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Lynne McIntyre

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I want to bury it.
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The use of ritual for perinatal loss in Spain

Lynne McIntyre

Doctoral thesis, 2024

Diana Marre and Bruna Alvarez
Thesis directors

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for Jennifer and Thistle, the first of my many teachers about perinatal loss

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Contents

1 **Introduction** 1

Two losses, 80 years apart 1

Origins of the research 2

Thoughts on language and terminology 3

Questions of personhood 7

Research gap 11

Research questions 13

Thesis overview 13

2 **Perinatal loss** 15

What is perinatal loss? 16

Global perinatal loss 18

Prevalence 18

Global approaches to perinatal loss 20

Perinatal loss in Spain 29

Prevalence 29

Perinatal loss in the Spanish context 31

Conclusion 41

3 **Ritual** 43

Introduction 43

Ritual overview 47

Actions 47

Actors 50

Objects 52

Places 55

What is a ritual? 57

Death ritual 58

Actions 59

Actors 60

Objects 61

Places 62

Special considerations regarding death ritual 63

Birth ritual 65

Actions 65

Actors 67

Objects 68

Places 69

Rites of passage 70
What is a perinatal loss ritual? 72

4 **Methodology 73**

Observing the observer 73
The methodological frame: From phenomenology to grounded theory 75
Data collection and analysis 77
Interviews and focus groups 77
Recruitment 83
Participant observation 83
Data analysis 87
Conclusion 89

5 **Ritual actions 91**

Introduction 91
Findings: Actions 92
Traditional death ritual 93
Traditional birth ritual 103
New perinatal loss rituals 106
Everyday activities as ritual action 112
The goals of perinatal loss rituals 114
Conclusion 118

6 **Ritual actors 120**

Introduction 120
Findings: Actors 121
Leaders 122
Subjects 137
Participants 141
Observers 145
The researcher as ritual observer and participant 151
Conclusion 152

7 **Ritual objects 154**

Introduction 154
Conceiving perinatal loss ritual objects 155
Context 156
Intention 156
Use 157
Power 157
Findings: Objects 158
Archetypal objects 159
Traditional objects 167

New objects....179
No objects....187

Conclusion....190

8 **Ritual places....192**

Introduction....192

Defining "space" and "place"....193

Findings: Places....195
Traditional places, traditional ways....196
Traditional places, nontraditional ways....202
New places....209
Non-space places....218

Conclusion....223

9 **Discussion & recommendations....225**

Did they use ritual? Part 1....226

Did they use ritual? Part 2....229

What were their interactions like?....232
Family and friends....232
Community....237
Professionals....240

Was ritual helpful?....243

Changes in the use of ritual over time....245

Limitations of the study....247

Recommendations....248

10 **Conclusion....252**

Nazaret's rite of passage....256

References....260

Figures

Figure 2.1 Cristiano Ronaldo dedicating a goal to his stillborn son. 15
Figure 2.2 Stillbirth rates per 1000 births. 18
Figure 2.3 Neonatal mortality (0-27 days) per 1000 births. 18
Figure 2.4 U.S. First Lady Jacqueline Kennedy smoking a cigarette while pregnant for the fifth time 28
Figure 2.5 Perinatal mortality in Spain, per 1000 births. 30
Figure 3.1 Contrasting views of ritual actions. 47
Figure 4.1 List of study participants who participated in focus groups and/or interviews. 81
Figure 4.2 List of perinatal loss ritual places observed for this study. 86
Figure 5.1 Midwife and medical assistant prepare a commemorative book for the parents of a deceased 20-week fetus (Catalonia). 106
Figure 5.2 Linda's tattoo for her stillborn daughter Carla and her living daughter Nara (Catalonia). 107
Figure 5.3 Messages written by the bereaved and placed at a new perinatal loss memorial space in Mont-ras (Catalonia). 109
Figure 5.4 White balloons about to be released at the inauguration of a new perinatal loss memorial space in Mont-ras (Catalonia). 110
Figure 5.5 Plaque at the perinatal loss memorial at the Mont-ras (Catalonia) cemetery. 111
Figure 5.6 A visual depiction of the evolution of perinatal loss. 115
Figure 5.7 Two family books. 118
Figure 6.1 Three actors in the inauguration of the perinatal loss memorial space in Figueres (Catalonia). 121
Figure 6.2 Various types of ritual actors at a pregnancy and infant loss awareness event at Montjuic Cemetery in Barcelona (Catalonia). 134
Figure 6.3 The mini-shrine in Linda's home to her stillborn daughter, Carla. 136
Figure 6.4 The Stillbirth photo exhibit at the Espai Jove Boca Nord in June, 2019 (Barcelona). 147
Figure 6.5 The necklace Núria bought to commemorate her miscarried daughter, which she sometimes wears and other times simply retrieves from her jewelry box to look at (Catalonia). 148
Figure 6.6 Midwives obtaining hand- and footprints from a stillborn fetus, for inclusion in a memorial book for the parents, while medical residents look on (Catalonia). 150
Figure 7.1 A visualization of a sampling of the ritual objects encountered for this study according to analysis category. 159
Figure 7.2 The large tree that serves as a perinatal loss memorial in the municipal cemetery in Mont-ras (Catalonia), along with a bench and a plaque. 165
Figure 7.3 The large tree that serves as a perinatal loss memorial in a municipal park in Badajoz (Extremadura). 165
Figure 7.4 A shrub that serves as part of a perinatal loss memorial in Narón (Galicia), along with a large stone set with a plaque. 165

Figure 7.5 A small tree that was planted within the perinatal loss memorial in the municipal cemetery of Figueres (Catalonia), joining a large, circular stone bench and a smaller metal circle set in the ground and filled with white stones. 165

Figure 7.6 The lone tree that serves as a perinatal loss memorial in a municipal park in Teruel (Aragon), barely visible in its leafless state against the background of the pink stone building. 166

Figure 7.7 Stones with lost babies' names written on them and left at a perinatal loss memorials located in the cemeteries of Miranda de Ebro, at left (Castile and Leon) and Narón, at right (Galicia). 169

Figure 7.8 Display of inscriptions at the International Stillbirth Association conference in Madrid in October, 2019. 169

Figure 7.9 Paper stars inscribed for lost children at the perinatal loss memorial in Mont-ras (Catalonia). 169

Figure 7.10 The altar at the sanctuary of Saint Raymond Nonatus, with various baby things used as ritual objects (Catalonia). 171

Figure 7.11 The "guest book" at the sanctuary of Saint Raymond Nonatus (Catalonia). 172

Figure 7.12 Necklaces worn by Serena and Sandra in remembrance of their lost children. 175

Figure 7.13 Cora's name in toy letters, captured in a photograph along with the feet of her younger sibling. 178

Figure 7.14 Planter created and painted by Marisol in remembrance of mulitple perinatal losses (Basque Country) 181

Figure 7.15 Collage made by Milagros depicting herself under the rainbow and her older, stillborn brother in the crescent moon (Aragon) 182

Figure 7.16 Illustration of Sandra's stillborn daughter Muriel together with a friend's stillborn daughter, depicted as young girls (Catalonia) 184

Figure 7.17 A detail of the perinatal loss memorial place within the municipal cemetery in Figueres (Catalonia) 187

Figure 7.18 Clothing recently purchased by Ramona and Julian's living, adult daughter in memory of her older, stillborn siblings (Valencia) 190

Figure 8.1 A sign directing visitors to the cemtery of Montjuic in Barcelona, to the permanent resting place for lost embryos and fetuses, that was established there in late 2020 (Catalonia) 195

Figure 8.2 Entrance to the tiny cemetery in Sant Climent de Peralta (Catalonia), where Mercedes and her family believe her younger brother Ernest, stillborn in 1936, is buried 197

Figure 8.3 The grave of a woman dead for 30 years in the cemetery of Sant Climent de Peralta (Catalonia) adorned with flowers 198

Figure 8.4 The altar dedicated to Saint Raymond Nonatus, at the sanctuary that bears his name in Catalonia 200

Figure 8.5 Book of messages at the entrance to the transept that contains the altar to Saint Raymond Nonatus 201

Figure 8.6 A notice posted in the municipal cemetery in Bilbao (Baque Country) in October 2022 indicating that the remains interred in a specific section would be relocated. 202

Figure 8.7 Perinatal loss memorial places throughout Spain, as of November, 2023. 203

Figure 8.8 The municipal cemetery of Bilbao (Basque Country), showing a wall of interment niches on the left and an area of family tombs on the right. 204
Figure 8.9 Three of the four main elements of the perinatal loss ritual place within the cemetery of Bilbao (Basque Country). 205
Figure 8.10 A tiny pink sock placed in a hole in the metal sculpture that is part of the perinatal loss memorial place within the municipal cemetery of Bilbao (Basque Country). 206
Figure 8.11 Ceramic altars in Gemma's studio in Penedès (Catalonia). 210
Figure 8.12 The illustration Gemma made of the flowers that adorned Luke in his coffin. 211
Figure 8.13 Sculptures representing Gemma, Arturo, Luke, and his three brothers. 212
Figure 8.14 Exteriors of *Cor a Cor*, a perinatal loss charity named after a stillborn girl named Cora (Barcelona). 215
Figure 8.15 Hundreds of people observe a perinatal loss ritual at the biannual conference of the International Stillbirth Association (Madrid). 217
Figure 8.16 The parents and older sister of Breixo making memories with him in a park close to their home, while photographed by Norma Grau. 218
Figure 8.17 Three birthday messages featured on the Instagram account of a perinatal loss support organization; the name in the middle translates to "little fish." 221
Figure 9.1 Stars with initials for Beatriz and Timur, gifted to Ramona and Julian by a perinatal loss support organization at a recent event. 228
Figure 9.2 A filmmaker speaking at a screening of a short, narrative film she wrote, produced, and directed after her own loss experience. 237
Figure 9.3 One of dozens of niches that hold miscarried embrios and stillborn fetuses in the perinatal loss section at the cemetery of Montjuic in Barcelona (Catalonia), established in 2020. 243
Figure 9.4 Gravestones of unnamed children buried in the municipal cemetery in A Coruña (Galicia). 245
Figure 9.5 A family crypt in the old cemetery of Miranda de Ebro (Castile and Leon), listing a century of deaths in one family, presumably all of fully social persons. 246
Figure 9.6 A tombstone in the old cemetery of Miranda de Ebro (Castile and Leon). 247
Figure 10.1 Nazaret drinking a beer at the perinatal loss memorial in her local cemetery, something she plans to do each year in honor of her son, Herri. 258

Summary

Perinatal loss, including miscarriage, stillbirth, and neonatal death, occurs at an intersection between the beginning and end of life. The most significant of life's transitions, these events are rarely if ever expected to coincide. Although human cultures have long recognized death through ritual, it has not typically been used in cases of perinatal loss. This is especially true of cultures like Spain that have been heavily influenced by Roman Catholicism. When and where rituals have been enacted for perinatal loss, they were largely focused on healing or restoring the woman's fertility, as opposed to recognizing the loss itself.

More attention began to be paid to perinatal losses in the fields of medicine, law, and the social sciences, as well as by the general public, in several Euro-American countries in the late 20th century. In places like the United Kingdom, the Netherlands, Australia, and the United States, public education campaigns were launched, support groups were formed, and new healthcare protocols were put in place. Many of these efforts included acknowledgement about the potentially positive role for ritual in the context of such losses. Similar efforts arrived in Spain much more recently, with the first national advocacy organization founded in 2009 and the first Health Ministry publication on the subject in 2010. However, even with this growing attention, there are still no officially sanctioned or generally accepted ways of using ritual to respond to perinatal losses in Spain.

The present study was undertaken to explore if Spaniards used rituals in the past in situations of perinatal loss, if they are using them today, and if there has been any significant change in their enactment over time. The study also sought to describe the types of rituals enacted and to determine if they were helpful to those who participated in them. To answer these questions, interviews and focus groups were conducted with a total of 47 participants whose families experienced perinatal loss between 1936 and 2022. Field work was also conducted in the obstetrics and gynecology department of a third-level, urban, public hospital, and at perinatal loss memorial sites in 12 of Spain's 17 autonomous communities.

Using Grimes' (2013) *The Craft of Ritual Studies* as a theoretical framework, data analysis showed that of his seven "elements of ritual," the most prominent among the rituals encountered for this study were the actions engaged in, the actors who engaged in them, the objects they used in their enactment, and the places in which rituals were enacted. The study's findings indicate that very few participants with losses in the mid- and late-20th century enacted any sort of ritual, while most said that it was something they needed. There was an increase in the use of ritual over time, as well as an increase in the number and variety of rituals enacted by participants with more recent losses. Finally, all participants who engaged in ritual found it helpful to processing their grief, regardless of its proximity to the loss itself. The thesis concludes with a discussion of the impact that ritual, and/or its absence, had on the study participants, and recommendations for professionals for supporting the use of rituals among people who are experiencing perinatal loss.

Resumen

Las pérdidas perinatales, incluyendo el aborto espontáneo, la muerte fetal y neonatal, ocurren en la intersección entre las dos transiciones vitales más significativas, el inicio y el fin de la vida. Si bien la muerte ha sido siempre reconocida en las sociedades humanas a través de diversos rituales, éstos no se han utilizado de manera generalizada en el caso de muertes perinatales. Cuando se realizaban en ocasión de una pérdida perinatal, se centraban en gran medida en curar o restaurar la fertilidad de la mujer, en lugar de reconocer la pérdida en sí. En el caso de la sociedad española, con una cultura fuertemente influenciada por el catolicismo romano, el uso de rituales no ha sido frecuente o generalizado durante mucho tiempo. A finales del siglo XX, en varios países euroamericanos se empezó a prestar más atención a las pérdidas perinatales en campos como la medicina, el derecho y las ciencias sociales, así como por parte de la sociedad en su conjunto. En lugares como Reino Unido, Países Bajos, Australia y Estados Unidos, se lanzaron campañas de educación pública, se formaron grupos de apoyo y se comenzaron a implementar nuevos protocolos de atención médica. Muchos de estos esfuerzos incluyeron el reconocimiento del papel potencialmente positivo del ritual en el contexto de tales pérdidas. Esfuerzos similares llegaron a España más recientemente, con la primera organización nacional de apoyo fundada en 2009 y la primera publicación del gobierno sobre el tema en 2010. Incluso con esta creciente atención, aún no existe consenso sobre las formas socialmente aceptadas del uso de rituales frente a las pérdidas perinatales en España.

La presente investigación se propuso estudiar si se han utilizado rituales en situaciones de pérdida en el contexto español en el pasado y en qué consistían, si se utilizan actualmente y si ha habido cambios en su implementación a lo largo del tiempo. El estudio también buscó describir los tipos de rituales que se practicaban o practican y entender de qué modo han sido útiles o valiosos para quienes participaban en ellos. Para responder a estos objetivos, se realizaron entrevistas y grupos focales a un total de 47 participantes cuyas familias experimentaron una pérdida entre 1936 y 2022. También se realizó trabajo de campo en un hospital público urbano de tercer nivel y en sitios conmemorativos de pérdidas perinatales en 12 de las 17 comunidades autónomas de España.

Utilizando la obra de Grimes *The Craft of Ritual Studies* (2013) como marco teórico para el análisis, se encontró que, de los siete elementos del ritual identificados por el autor, los más destacados en el estudio fueron las acciones realizadas, los actores que participaron en ellas, los objetos que utilizaron en su ejecución, y los lugares en los que se llevaron a cabo los rituales. Los hallazgos del estudio indican que muy pocos de los participantes que experimentaron pérdidas a mediados y finales del siglo XX realizaron algún tipo de ritual, mientras que la mayoría manifestó que era algo que necesitaban. Con el paso del tiempo, se advierte un mayor uso de rituales, así como un aumento en su número y variedad. Finalmente, todos los participantes que participaron en algún tipo de ritual reconocieron que éste resultó útil en el procesamiento de su dolor, independientemente de su proximidad temporal a la pérdida misma. La tesis concluye con una discusión sobre el impacto que el ritual, o su ausencia, ha tenido en los participantes, e incluye recomendaciones hacia los profesionales, para que tengan en cuenta los posibles beneficios del uso de rituales además de las decisiones y deseos de las personas que se encuentran en estas situaciones.

Resum

Les pèrdues perinatals, incloent l'avortament espontani, la mort fetal i neonatal, ocorren en la intersecció entre les dues transicions vitals més significatives, l'inici i el final de la vida. Tot i que la mort ha estat sempre reconeguda en les societats humanes a través de diversos rituals, aquests no s'han utilitzat de manera generalitzada en el cas de les morts perinatals. Quan es realitzaven en ocasió d'una pèrdua perinatal, es centraven majoritàriament en guarir o restaurar la fertilitat de la dona, en lloc de reconèixer la pròpia pèrdua. En el cas de la societat espanyola, amb una cultura fortament influïda pel catolicisme romà, l'ús de rituals no ha estat freqüent o generalitzat durant molt de temps. A finals del segle XX, en diversos països euroamericans es va començar a prestar més atenció a les pèrdues perinatals en camps com la medicina, el dret i les ciències socials, així com per part de la societat en el seu conjunt. En llocs com el Regne Unit, Països Baixos, Austràlia i els Estats Units, es van impulsar campanyes d'educació pública, es van formar grups de suport i es van començar a implementar nous protocols d'atenció mèdica. Molts d'aquests esforços van incloure el reconeixement del paper potencialment positiu del ritual en el context d'aquestes pèrdues. Esforços similars van arribar a Espanya més recentment amb la primera organització nacional de suport fundada el 2009 i la primera publicació del govern sobre el tema el 2010. Malgrat aquesta creixent atenció, encara no hi ha consens sobre les formes socialment acceptades de l'ús de rituals en front les pèrdues perinatals a Espanya.

La present investigació es va proposar estudiar si s'han utilitzat rituals en situacions de pèrdua en el context espanyol en el passat i en què consistien, si s'utilitzen actualment i si han esdevingut canvis en la seva implementació al llarg del temps. L'estudi també va buscar descriure els tipus de rituals que es practicaven o practiquen i entendre de quina manera han estat útils o valuosos pels qui participaven. Per respondre aquests objectius, es van realitzar entrevistes i grups focals a un total de 47 participants, les famílies dels quals van experimentar una pèrdua entre 1936 i 2022. També es va realitzar treball de camp en un hospital públic urbà de tercer nivell i en llocs commemoratius de pèrdues perinatals en 12 de les 17 comunitats autònomes d'Espanya.

Utilitzant l'obra de Grimes *The Craft of Ritual Studies* (2013) com a marc teòric per a l'anàlisi, es va trobar que dels set elements del ritual identificats per l'autor, els més destacats per aquest estudi foren les accions realitzades, els actors que van participar-hi , els objectes que van utilitzar en l'execució i els llocs on es van dur a terme els rituals. Els resultats de l'estudi indiquen que molt pocs participants que van experimentar pèrdues a mitjans i finals del segle XX van realitzar algun tipus de ritual, mentre que la majoria va manifestar que era alguna cosa que necessitaven. Amb el pas del temps, s'observa major ús de rituals, així com un augment en el nombre i varietats. Finalment, tots els participants que van participar en algun tipus de ritual, van reconèixer que aquest va ser útil en el processament del seu dolor, independentment de la seva proximitat temporal a la pèrdua mateixa. La tesi conclou amb una discussió sobre l'impacte que el ritual, o la seva absència, ha tingut en els participants, i inclou recomanacions envers els professionals, perquè tinguin en compte els possibles beneficis de l'ús de rituals a més de les decisions i desitjos de les persones que es troben en aquestes situacions.

1 Introduction

Two losses, 80 years apart

In December 2021, I sat down with an 89-year-old grandmother and her 36-year-old granddaughter to talk with them about their respective experiences with perinatal loss, which had happened in the same semi-rural part of Catalonia more than 80 years apart. Mercedes[1] was four years old in 1936 when her brother was stillborn in the house where she lived with her parents. She remembers hearing her mother's sobs and seeing the baby wrapped up on her parents' bed, before being shuffled out of the room by her father and maternal grandmother. Despite some resistance from family members who weren't sure about interring an unbaptized baby in their shared niche, her brother was eventually buried in the tiny cemetery of Sant Climent de Peralta (Figure 8.2). Although Mercedes' parents had prevailed and the baby was given a final resting place, Mercedes does not recall the family ever visiting him there. And, despite the tears that came to her eyes during our conversation, when Mercedes is asked how many siblings she has, she counts only the two younger sisters with whom she shared her life, but not the brother who died before he was born.

Later, Mercedes' granddaughter Maya shared the story of a much-wanted child diagnosed at 18 weeks of gestation with a condition incompatible with life. After obtaining a second opinion and spending a few days contemplating their predicament, Maya and her husband reluctantly decided to terminate the pregnancy. For Maya, the trauma of her child's death has only been compounded by what feels like rejection from some family members who don't acknowledge the baby's place among that generation's grandchildren. However, while this part of

[1] All study participants were given pseudonyms. Inspired by Peelen's (2011) dissertation on a similar topic in the Netherlands, I asked participants whose children had names if they would like for the child's real name to be used in this and other publications that came out of this research. Every participant said yes, and many expressed gratitude and wonder at the possibility of seeing their child's name in print. Consequently, all of the babies' names are their real names.

