familias, enfermedad y discapacidad. Una propuesta desde la terapia sistémica. Barcelona: Gedisa. pp. 22. 2000.

[13] Sheilds, J. Pratt, L. M. Davis, J. Hunter, "Atención centrada en la familia para niños hospitalizados" (Revisión Cochrane traducida). En: La Biblioteca Cochrane Plus, 2008 Número 4. Oxford: Update Software Ltd. Disponible en: http://www.update-software.com. (Traducida de The Cochrane Library, 2008 Issue 3. Chichester, UK: John Wiley & Sons, Ltd.). 2008.

[14] D. Tajer, Construyendo una agenda de género en las políticas de salud, en D. Tajer, Género y salud, las políticas en acción. Ed Lugar. 2012.

[15] A. R. Hochschild,. La mercantilización de la vida íntima. Apuntes de la casa y el trabajo. Madrid: Katz. 2003.

[16] F. Walsh, "El concepto de resiliencia familiar: crisis y desafío". Rev. Sistemas Familiares, año 14, n°-1. 1998.

[17] A.. Zamar, "Mujeres y participación comunitaria. Reflexiones en torno a experiencias en la dirección general de la mujer del gobierno de la Ciudad de Buenos aires". En: Diana Tajer (Comp.) "Género y salud. Las políticas en acción". Buenos Aires: Lugar. pp 171-184. 2012.

[18] V. Vargas, "Los feminismos latinoamericanos en su tránsito al nuevo milenio" (Una lectura político personal). en Estudios y otras prácticas intelectuales latinoamericanas en cultura y poder. Daniel Mato (comp.). Clacso, Buenos Aires. 2002.

[19] K. Weingarten, "Radical Listening: Challenging dominat beliefs for and about mothers", en Weingarten (Ed.), Cultural resistance: Challenging Beliefs about men, women and therapy, New York: Haworth Press. pp. 7-22. 1995.

[20] K. Weingarten, "El arte de la reflexión. Convertir lo distante en algo familiar". Family Process, 55(2), 1-18. DOI: 10.1111/famp.12158. pp. 5. 2016.

[21] M. Blackwell, "Re ordenando el discurso de la nación: El movimiento de mujeres indígenas en Mexico y la práctica de la autonomía en mujeres y nacionalismos". En America Latina: De la independencia a la nación del nuevo milenio, coord. Gutierrez Chong. Ed. Universidad de México. 2004.

[22] E. Wachtel, "The language of becoming: helping children change how they think about themselves". Rev. Family Process volume 40, number 4. 2001.

[23] A. M. Fernández, La mujer de la ilusión, 1º1993, Buenos Aires, Paidós. 2014. pp. 268.