Maya's story echoes her grandmother's, the similarities end there. Photos of the baby, a girl named Estel, hang on the walls in Maya's home and she is counted among the couple's children, along with another wanted child miscarried at 9 weeks and their toddler. In addition to the mementos she has at home for her baby, Maya also founded a small non-profit organization that provides keepsake boxes to other families in the area experiencing perinatal loss, and she spearheaded the creation of a space of remembrance for losses at her local cemetery. The existence of such memorial practices and commemorative spaces are recent phenomena in Spain, and Maya said that the ability to be involved in such activism has helped her find a sense of meaning in her child's fleeting existence.

Mercedes and Maya represent not only the two ends of the time period with which this study is concerned; their experiences also illustrate the contrast between how perinatal losses were dealt with in the past and the changes that have taken place and continue to take place in contemporary Spain. Perinatal loss is often perceived by those closest to it as a death, albeit one that has not traditionally been acknowledged outside of the erstwhile child's immediate family. The death of a fully social person, by contrast, is almost universally acknowledged with ritual. Given the absence of established ritual in cases of perinatal loss, I undertook the present study to understand why this has been the case in Spain, if things are changing in that regard, and how.

Origins of the research

This investigation originated out of my work as a perinatal psychotherapist. After my own transition to motherhood almost 20 years ago, and throughout many years of working with countless people in the perinatal period, I became increasingly interested in the role that ritual played — or didn't — in the transition to motherhood. My initial research indicated that in places like the United States (my country of origin) and Spain (my adopted home), rituals of pregnancy, childbirth and the postnatal period that used to be common have fallen out of favor in recent decades. What's more, there is a notable absence of any sort of traditional ritual in cases of perinatal loss in any society I looked at, both historically and today.

This caught my attention not only because of my work, but because I was pregnant with my first child at the same time as a close friend, Jennifer, whose daughter was stillborn at 39 weeks. Over the following years, I observed and sometimes participated in Jennifer's process of naming and claiming her only daughter (she also has three living sons) and incorporating her into the family's history. Jennifer and I also developed what I now understand to be a ritual of sorts.

Her daughter's name is Thistle, a wildflower common to the mountainous areas of many countries, and whose image decorates the cover of this thesis. When I see a thistle while out in nature, sometimes I take a picture and send it to my friend, letting her know that I saw Thistle and that she is well and sends her mother love. Other times when I see Thistle, I simply wave and say "Hello" to her myself. Either way, she always brings a smile to my face.

These ritualistic interactions — which are written down nowhere and sanctified by no one — have unquestionably deepened the bonds between and among us all: between myself and Jennifer; between Jennifer and the daughter whose face she never saw; and even between myself and Thistle, a person in the truest sense of the word, whom I never met but know and love just the same. What I could not have imagined all those years ago is that Thistle would be just the first among many children whom I would come to know, and from whom I would learn so much about the role of ritual in creating and maintaining interpersonal bonds in the face of perinatal loss.

When it came time to choose a focus for this doctoral investigation, several factors converged to lead me to undertake the present study. In addition to my very personal experience with Jennifer and Thistle, I was also witnessing the slow but steady opening of the field of perinatal mental health to the realities of perinatal loss – including the fact that even if someone doesn't have a new baby in the home, they can still suffer from postpartum depression, anxiety, or related conditions. Lastly, I had begun to notice an increasing amount of activism, events, and media coverage concerning perinatal loss throughout Spain. Each of these factors contributed to the decision to embark on a study about if and how Spaniards have used rituals to confront and process perinatal losses.

Thoughts on language and terminology

This study unavoidably confronts a host of terms whose definitions, uses, and understandings vary significantly depending on the context, often in confusing and/or contentious ways. This is especially true for the two primary subjects of this study — ritual and perinatal loss (Grimes, 2013; Nguyen & Wilcox, 2005) — but it is also the case with seemingly straightforward words like "death" and "person;" even the designations "child" and "parent" are debatable in situations of perinatal loss. Given both the importance of the concepts of ritual and perinatal loss to the present study and their complexity, those terms will be defined in the following chapters as part of their respective literature reviews. Here, I wish to offer brief commentary and explanations of some of the other terminology used throughout this

monograph. These thoughts are intended not only to ensure that we are all "talking about the same thing," but also to provide the reader with a sense of the complexity of the language being used.

First, I want to address the fact that while this thesis is written in English, data collection took place mostly in Spanish and Catalan, and literature was incorporated from those three languages as well as from French. In Spanish and Catalan, there are no words equivalent to the non-clinical English terms "miscarriage" and "stillbirth." In both Spanish and Catalan, miscarriage is referred to with the equivalent to "abortion" [*aborto; avortament*],[2] most often with the added descriptor of *spontaneous* [*espontáneo; espontani*].[3] What is commonly known in English as "abortion" is usually referred to in Spain as a "voluntary/legal interruption of pregnancy" [*interrupción voluntaria/legal del embarazo*; *interrupció voluntària/legal de l'embaràs*].[4] A stillbirth in Spain is most often called a "fetal death" [*muerte fetal; mort fetal*] or "intrauterine death" [*muerte intrauterina; mort intrauterine*].[5] Consequently, when I use the terms miscarriage and stillbirth in this thesis to cite publications, observations, or interviews in Spanish or Catalan, I recognize that doing so could alter the original meaning, and I have made every effort to stay true to what the original author/speaker intended to convey.

The use of the word "death" itself is not uncomplicated when studying perinatal loss, because death implies a preceding life — a social, legal, and philosophical question that is at the heart of much reproductive scholarship (death before birth, n.d.; Frost et al., 2007; Hallam & Hockey, 2001; Layne, 2022; McIntosh, 2018). Cognizant of the power of such a word, when I was discussing my research with potential or actual participants, colleagues, and others, I typically started off using a phrase like "gestational loss" [*pérdida/pèrdua gestacional*]. In some contexts, I discovered that it was impossible to choose a term that would resonate with or satisfy everyone. For example, during the initial recruitment phase for my master's thesis, I once used the phrase "reproductive loss" [*pérdida/pèrdua reproductiva*] in a

[2] Direct translations throughout are provided first in Spanish, then in Catalan. Definitions are given in Spanish since that is the lingua franca of the country and the language used in the majority of professional and official publications.

[3] Definition of *aborto espontáneo*: "*la pérdida de un embrión o feto por causas no provocadas intencionalmente*" [the unintentional or unprovoked loss of an embryo or fetus] (INE, n.d.(a)).

[4] Definition of *interrupción legal del embarazo*: "*la finalización de la gestación a petición de la paciente por causas médicas o sin ellas*" [the termination of gestation at the request of the patient, with or without medical reasons] (Rodríguez Pérez et al., 2013, p. 12).

[5] Definition of *muerte fetal*: "*la muerte de un feto…que sucede a partir de las 22 semanas de gestación o 500 g de peso*" [the death of a fetus…that takes place starting at 22 weeks' gestation or 500g of weight] (SEGO, 2021, p. 125).

flyer posted to social media. One person responded to the post with the comment, "Ugh, 'reproductive loss,' I hate that term." When I asked the poster for their preferred wording, they responded, "Death. I use the word death, and that's it." Conversely, I was once accused at an anthropology conference of endangering reproductive choice by sharing results from this study that indicated that, for some people, the ending of a first-trimester pregnancy is experienced as a significant loss or even a death.

As I advanced through this research process, I continually sought ways to capture and express the widest possible spectrum of experiences, whether I was recruiting participants, presenting some initial findings, or casually discussing the work with colleagues in related fields. When it came time to sit down with individuals and discuss their loss experiences in detail, however, I took a slightly different tack. Perhaps due to my previous training both as a journalist and a psychotherapist, I did my best to speak as little and listen as much as possible. Whatever words my interlocutors used, I then incorporated into my questions and prompts. If they had "lost" a "pregnancy," then I used those terms. On the other hand, if their "child" had "died," that is how I talked about their experience as well. I hope and trust that this type of active listening helped study participants feel safe discussing a difficult and sometimes traumatic experience, which in turn allowed me to capture the truest version of that experience possible.

Notwithstanding debates about life and death in situations of perinatal loss, such events do involve one or more types of living organism. Some terms are used almost exclusively by medical and other professionals, but typically not by people with lived experience of perinatal loss (Han et al., 2018; Kilshaw & Borg, 2020). Miscarriages can involve either embryos or fetuses, while stillbirths only occur with fetuses. An *embryo* is a product of human conception of between 1 day of gestation and 8 weeks + 6 days[6] of gestation (Bilbao et al., 2021). A *fetus* is a product of human conception of at least 9 weeks gestation that is still in the uterus (Bilbao et al., 2021). Once a baby is born alive, the terminology changes to neonate and infant. *Neonate* refers to an infant of between 0 and 27 days of age (WHO, 2007), while the broader term *infant* designates a human baby of between 0 and 364 days of age (Centers for Disease Control and Prevention, 2021; National Department of Health, 2012).

Notably, I have observed a tendency in the social science literature in particular to conflate the deaths of fully social children, which generally occur after the first month of life, with the loss of embryos, fetuses, and neonates. Examples of such

[6] Healthcare providers who work with pregnant people calculate the duration of a pregnancy using a formula that combines the number of weeks + the number of days (up to 6) of gestation; for more information, see Lattari Balest (2022).

conflation include using the terms *embryo*, *fetus*, *neonate*, and *infant* interchangeably (Gowland, 2019; Han et al., 2018b; Lewis, 2018) and suggesting that "the proliferation of religious material aimed to comfort and explain the death of an *infant or young child*" (Thompson, 2008, p. 64, emphasis added) was evidence that perinatal losses had a greater impact on parents in the past than is generally reported. These confounds in the literature reflect the overall confusing and contentious nature of the subject of perinatal loss itself; it was therefore essential that I keep these overlaps and contradictions top of mind throughout the course of this investigation.

Beyond the terms clinicians and academics use to refer to a perinatal entity, the concept of "viability"[7] [*viabilidad; viabilitat*] is integral to this study given how it governs the line between miscarriage and stillbirth and, consequently, the effect that its definition has on medical and legal approaches to such losses (Christoffersen-Deb, 2012; Kolte et al., 2015; Pescador et al., 2021). In the simplest possible terms, *viability* can be defined as the ability of a human fetus to survive outside the uterus, with or without outside medical intervention. A basic definition that refrains from attaching a gestational age helps avoid the pitfalls that can arise from the fact that that viability is a "hideously abstract, wildly variable, utterly contingent [concept]" (Michaels, 1999, p. 119). Moreover, while viability is currently identified in Euro-American contexts including Spain as approximately 22 weeks of gestation, Pescadora et al. (2021) assert that "a universal definition of the limits of viability is probably not possible, due to its variability among individuals, contexts, and communities" (p. 657). Such variability includes not only factors that determine individual and public health but also access to technologies that allow a fetus to live outside the uterus.

Finally, there is one last, everyday word that looms large not only over this section on definitions and terminology, but also over the thesis as a whole: the word "person" [*persona*; *persona*]. While I have been conducting this research, I have delivered undergraduate and graduate lectures on the concept of "person," and I always begin by asking the students, "What is a person?" The combination of amusement (It's obvious, isn't it?), consternation (Actually, it's not so obvious, is it??), and agitation (Why can't I define something that seems so simple and obvious?!) that I see on their faces perfectly illustrates the deep complexity inherent in this seemingly everyday word. Given this complexity, to conclude this section on terminology I will now present a more detailed exploration of the evolution of the concept of "person."

[7] Definition of *viabilidad*: "la cualidad o estado de ser capaz de vivir, crecer y desarrollarse" [the quality or state of being capable of living, growing, and developing] (Herrera Peral et al., 2013, p. 66).

Questions of personhood

The definition of personhood varies greatly in human society, and our individual and collective understanding of what constitutes a person are both constantly evolving and frequently contested. Personhood is relevant to the present study because perinatal loss occurs outside of the expected linear trajectory from conception to birth, life as a person, and then death. Most human cultures have had specific rituals designed to ascribe personhood after birth (Boltanski, 2004; Cecil, 1996a; Kaufman & Morgan, 2005; McIntosh, 2018). In many cases these rituals are enacted in close proximity to the birth itself, such as Jewish circumcision and Muslim head-shaving (Gatrad & Sheikh 2001). In Spain until just a decade ago, the Roman Catholic sacrament of baptism was the predominant cultural and religious ritual enacted to grant personhood to newborns and welcome them into the family of man (Cecil, 1996b; Villavilla, 2022), and it usually took place within a few weeks of birth.

Many other cultures past and present have enacted personhood rituals either later in a child's life, or the transition to full personhood happened over a longer period of time as part of an attenuated process (Kaufman & Morgan, 2005; Lancy, 2014; Layne, 2022). In the case of the Warí of the Amazon, for instance, public breastfeeding is an important moment in the acquisition of personhood (Conklin & Morgan, 1996). In another example of a more protracted path to personhood, Evans-Pritchard reported that among the Nuer of West Africa:

> People do not mourn for a small child, for a 'small child is not a person. When he tethers the cattle and herds the goats he is a person'…. A man will not say that he has a son till the child is about six years of age. A small child is buried by old women and without sacrifice (Evans-Pritchard, 1956, as cited in Cecil, 1996a, p. 7).

Just as rituals have been used to confer personhood, they have also been withheld to deny it. Scheper-Hughes (1991, 1992) memorably detailed how caregivers of sickly newborns would decline to baptize them if their survival appeared unlikely; Winkvist (2006) observed similar behavior in Papua New Guinea around the same time. And in cases of mandated infanticide among the Warí, those charged with the killing would use ritualistic "actions and symbols [specifically to] mark its status as nonperson…" (Conklin & Morgan, 1996, p. 680), in a sort of anti-personhood ritual.

Although death ritual is believed to be universal to human societies, it has not commonly been enacted for non-persons (Boltanski, 2004; Engelke, 2019; Hertz, 1960). Slaves and married women have been among the categories of humans whose individual personhood has been revoked or denied, thus obviating the need for death ritual (Bloch & Parry, 1982; Hertz, 1960; Mauss, 1938/1985). Criminals and

those who died by suicide were also long denied death ritual, particularly in Catholic cultures because, by their act they had excluded themselves from the community of man they joined at baptism (Fortes, 1973; Jordán Montés & Jordán de la Peña, 2019). Consequently, we can appreciate how withholding or attenuating the achievement of full personhood for embryos, fetuses, and newborns would in turn affect the enactment or withholding of death ritual in cases of perinatal loss, since there has not been an acknowledged "social death" (Malacrida, 1999, p. 507; see also Lancy, 2014).

Ideas of personhood are informed by many aspects of society, including religion, academia, medicine, law, and politics. Given Spain's centuries-long close affiliation with Roman Catholicism, the church's views have dominated the religious context for perinatal losses in the country. Catholic thought from the time of St. Thomas Aquinas through the mid-nineteenth century supported the idea of "delayed animation" (Benagiano & Mori, 2007, p. 165), in which a human embryo was not ensouled until all its constituent human parts had been biologically formed. Prior to the technological advances of the mid-20th century, this moment was hypothesized to occur sometime between eight- and 16-weeks' gestation (Benagiano & Mori, 2007). Nevertheless, Pope Pius IX declared in 1869 that voluntary termination of pregnancy was homicide, a position that was restated in the Vatican's Code of Canon Law published in 1917 (Morgan & Michaels, 1999). The Church's rhetoric about life beginning at conception did not, however, become ubiquitous or influential until decades later (Benagiano & Mori, 2007), around the same time that a wave of European democracies began legalizing voluntary pregnancy termination in certain circumstances: Great Britain in 1967, West Germany in 1976, and Spain in 1985 (Horton, 1979; House of Commons, 1967; Ministerio de Sanidad y Consumo, 1985).

Early ethnographers investigated the concept of personhood, but their work focused on live-born persons and almost exclusively on males (Boltanski, 2004; Kaufman & Morgan, 2005; Rapp, 2018). It is generally agreed that Mauss (1938/1985) was the first scholar to address the topic directly and, although he did not clearly define *person* in that lecture, he did establish several concepts crucial to any exploration of personhood, including the importance of social recognition and the role of naming (Allen, 1985; Degnan, 2018). Explorations of the *potential* personhood of embryos, fetuses and other pre-born entities did not materialize until much later in the twentieth century when, unsurprisingly, more women had entered the academy. In the intervening years, several important developments would have a direct impact on the notion of personhood, especially in the so-called global north.

Dramatic changes occurred in the post-war societies of Euro-America in the areas of technology, medicine, and the law, eventually converging in a concept that Morgan and Roberts (2012) termed *reproductive governance*, which they defined as

> the mechanisms through which different historical configurations of actors– such as state, religious, and international financial institutions, NGOs, and social movements– use legislative controls, economic inducements, moral injunctions, direct coercion, and ethical incitements to produce, monitor, and control reproductive behaviours and population practices. (p. 241) (see also Morgan, 2019).

Pregnancy and childbirth transitioned from largely private and female-dominated events to being under the purview of (male) doctors within the confines of institutionalized medicine located in doctor's offices, clinics, and hospitals (Cassidy, 2020; Kilshaw & Borg, 2018; Nash, 1993). New technologies were also changing the practice of medicine, allowing physicians to look inside the pregnant female body and perceive the entity that was developing there (De Zordo et al., 2022; Morgan & Michaels, 1999; Van Dijck, 2005), whereas prior to the existence of ultrasound images and prenatal testing, obstetricians admittedly knew very little about the true nature of early pregnancy or the entity living in their patient's womb (Williams, 2005). Simultaneously, the emerging field of embryology was giving researchers direct access to the earliest forms of human life for their observation, classification, and description (Morgan, 2009).

Around the same time that these medical and technological changes were taking place, North American and European governments were codifying personhood into law for the first time and establishing bureaucratic procedures for formally registering persons with the state. Although abortion was still illegal in Euro-America when these registries were established, none recognized unborn embryos or fetuses as legal persons and most had already formally subscribed to biological conceptions of personhood through legislation (Ginsburg & Rapp, 1991; Morgan & Michaels, 1999). Spain first addressed the question of personhood under the law with its Civil Code of 1957, according to which a fetus became a legal person 24 hours after a live birth; if instead it died between birth and one full day of life, it was classified as a stillbirth and never achieved full, legal personhood (de la Iglesia, 2011; Florensa i Tomàs, 2012).

Lovell's (1983) seminal article entitled "Some questions of identity: Late miscarriage, stillbirth and perinatal loss" kicked off a new wave of scholarship on perinatal loss in the late-twentieth century that was more focused on the politics surrounding the question of personhood (Cohen, 2002; Ginsburg & Rapp, 1995; Kaufman & Morgan, 2005; Morgan & Michaels, 1999). Feminist activists and scholars began to look critically at how the aforementioned technologies and medicalization of pregnancy were impacting understandings of personhood, including introducing

new concepts such as *fetal pain* and the *fetus-as-patient* (Casper, 1998; Mitchell, 2001; Nash, 2005; Petchesky, 1987; Williams, 2005). Many scholars were then, and remain today, concerned with how personifying the fetus, and in some cases even the embryo, results in the marginalization of the pregnant woman herself. This tension is most keenly felt in the debates on abortion. Many feminist scholars reject the idea that any unborn entity could or should be considered a person, perceiving such consideration as a potential threat to abortion access and other reproductive rights (Kilshaw & Borg, 2020; Layne, 2003). On the other side of the personhood debate (although not necessarily the abortion debate) are scholars who advocate for acknowledging the personhood of embryos and fetuses and dealing with the consequences of that acknowledgement (Wolf, 1995) or, at the very least, for allowing individual women the opportunity to decide for themselves if the entity they carry in their womb is in fact a person (Layne, 2003).

Today, although the debate over personhood continues — and in some places, rages (Dias, 2022) — it now encompasses a much more diverse range of observers and people being observed than those earliest ethnographies (Kaufman & Morgan, 2005; McIntosh, 2018). Most contemporary human cultures are believed to possess the idea of an individual “I," even if that culture still takes a more collectivist approach to social life (Comaroff & Comaroff, 2001; Engelke, 2019; Fowler, 2016). In Euro-American societies, biological definitions of personhood have continued to dominate the landscape and have become firmly entrenched in legal and medical practice (Conklin & Morgan, 1996; Ginsburg & Rapp, 1995; Kaufman & Morgan, 2005; Malacrida, 1999). For its part, Spain amended its Civil Code in 2011 to declare that any live-born human fetus that takes a breath is a full, legal person (de la Iglesia, 2011; Jefatura del Estado, 2011). Prior to this change, the death of a liveborn infant less than 24 hours after birth engendered countless emotional, legal, moral, and religious conundrums. While the new law has resolved one area of confusion, it has given rise to another, wherein a 39-week, 3.5kg fetus that is dead at birth is *not* a person, but a 20-week, 350g fetus that is born alive, breathes twice and then dies, *is* a person (Cassidy, 2020). This example illustrates why, although the recent change to Spanish law was welcomed by perinatal loss activists in the country, for many people it does not go far enough. What they seek is legal recognition of the personhood of their lost fetuses and embryos. These activists do not seek to undermine reproductive rights or restrict access to abortion; rather, they simply want official acknowledgement of what it is that they have lost (Malacrida, 1999).

Research gap

Considering that one in four pregnancies ends in loss (Lidegaard et al., 2020; Schummers et al., 2021), the international literature on perinatal loss is notably limited relative to this high rate of prevalence (Cecil, 1996a; Han et al., 2018; Kilshaw & Borg, 2020). Most of what has been published is focused on the medical and, to a lesser extent, psychological aspects of the experience (e.g., Badenhorst & Hughes, 2007; Pollock et al., 2020; Schummers, 2021).

There is a growing body of social science research on understandings and implications of perinatal loss on parents, families, communities, and societies (e.g., Cassidy, 2020; Cecil, 1996a; Gowland, 2019; Kaufman & Morgan, 2005; Thompson, 2008). Regular literature reviews during the five-plus years of conducting this research indicated that a preponderance of the social science literature is also focused on psychological issues such as complicated grief and posttraumatic stress disorder, as well as philosophical questions about the boundaries of a body, and political debates about access to reproductive care (e.g., Bennett & de Kok, 2018; Ginsburg & Rapp, 1991; Layne, 2003; McCreight, 2004; van der Sijpt, 2018).

A review of the corresponding literature for Spain reveals an even more significant dearth of publications on the topics of perinatal loss in general and the use of ritual in the context of such losses. When Cassidy (2020) published their dissertation on the healthcare experiences of women with perinatal loss in Spain, they reported only four national studies on the subject up to that point. Although there has been a notable increase between 2020 and the finalization of the present investigation, the literature on perinatal loss in Spain also remains heavily focused on the psychological implications of loss, and is largely limited to the healthcare context, as indicated by the reference lists of Camacho-Ávila et al. (2019), López-Fernández et al. (2023), and Sánchez-López et al. (2021).

With respect to studies specifically concerning the relationship between ritual and perinatal loss, although there is an almost infinite body of literature on ritual in general, spanning well over 100 years and including countless publications on death ritual, there is vanishingly little the use of ritual in this context. Cecil's (1996a) landmark anthology on *The Anthropology of Pregnancy Loss* included chapters that referenced perinatal loss ritual, as did the more recent compilations by Han et al. (2018) and Kilshaw & Borg (2020), but very few publications or studies address the relationship explicitly and using the unique lens of anthropological theory.

At least one publication did, and for that reason it deserves a special mention in this discussion about a research gap in the study of ritual for perinatal loss. In 2011, Dutch anthropologist Janneke Peelen published a doctoral dissertation on "the significance of rituals of pregnancy loss" (p. 23), and I owe them a deep debt of

gratitude for the fine work they produced. Not only did Peelen's literature review assist me in my own early phases of that process, but their results also influenced my interactions with this study's participants and, perhaps most importantly, their thoughtful and cogent theorizing inspired me to attempt to do the same.

Beyond a general gap in the literature on the use of ritual in perinatal loss, there were two additional voids that I sought to fill when embarking on this study. The first addresses the fact that what little research there is on ritual and perinatal loss concerns losses that occur during the second half of pregnancy (Cecil, 1996c; Donnelly & Murphy, 2009; Garattini, 2007; Peelen, 2011; Thompson, 2008). Given that up to 80% of all perinatal losses happen in the first 12 weeks (Quenby et al., 2021), this seemed like a glaring omission that this study will help to rectify.

Another area where the research is lacking concerns the lived experiences of perinatal loss of people in Spain prior to the 21st century. As far as I could discern, there is nothing at all in the literature on this topic on the Spanish context; in particular, with respect to if and how they used ritual to address the loss. Peelen's (2011) study did include a proportion of older women, and Thompson's (2008) dissertation on Australian women's experience of loss included some information about ritual enactment in the mid-20th century. Beyond that, several scholars have investigated the disposition of stillbirths in Ireland in the 19th and 20th centuries (e.g., Cecil, 1996c; Donnelly & Murphy, 2009; Garattini, 2007), but those practices ended in the mid-20th century and so address a different population than does the present study.

Experiences of perinatal loss in Spain prior to the late 20th century took place in a very different social, political, legal, and religious context. The oldest living Spaniards will generally have memories that date back to the 1930s at the earliest. But of course, most people born in the 1920s and earlier have already died, and many of those still living are no longer able to share memories in any reliable way. Consequently, I specifically set out to capture these stories and experiences before they were lost forever.

To summarize, I had two main motivations for undertaking this study:

1. Because ritual is commonly used among human cultures to acknowledge and process death, and because many people experience perinatal loss as a death (regardless of the stage of gestation), I wanted to better understand if and how Spaniards have used ritual to confront, process, and integrate perinatal loss experiences into their lives.
2. Because other researchers have demonstrated changes in perinatal loss ritualization practices over time, I included the widest chronological range of losses possible to capture any similar trajectory in the Spanish context.

Research questions

The overall objective of this study was to explore the use of ritual in perinatal loss in Spain from the mid-20th century to the present day, and the following research questions guided all aspects of this investigation:

Have participants used ritual in relation to their loss?

If not, why not?
If so:

- What did they do?
- How did they decide what to do?
- Was it helpful? If so, how?

What were participant's interactions like with family, friends, professionals, and community members regarding the use of ritual?

Did they get ritualization ideas from any of these people?
Did people from these groups support and/or participate in their ritualization efforts?

Did participants who used ritual feel that it was helpful to processing their loss and integrating it into their lives?

If so, how?

Did participants who did not use ritual wish that they had?

If so, why?

Did the use of ritual in the study population change over time?

If so, how?

Thesis overview

In this introduction, I have presented the rationale for the study, defined important terms, and articulated the study's objective and primary research questions. In addition, I have provided a brief review of the evolution of the concept of personhood, both globally and in Spain. In the next two chapters, I will more deeply explore the two main subjects of this thesis. Chapter 2 on Perinatal Loss first presents the socio-religious, medical, and legal contexts of such losses globally and

over time, before focusing on these same aspects in Spain during the study time period of 1936-2022. Chapter 3 on Ritual reviews the scholarship on that subject and its evolution over time, with a focus on the advent of "ritual studies" in the late 20th century. That chapter emphasizes Spain's ritual context and is organized according to the theoretical framework that guides the remainder of the monograph, presented by Grimes (2013) in his book *The Craft of Ritual Studies*. The first part of the thesis concludes with Chapter 4, which explains the Methodology used to answer the study's research questions, including a special focus on my role as a non-native, resident researcher in the Spanish context. The four chapters in second part present the results of this investigation on the use of ritual in perinatal loss, using four of Grimes's (2013, p. 234) seven "elements of ritual." Chapter 5 explores Ritual Actions, while Chapter 6 is focused on Ritual Actors. Chapter 7 presents the results of the analysis of Ritual Objects, and Chapter 8 examines the role of Ritual Places in commemorating perinatal losses. Chapter 9 then offers a synthesized Discussion of the results along with Recommendations for both future areas of research as well as potential improvements to current practice. Finally, Chapter 10 provides a brief Conclusion to the monograph and suggests a potential approach to theorizing about perinatal loss rituals in Spain and elsewhere.

2 Perinatal loss

> **How recent and radical is the belief that a woman of childbearing age whose menses have stopped is 'pregnant,' which in turn means she is carrying with her an 'unborn child'?**
>
> *Layne, 2003, p. 23*

On April 23, 2022, the international football superstar Cristiano Ronaldo scored his 100th goal for Manchester United. When the ball hit the net, he responded by making an unusual gesture, touching his chest, and lifting his hand and his eyes to the sky above (Figure 2.1). What made his display unusual was not only the fact that Ronaldo was publicly dedicating the goal to his stillborn son, but that almost everyone in the stadium and watching on television knew exactly what he was doing, and why.



Figure 2.1 Cristiano Ronaldo dedicating a goal to his stillborn son.
Photo: David Klein

The week prior, Ronaldo and his partner Georgina Rodríguez had lost one of their twins in Georgina's ninth month of pregnancy. They announced the death on their social media accounts, and soon after posted pictures of their family that included the surviving twin, a daughter. Five months later, Ronaldo was asked in a television interview about the loss of his son. Through tears, he shared that he keeps the baby's ashes in a small chapel in his home, alongside those of his beloved father, who died in 2005. The football legend said he talks to them both every day, and that he always wants to have his stillborn son close by (Morgan, 2022). This sequence of events, remarkable in 2022, would have been almost impossible to imagine just a few years ago. Until very recently in human history, perinatal losses such as miscarriage and stillbirth had been the stuff of shame and secrecy. The public words and actions of Cristiano Ronaldo, one of the most famous people on the planet, are just the latest in a string of noteworthy examples of how far we have come as a society in our understanding of and approaches to perinatal loss.

This chapter provides a comprehensive overview of perinatal loss, beginning with defining that term. Next, I present data regarding both the historical and contemporary prevalence of perinatal loss globally, before focusing in on the Spanish context. The bulk of the chapter then features an exploration of approaches to and understandings of perinatal loss, using the socio-religious, medical, and legal contexts as a framework. Although the review mostly incorporates global-north countries in order to provide appropriate comparison with the Spanish case, examples from other socio-cultural contexts are included to give the reader the fullest possible picture of the reality of perinatal loss.

What is perinatal loss?

Nguyen and Wilcox (2005) have said about perinatal loss that "there is probably no health outcome with a greater number of conflicting, authoritative, legally mandated definitions.... In the US states, there are eight different definitions by combinations of gestational age and weight, and at least as many in Europe" (p. 1019). Nonetheless, successful research cannot be undertaken on a subject without a clear definition. Upon completion of the first phase of literature review and data collection, I arrived at the following working definition for perinatal loss:

> **Perinatal loss** is the loss of a medically confirmed pregnancy at any stage of conception for any reason, or the death of a newborn up to 27 days postpartum (Prager et al., 2018; SEGO, 2010, 2019, 2021; WHO, 2007).

This definition includes several different types of loss, and some of those terms also carry multiple and/or contradictory definitions, as detailed below:

Miscarriage is the involuntary loss of a pregnancy up to 21 weeks + 6 days of gestation (SEGO, 2010). Miscarriage itself is divided into several sub-categories, which are not always mutually exclusive. Among the most common types of miscarriage are:

Missed miscarriage, in which all of the products of a nonviable pregnancy are retained in the uterus and the pregnant person is asymptomatic of the loss (Chu et al., 2020).

Incomplete miscarriage, in which some of the products of a nonviable pregnancy are retained in the uterus and medical intervention is required to remove them (Chu et al., 2020).

Anembryonic pregnancy, also known as a *blighted ovum*, in which a fertilized egg implants but the embryo fails to develop (Chaudhry et al., 2022).

Spontaneous miscarriage, in which a fertilized egg implants in the uterus and begins to develop, to later detach from the uterine wall and be expelled from the pregnant person's body (Encinas Romero et al., 2016).

Stillbirth is the involuntary loss of a pregnancy of at least 22 weeks' gestation and before birth; sometimes referred to as "fetal death" or less frequently as "intrauterine death." In global public health reporting, stillbirth is typically referred to as "perinatal mortality" (SEGO, 2021; WHO, 2007).

Abortion is the elective termination of a pregnancy at any gestational point, when not for medical reasons (Bearak et al., 2022; Rodríguez Pérez et al., 2013; WHO, 2022).

Termination for medical reasons (TFMR) is the termination of a pregnancy at any gestational point, for medical reasons concerning the embryo, fetus, and/or pregnant person (Heaney, 2023; Zaręba et al., 2019).

Selective reduction of a multifetal pregnancy is the termination of one or more living embryos in the uterus while leaving one or more embryos to continue to gestate. Selective reduction usually takes place in cases of assisted reproduction, but not always (Shinar et al., 2020; Vieira et al., 2019).

Neonatal death is the death of a live-born neonate, from 0 to 27 days of life. In global public health reporting, neonatal death is typically referred to as "neonatal mortality" (WHO, 2007, 2023).

Global perinatal loss

Prevalence

Perinatal loss is as old as humanity itself, and for most of history no records of it were kept. Sweden was the first country to systematically track perinatal mortality starting around 1750, with several other countries in Europe following suit later that century (Woods et al., 2006; Woods, 2008). Those earliest records, along with statistical estimates since derived from them, reveal stillbirth rates in the early 18th century of approximately 115 per thousand and much higher neonatal death rates of almost 200 per thousand (Woods, 2005). By the beginning of the 20th century both had decreased, although neonatal death had declined much more precipitously than stillbirth (Woods, 2005; Woods et al., 2006). After the first World War and the global influenza pandemic, another significant decrease in rates of stillbirth and neonatal death began in Europe and North America in the 1930s and continued steadily through the end of the century (Farrant et al., 2016; Woods, 2008). These declines are attributed in large part to the professionalization of and advances in medical care combined with the attendant vigilance with which pregnant women and newborns have since been tracked and treated[8] (Cassidy, 2020; Kilshaw & Borg, 2020; Morgan & Michaels, 1999).

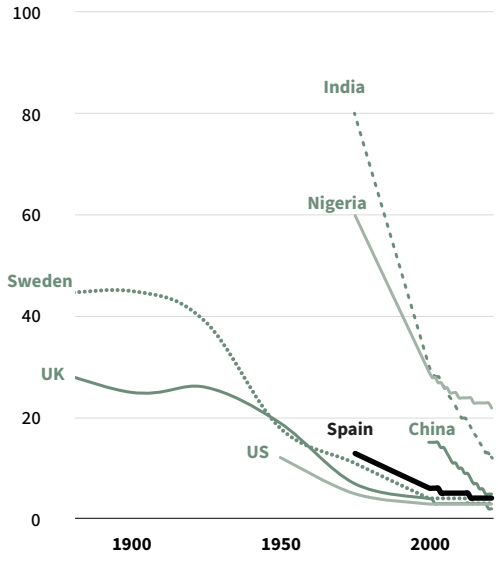


Figure 2.2 Stillbirth rates per 1000 births.

Graphic by author, data from WHO and Woods, Løkke & van Poppel, 2006

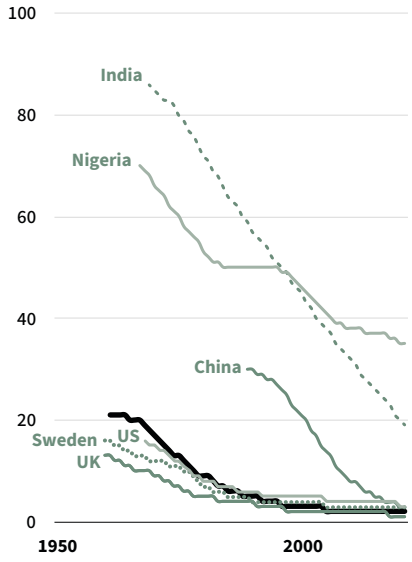


Figure 2.3 Neonatal mortality (0-27 days) per 1000 births.

Graphic by author, data from WHO

[8] It is important to highlight that reported rates of perinatal loss vary within national populations according to such factors as race, socioeconomic status, immigration status and education level, as well as due to how perinatal loss is officially defined. For examples from various contexts, see Cai and Feng (2005), Hure et al. (2012), Strumpf et al. (2021), and Wieber Lens (2020).

The tracking of stillbirth and neonatal death rates has improved greatly since it first began almost 200 years ago, but the data still suffers from various challenges, including differing record-keeping methods among countries and varying definitions of what constitutes miscarriage versus stillbirth versus neonatal death (Davis, 2009; Farrant et al., 2016; Gissler, 2022; Lawn, 2011; Serafty, 2014).

Today, it is estimated that approximately 25% of all pregnancies in Europe end in perinatal loss (Lidegaard et al., 2020; Schummers et al., 2021). The lowest rates of neonatal death are found in Scandinavia, Czechia, and Montenegro, where fewer than 1.5 out of every thousand neonates die (WHO, 2023). In contrast to these low rates in some parts of Europe, neonatal death in low-and-middle income countries is far more common: 40/1,000 in Pakistan and South Sudan, 36/1,000 in Somalia, and 35/1,000 in Nigeria (WHO, 2023).

Global rates of stillbirth also vary significantly, from 3/1,000 in Europe and North America to 21/1,000 in Sub-Saharan Africa (Lindt et al., 2023). Countries with the highest stillbirth rates in 2021 were Pakistan (31/1,000), Somalia and the Democratic Republic of the Congo (28/1,000), and Djibouti and Lesotho (27/1,000). Meanwhile, Denmark, Estonia, Iceland, Japan, Korea, and Singapore all have stillbirth rates below 2/1,000 (Lindt et al., 2023).

Very few countries officially calculate their miscarriage rates (Quenby et al., 2021), which is important given that the vast majority of perinatal losses occur in the first 12 weeks (Schummers et al., 2021). Consequently, our understanding of the prevalence of miscarriage is largely based on estimates. Overall, miscarriage is estimated to occur in 10-20% of *known* pregnancies, and up to 50% of *all* pregnancies (Linnakaari et al., 2019; Magnus et al., 2019; Quenby et al., 2021). Looked at another way, the statistics reveal that one out of every 10 women worldwide will experience at least one miscarriage during their lifetime (Lancet Editors, 2021).

If we drill down into the data, however, we see that the risk for miscarriage varies widely *within* national populations, with the single biggest factor being the age of the pregnant person. People between 20-29 years old have a much lower risk of around 10% as compared to those aged 40-49, whose risk increases to over 50% (Magnus et al., 2019; Quenby et al., 2021). Although the precise reasons for most miscarriages are unknown, some documented risk factors include smoking and alcohol consumption (Ammon Avalos et al., 2012; Pineles et al., 2014); air pollution (Gaskins et al., 2019); chronic stress (Wainstock et al., 2013); and Black ethnicity (Quenby et al., 2021).

Tracking international abortion rates[9] is also exceedingly difficult, due to factors such as the evolution of clinical interventions, legislative and regulatory changes that alter cutoff

[9] Abortion rates are calculated per 1.000 *women* aged 15-44, while other types of loss are calculated per 1.000 *births* (Bearak et al., 2022).

dates, and persistent stigma that prevents both patients and providers from speaking openly (De Zordo et al., 2023; Mitchell, 2001; Williams, 2005). The Guttmacher Institute recently published a comprehensive report on abortion worldwide using a combination of data including published studies, surveys, and government-produced statistics (Bearak et al., 2022). They found rates ranging from a low of 5/1,000 in Singapore to a high of 80/1,000 in Georgia. All high-income countries in the region referred to as "Europe and Northern America" (i.e., excluding Mexico) had rates under 20/1,000. Notably, the researchers found significant between-country heterogeneity in all regions of the world except Europe and Northern America (Bearak et al., 2022), where rates of abortion are more comparable across national borders.

Although terminations for medical reasons and selective reduction of multifetal pregnancies employ the same clinical interventions as abortions and are usually governed by the same laws, they are categorized and analyzed separately from so-called voluntary terminations. Globally, less than 1% of all pregnancy terminations are selective reductions, while rates of termination for medical reasons range from 1-4% in countries that record such data (Jones et al., 2010; RCOG, 2010; Sam, 2021).

Finally, in addition to changes and improvements in public-health record keeping, near-constant technological advances in testing, imaging, fetal-medical intervention, and neonatal intensive care are also contributing to an ongoing shift not only in how we define and quantify these losses, but also in our understanding of what they mean (Casper, 1999; Kaufman & Morgan, 2005; Malacrida, 1999; Morgan & Michaels, 1999; Williams, 2005).

Global approaches to perinatal loss

Perinatal loss has important social, religious, medical, and legal implications that extend far beyond its prevalence. In this section, I will explore some of those implications and illustrate how they have evolved and changed over time. Over the course of that exploration, I will describe how different peoples at different times sought to address the most common and insistent questions that surround perinatal loss, such as: Why does it happen? What does it mean? Does it matter? How should we react?

The answer to the question of why it happens has always been and largely remains, "We don't know": Most pregnancy losses still occur for unknown reasons (National Health Service, 2018). Causes of neonatal death are better understood, but as explained above, their proportion of overall perinatal loss is exceedingly small (WHO, 2007). When we look beyond the numbers, we see evolving understandings about perinatal loss, many of which are shared across countries and cultures, especially in the Euro-American context. This evolution has occurred not only as a result of the professionalization of medicine and the medicalization of pregnancy, but also because of important changes in approaches to both grief and loss, and patient's rights (Annas, n.d.; van der Zeijden, 2000). In their recent

compilation on *Navigating Miscarriage*, Kilshaw and Borg (2020) described this evolution by explaining that

> [w]omen themselves used to be the sole arbiters of the truth and reality of their pregnancies; they alone could provide information about their late periods, fatigue and 'morning' sickness, and eventual fetal movements or 'quickening.' New technologies including imaging and extremely early pregnancy testing along with the medicalization of the entire prenatal experience may be contributing to a situation in which *the decision about what has actually been lost* has effectively been taken from the pregnant person themselves and put in the hands of medical or other 'authorities.' (p. 28, emphasis added)

Perinatal loss prior to the 20th century: "Fatalistic acceptance"

There is little scholarship or anecdotal evidence regarding approaches to perinatal loss prior to the beginning of this study's time period in the mid-1930s. What does exist indicates that, outside of the late-19th and early-20th century eugenics movement, such losses were often downplayed, minimized, or even ignored. Such an approach is understandable in the context of infant mortality rates reaching 50% in pre-industrial societies from Ancient Greece to Czarist Russia (Lancy, 2008). In the Middle Ages, European families were apparently so inured to neonatal death that they often gave the name of a dead child to the next one that came along (Lancy, 2008). Slater (1977-78) reports that in Puritan New England, "death seemed to sit on the doorsteps of unfortunate families, waiting to devour their young" (p. 28). Around the same time, a poem entitled *Day of Doom*, about the damnation to hell of dead, unbaptized children, was second only to *The Bible* in circulation (Slater, 1977-78). In addition to the ubiquity of perinatal losses, the deaths of fully social persons were also taken more in stride, and sudden or early death was not particularly shocking (Ariès, 1974). Historically, death was a part of daily life, and for this reason, perinatal losses likely had less of an impact than they do today.

Before the late 20th century, perinatal losses were typically considered private and were not acknowledged outside of the immediate family. Among Catholic cultures, lost embryos and fetuses were not considered part of the community primarily due to their unbaptized status (Benagiano & Mori, 2007). Pregnancy and childbirth had not yet been medicalized and were still considered under the purview of a community's women, including the midwife if there was one (Nash, 1983). Consequently, perinatal loss happened at home, and medico-legal concepts like "viability" and "trimesters" had not yet entered the lexicon. Given that acknowledgement of pregnancy only took place with *quickening* (first fetal movement felt between 16-20 weeks), there was no concept of personifying an 8-, 10-, or 12-week pregnancy (Byström, 2015; Layne, 2022).

The specific social context for women at this time was also radically different in ways that likely affected their experience of perinatal loss. At around 21 years (Kirmeyer & Hamilton, 2011), the average age at first maternity was almost a decade younger than it is today, and the proverbial "biological clock" had not yet started ticking in the public

consciousness. Moreover, contraception was essentially non-existent (not to mention verboten in Catholic cultures), so women did not have much choice when it came to if and when they would reproduce. In many parts of the world, women were legally the property of their husbands, and most did not work outside the home (Zaher, 2002).

The bureaucratic and legal landscape was equally distinct prior to the 20th century. Most countries had not yet started conducting a census or issuing individual birth certificates (Wills, 2022). Consequently, as difficult as it is for us to imagine today, someone could be born, live and die (for days, weeks, or years), without their existence ever being officially recorded. Boltanski (2004) even describes how French women prior to industrialization were considered to have legally died when their husbands passed away, a startling illustration of how the lives and experiences of women were devalued and/or ignored in earlier times. When we consider all these social, religious, medical, and legal factors in the context of very high rates of perinatal loss, it is perhaps not surprising that Thompson (2008) characterizes this as a time of "fatalistic acceptance" (p. 61) of such losses as normal and a part of life.

Perinatal loss in the 20th century: "Humdrum and dull"

By the middle of the 20th century, Euro-American societies had transitioned from treating perinatal loss as a fact of life to hardly acknowledging it at all (Cassidy, 2020). The medical context was dramatically altered by this time, largely because childbirth had moved out of the home and into the hospital (Cassidy, 2020; Davis-Floyd, 2003; Kilshaw & Borg, 2020), and the doctors who attended to perinatal losses became accustomed to them and began to find them "humdrum and dull" (Layne, 2003, p. 70; see also Bydlowski, 2000). Moreover, given that women were often administered general anesthesia to deliver live, healthy babies, it should come as no surprise that most were unconscious for stillbirths that were subsequently treated as non-events (Cassidy, 2020). Whereas in the past, the disposition of anything expelled from the mother's body would have been left up to the family and/or the birth attendant, the burgeoning field of embryology now advocated for the categorization of dead embryos and fetuses as "medical waste," so that they would become the property of the medical establishment and made available for scientific study (Morgan, 2009). And as medical technology advanced, viability as a category of fetal development came into common usage, which in turn affected how physicians attended to the pregnant patient, as illustrated by this evocative quote from British obstetrician Dr. John Wyatt:

> As a medical student, I was taught that newborn babies were blind, unaware of their surroundings and incapable of feeling pain. Twenty years later we have discovered that babies have a range of sophisticated abilities. … In 1967 long term survival of preterm babies born before 32 weeks was unusual and 28 weeks seemed an absolute barrier. …

> Survival at 23 and 24 weeks gestation is now commonplace and occasional survival at 22 weeks and less than 500g birthweight has been described. (Wyatt, 2001, p. ii17)

A watershed moment in our collective understanding of pregnancy occurred around the same time that Dr. Wyatt was commencing his medical career: the 1965 publication of Lennart Nilsson's landmark, and some say polemical, photographs of embryos and fetuses in *LIFE* magazine (Boltanski, 2004; Duden, 1993; Nilsson, 1965). Conspicuously – but perhaps not unintentionally – left out of most descriptions of the photos was the fact that only one was of a living fetus *in utero*; the rest were images of aborted and miscarried embryos and fetuses outside of the womb (Morgan, 2009). Regardless, these photos produced ripple effects throughout the world and were immediately deployed as ammunition in the fight against abortion, which many countries in Europe and North America were legalizing around this time (Kaufman & Morgan, 2005; Morgan & Michaels, 1999).

Nilsson was able to obtain his revolutionary images due to the advent of ultrasound, a technology that today has become practically synonymous with prenatal care. Obstetric ultrasound was invented in the late 1950s (Mitchell, 2001), and by the end of the 20th century had become a routine part of prenatal care in most of the global north (Casper, 1999; Petchesky, 1987; Van Dijck, 2005). Despite its ubiquity, however, screening with ultrasound and Doppler technology "has neither lowered fetal morbidity rates, nor has it proven to be cost-effective" (Van Dijck, 2005, p. 109). What it *has* done is allow us to know our embryos and fetuses in ways previously impossible and to begin to develop relationships with these beings long before they are born (Kilshaw & Borg, 2020; Mitchell, 2001).

Along with the medicalization of pregnancy and childbirth, the bureaucratization of family life was firmly established by the middle of the last century. Birth certificates were now ubiquitous in Euro-America and *family books* depicting kinship relationships were instituted in many places as well (García Ruipérez, 2015; Wills, 2022). Many countries in Europe as well as some U.S. states had established what are known as *stillbirth registries* by the mid-20th century: France, Belgium and the Netherlands in the mid-1800s; England and Wales in 1926; Scotland in 1939; and Ireland in 1959 (Davis, 2009; Woods et al., 2006). It is important to note that these registries have never included miscarriages, nor has inclusion in them conveyed any legal status. Despite these changes in the areas of medicine and the law, pregnancy typically remained a private affair until it began to show and making it public was unavoidable. Before the arrival of the home-pregnancy test on drugstore shelves in the early 1970s, most women didn't obtain confirmation of pregnancy or share it until the second trimester (Palomo, 2015).

Socially, perinatal losses remained shrouded in secrecy and shame in the mid-20th century, resulting in what Cassidy (2020) refers to as possibly the worst time in history for experiencing such losses: women had been stripped of their inherent agency around

pregnancy and childbirth, and the losses they experienced went unrecognized religiously, legally, and emotionally (see also Letherby, 1993). Consequently, women were left to deal with these losses alone — often, even without the support of their partner. Grassroots efforts to bring about changes to perinatal loss practices began in some European countries, as well as in Oceania and North America, toward the end of the century (Cassidy, 2020). Advocacy organizations were established in the United States, the United Kingdom, and the Netherlands, among other places, in the 1980s and 1990s (Layne, 1997; Peelen, 2011). Incremental changes then occurred in medicine (new care protocols for perinatal loss), religion (masses of remembrance), bureaucracy ("certificates of life", in lieu of birth certificates) and society (public memorial spaces) (Cassidy, 2020; Kilshaw & Borg, 2020; Peelen, 2011). These changes were fought for and welcomed by many people with lived experience and by activists. For others, though, administrative changes like the issuance of a "certificate of life" for a stillbirth would come to be viewed as threats to reproductive rights (Layne, 2003; Sanger, 2012).

Perinatal loss today: "The myth of the perfect pregnancy"

Despite years of activism in many places and the positive changes it brought about, people experiencing perinatal losses continue to report silence from their community, mistreatment by healthcare professionals, lack of knowledge on the part of bureaucrats, and indifference from religious leaders (Cassidy, 2020; Han, 2018; Middlemiss, 2020; van der Sijpt, 2018). Socially, perinatal losses are taking place in a vastly different landscape. Increasing secularization is, somewhat ironically, coinciding with greater acknowledgement of perinatal losses by religious groups. Catholic cemeteries in many places are providing special sections for stillborn (and therefore, unbaptized) babies at precisely the time when rates of baptism in many countries have plummeted (Gambino, 2019; Wooden, 2023).

In less than a quarter century, the average age at first maternity has gone up in all European countries, from 28 years in 2000 to almost 31 years today (Eurostat, 2021; OECD, 2023). Women are also demanding specialized medical attention and greater inclusion in clinical trials, after being ignored for most of modern medical history (NIH-ORWH, n.d.; Universidad Complutense de Madrid, 2017). The "patient's rights" movement has led to changes in many areas of medicine, including the right to information and decision-making power (Annas, n.d.; van der Zeijden, 2000), two issues that directly affect experiences of perinatal loss. Lastly, people at all stages of the parenthood journey in the global north are increasingly exposed to a phenomenon referred to as the "baby-industrial complex" (also called the "pregnancy-industrial complex" and the "birth-industrial complex") (Cobuzio, 2019; Madhawi, 2021). In a nutshell, in exchange for your money and the authority to mandate what products you buy, what books you read, what foods you eat, and what

childbirth and childrearing methods you choose, the complex promises to deliver you a perfect child.

Twenty-first century medicine has its own version of the baby-industrial complex, which Friedenfelds (2019) calls "the myth of the perfect pregnancy" (see also Kilshaw & Borg, 2020). Despite the continued high prevalence of perinatal losses overall, most expectant parents report having little or no information about statistics, risks, or effective, risk-mitigating behaviors (Escañuela Sánchez et al., 2022). Moreover, very few people are directly aware of perinatal losses in their own family or community. As a result, expectant parents are often unprepared for the possibility that their pregnancy might not end with a live baby (Kilshaw, 2020; Layne, 2003). Ceaseless technological advances in assisted reproduction and related fields have contributed to an environment in which it is tacitly understood that anyone can have a baby, (almost) anytime they want (Freidenfelds, 2019). New technologies are also keeping greater numbers of premature babies alive, and at ever-younger ages. As compared to Dr. Wyatt's (2001, p. ii17) "occasional survival at 22 weeks," a hospital in Iowa in the United States is regularly saving babies of 20- and 21-weeks' gestation, many of whom go on to live relatively normal lives (University of Iowa, 2019).

The socio-religious, medical, and legal contexts of abortion have recently evolved as well. Around the turn of the century, rates of abortion plateaued in most Euro-American countries at lower levels than their peak, largely due to improvements in contraception (Bearak et al., 2022). Medication abortion and the "morning after pill" allow women to terminate pregnancies much closer to conception. Meanwhile, aforementioned advances in the care of severely premature infants coupled with increasingly accurate and detailed genetic testing means that some families find themselves terminating a pregnancy after the gestational age at which a fetus might be kept alive. The controversy surrounding abortion in many places has had direct effects on the way that perinatal losses are treated. Layne (2003) has gone so far as to directly call out American feminists for a perceived unwillingness to acknowledge the potential personhood of the embryos and fetuses lost to miscarriage and stillbirth, lest it endanger abortion access. According to Kilshaw and Borg (2020, p. 17), "to [recognize this potential personhood] would be to acknowledge that there is something worth studying, loving, and grieving" (see also Mitchell, 2001; Williams, 2005).

Although there has been significant evolution in how perinatal losses are understood and approached in various contexts, nowhere do miscarried, stillborn, or aborted embryos and fetuses receive official, legal recognition from the state. Several countries and many U.S. states now offer some version of a "stillbirth certificate," in addition to the long-standing stillbirth registries described above. However, these certificates are a formality and proffer no legal status to the lost entity. In the United Kingdom, stillbirth certificates are issued after 24 weeks' gestation for fetuses who die in utero. Birth and death certificates are only issued there, as in many other countries, in the case of live births followed by

death (Malacrida, 1999), a fact which the advocacy and support organization Tommy's (2017) acknowledges, can be difficult and upsetting for the parents involved.

For years, the Netherlands has provided a document that functions legally as a death certificate, leading the parents of one stillborn Dutch child to remark, "How can you be dead when you never officially existed?" (Peelen, 2011, p. 78). As of 2016, the Netherlands also includes stillborn babies in its official population registry (Nederlands Juristen Comité voor de Mensenrechten, 2016). Another emerging issue in the legal context is the provision of parental leave after stillbirth. Several European countries, as well as Australia, New Zealand, and Canada, provide some form of official leave and job protection to parents in the event of a stillbirth (Government of Canada, 2023; Joseph et al., 2016; Maternity Action, 2023). In some cases that leave is paid, although it is often subject to a dizzying array of conditions and exceptions, none of which are applicable in the case of a live birth.

Blaming women: A timeless approach to perinatal loss

One approach to understanding perinatal loss that has spanned ages, countries, and cultures, and is still common today, is blaming women. Whether she had conflict with a family member, engaged in unsanctioned travel, ate poorly, or allowed herself to get too hot or too cold, pregnancy loss has often been attributed to something that an expectant mother either did, or failed to do (Cecil, 1996a; Ginsburg & Rapp, 1991; Jeffrey & Jeffrey, 1996; Layne, 2003; Sobo, 1996; van der Sijpt, 2020; Winkvist, 1996). Among the Amazonian Warí, insufficient amounts of sex during pregnancy endangered the fetus (Conklin & Morgan, 1996). Being happy about one's pregnancy and sharing it publicly is believed to lead to loss in Pakistan, because obvious happiness tempts the fates and induces jealousy in others (Qureshi, 2020). Perinatal loss has also been attributed to intentionality on the part of the mother at various times and places (Kilshaw & Borg, 2020). In the past, she may have been accused of calling on an evil spirit to end her pregnancy, or not wanting it enough to keep it around.

In some cultures, the blame around perinatal loss has even been formalized. In the Russian Orthodox church, for example, a woman who has lost a pregnancy is forced to participate in a ritual known as "churching," in which she "express[es] repentance for the potential sins that led to the inauspicious outcome of her pregnancy" before she can return to church (Leuhrmann, 2018, p. 245). Ironically, this expression of guilt and acceptance of blame for the loss is the only official rite available to church members who experience perinatal loss.

In the churching ritual, we can hear echoes of a centuries'-old Byzantine prayer[10] that was recited over the prone body of a woman who had just experienced a miscarriage or stillbirth (Glibetic, 2021). In this prayer, the women were accused of murdering their children, regardless of whether the loss had been induced or not. Similarly, Roman Catholic women who experienced repeated pregnancy loss were encouraged to confess their sins through the sacrament of penance, so that they might purify their souls and clear the way for a healthy pregnancy (Cecil, 1996c). Today, we see remnants of this belief about intentionality in the laws of places like El Salvador (Sobero, 2020), the United States (Anderson & Duffy Rice, 2022), and the Netherlands (Peelen, 2011), where miscarriage is increasingly criminalized.

It is not a stretch to see a direct relationship between these pervasive beliefs about women's guilt for perinatal loss, and cultural phenomena that have sought to control women's behavior in order to produce healthy babies (and, therefore, healthy citizens). At the beginning of the 20th century, this control took the form of the eugenics movement, which sought to improve the birthrate through the imposition of prenatal care protocols and behavioral sanctions (Alvarez Peláez, 1990; Gaammeltoft & Wahlberg, 2014; Nash, 1993; Thompson, 2008). The extent and influence of the eugenics movement differed by country. What was universal was the encouragement of reproduction among certain classes of people, while simultaneously agonizing over, philosophizing about, and occasionally taking steps to prevent high fecundity among those deemed less desirable (Alvarez Peláez, 1990; Lock, 2015; Marre & Gaggiotti, 2021). Some proponents of eugenics even went so far as to lament the invention of the incubator, arguing that "these puny, ill-conditioned babies crowd out our welfare stations and hospitals; many of them die later in infancy…still others

[10] The full "Prayer for a woman when it is cast out" reads as follows: (Glibetic, 2021, p. 159)

Let us pray to the Lord.

O Master, Lord our God, who was born of the holy Theotokos and ever-virgin Mary, and as an infant was laid in a manger, in Your great mercy have mercy upon this Your handmaid [name], who today has given birth to a child and has fallen in the sins of murder, witting or unwitting, and has aborted that which was conceived in her, forgive her voluntary and involuntary offences, and preserve her from every machination of the devil. Cleanse the impurity, heal the sufferings, grant her health and strength of her body and soul, O lover of humankind, and with a radiant angel, guard her from every assault of invisible powers.

Yea, O Lord, from sickness and disease, from jealousy and the evil eye, have mercy upon her, and according to Your swift pity lead her from bodily defilement and her various oncoming internal problems in the recovery of her humble body, and raise her from the bed upon which she lies.

For in sins we were conceived, and in lawlessness we were conceived, and in defilement we are all before You Lord, and with fear we cry out and say: Look down from heaven and behold the weakness of us who are condemned and forgive this Your servant who has fallen in the sins of murder, witting or unwitting, and has aborted that which was conceived, and all those who are present and have touched her, according to Your great mercy since You are good and love human-kind. For You alone have the power to forgive sins and crimes, by the prayers of Your all-holy Mother and of all the saints.

For unto You belong all glory, honor, and worship, together with your uncreated Father and Your all-holy, good, and life-giving Spirit, now and ever and unto the ages of ages. Amen.

live on dragging out enfeebled existences, possibly becoming finally the progenitors of weaklings like themselves" (West, 1915, as cited in Glick, 2019, p. 884).



Figure 2.4 U.S. First Lady Jacqueline Kennedy smoking a cigarette while pregnant for the fifth time

Photographer unknown

After what could be considered a mid-century lull in vigilance – memorably epitomized by a photograph of U.S. First Lady Jacqueline Kennedy, visibly pregnant and smoking a cigarette while sailing on the family's yacht (Figure 2.4) – a new and decidedly more commercial "healthy pregnancy/healthy baby" movement began close to the turn of the 21st century.

This movement continues today and is exemplified by a seemingly endless stream of books, websites, products, and paid consultants offering advice and guidelines about how to produce perfectly healthy offspring (Han, 2018; Kaufman & Morgan, 2005; Kilshaw, 2020; Malacrida, 1999; Rutherford, 2018). In fact, the pregnancy-industrial complex has extended beyond pregnancy itself, into the pre-conception phase, during which women are enacting good motherhood by planning and taking care of themselves before they even get pregnant (Kilshaw, 2020). Middlemiss (2020) observed that women who use Doppler radar in the home to listen to their baby's heartbeat are engaged in behavior that "reinforces cultural ideas about pregnant women's responsibility for the outcome of the pregnancy as a healthy baby" (p. 233).

Added to this contemporary, spend-your-way-to-the-perfect-baby atmosphere are significant advances in assisted reproductive technology helping many people achieve biological parenthood who otherwise could not have done so. Ironically, at the same time that the global north is commodifying reproduction and deploying technology in innumerable ways to perfect the process, many of those same countries are suffering from

"demographic anxieties" that De Zordo et al. (2022, p. 591) liken to a resurgence of eugenics in the 21st century (see also Gamameltoft & Wahlberg, 2014; Taussig et al., 2002). Consequently, when a woman is unable to successfully bring a pregnancy to term, it can create private and public cognitive dissonance that is difficult to reconcile (Kilshaw, 2020a; Layne, 2003; San Román, 2020).

Perinatal loss in Spain

Spain has certainly not been immune to blaming women for perinatal loss. From the original eugenics movement, to Catholic guilt, to increasingly enthusiastic participation in the pregnancy-industrial complex, women experiencing losses in Spain are blamed both overtly and covertly in myriad ways (Marre & Clemente Martinez, 2022; Marre & Leinaweaver, 2023; Nash, 1993). Following the previous review of the global prevalence of and understandings about perinatal loss, I will now turn my focus to the context of the present investigation: Spain from the 1930s to the present day.

Prevalence

The prevalence of perinatal loss in Spain[11] decreased dramatically during the study period of 1936 – 2022, in line with trends in other countries with comparable levels of development. For example, a government publication from 1906 records a rate of 25 babies "born dead or not baptized" [*nacidos muertos o no bautizados*] for every thousand births (Cassidy, 2018b, p. IV); a century later, such losses would be in the low single-digits (INE, n.d.). Although similar decreases in the rates of other types of perinatal loss certainly occurred in Spain during this time, it is important to note that record-keeping changes also took place during the same period that affect how Spanish loss statistics are presented, analyzed, and understood.

Spain instituted a national stillbirth registry in 1958 as part of changes to the civil registry of the country's population; since that time, all fetal loss from 180 days of gestation (approximately 26 weeks, or six months) has been officially recorded (Pastor Montero, 2021). However, through 1974 this public health statistic included defunctions between 180 days of pregnancy and the first 24 hours after birth (INE, n.d.), conflating stillbirth and early neonatal death. It is only since 1975 that those pregnancy outcomes have been recorded separately.

[11] As is the case in many countries, the data on various types of perinatal loss in Spain is diffuse and inconsistent, making it difficult to interpret. Cassidy (2018c; 2021) has made a concerted effort to arrive at accurate approximations of various types of loss, and his publications are essential reading on the subject of loss prevalence in Spain. For additional coverage of the same issues, see also Juárez et al. (2012) and Juárez (2014).

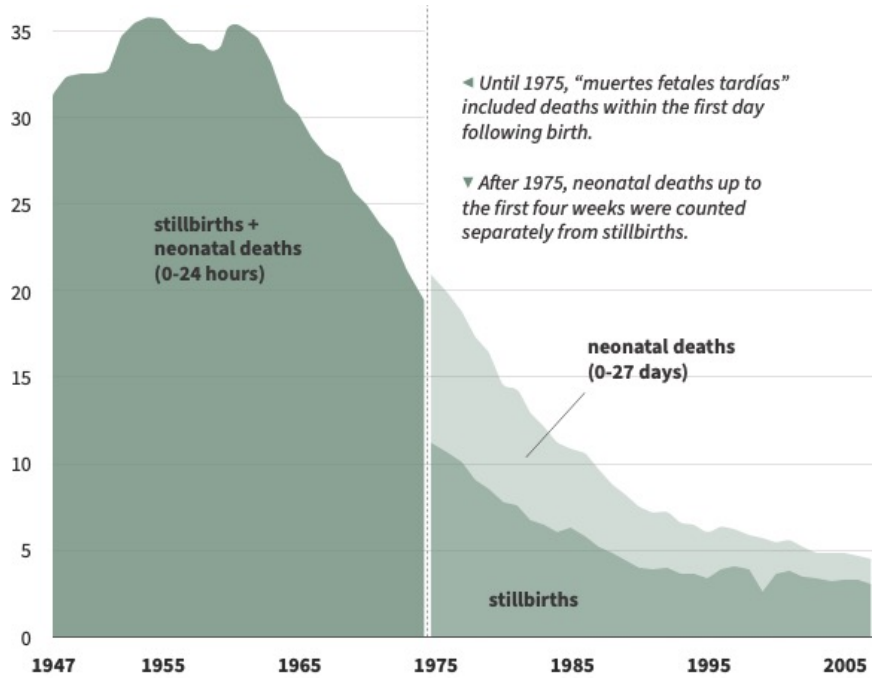


Figure 2.5 Perinatal mortality in Spain, per 1000 births.

Graphic by author, data from INE

In 1975, the stillbirth rate in Spain was almost 21 per thousand, a figure that was relatively high when compared with other countries in Europe (INE, n.d.; WHO-EHIG, 2023). Since then, rates have gone down steadily, with the biggest one-year decrease occurring between 1979 and 1980 (INE, n.d.). In 2021, Spain's stillbirth rate was among the lowest in the world at 2.2/1,000, along with Portugal, the Netherlands, Italy, and Belarus (Lindt et al., 2023). The same year, the country's neonatal death rate of 1.8 per thousand births was also relatively low, and on par with countries like Lithuania (1.9/1,000) and Ireland (2.1/1,000) (WHO, 2023).

In contrast to the tracking of stillbirth and neonatal death, miscarriage rates have never been monitored or recorded in Spain in any systematic way. According to Cassidy's (2021) calculations, in 2020 approximately 23% of all pregnancies ended in miscarriage in Spain, a rate comparable to that of other Euro-American countries (Dugas & Slane, 2022; Linnakaari et al., 2019).

Spain's Ministry of Health has been publishing annual reports on abortion in the country since 1988, subsequent to the procedure's decriminalization three years prior. In that first year, there were a total of 26,069 abortions in Spain reported by healthcare providers (Ministerio de Sanidad y Consumo, 1989). In 2011, the number of abortions reported in Spain reached its peak, at 118,611 (Sanidad, 2017). The most recent report for 2022 demonstrates a downward trend in the number of abortions in Spain since that peak, to 98,316 (Sanidad, 2022). To put these most recent figures in context, the rate of abortion in Spain in 2021 was just under 11 per thousand reproductive-age women as compared to an average of 17/1,000 in Europe overall (Bearak et al., 2022).

Finally, Spain's rates of termination for medical reasons are relatively high within the global north, at close to 4% (Sanidad, 2022), while the rate of selective reduction of a multifetal pregnancy, at less than 1%, is comparable to that of other countries with highly developed assisted reproduction industries (SEF, 2018). Of course, statistics without context can appear empty of meaning, so in the second half of this chapter, I explore the Spanish context for perinatal losses, including how they have been approached religiously, legally, medically, and socially.

Perinatal loss in the Spanish context

Historical overview

The losses included in this study happened during a time of great change and upheaval in Spanish society: from the beginning of the Spanish Civil War in 1936, through the Franco dictatorship of 1939-1975, the baby boom of the 1960s-70s, and finally to a new state of "demographic anxiety" in the early 2020s (De Zordo et al., 2022; Reher et al., 2021). In general, Spain's approach to perinatal loss during that time has not differed substantially from that of other Euro-American countries, although some developments like routine prenatal ultrasounds and legal recognition of stillborn fetuses occurred years or decades later.

Spain entered the Civil War in 1936 at a moment characterized by two important socio-medical phenomena: the burgeoning medicalization of pregnancy, childbirth, and infancy (Cassidy, 2020; Nash, 1993) and the eugenics movement, a quasi-medical and political preoccupation with both the quantity and quality of the country's reproducing population (Alvarez Peláez, 1990). Beginning in 1902, institutions known as *Las Gotas de Leche* [Drops of Milk] were established throughout Spain with the goal of reducing infant mortality (Muños Pradas, 2016). Twenty years later, the National School for Puericulture was founded in 1923 as the first official school of medical specialization in Spain, training physicians, nurses, midwives, and teachers in the care of babies and children (Marre, 2014; Zafra Anta et al., 2020). During this time, physicians began to assume control over prenatal care, establishing protocols that recommended regular medical visits as the key to a successful and healthy pregnancy.

Prior to the dictatorship that followed the Spanish Civil War of 1936-39, women had held government posts in some parts of Spain, including Federica Montseny, the Minister of Health in Catalonia in 1936-37. The presence of women in the corridors of power led to short-lived advances such as out-of-home childcare and the decriminalization of abortion during the first trimester (Nash, 1993). But with the consolidation of Franco's rule in Spain, the role of women was once again limited to that of wife, homemaker, and mother. Consequently, any failure to procreate was viewed as a failure to fulfill that role. From the

1940s to the mid-1970s, a Spanish woman's worth was largely based on her ability to give birth to and raise new citizens for the regime. Much that has been written about Franco's policy of *nacionalcatolicismo* [National Catholicism] (Antuña Galcedo, 2019) and its approach to women, marriage, and family is encapsulated in this quote from Luque Delgado and Esteso Poves (2018, p. 173): "The Franco regime poured all of its ideological misery into the figure of the woman who…had to be exemplary, and worthy of descriptions like 'saint' and 'pure', among others." According to San Román (2020, p. 405), the role of mother was both "exalted and imposed" on Franco-era women, an imposition that would continue to be felt long after the dictator's death (see also Álvarez Peláez, 1990; Loredo Narciandi, 2014; Nash, 1993).

The transition to democracy in the late 1970s ushered in a period of important changes for marriage and family in Spain. Many EU member states have experienced a significant decrease in the number of legal marriages since the last quarter of the 20th century, and the change in Spain has been among the most dramatic, with marriage rates dropping from almost eight (8) per 1,000 people in 1970, five years before the end of Franco's marriage-promoting dictatorship, to fewer than two (2) marriages per 1,000 people in 2020, one of the lowest rates in the EU (OECD, 2022). Contraception was legalized in 1978, the same year as the peak of Spain's relatively late "baby boom" (Alvarez & Marre, 2022). A series of significant changes then followed over the next decade, as divorce (in 1981), abortion (in 1985), and assisted reproduction (in 1988) were all legalized, transforming — at least on paper — the act of having children from an imposition to a "choice" (Alvarez, 2018; Alvarez & Marre, 2022; San Román, 2020). Age at first marriage and rates of cohabitation outside of marriage subsequently increased, and the growing field of assisted reproduction also likely contributed to an increase in the average age of first-time mothers (INE, 2022; San Román, 2020), phenomena that the demographer Leguina Herrán (2020, p. 7) referred to as "changes in social behavior of the first magnitude" (see also Ruis, 2023; Sosa Troya et al., 2023).

Throughout this period of radical changes, Spain remained — and many would say, still is — a country that values family above all else (Ayuso Sanchez, 2019; Esteve et al., 2021). And while one might expect that legalization of abortion and contraception to have freed Spanish women from any shame associated with not having a family, San Román (2020) found that "the failure to achieve a pregnancy is accompanied by strong distress and a sense of incompleteness" (p. 422). In this century, as Spain has legalized gay marriage (in 2005) and become a country of reference for assisted reproduction treatments, it has also, according to Ayuso Sanchez (2019) held on to more "traditional" family values, combining them with "levels of tolerance typically belonging to the Nordic countries, [and] rigid intergenerational norms like those in Japan or Italy" to create its own "peculiar family culture" (p. 275).

Amid this "peculiar family culture" at the end of the first quarter of the 21st century, Spain now has the lowest fertility rate in the European Union. Some of that decrease is attributable to the increasing age of Spanish women at first maternity, which the country's statistical institute currently puts at 32.6 years (INE, 2022). However, contemporary Spain has also been described as experiencing "structural infertility" (Briggs et al., 2012), which Alvarez and Marre (2022, p. 719) define as "low fertility for social, political, and economic (rather than biological) reasons." Although infertility per se was not included in this study as a *type* of perinatal loss, issues closely related to infertility – such as age at first child and the so-called "child gap"[12] (Bernardi, 2005) – are relevant because rates of perinatal loss are directly linked to maternal age, and because the child gap is often heavily populated with loss. It is notable, therefore, that the literature addressing those two topics does not typically include direct references to perinatal loss. In a recent two-volume special issue of Medical Anthropology on "demographic anxieties," which included a chapter on "Motherhood in Spain" (Alvarez & Marre, 2022), the only type of perinatal loss mentioned is abortion. Perhaps one of the explanations for this absence is that, according to the authors, "in Spain, reproduction is still considered private and invisible" (Alvarez and Marre, 2022). While conducting this study, I have witnessed how perinatal loss activists are contributing to change in that regard, by making what is perhaps the most invisible aspect of reproduction — lost embryos and fetuses and dead babies — visible to the parts of society beyond those with lived experience.

Religious context

Religion played an outsize role in both the Spanish Civil War (1936-39) and the 36-year dictatorship that followed. On the Republican side were many anti-clerical activists who believed that the Catholic Church was oppressing Spaniards and holding back the country's development (Desfor Edles, 1998), while Franco's forces, and eventually his regime, were supported by and deeply tied to the Church. The relationship between the Church and the dictatorship was formalized in 1953 with an accord that, among other provisions, gave Franco veto power over the Vatican's appointments in the country, while giving the Church the power to censor media it considered offensive. This union resulted in nacionalcatolicismo, an ideology that asserted that the regime's legitimacy came directly from the Catholic god (Preston, 1993). Unsurprisingly, during this time, Catholicism was the only officially recognized and sanctioned religion, and both divorce and contraception were illegal (San Román, 2020).

[12] The "child gap" is defined as the difference between the number of children a woman desired and the number that she actually had. The literature on the subject in Spain indicates two main reasons for the country's large child gap. First, a lack of economic and professional stability that leads people to decide to have fewer children. Second, perinatal losses that interfere with the attainment of ideal family size (Bernardi, 2005; San Román, 2020).

Although some evidence exists that this close relationship between the state and the Catholic Church began to fray in the 1960s, Desfor Edles (1998) maintains that "The Franco regime blithely sustained its national Catholic identity to its dying day" (p. 34). Even during the transition to democracy of the mid-1970s, some center-right politicians, along with some "important" Catholic bishops, lobbied for the constitution to include "an explicit prohibition against abortion and divorce" (Desfor Edles, 1998, p. 114). In the end it did not, but Spain's relationship to Catholicism is still codified into that document with the following phrase: "The public powers will take into account the religious beliefs of the Spanish society and will maintain the consequent relations of cooperation with the Catholic Church and other confessions" (Constitución Española, 1978, as quoted in Desfor Edles, 1998, p. 115).

When the dictatorship ended with Franco's death in 1975, more than 97% of Spaniards professed belief in Christianity (Datosmacro, n.d.) Today, Spain is much less Catholic than it was during or immediately after the Franco years. A recent survey by the Centro de Investigaciones Sociológicas (2022) revealed that although Spain remains a majority Roman Catholic (56%) country, Spaniards also report relatively high levels of atheism (14.8%), agnosticism (12.5%), and "indifference" toward religion (11.7%); only 2.8% of respondents endorsed belief in a religion other than Catholicism. Even though just half of Spaniards identify as Catholic, the country's mores, values, laws, and customs are still heavily influenced by the Church's strictures and traditions (Ayuso Sanchez, 2019). The 20th-century Basque philosopher Miguel de Unamuno is credited with having succinctly captured this contradiction when he said, "In Spain we are all Catholic, even the atheists" (Esteban, 2012, p. 188).

Legal context

Spain's approach to codifying and registering perinatal losses has evolved significantly since such processes were introduced in the middle of the 20th century. When the country issued an extensive update to its Civil Code in 1958, one notable addition was a stillbirth registry known as the *Legajo de Criaturas Abortivas* [Dossier of Aborted Infants]. From that point on, all pregnancy losses after 180 days of gestation were officially recorded, albeit without a name and simply as "son/daughter of" along with the mother's name (Jefatura del Estado, 1958). Another set of changes to the code instituted in 2011 allowed for (but did not mandate) the inclusion of pregnancy losses before 180 days, and also allowed any entry in the dossier to include a given name for the defunct embryo or fetus (Jefatura del Estado, 2011; Pastor Montero, 2021).

Finally, an update to the 2011 code was issued in mid-2023 that the perinatal loss community in Spain had pushed for and supported for years: pregnancy losses after 180 days are now included in the country's official *Registro Civil* [Civil Population Registry], in a

special section called the *Archivo de nacidos sin vida tras los seis meses de gestación* [Archive of stillbirths after six months of gestation] (Ministerio de Justicia, 2023). And although Spain no longer issues a physical family book, those fetuses lost later in pregnancy are now officially recognized with their full names as children of their parents and members of the family (Umamanita, n.d.(a)).

As I detail these changes to the Spanish government's legal approach to prenatal losses, a few points should be kept in mind: firstly, although the Dossier of Aborted Infants is an official government data repository, inscription conveys no legal status upon the embryo or fetus (Pastor Montero, 2021); the same is now true for the inclusion of post-180 day losses in the Civil Registry (Pastor Montero, personal communication, November 15, 2023). Therefore, these are more appropriately considered public health records than legal ones. Secondly, many activists and persons with lived experience report that local bureaucrats are unaware of the changes and refuse to allow registration with a name, or registration at all in the case of a loss of less than 180 days' gestation, so families today are dependent on civil servants being up-to-date and/or sympathetic to their cause. Lastly, the new civil code of 2011 also codified that embryos and fetuses that are born deceased are not legal persons: "Personhood is granted at the moment of live birth, once complete detachment from the mother's womb has taken place"[13] (Jefatura del Estado, 2011, p. 81,468).

Another important legal aspect of perinatal losses in Spain pertains to the right to paid time off from work. Spain has long guaranteed 16 weeks of maternity leave for live births, while a law also providing 16 weeks of partner/paternity leave went into effect in 2019 (Ministerio de Empleo y Seguridad Social, 2015). The weeks are non-transferable, meaning that a partner cannot share any unused weeks with the mother, or vice versa. In principle, maternity leave is provided for losses after 180 days' gestation, although some mothers report difficulty receiving permission to access this benefit (NeReiDa, 2022). Also, although the idea of maternity leave for earlier perinatal losses is not yet being discussed in any significant way among activists or legislators, Spaniards can now access sick leave for miscarriage and abortion (Soto et al., 2023), a development that puts Spain in the vanguard of those issues throughout the world.

With respect to fathers and other partners, the situation is not only less clear, it is also currently in a state of significant legal flux. While many partners' petitions for leave have been denied, fathers in the autonomous communities of Aragon, Galicia, and Catalonia have had initial success petitioning the social security administration to receive paternal leave after the stillbirth of their child (El País, 2022; Europa Press, 2022; Heraldo, 2020). Then in 2022, the *Tribunal Supremo de Justicia*, the country's highest court, issued a decision

[13] The exact wording from the statute is as follows: "La personalidad se adquiere en el momento del nacimiento con vida, una vez producido el entero desprendimiento del seno materno" (Jefatura del Estado, 2011, p. 81,468).

declaring that the benefit was not provided for in the current social security regulations (Pozas, 2022). Despite this apparent setback, however, at least one father has been definitively granted leave after the death of his son during childbirth in Galicia in 2021 (Europa Press Galicia, 2023). Activists anticipate that his success will inspire others to pursue similar avenues in other autonomous communities.

Spain's "stolen babies" and perinatal loss

Although the full extent of Spain's "stolen babies" scandal is beyond the scope of this review, it is important to touch on it briefly to present a full picture of the context in which many of the losses in this study occurred. For a period of about 60 years, from the start of the Civil War in 1936 through the mid-1990s, approximately 300,000 newborns were stolen from their birth mothers in Spain (RTVE.es, 2018). Although the thefts are understood to have been part of a continuum, scholars generally categorize them into three time periods, based largely on the attendant motivation.

From the start of the civil war through the early 1950s, about 30,000 newborns were taken from mothers incarcerated for political reasons (Baltasar Pérez, 2021; Roig, 2018); these mothers were aware of the expropriation of their children but powerless to do anything about it. The remaining quarter-million were taken in hospitals and maternity centers, often under the pretense that the baby had in fact died; in almost all cases, mothers were not permitted to see the body nor to obtain it for burial purposes (Marre & Gaggiotti, 2021). The first 20 or so years of these thefts were informed by Franco's doctrine of "national Catholicism", removing children from "inadequate" families and placing them with "deserving" ones instead (Marre & Gaggiotti, 2021). In contrast, the final two decades of baby theft, while certainly influenced by 40 years of precedent, were motivated by profit: babies were sold to other families after being declared deceased to their birth mothers/parents.

In addition to the theft itself clearly being a form of "perinatal loss," these mothers lived for decades with the false belief that their babies had died before or during childbirth (Baltasar Pérez, 2021; Roig, 2018). Conversely, some parents and siblings who experienced a stillbirth or neonatal death during this time period are today questioning whether in fact their son, daughter, brother, or sister is actually alive. In other words, they are questioning whether or not their family even experienced a "true" perinatal loss. Parents and other family members of suspected and actual baby thefts have banded together in recent years to find out the truth, claim their kinship, and demand recognition of their loss from the government and from society (Luque Delgado & Esteso Poves, 2018; Marre & Gaggiotti, 2021). Although I did not set out to specifically include stolen babies in my data, the issue arose during some interviews and will be explored later in the results.

Medical context

Along with the religious and legal character of perinatal loss, it is, of course, also a medical issue. Healthcare for perinatal loss was first addressed at the national level in Spain in 2011, as part of the government's National Public Health Strategy (Sanidad, 2010). As a result, by 2018, two autonomous communities, Catalonia and Extremadura, had produced protocols specific to such losses, and scholars had begun to undertake national-level studies on the topic (Cassidy, 2018b). The medical context of perinatal loss encompasses an array of topics both numerous and diverse, including: how viability is defined and understood; the conditions surrounding access to abortion care; the relationship between loss and assisted reproduction; the overall quality of medical care in cases of perinatal loss; and how pregnancy remains are classified and handled. In this section, I will address each of these topics in turn.

Viability

The global advancements in fetal viability described above have also taken place in Spain, and various official sources are in general agreement regarding the definition of viability. The Spanish professional medical organization SEGO [*Sociedad Española de Ginecología y Obstetricia*] does not have an official position statement on viability; rather, it addresses the concept in publications on other subjects such as voluntary interruption of pregnancy (SEGO, 2019) and threatened preterm birth (SEGO, 2020). In those documents, SEGO alternates between gestational age (22 weeks) and fetal weight (500 grams) to define viability. In practice, this definition of viability affects how healthcare providers define and treat threatened and actual losses. SEGO (2010) defines abortion [*aborto*] as the expulsion or extraction of the products of conception when they weigh less than 500 grams or at "approximately 22 weeks" (p. 207); above that weight, the loss is officially defined as fetal death [*muerte fetal*]. A Spanish learning guide for resident midwives states plainly that "fetuses that weigh less than 500 grams are not viable, so [their delivery] should not be considered a 'childbirth' for the purpose of elaborating perinatal statistics" (Navarro et al., 2013, p. 215). The exclusion of earlier losses is also clarified in a document on workplace-related risks produced by the Spanish department of Social Security (Instituto Nacional de Seguridad Social, n.d.), explaining that such losses are "considered a miscarriage due to lack of fetal viability" (p. 25).

Abortion

As a medical procedure, abortion in Spain is neither as controversial as it is in the United States, nor as neutral as it is in other EU countries such as Germany and the Netherlands (IPSOS, 2021). Abortion was legalized in Spain in 1985 by decriminalizing the procedure, and its legal status was updated in 2010 to codify it as a right. The 2010 law also

outlined: the varying conditions for abortion based on gestational age; information that had to be provided to persons seeking abortion services; and regulations regarding minors requesting pregnancy termination (González-Varas Ibáñez, 2010). In principle, abortion is freely available without condition up to 14 weeks gestation, although patients report difficulty in obtaining timely terminations, in particular when using the public (and therefore, free) healthcare system (Ramos, 2023). Between weeks 15-22, a pregnancy can be terminated in cases of "serious risk to the life or health of the mother" or "serious fetal anomaly," while terminations from 23 weeks can only be performed for fetal anomalies deemed incompatible with life, and only after review by a scientific committee (Salvador, 2018). For its part, the professional organization for Spanish obstetricians (SEGO) went on record in 2008 opposing pregnancy interruption from 22 weeks' gestation, because "fetal viability is possible" from that point on (De Martos, 2008).

Assisted reproduction

Since the legalization of assisted reproduction in 1988, the industry has developed to the point where Spain is now one of the leading providers of in-vitro fertilization (IVF) and oocytes in the world (Marre et al., 2018; Molas, 2021). Among Spaniards, both the use and success rate of assisted reproduction technologies have increased dramatically in recent years. In 2021, 40,638 babies were born in Spain using such technology (SEF, 2023), as compared to 5,881 in 2002 (Pajuelo, 2005).

A great number of people accessing assisted reproduction do so because they have been unable to maintain a viable pregnancy on their own, and have therefore experienced some type of perinatal loss. Also, rates of perinatal loss are higher among women over 35, who make up the majority of assisted reproduction patients (Gedeon Richter, 2022). Lastly, the decision-making processes inherent in some assisted reproduction technologies can invoke feelings of loss, such as the process of choosing which embryos to implant, or whether to have a selective reduction in the case of a multiple pregnancy.

It is also relevant that, since the advent of these technologies, a greater number of people than ever before are taking pregnancy tests in the first few weeks of a possible pregnancy, and the results of those tests can impact prospective parents in two important ways. First, such tests may reveal pregnancies that, in the past, would never have been detected, whereas in the contemporary context they are often experienced as perinatal losses (Annan et al., 2013; Matthiesen et al., 2011). Second, for many people undergoing assisted reproduction, each negative pregnancy test result can be experienced as a loss; that is, there can be a type of perinatal loss even when there was no pregnancy to begin with (SEF, 2018, 2021).

Quality of medical care

Cassidy (2020) has conducted the only national-level investigation of patient's experiences of the quality of care received in the healthcare context after a perinatal loss[14] and found that almost no Spanish hospitals are providing what would be considered as "excellent, best-practice care" (Schott et al., 2016, p. 137), while less than half even provide "good" care. The most significant problems the author found were a power imbalance and asymmetrical decision-making between healthcare professionals and patients, and either absent or highly controlled bereavement practices. Overall, the research finds that across all the measures studied, care following perinatal loss is substantially less developed than in other high-income countries (Cassidy, 2020). According to Cassidy (2020), in the case of perinatal loss in Spain in the 21st century, "for a significant portion of women, [medical] care *makes a negative contribution to grief and health*, in some cases very severely" (p. 137, emphasis added). What's more, "perinatal death in hospitals [in Spain] has many characteristics of bad death: vulnerability, lack of self-determination, medical and technological invasiveness, lack of dignity for the self or the dead, inability to fulfill cultural expectations, and subsequent unresolved issues with the dead" (Cassidy, 2020, p. 143).

Disposition of remains

At the time of the earliest loss in this study, miscarried embryos and stillborn fetuses were either incinerated as medical waste or included with amputated limbs and unclaimed corpses in an unmarked pit at the edge of the local cemetery (T. Pi-Sunyer personal communication, March 27, 2022). Until a 2016 decision of the Spanish Supreme Court, families were not permitted to take their child's remains with them if the loss occurred at a hospital (Tribunal Constitucional, 2016). Although parents are now permitted by law to access remains of later pregnancy losses, several factors often act as barriers to families' obtaining the disposition of their choice (Claramunt, 2016). First is a lack of knowledge among healthcare professionals, as parents regularly share stories of being denied the option of taking the fetus. There is also a financial aspect, since many autonomous communities provide hospital disposal for free, whereas families who wish to take the remains will have to bear the costs themselves. Lastly, pre-viability losses that take place in hospitals are still uniquely disposed of by those institutions, so families are not able to decide about disposition in those cases. Changes are happening in some places in Spain, such as hospitals in Catalonia that have arranged with local cemeteries to inter embryonic and fetal remains in traditional niches set aside for that purpose (T. Pi-Sunyer personal

[14] The losses in Cassidy's (2020) study were limited to those that occurred after 15 weeks, so the findings are only relevant to a portion of the losses included in the present study.

communication, March 27, 2022). These burials are communal, typically with several dozen sets of remains in plastic bags with identifying tags interred in each niche.

Perinatal loss activism in Spain

Perinatal loss activism arrived in Spain, and into this complicated and dynamic social context, in the first decade of the 21st century. Before then, it was a small, grassroots movement that existed almost exclusively at the hyper-local level. Individuals with lived experience often took it upon themselves to provide grieving parents with support and to seek out healthcare providers to offer feedback and suggestions on how to improve care for future patients. The online forum *Superando un Aborto* [Overcoming a Miscarriage] went live in 2005 and has been active ever since (Recursos Duelo GN España, personal communication, January 10, 2024). The research and advocacy group *Umamanita* was founded in 2009 as the first and, for over a decade, only national organization dedicated exclusively to perinatal loss (Umamanita, n.d.(b)). Prior to the publication of the 2011 National Public Health Strategy, no official healthcare protocols for perinatal loss existed, and what little social support families found often came from groups dedicated to the death of a child at any age (Cassidy, 2020).

Activists in Spain have been informed and influenced by more well-established movements in other countries such as the UK, the Netherlands, and Australia. Moreover, the perinatal loss movement worldwide has gathered support and learned strategy and tactics from decades of work by activists in two other areas: grief and loss; and patients' rights. As approaches to the death of a loved one evolved in the late 20th century from a stance of stoicism and forgetting to one of cultivating continuing bonds, those experiencing perinatal loss began to realize that they too needed continuing bonds with their lost children (Layne, 2003). Around the same time, the burgeoning patients' rights movement had begun advocating for greater access to information, the power to make decisions about one's own treatment, and the right to be treated with dignity in all aspects of healthcare (Jefatura del Estado, 2002). The patients' rights movement was very prominent and effective in the HIV/AIDS epidemic, and perinatal loss activists learned how to address issues of disenfranchised grief and disempowerment in the medical context in part by following the path of AIDS activists (Fox, 2005).

After the founding of *Umamanita* in 2009, there followed a flurry of activity in Spain over the next decade, including the establishment of regional organizations in various autonomous communities including Catalonia (2011), Cantabria (2013), and Andalucía (2019). Today, all but two autonomous communities in Spain have at least one, and in some places several official groups addressing perinatal loss. Activism has also resulted in more media coverage, often featuring celebrities such as the Barcelona football star Andrés Iniesta (Hola.com, 2020), the model Marisa Jara (Carande, 2022), and the actress Aislinn

Derbez (Díaz & Tapia, 2023). In addition to establishing organizations and support groups, individual activism has found expression via blogs, memoirs, and self-help books, including *La cuna vacía* (2009) [The Empty Crib], *Las voces olvidadas* (2011) [Forgotten Voices], and *¿A dónde van nuestros hijos cuando se nos van tan pronto?* (2013) [Where Do Our Children Go When They Leave Us So Early?].

Academic research on the topic is also gaining attention and funding in Spain. The literature review for this study uncovered an ever-increasing number of publications on perinatal loss, in a variety of fields including medicine, mental health, and the social sciences. Professional organizations like the European Society of Human Reproduction and Embryology have published papers calling for more research into the topic beyond the field of medicine (ESHRE, 2023). And perhaps as a foretaste of what is to come, a collection of undergraduate, master's and doctoral theses (i.e., unpublished investigations) compiled by advocates throughout Spain, which I reviewed in September 2022, demonstrates that in the past 10 years, the number of studies on the topic completed each year has grown steadily (Recursos Duelo GN España, personal communication, September 15, 2022). Finally, in a watershed moment for perinatal loss activism in the country, the biannual conference of the International Stillbirth Association was held in Spain for the first time in its over-30-year history, in October 2019. The dozens of professionals, activists, and people with lived experience whom I consulted and interviewed for this study all agree that while much progress has been made, much work remains to be done to improve the experience of perinatal loss in Spain, especially in smaller communities and the more rural parts of the country.

Conclusion

This chapter provided an overview of perinatal loss, one of the two main subjects of this thesis. It explored changes in both the prevalence of such losses and how people understand them in different places and at different times in history. After reviewing such losses globally, the chapter then focused on the Spanish case. Perinatal losses have decreased in prevalence since the mid-20th century in most every global context, with larger decreases occurring in more developed, "global north" countries. As the rates of perinatal loss have decreased, understandings of them have changed as well. In many contexts, as losses decreased in prevalence they also rose in significance, as people with lived experience in places like the United States, the United Kingdom, the Netherlands and Australia began to advocate for more recognition of such losses and better care for those experiencing them. Although these efforts are far from finished, a huge accomplishment can be seen in the establishment of World Pregnancy and Infant Loss Awareness Day (October 15th) and month (October) in many countries worldwide, a public education and

advocacy effort that has gained significant traction with the advent of social media and related campaigns such as #IHadaMiscarriage.

Perinatal losses declined in prevalence in Spain in line with decreases globally, and today they stand at some of the lowest figures in the world. Notably, although neonatal deaths and maternal mortality have gone down exponentially, the rate of stillbirth declined to a certain point and since then has remained stubbornly constant (Cassidy, 2020), a fact which may be explained by improvements in care and technology concurrent with the increase in age at first birth among women in Spain. The understanding of perinatal losses in Spain has also hewed to similar changes in comparable countries. Although a much newer phenomenon in Spain, the October commemorations are gaining in number and prominence throughout the country, as are advocacy groups dedicated to childbirth in general, including *El Parto es Nuestro* [Birth Belongs to Us], as well as perinatal loss specifically (*Umamanita*, *Petits amb Llum* [Little Ones with Light], and many more). As a result, professionals in fields such as medicine, religion, and law, as well as the general public, are evolving in their understanding of what perinatal loss is and what it means, both individually and socially. Some scholars maintain that this activism has created an environment in which there is a "moral imperative to grieve and the possibility of reverse stigma" (Cassidy, 2021, p. 14). But in general, these recent developments are perceived as positive.

It was within the context described here, with all of the history that underlies it, that I set out to ascertain how people in Spain may have used ritual to process perinatal losses and integrate them into their life stories. Who had used ritual, when, how, and why? Had it been helpful? And were people naturally drawn to it, or had they been encouraged or influenced by their environment? To properly address such questions, we must first consider how theories of ritual arose and evolved, and where they stand today.

3 Ritual

> **Defining ritual is complicated not only by the existence of so many definitions but also by the fact that scholars can ignore their own definitions in either theory-construction or field research (Victor Turner); use the same definition for two different terms (Roy Rappaport); create multiple, competing definitions (Catherine Bell); never fully ensconce their own definitions in full-blown theories (Jonathan Z. Smith); or write definitions that few can understand, apply, or test (Jan Platvoet).**
>
> *Grimes, 2013, p. 190-1*

Introduction

What is a ritual? Take a moment to ask yourself this question, and to think about the answer, before reading on. Like *person*, *ritual* is a word that appears straightforward at first. We are certain we know what it is, but when we attempt to define it, this "straightforward" word quickly reveals itself to be much more complicated. Adding to this complication is the fact that the word ritual is frequently used in everyday speech. Someone may ask a friend, "What's your morning ritual?" when seeking ways to start their day on a better note. "I go to yoga every Saturday afternoon, it's a ritual for me" you might overhear in a café, wondering if the speaker is referring to exercise, spiritual communion, or both. When you arrive at your office building on a Monday morning and discuss that weekend's football matches with the security guard, as you do each Monday throughout the season, you might consider that interaction to be a ritual, or you might not. According to the current state of ritual theory, each of the interactions described above is indeed a ritual. Also according to the current state of ritual theory, none of them are. And so, with just these few examples we can easily grasp the conflicted and confusing state of ritual scholarship in the early 21st century.

As a research topic, ritual encompasses several disciplines, including religious studies, social psychology, sociology, and anthropology. It is an undeniably massive subject, with a

body of literature so extensive that, according to Strausberg (2006), no single scholar could process all of it in a lifetime. Not only are there fierce debates about ritual theory, there are also debates about the very definition of the word *ritual* itself.

Given both the volume and the diversity of ritual theories, staking a claim for one over another is a challenging but necessary part of completing a dissertation on the topic. And in a certain respect, my eventual choice of a theoretical framework for this investigation evolved in a similar way to the evolution of ritual scholarship itself. For example, Durkheim's (1912/1968) concept of "collective effervescence" (p. 313) resonated from the beginning, as I witnessed countless moments online and "in real life" in which the intense emotions surrounding perinatal loss were shared and sometimes took on a life of their own.

The work of Durkheim's contemporary van Gennep (1909/1988) on *rites of passage* seemed to refer directly to the many parents who expressed the need for some sort of formal recognition of their transition to parenthood – albeit often without living children. However, as I advanced in my data collection, was told about and observed a greater variety of experiences, and delved more deeply into the literature, van Gennep's theory began to seem too narrowly focused on one specific form of ritual and therefore unable to account for some of what I was observing in the field.

Turner's (1969) later expansion of van Gennep's (1909/1988) concept of liminality and its importance to the ritual process, combined with Douglas's (1966) characterization of liminality as "dangerous" (p. 3), helped explain why the unresolved status of bereaved parents and their erstwhile children was so problematic. But again, their approaches felt inadequate when I applied them to the extraordinary actions of many "ordinary" people, who were creating and enacting ritual for transformational purposes at all levels of society.

The work that emerged from the newly established field of *ritual studies* in the late 20th century provided focus not only to the field as a whole, but also (much later) to my own theoretical approach to the present investigation. The creation of ritual studies was largely a result of the leadership and advocacy of Dr. Ronald Grimes, a retired professor of religious and ritual studies who has taught in North America and Europe (Bell, 2009; Gladigow, 2006). Across his many books, chapters, and articles on the subject, Grimes did not explicitly offer his own theory *of* ritual,[15] but he did make major contributions to theorizing *about* ritual (Grimes, 2010; see also Bell, 2009; Gladigow, 2006). In his last major publication, *The Craft of Ritual Studies*, Grimes (2013) detailed seven key "elements" of

[15] In *Ritual Criticism* (2010, p. 3), Grimes explained that his publications "eventuate in essays, 'attempts'…to reflect at an order of generalization higher than that of the particular case. The resulting generalizations are not inferences, effects, inductions, or formal theories; they are positions. I conclude having taken a stance rather than proved a hypothesis."

ritual, along with guidance on how to use those elements to analyze rituals and compare them across cultures and/or time. The seven[16] elements of ritual identified by Grimes are:

1. Actions
2. Actors
3. Places
4. Times
5. Objects
6. Languages
7. Groups

Grimes stresses that these categories are not mutually exclusive, and in fact any one aspect of a ritual likely fits into more than one of them (see also Gladigow, 2006).

I read *The Craft of Ritual Studies* (Grimes, 2013) for the first time when I was about halfway through data collection and had begun coding and analyzing the material I had collected up to that point. As I was exploring the data for themes, I noticed that Grimes' elements of ritual were appearing repeatedly in the data generated for this study. I went back-and-forth between Grimes' text and my material, comparing and contrasting, checking and rechecking for a sense of fit between the data and the (non-)theory. The more I did this, the clearer it became that Grimes's approach of analyzing ritual according to these seven elements was the most fitting framework for this study. I arrived at that determination in part because I find Grimes's theorizing to be appropriately informed and inspired by the ritual canon, while also being cognizant and respectful of our multicultural, interconnected, 21st-century context. Grimes's (1990, 2010) theory also responded best to a series of questions that arose ever-more insistently over the course of this research. Those questions are:

- Is ritual driven by thoughtful and volitional **actions**, or is it nothing more than rote and meaningless enactment?
- Can **anyone** devise and enact a ritual, or only certain people who have been anointed or appointed to do so?
- Can everyday things be used (and useful) in ritual, or do the **objects** employed have to be sacralized or otherwise set apart as special?
- Can ritual happen **anywhere**, or is it confined to certain, specific places and spaces?

This cyclical process of analyzing the data and returning to *The Craft of Ritual Studies* (Grimes, 2013), along with continuing review of other literature, led to the emergence of four of the seven elements listed above as the most frequent, relevant, and applicable to the present investigation: *Actions, Actors, Objects*, and *Places*. Although Grimes does not offer specific, discrete definitions of his seven elements of ritual, he provides detailed information about them that guides us when analyzing them. For Grimes, actions are "the

[16] *The Craft of Ritual Studies* (2013) skips #6 and ends at #8, although there are seven elements. I have amended that numeration here.

ritual event, the whole rite, the 'plot' of the action as it moves from beginning through middle to end" (p. 237). Grimes also specifies that "human intention is what distinguishes action from movement" (p. 243), a distinction whose importance will become apparent during the presentation of this study's findings. Grimes referred to ritual actors as "persons performing gestures and postures," "bodies in motion," and "identities" (p. 238), and specified that "in most ritual circumstances, … roles can stand apart from the people who enact them" (p. 248-249). Ritual objects, which are "sensorily perceived medium[s]," (p. 273) are identified as "properties, material culture, possessions" (Grimes, 2013, p. 240). And finally, ritual places can be "sacred places, nonsacred places, special places," and at the same time, "set, settings, backdrop, backstage" (p. 239). Importantly, Grimes (2013) made clear that while "ritual fantasies and ritual theories can happen anywhere; ritual events, only in a place" (p. 256).

The choice of these four elements is not to say that the remaining three were not present or important to the rituals that were encountered for this study. The element of *Times* ("kinds of time, e.g., ordinary and special, lunar/solar; seasons; eras," Grimes, 2013, p. 240), is keenly felt during the month of October when International Pregnancy and Infant Loss Awareness Day is held around the world. However, perinatal loss ritualization is not limited to one time period in the same way that Christmas celebrations are restricted to late December and early January, or harvest ceremonies occur at the close of summer. The element of *Groups* ("ritual groups and organizations," Grimes, 2013, p. 242) is also present in the way that advocacy and support groups have been established by and for people experiencing perinatal loss, but those groups engage in many activities far beyond enacting perinatal loss rituals. What's more, most rituals encountered for this study were not enacted in the context of a group but rather individually. The last element of *Languages* ("things said and words sung during ritual performance," Grimes, 2013, p. 241) was the least present in this study's data, almost certainly because there is no agreed-upon script for these rituals; each rite that I observed or had described to me was enacted with original language that had not been recited before, and perhaps never would be again.

Given the predominance of *Actions, Actors, Objects*, and *Places* in this study's data, I have organized this literature review according to those four elements in order to set the stage for the later presentation of results. First, I use them as the framework for an overview of ritual scholarship in general. Next, I articulate a working definition of ritual developed for this study, after which I review the literature on the actions, actors, objects, and places of death and birth ritual. Finally, I conclude the chapter with a closer look at rites of passage and their potential to explain perinatal loss rituals. Both in this chapter and throughout the remainder of this dissertation, I will continue to make the case as to why those four elements were selected as an analytical frame and, more broadly, why Grimes's (2013)

approach was chosen as the most applicable and germane to the questions under investigation.

Ritual overview

Actions

> **Ritual is a type of action meant to *do* something.**
>
> *Sorensen, 2003, p. 218, emphasis in original*

Despite the many questions and debates concerning how to define ritual, scholars across disciplines agree that action is one of its primary characteristics (Grimes, 2013; Houseman, 2006; Strausberg, 2006). With actions established as primordial, the ensuing debates have centered on the *nature* of those actions, and they tend to align, more or less, along four sets of opposing poles:

Figure 3.1 Contrasting views of ritual actions.

Scripted	**Creative**
Authorized	**Unauthorized**
Meaningless	**Meaningful**
Conservative	**Transformative**

Generally, though not always, theories about ritual tend to adhere to one side of the table or the other. For example, a theorist who views ritual as "meaningless" is likely to also characterize it as "conservative." A more detailed exploration of these contrasting understandings of ritual action will help us understand the important role that action plays in the enactment of a ritual.

One common question surrounding the nature of ritual action is: Are ritual participants simply following a script, or are they sometimes acting creatively and with volition? Most early ethnographers theorized that ritual enactment was rote and scripted and, consequently, that it was not a manifestation of the beliefs, desires, or emotions of individual ritual participants (Durkheim 1912/1968; Hubert & Mauss, 1898/1964; Humphrey & Laidlaw, 1994; Malinowski, 1922; Radcliffe-Brown, 1952). Some recent scholars continue to subscribe to this understanding of ritual action (Houseman, 2006; Rappaport, 1999). Importantly, those in this camp believe that it is possible to separate an action that

someone engages in from their "private motives and emotions" (Houseman, 2006, p. 422) and from their beliefs about what is happening and why (Bell, 2009). So, for example, for Durkheim (1912/1968), mourning was not a spontaneous expression of grief so much as a socially imposed way of marking a death. Similarly, in the Spanish context, for many participants in weekly Catholic mass, accepting communion is not a profession of the belief that one is consuming the "body of Christ" so much as it is what you do when you go to mass on Sunday (Aciprensa, 2019).

Despite the relative hegemony of the rote perspective, more recent ritual scholarship has theorized that ritual action is, or at least can be, creative and volitional (Davis-Floyd & Laughlin, 2022; Grimes, 2000). Bell (1990, 1992) would say that it depends on why you are doing it. To return to the example of a Catholic Mass: If you are there because you have been told to be and you checked your emotions at the door, chances are that you are probably enacting that ritual in a rote and scripted way. If, on the other hand, you fervently believe that the communion wafer and wine are transformed into flesh and blood, and that their consumption will help secure your access to heaven, then your actions during the ritual of mass will be thoughtful and purposeful. This example illustrates how intention, motivation, and emotion, far from being separate from ritual action, are inherent to turning what could otherwise be a rote or scripted activity into an inventive and creative one.

A similar debate revolves around who has the authority to engage in ritual action, with many scholars insisting that anything worth calling a ritual must be sanctioned by someone in a position of authority to do so (Bell, 2009; Bloch, 2006; Rappaport, 1999). In considering these different approaches, one must keep in mind the context in which the theorist was working. Early scholars who stressed the importance of a ritual authority were largely white, European men. It is not difficult to imagine these ethnographers neither investigating nor observing unofficial or unauthorized ritual enacted by marginalized individuals or groups.

Later, during a mid-20th century surge in ritual scholarship (Strausberg, 2006), theorists began to see ritual action in places it had never been seen before, such as everyday pleasantries and greetings (Goffman, 1967) and spring cleaning (Douglas, 1966). This new way of apprehending ritual would lead to later theoretical innovation that argued that everyday people could design and create ritual on their own without any official authorization. At the same time, Goffman's and Douglas's much more inclusive approach to ritual may have led to a sort of backlash that emerged in the 1970s, when several notable scholars declared ritual to be ultimately "meaningless" (Goody, 1977; Lee, 2005; McCauley & Lawson, 1990; Staal, 1979). Much of their argument appears to be based on a model of observing one ritual or one ritual system and from there, deriving conclusions about all ritual. However, these proponents of the "meaninglessness" of ritual were theorizing and

writing at a time when the world was opening up and globalizing in ways that would allow anyone to learn about the rituals of other cultures from the comfort of their own homes. Consequently, recent scholarship on the role of ritual action demonstrates what is likely a permanent change in the way it is viewed both academically and laically.

The concept of *ritualization* developed by Catherine Bell (1992, 2009) is one of the most important outcomes of this recent innovation in the study of ritual. While Bell (2006) defines ritualization as "the bodily construction of a social self" (p. 541), other authors have offered slightly more approachable definitions for the concept, including "the formation and use of ritual as a social strategy" (Sorensen, 2006, p. 530). In other words, ritualization is more focused on social organizing, activism, and macro-level change. Grimes (2000) later built on Bell's work on ritualization by defining the concept of *ritualizing*. In what reads like a direct response to earlier scholars who insisted that ritual had to be scripted and authorized, Grimes (2000) explained ritualizing this way:

> I use the word ritualizing to denote the activity of deliberately cultivating or inventing rites. Ritualizing is more conscious and intentional than ritualization. A family that invents a ceremony to mark a birth is ritualizing. Unlike rites, ritualizing does not typically garner broad social support; it seems too innovative, dangerously creative, and insufficiently traditional. So deliberate ritualizing happens in the margins and is alternately stigmatized and romanticized. Since ritualizing implies the invention of a tradition, it can feel contradictory, because traditions are not supposed to be inventable. (p. 29)

With these new approaches, Bell (1992, 2009) and Grimes (2000) were acknowledging not only that meaningful rituals could be created by ordinary people, but also that such improvisation in ritual action could lead to societal transformation. This approach stands in direct contrast to earlier scholars who believed that the goal of ritual action was the conservation of society in its present form (Durkheim, 1912; Malinowski, 1922). Although this earlier theoretical approach has not been rejected outright, the idea that rituals can *also* transform has become so well-established as to be considered "canonical" (Fernandez, 2006, p. 653) in ritual scholarship.

Actors

> **Because everyone, even the most passive participant, exercises some kind of agency, all participants are doers, *even if they do nothing more than show up or stay away*.**
>
> *Grimes, 2013, p. 250, emphasis added*

A *ritual actor* is any person who participates in or engages in a ritual action.[17] When we think of ritual actors, those who first come to mind are likely to be the people who often lead, enact, or guide rituals: priests, rabbis, imams, and shamans, for example. If we think more broadly (or indeed, more recently), we might include physicians (Ariès, 1974; Cassidy, 2020; Grimes, 2000), nurses and midwives, yoga instructors, life coaches, and other "ritual specialists" (Davis-Floyd & Laughlin, 2022) and "ritual designers" (Han, 2020). Deities or other supernatural forces are often considered ritual actors as well (Rappaport, 1999; Turner, 1969). For theorists like Turner (1969) and Fortes (1970), the role of the supernatural was essential, whereas for others a ritual did not have to have a mystical element to be considered as such (Sax, 2006).

In addition to traditional ritual leaders and supernatural beings, rituals also have subjects. Initiates are a common and well-known type of ritual subject, and they range from adolescents in many global societies, to young adults in North American fraternity culture, to candidates for the priesthood in the Catholic Church. In fact, predominantly Catholic Spain presents adherents with many opportunities throughout their lifetime to play the role of the ritual subject or participant: the baby being baptized and the godparents holding them over the baptismal font; the confessant and communicant; the bride and groom, and their family and friends; and the dying person receiving last rites.

Other people are often present at ritual enactments who are neither leaders nor subjects, and here is where the debate about ritual actors gets particularly interesting. Bloch (2006) distinguishes between "participants and onlookers" (p. 496), while other theorists refer to the latter as "spectators" (Gladigow, 2006, p. 487). To take a non-religious example: Are spectators at the quadrennial FIFA World Cup ritual participants, even if they are not on the field kicking ball? Some would argue that if a spectator is there supporting a team and cares about the outcome, they are a participant; but, if they don't know or care anything about football, they are just an onlooker. Other scholars, and I count myself among them, maintain that *all* witnesses to a ritual participate in some way in its enactment (that is, they are ritual actors). Davis-Floyd and Laughlin (2022) point out that even when someone doesn't understand the literal meaning of a ritual language, they are often

[17] An argument could be made that other living organisms, particularly mammals and especially domestic pets, are also ritual actors. However, given their inability to consent or assent to a ritual action, I leave them out of my definition.

emotionally affected and caught up in the moment by other ritual elements such as actions, objects, and places. As cited above, Grimes (2000) takes the argument one step further, arguing that "all participants are doers, even if they do nothing more than show up or stay away" (p. 250).

Beyond the participant-spectator question, several other debates and controversies have surrounded the definition and, consequently, the role of actors in ritual. For example, I have been using the plural form of the word actors, as I do with the other analytical elements employed in this study and as Grimes (2013) does as well. But does an action have to involve more than one actor to constitute a ritual? Most scholars argue that a ritual has to be witnessed or shared. Durkheim's (1912/1968) theory of ritual efficacy was predicated on "*collective* effervescence" (p. 313, emphasis added), or shared emotion among multiple ritual participants. Although Hubert and Mauss (1898/1964) acknowledged the existence of private, individual rituals, they referred to such rites as "magic" and maintained that they were always enacted with the collective in mind. In other words, an individual ritual for personal purposes was not ritual (see also Sorensen, 2006). Despite a more recent trend toward expanding ritual's definition and basing analysis in the emic approach, the idea that the behavior of a lone person could be considered a ritual remains difficult for many theorists to accept. One way that some reconcile the conflict is to reference the fact that, as Grimes (2013) put it, "Since no one escapes socialization and enculturation, even solitary ritual actors interact" (p. 250). That is, a ritual actor is never acting without context, and so they are not only drawing on social conceptions of themselves and the world in which they live, but they are also inevitably drawing on other rites and ceremonies in which they have participated throughout their lives.

Whether a ritual features a lone individual or a group, and multiple onlookers or only active participants, it must first be created and then enacted. Which ritual actors have the power to do this? For many theorists, the answer lies firmly in the realm of established and sanctioned authority (Rappaport, 1999; Sax, 2006). According to Bloch (2006), "any act, whether a speech act or otherwise, that appears to originate fully from the actor cannot properly be called 'ritual'" (p. 496). Of course, Euro-American women have been excluded from positions of authority for most of history, including positions of ritual authority (Grimes, 2000). In Spain, women briefly held high ministerial positions in some governments in the early 1930s, before the Civil War of 1936-39 put an end to that for the following four decades (Nash, 1993; Ryan, 2014). Not only were women kept out of positions of authority, but those who were married were not so much as permitted to hold a job without their husband's permission (Nash, 1993; Ryan, 2014). While the position of Spanish women in most sectors of society has changed dramatically since the late 1900s, there is one glaring exception, and it is not unique to Spain: women hold no positions of authority in the Roman Catholic Church. Given the Church's continued cultural, religious, and ritualistic

hegemony in the country, it should be unsurprising that the idea of women as creators and enactors of ritual is still very much in its infancy there.

Objects

> **The paraphernalia of ritual can be minimal or enormous but is always something of a puzzle.**
>
> *Grimes, 2013, p. 268*

An object is a thing; a ritual object is a symbolic thing. For the purposes of this study, a *ritual object* is any tangible, perceivable thing that is called upon or deployed in the course of a ritual action. When Davis-Floyd and Laughlin (2022) said "...there are chairs, and there are chairs" (p. 52), they were succinctly expressing the idea that ritual often transforms mundane things into symbolic objects. For example, imagine the Roman Catholic communion rite, which most of us are familiar with even if we are not adherents of that faith. Wafers are manufactured from wheat flour and water, shaped and stamped, packaged and shipped. They arrive at their destination as an edible product, and during the mass, they are transformed by a ritual actor via ritualistic actions into the body of Jesus Christ. That is, they are transformed from something "profane" into something deeply sacred and symbolic (Durkheim, 1912/1968).

Such transformation does not only take place in the context of formal ritual. I have many coffee cups in my kitchen cabinet. Most are plain white and part of a set, but there is one in my cabinet each December that is more than special, it is symbolic; you could even say that in my home, it is a ritual object. The mug is black, and in large white font it says "*Odio la navidad"* [I hate Christmas]. I gave it to my husband as a Christmas gift one year because he is not a big fan of the holiday. Every January, it goes back in the box along with all the other, more traditional holiday decorations. And every December, it comes out of the box and takes its place among the other coffee cups. On December 25th my husband, who does not drink coffee most other days of the year, fills it up and brings it to the living room for the ritualistic opening of the gifts. When I remove it from the box of decorations, I remember happening upon it in a store while on a trip with my family. I recall showing it to my son before furtively buying it without my partner noticing, and then wrapping it in fancy paper and placing it under our Christmas tree. Through all of these actions, this mundane, everyday object was infused with multiple meanings: about the spirit of the season, which my family recognizes and celebrates although we are not Christian; about the value of shared family experiences, such as the trip we were on when I found the cup; and about my marriage, which has been long, fulfilling, and characterized by heavy doses of humor throughout its 20+ years.

As I illustrated above, many of the objects used in rituals have other purposes in our daily lives (Bell, 2009; Gladigow, 2006; Lévi-Strauss, 1971/1990). These everyday objects are transformed into ritual objects and infused with meanings that they do not otherwise have. What makes an ordinary object into a ritual object, and who possesses this transformational power? According to Davis-Floyd and Laughlin (2022), certain ritual objects, which they call "intrinsic ritual drivers," are inherently symbolic and don't need to be infused with meaning because they already possess it. According to the authors, archetypal objects such as music, art, candles, and fire are understood by all humans at a deep and visceral level, regardless of culture. Consequently, such ritual objects have the power to elicit an emotional response in participants even if they do not understand the ritual (literally or figuratively), do not "believe" in it, or just happened by and did not mean to participate in the first place. In fact, many ritual theorists argue that the belief that follows the ritually instigated emotion is its ultimate goal (Davis-Floyd & Laughlin, 2022; Durkheim, 1912/1968). Consequently, archetypes are uniquely powerful ritual objects, which helps to explain why so many of them have been common to ritual systems throughout the world and across time.

Not all ritual objects are archetypal, and those that are not require some sort of ritual action to be infused with symbolism. Unsurprisingly, this transformation has historically been performed by the ritual guides, leaders, and specialists detailed above, as well as other figures of authority (Hallam & Hockey, 2001). It is the priest who transforms the bread to the "host," and he is instilled with the power to do so using a ritual that has been recorded and passed down through Church hierarchy for millennia. Queen Victoria provides another example of a religious authority establishing a ritual object, albeit in a very different way. She is credited with making the white dress de rigueur for weddings after choosing one for her own ceremony in 1840. Unheard of at the time of Victoria's wedding, within a decade white was codified in writing as the color of choice by "the Vogue of the Victorian world," whereas up until that time it had been the official color of mourning in England (Rissman, 2016).

Communion wafers and white wedding dresses are not everyday things, of course. Photographs, statues, and sculptures are examples of the types of things that we encounter often in daily life, and which can take on additional, symbolic meanings in the context of ritual (Gibson, 2008; Hallam & Hockey, 2001). Some ritual objects are infused with meaning only when used in a ritual (Grimes, 2013). Van Beek (2018) illustrated this point in his ethnography of Dogon masks, explaining that in and of themselves, the masks are not ritual objects; it is only when they are combined with the ritual actor and used in a ritual action (in this case, a dance) that they become infused with meaning and are transformed into ritual objects.

Other things are permanently transformed into ritual objects, such as religious icons in the Roman Catholic and Orthodox Christian Churches. Interestingly, in many such cases church authority figures are following the lead of church members (or, ritual participants) who have already been informally worshipping a certain image. Once such a transformation takes place, religious icons usually retain their symbolic meanings, even if they are not deployed on a regular basis (Meyer & Woodthorpe, 2008). Today, in a place like Spain and in the context of globalization and all that it implies, ritual objects are also sometimes borrowed from other cultures. However, such appropriation can be fraught with danger because ritual objects are at risk of losing their meaning when they are removed from the context in which they originated (Grimes, 2000).

According to Turner (1967),

> It must not be forgotten that ritual symbols are not merely signs representing known things; they are felt to possess ritual efficacy, to be charged with power from unknown sources, and to be capable of acting on persons and groups coming in contact with them in such a way as to change them for the better or in a desired direction. Symbols, in short,…elicit emotion and express and mobilize desire. (p. 54)

In referencing the "power" of ritual, Turner is referring to ritual's efficacy, or its ability to achieve its goal. According to Sorensen (2006), Turner considered ritual's "real aim…to make participants think and feel coherently about their mutual social relationships" (p. 528). Luddeckens (2006, p. 560) said that the emotions generated by ritual symbols, including objects, "can be deliberately and effectively exploited…for specific purposes." Considering the examples described at the beginning of this section, we can see that transforming a simple wafer into the body of the son of God would very likely induce emotions of awe, respect, gratitude, and perhaps fear. If a person is feeling disconnected from or ambivalent about their faith, such strong emotions can serve to resolve ambivalence and restore connection. The power of the Christmas coffee cup is similar, in that when it is deployed in my home, it serves as a symbolic reminder of love, connection, and joy. Without any symbolism attached to it, it's just a coffee cup; with those symbolic meanings, it serves as "bonding material" for the "ritual community" that is my family (Luddeckens, 2006, p. 562; see also Davis-Floyd & Laughlin, 2022; Kertzer, 2019).

Places

> **Ritual spaces and places are generally culturally acknowledged as such, and thus tend to be respected, even by passers-by. Most often, architecture designed to create ritual spaces generates this cultural acknowledgement. Yet invisible lines of energy that are nonetheless felt both by participants and observers can define these spaces and places even when architecture does not do it for them.**
>
> *Davis-Floyd & Laughlin, 2022, p. 197*

Despite anthropology's longstanding interest in ritual, the subject of space and place was largely taken for granted in ethnographic scholarship until well into the second half of the 20th century (Appadurai, 1988; Geertz, 1996; Lefebvre, 1974/1991; Low & Lawrence-Zúñiga, 2003; Rodman, 1992/2003). Perhaps Rodman (1992/2003) summed it up best when they said that "... the meaning of place too often seems to go without saying. ... Place ... is simply location. It is where people do things" (p. 204). Early ethnographers generally did not attempt to understand *how* a given space came to be infused with meaning and symbolism for the peoples they observed; rather, they reported on spaces simply as backdrops or settings to the human behaviors that interested them (Feld & Basso, 1996; Low & Lawrence-Zúñiga, 2003). In his seminal work *The Rites of Passage*, van Gennep (1909/1988) keenly observed the history of human movement through physical space, but focused mainly on doorways, fences, thresholds and other such demarcations and passages (Munn, 2003/1996). According to McKenzie Aucoin (2017), it was Turner's expansion on van Gennep's initial work that helped ignite new interest in "the multifarious symbolic dimensions of space and place and its potential to carry meaning" (p. 402).

The work of two French philosophers in the 1970s and 1980s instigated a wave of new thinking about the importance of place beyond setting or backdrop. Although its English translation would not appear for another 17 years, Henri Lefebvre's (1974/1991) 400-page opus *La Production d'Espace* [The Production of Space] provided a roadmap for analyzing how "absolute space" (i.e. nature) becomes "abstract space" (i.e. a built environment that holds meaning for the humans who created and use it). For Lefebvre (1974/1991), an essential and often overlooked element in the production of space was the role of social relationships, and he theorized that one cannot exist without the other: "space is neither person nor thing" (p. 93), "it is necessary for space to be *occupied*" (p. 169, emphasis in original), and "Social relations, which are concrete abstractions, have no real existence save in and through space. *Their underpinning is spatial*" (p. 404, emphasis in original). This philosophical algorithm, space + social relations + occupation = place, will be critical to later analysis of the production of prenatal loss places.

Michel Foucault (1967/1984) agreed with Lefebvre about the role of social relations in the establishment of meaningful places, observing that "we do not live in a kind of void, inside of which we could place individuals and things....[Rather,] we live inside a set of relations that delineates sites which are irreducible to one another" (p. 3). Foucault (1967/1984) devised the term "heterotopia" to designate those places that hold great meaning for a society, while also remaining slightly apart. He maintained that each heterotopia had a "precise and determined function within a society" (p. 5), and part of that function was to juxtapose several realities on the same site.

Given that Foucault (1967/1984) specifically named cemeteries as a type of heterotopia, his theorizing on the subject is of particular relevance to the present investigation. Like Foucault's heterotopic mirror, which contains both "me" and "not-me," a woman in the presence of a shrine for her stillborn baby is both "mother" and "not-mother." Interestingly, Foucault (1967/1984) posits that the "crisis heterotopia[s]" (p. 4) of old, such as spaces reserved for pregnant women, the elderly, and others in crisis or transition, are now being replaced by "heterotopias of deviation" (p. 5), or places for "individuals whose behavior is deviant in relation to the required mean or norm" (p. 5), a characterization that we can easily see applied to a person who has failed to successfully gestate and birth a healthy baby.

According to Molotch (1993), the publication of Lefebvre's *The Production of Space* in English in 1991 was a "major event" for scholars of space and place, and one that would lead to increased influence for Lefebvre's ideas outside of Europe. This did not take long since, according to several anthologies on the topic, the 1990s saw a significant increase in hermeneutic approaches to the study of space and place (Appadurai, 1996; Feld & Basso, 1996; Gregory, 1998/2003; Gupta, 1992/2003; McDonogh, 1992/2003; Rodman, 1992/2003). Building on the theorizing of Lefebvre (1974/1991) and Bourdieu (1977) about the relationship between space, place, and action, Low and Lawrence-Zúñiga (2003) asserted that "space can have no meaning apart from practice" (p. 10). Both they and the scholars featured in their anthology stress the intrinsic role of directed and purposeful human action in the transformation of space into place, as evidenced by the ubiquity of words like "appropriation," "transformation," "reproduction," and "construction" throughout the volume. Low and Lawrence-Zúñiga's (2003) collection demonstrates that theorizing around "the production of place" has consolidated around the idea that many of the spaces we frequent during our daily lives should be considered as much more than simply a setting or background to human activity.

Despite an increase in hermeneutic approaches to space and place in the 1990s and early 2000s, there remains a relative paucity of literature when compared to other topics related to ritual, such as culture, time, and voice (Lawrence-Zúñiga, 2017). More recently, McKenzie Aucoin (2017) moved the field forward with a piece aptly titled "Toward an

Anthropological Understanding of Space and Place." Building on previously elucidated themes of social relations, action, and meaning-making, McKenzie Aucoin (2017) defines place as "a presence that comes into being through human experience, dreaming, perception, imaginings, and sensation, and within which a sense of being in the world can develop" (p. 396). Furthermore, they distinguish between the sometimes confusing and overlapping concepts of space and place by specifying that a "place" is a space that has been infused with meaning through human action and delineated through the application of signs, symbols, and boundaries.

Certainly, a cemetery is such a place. It has been architecturally designed and constructed to achieve a certain effect, and the rituals that happen there are physically demarcated by the built environment (Kapferer, 2006). Scholars such as Smith (1987) further this argument to say that true ritual can only happen in such places, because it is the place itself that makes the action a ritual. Grimes (1999) disagrees with such a dogmatic approach, and Davis-Floyd and Laughlin (2022) also acknowledge that many different types of spaces lend themselves to the construction of ritual places, even in the absence of a purpose-built environment.

It is also important to bear in mind that, in the 21st century, physical space is not the only type of space in which we humans relate; much of our interaction now takes place in virtual space, "on" the internet and "on" our mobile devices. In fact, one of the longest continually operating websites is *The World Wide Cemetery*, which bills itself as an "elegant, peaceful, and serene resting place online" (The World Wide Cemetery, n.d.). According to Grimes (2000), "The cyber world is as important for the 'places' you can 'visit' as it is for the things it enables you to 'do'" (p. 274). As I will demonstrate later with my findings, the cyber world has indeed become vitally important to many Spanish parents as a place for processing and integrating perinatal losses into their lives in a ritualistic way.

What is a ritual?

As demonstrated in the previous section, ritual scholars have developed and proposed varying definitions of ritual, each influenced by its author's individual context, training, and theoretical approach. Before moving on to explore the actions, actors, objects, and places of death and birth ritual, I want to ground the remainder of this review in a working definition of ritual that is informed not only by the literature but also by the findings of the present study.

A **ritual** is any action, enacted alone or in community, that focuses attention on specific persons, places, and/or objects and, as a result of that focus, is designed to engender certain psychological responses in its participants (Bell, 2009; Durkheim, 1912/1968; Grimes, 2010, 2013; Turner, 1969).

Following are some additional components of ritual that, while crucial to any assessment of such activities, are not considered definitional for the purposes of the present study:

- Rituals typically occur in the same location, or in varying locations of the same type; such locations may or may not be formally sacralized.
- Rituals often use scripts or other forms of recorded language, but these are not necessary to constitute a ritual.
- Rituals both reflect and create social values.
- Rituals may be enacted at specific, meaningful times during the year, but calendric recurrence is not essential.

These latter components have been kept separate in order to, inasmuch as is possible, avoid some of the conflicts and pitfalls reviewed above and highlighted by various ritual scholars, particularly Grimes (2013) and Bell (2009).

Death ritual

Death ritual is a common feature of human cultures past and present, employed to address what Bautista (2013) referred to as the "absurdity of death" (p. 24); that is, its mysteriousness, its finality, and its ultimate refusal to be fully comprehended by living humans. For most of recorded human history, death ritual has been based in some form of cosmology, for example to protect survivors from the angry god of death who had struck down the deceased (Bakker & Paris, 2013; Cano Garcés, 2012; Lan, 2018). Although the form of the death ritual varied significantly depending upon many factors such as time period and belief system, according to Metcalf and Huntington (1979), these rituals were "never random, always meaningful" (p. 1).

Regardless of the context, death rituals were primarily created and enacted by, and in some cultures even uniquely conducted for, the males of the society (Ariès, 1974; Han et al., 2018; Metcalf & Huntingdon, 1979). For example, in France in prior centuries, if a husband preceded his wife in death, her own death may not even have been officially recorded since, for all intents and purposes, she had lost her personhood when her husband died (Boltanski, 2004). Additionally, when reviewing the literature on death ritual, especially that which concerns the distant past, it is important to keep in mind that even if there was a

burial, it does not necessarily follow that there was also a ritual. Conversely, even if there was no burial, we cannot be sure that there was no ritual either (Kabacinski et al., 2018; Robben, 2018). All historical records and academic research on death ritual should be considered with these potential contradictions in mind.

Actions

According to Grimes (2000), "there is infinite variation in the world's mortuary customs, but the motives for engaging in them are limited" (p. 219). In the past, family members in Euro-America had extensive interaction with the dying and the deceased body, holding vigil with the former and then washing, dressing, and preparing the latter for its final disposition (Ariès, 1974). In Spain, such events are known as a *velatorio* [candlelight vigil or viewing], and like many other mortuary customs, they either fell out of practice or transitioned to mortuaries in the latter half of the 20th century (Lorite Cruz, 2021; Zambrano González, 2016).

In addition to vigils and body preparation, other death ritual actions were traditionally proscribed for the deceased's closest family. These included the wearing of mourning dress, which would identify the person as a close relation of someone who had died. In some cultures, such dress was worn for a certain period of time, while in others it was mandated for the remainder of the mourner's (in most cases, the widow's) life (Hallam & Hockey, 2001).

In many cultures, specific displays of emotion were also mandated by mourning ritual, such as the weeping, self-injury, and destruction of objects described by Durkheim (1912/1968). In some contexts, these emotional displays were expected from the deceased's family and friends, while in others "professional mourners" were engaged to enact them. Regardless, according to Durkheim (1912/1968), they were intended to engender in the entire group of ritual participants a shared emotion, or "collective effervescence" (p. 313), that served to ensure the stability of the community in the face of the loss of one of its members (see also Luddeckens, 2006).

Burial or entombment has been a nearly universal method of disposing of deceased human bodies for millennia, although the specific manner of burial has varied greatly (Hockey et al., 2001). Sometimes bodies have been buried en masse and without ceremony, whether due to conflict such as war or genocide, or to a pandemic that overwhelmed the system and necessitated a temporary suspension of a society's normal manner of burial (Robben, 2018). In the vast majority of burial scenarios, however, the deceased are laid to rest either individually or with their family members, in plots in the earth or in above-ground tombs, sepulchers, niches, and mausolea (Ariès, 1974; Hockey et al., 2001). By contrast, in some cases involving the death of an important person, their body has been

entombed in a place of honor, such as the bodies of the Egyptian Pharoah Tutankhamun and Vladimir Lenin, a founder of the Soviet Union.

In 21st century Euro-America, much of the ritual action for death has been removed from the purview of family and friends and handed over to professionals (Ariès, 1974; Mitford, 1963); this is the case in Spain as well (Zambrano González, 2016). Most people in Spain die either in a hospital or other type of care facility, and preparation of the body is handled by mortuary professionals (Funos, 2021). Mourning dress has gone by the wayside, and in terms of other ritual actions, they are usually limited to attending a wake, funeral, or interment. Most dead in Spain are still buried, although the rate of cremation is rising with each passing year (Gutiérrez, 2016).

At the same time, the variety of possible ritual actions has increased in the multicultural societies of Euro-America, including Spain. Some people are attending their own funerals before they die (Porter, 2017), while many others are having their ashes scattered in places that are important to them, but which are not sacralized or recognized by any formal, ritual authority (Engelke, 2019; Kaufman & Morgan 2005). Spaniards are also engaging in more alternative death ritual, with some cemeteries offering spaces for burial of biodegradable urns containing ashes (Gutiérrez, 2016; Zambrano González, 2016). Perhaps the most undeniably Spanish of all the new death rituals encountered for this review is the growing popularity of placing urns in specially designed areas located within the stadiums of professional football teams (Gutiérrez, 2016).

Actors

The deceased's close family and friends, along with some type of officiant, have traditionally been the main actors in Euro-American death ritual (Ariès, 1974; Hockey et al., 2001). In line with the more recent secularization of many societies, including Spain, fewer funeral services involve a religious authority, although they remain the majority. How many additional actors there are depends in large part on the role and status that the deceased enjoyed in life (Bloch & Parry, 1982; Engelke, 2019; Hertz, 1907/1960). According to Hertz, "the death of a stranger, a slave, or a child will go almost unnoticed; it will arouse no emotion, occasion no ritual" (as cited in Bloch & Parry, 1982, p. 76). In rare and exceptional cases, such as the death of Princess Diana of the United Kingdom in 1997, the population of an entire country (or at least a semblance of it) took a role as an actor in a death ritual (Davies, 2017) — whether by going out to wait on the street for the funeral cortege to pass by, watching the ceremony on television, or simply discussing the death at the proverbial "water cooler" at the office. Finally, the movement of death from home to hospital brought with it an almost entirely new "cast of characters" with respect to the primary actors in death ritual. In addition to the mortuary professionals whose role didn't exist before the 20th century (Ariès, 1974; Mitford, 1963; Zambrano González, 2016), medical

personnel have become primary actors in modern-day death ritual in Euro-America (Ariès, 1974; Grimes 2000).

Whether and how the deceased themselves are actors in their own death ritual is an open question still debated in ritual theory. Scholars from Durkheim (1912/1968) to Freud (1917/1957) to Collins (2004) do not perceive much of an active role for the dead in the death ritual. Durkheim viewed death ritual as a way to reconstitute society around the absence of the deceased, a sort of filling in the space that they left empty, thereby in a certain way denying them a role in their own death ritual. Freud (1913/2020), who theorized that ritual was "a sort of group pathology" (Merkur, 1991, p. 29), believed that death ritual was designed to encourage the living to move on and essentially forget about the dead person; the alternative as he saw it was for the survivor to get stuck in the past.

Freud's view coincided, perhaps not coincidentally, with the "professionalization" of death and its movement in Euro-America from home to hospital (Ariès, 1974; Mitford, 1963). It was most certainly easier to "forget" about the dead, at least in theory, when one had little to no interaction with their dying or dead body. This approach held sway until the late 20th century, when the idea of *continuing bonds* with the dead was presented as an important and potentially healing alternative to the forget-them-and-move-on attitude of previous decades. Klass et al. (1996), the originators of the idea of continuing bonds in their book of the same name, argued that death ritual is actually for renegotiating and reconstituting the relationship *with* the deceased. Their idea took hold and grew in the following decades, to the point where Klass and Steffen acknowledged in 2018 that continuing bonds were now a much more common and accepted way to deal with death in Euro-America.

Objects

If the role of the deceased person as an actor in death ritual is debatable, the perception of the deceased's *body*, no longer the container for their person and often referred to as a corpse or cadaver, is most universally considered a ritual object (Hallam & Hockey, 2001). The body's disposition, including its occasional display, has a significant impact on how the death rite plays out. *Viewings* with open caskets (also called *wakes*) were a common feature of Catholic ritual in the past, although in recent years many deceased who will be buried are memorialized from a closed casket. Catholic doctrine forbade cremation until 2016, meaning that burial was the only option for most Spaniards until very recently (Gallagher et al., 2016). In the short time since, cremation has steadily gained in popularity, to the point where Funos (2021) estimates that the majority of the Spain's deceased will be cremated by 2025. The Church does not allow disposition of ashes anywhere except on consecrated ground; nevertheless, many Spaniards choose other locations for their final resting places,

including as a decorative object such as an urn, displayed in the family home (Zambrano González, 2016).

Traditional interment in cemeteries involves other familiar ritual objects, including tombstones with names and birth and death dates inscribed, etched in stone or forged in metal (Hallam & Hockey, 2001). In Spain, as in other predominantly Christian cultures, families often visit cemeteries on birthdays, anniversaries, and holidays, perhaps the most important of which is All Saints Day on November 1st; for many Spanish families this is the one day per year that they will be sure to visit the graves of their loved ones, to clean them and adorn them with new flowers (fresh and fake), trinkets, and photos of surviving family members (Lorite Cruz, 2021). The ritual objects left behind in cemeteries often have special meaning for the deceased and for the loved one leaving it there, evidencing how the bond between the two continues to exist even after death. A visitor to a cemetery in Spain on or around November 1st in Spain can often gather quite a bit of information about the people interred there simply by observing the objects that adorn their grave.

Personal objects are not only left in cemeteries, though, and urns with ashes are not the only ritual objects sometimes kept and displayed at home. Clothing, jewelry, and other items that belonged to the deceased and once served a very practical purpose are often retained and converted into ritual objects by surviving loved ones (Hallam & Hockey, 2001; Robben, 2018). They may take these objects out on special occasions and significant dates and "spend time" with them, as they may once have with the deceased themselves. Photos of the dead, and things that they themselves may have produced or created — letters and cards, and more recently, voice messages and video recordings — naturally take on an especially significant role as ritual objects in the absence of the deceased (Faro, 2018; Hallam & Hockey, 2001; Robben, 2018). Lastly, for many decades now in Euro-American countries, death certificates have been issued when someone with full legal personhood passes away. Although the death certificate may not become an important ritual object infused with meaning or representing the continuing bond with the deceased, it is still an important, official acknowledgement of the existence of that person, and it conveys certain rights and responsibilities onto survivors.

Places

Various death ritual places have been mentioned in preceding sections, such as churches, hospitals, cemeteries and home shrines. Most societies, regardless of their organizing cosmology, now employ a traditional cemetery arrangement to house their dead (Hockey et al., 2001). In Spain, public cemeteries were established by King Carlos III in the 18th century (Lorite Cruz, 2021). Prior to this, those from aristocratic families and others with means were buried within the church building itself, a practice which led to a lack of space and to poor and sometimes dangerously unsanitary conditions (Dexeus, 2015). Many

Spaniards at first resisted using the new cemeteries, believing that being shunted to the outskirts of town (and outside of the sacred protection of the church) said something about their piety or status as a Christian. Nevertheless, cemeteries have long since been established as the final resting place for the vast majority of those who die in Spain and other Euro-American countries, whether in bodily form in a grave or crypt, or as ashes in a niche.

Home shrines for the dead are common in some cultures, with perhaps the most well-known example in Mexico, where *altares* [altars] and *ofrendas* [offerings] adorn most homes on and around *El Día de Los Muertos* [The Day of the Dead] on November 1st and 2nd, while others maintain these installations year-round (Gómez Peréz & Delgado Solís, 2000). These home altars feature objects similar to those that adorn Spanish and other cemeteries, such as photographs of the deceased and items that were associated with them when they were alive. For the November holiday, additional objects are added, including a special bread (*Pan de Los Muertos* [Bread of the Dead]), candles, and fresh flowers, all of which serve as evidence of the continuing bonds. Although such shrines are not common in Spain, photographs and other important memorabilia of deceased loved ones are typically displayed. Whether or not such displays transform an ordinary part of a house into a ritual place, as do the Mexican altars, very much depends on the intention of those doing the displaying (Bell, 1992).

Similar to the emerging role of doctors and other healthcare professionals as death ritual actors (Ariès, 1974; Grimes 2000), scholars also perceive a relatively new role for hospitals and other healthcare facilities as death ritual places (Ariès, 1974; Davis-Floyd, 2003; Kilshaw & Borg, 2020). Ministrations from medical teams, solemn words from physicians, special clothes for patients and other elements can make hospitals and hospices feel very much like ritual places in the absence of the traditional death watch or velatorio of years past (Lorite Cruz, 2021). What's more, many hospitals now hold non-denominational memorial services on their premises (Kilshaw & Borg, 2020). These services, while not meant to replace a traditional funeral, provide evidence of the important connection that families sometimes feel with the places where their loved ones spent their last days, as well as the important human connections among the various actors in the death ritual, including the healthcare professionals who often attend such services for patients they have cared for and lost to death.

Special considerations regarding death ritual

Three subjects related to death ritual warrant special consideration here. The concepts of *bad death* and *disenfranchised grief*, although not developed in the context of perinatal losses, have a clear relationship to these experiences, as does the special circumstance of death without a body. Historically, a bad death was an aberrant one, such as a live burial,

burial in a pauper's grave, or when the bodies of deceased criminals were used for medical research instead of being properly buried (Abramovitch, 2015; Engelke, 2018). More recently, bad death has come to include dying alone, such as by murder or suicide, experiencing excessive or unrelieved pain before death, and the "living death" of prolonged old age in a vegetative state (Seale, 2004; Wilson & Hewitt, 2018). According to Fortes (1987), certain societies believed that anyone experiencing what that culture defines as a bad death "must have fallen short somewhere of *genuine personhood*" to be condemned to such a fate (p. 273, emphasis added).

Disenfranchised grief is a concept that arose in the late 1980s to describe the experience of those left behind when a loved one died in a marginalized or shameful way, such as via gun violence (Engelke, 2018), from AIDS (Peelen, 2011), or by suicide (Cassidy, 2020). Because such deaths were either not acknowledged at all or were marginalized due to the group of people perceived to be their victims (gang members, homosexuals, and the mentally ill), survivors were often denied the opportunity to properly mourn and grieve.

Those who have experienced disenfranchised grief, such as families of suicide and AIDS victims, have increasingly rejected this marginalization, banded together, and advocated for changes at all levels of society. For example, suicide was long considered a mortal sin by the Catholic Church, and its victims were denied a funeral mass and consecrated burial by the Church (Dine, 2020). That changed with the papacy of John Paul II in the 1990s, but not solely as a result of papal opinion or godly intercession. Families of victims of suicide, much like mothers of victims of gun violence and much more famously, those left behind after AIDS deaths, had begun to break the silence that surrounded them and advocate for an end to shame, respect for the lost lives, and access to the same death ritual that any other decedent would have (Engelke, 2019; Robben, 2018).

Lastly, I want to address the subject of death when there is no body. One common scenario for death without a body is when the deceased has donated their body to science. Although then death itself may not have been traumatic, many families still report struggling with the mourning process due to the absence of a body (Bolt, 2018). Other instances of death without a body occur in terror attacks like that of September 11th, in plane crashes, and in the case of political disappearances like those common during the Spanish dictatorship (Espinosa Maestre, 2019). According to Bell (2006), "[a] rite without a body must, by eulogy or gesture or metonymic association, a type of body that can be mourned, fondled by grief, and then laid very clearly to rest" (p. 543). Bell goes on to highlight the lengths to which countries will go to retrieve the bodies of dead soldiers, and the instinct that survivors have to place flowers at the site of plane crashes as a way of marking the site and confirming "[t]here is a body resting there" (p. 542). Scholars of the material culture of death note that the role of ritual objects becomes even more important when there is no body (Gibson 2008; Hallam & Hockey 2001; Robben, 2018). Many perinatal

loss experiences revolve around the presence or absence of a body — either because there literally is no body, the body has been inadvertently and irretrievably lost, or it has been denied to the survivors by other ritual actors.

Birth ritual

Birth is universally considered among the significant moments of a person's life that seem to demand recognition through ritual (Kaufman & Morgan, 2005). Yet the literature on birth ritual is not nearly as extensive as that of death ritual (Grimes, 2000). Moreover, I found that when birth ritual is explored, it is largely concerned with the fetus/soon-to-be-baby to the exclusion of the woman/soon-to-be-mother. We know that physical birth does not always immediately lead to the presence of a new person in the world, because personhood is conditional and attenuated in many cultures (Kaufman & Morgan, 2005). To address this issue, in their seminal article contrasting personhood among North American and Brazilian peoples, Conklin and Morgan (1996) developed the concept of "social birth" (p. 663) to illustrate how the biological separation of a live fetus from its mother's body did not always equate to full birth; rather, certain other things often needed to happen before a fetus would be considered a full person. I refer to those happenings as *birth ritual*, and within that term I include rituals that take place during pregnancy as well.

Birth rituals are understood to have a variety of goals, sometimes several at once, including protecting the fetus or newborn from danger until their personhood was well and truly established (often via a later ritual); presenting the new person to their community and also, but less often, presenting the woman in her new role as mother; and reorganizing the community around the addition of a new member (Cecil, 1996a; Shaw, 2014). Birth ritual has historically been less common than death ritual according to Grimes (2000), and its enactment has declined in many societies around the world in the 20th and 21st centuries (Davis-Floyd & Cheyney, 2022) in increasingly multicultural and secularizing Euro-American contexts like Spain. Despite that decline, however, birth rituals do persist in many contexts, and there are many commonalities among the actions, actors, objects, and places that they incorporate, both between cultures and across time.

Actions

Bestowing a name is a universal action associated with birth that is often ritualized (Bell, 2009; Gatrad & Sheikh 2001; Layne, 2022). Notably, Geertz (1973) found that in Bali, individuals are given a total of six names that serve different purposes; one of those, the birth-order name, is bestowed "at the instant of birth" (p. 371) regardless of whether baby is born alive or stillborn. Only in rare cases are names given to fetuses, such as among the Warí of Brazil (Conklin & Morgan, 1996; see also James, 2000). Formal presentation of the

newborn is another common birth ritual, and one which often incorporates the bestowing of a name, as it does in Christian cultures. Another form of ritual presentation is the Jewish *bris,* or circumcision, conducted for male newborns on the eighth day of life (Davies, 2017). In order to offer their daughters an equivalent, ritualistic entry into their community, many contemporary Jewish families are now also holding naming ceremonies for their female newborns, but such ceremonies are considered an unofficial practice in Judaism (Ochs, 2007).

Many peoples have disposed of the biological byproducts of birth like the placenta and the umbilical cord using ritual, most often by burying and less commonly by burning, drying, and/or incorporating them into food or decorative products (Han et al., 2018). While such practices have recently been gaining in popularity in Europe and North America (Farr et al., 2018), in other places the medicalization of childbirth is cutting other people off from the possibility of enacting their traditional rites. For example, outside of Mexico City indigenous women with high-risk pregnancies sometimes refuse to give birth in the hospital as recommended, because they will not be allowed to take the placenta with them when they leave (K. Berdichevsky, personal communication, July 26, 2017). Postpartum activities involving the newborn, such as washing, dressing, and breastfeeding are among the most common types of birth rituals (Davis-Floyd & Cheyney, 2022). For example, among the Warí of Brazil, public breastfeeding marked the moment of "social birth" for a newborn, an important ritual that was a separate event from its previous, biological birth (Conklin & Morgan, 1996).

Around the turn of the century, many (unsurprisingly female) scholars began to observe and classify new behaviors as birth ritual actions. For example, the now ubiquitous ultrasound imaging has come to be considered not just an important clinical or diagnostic moment in pregnancy, but a ritualistic introduction of the fetus/baby to its parent(s) and later, via the now universally familiar, black and white print-out, the presentation of the now-baby to its extended family and community, including siblings, grandparents, neighbors, and friends (Han, 2018; Van Dijck, 2005; Williams, 2005). Other scholars have come to see the entire contemporary, technologic birth process as a modern-day ritual. Similar to descriptions of the hospital as a death-ritual place, some scholars consider the special clothing, beeping and whirring of monitors, and ministrations of various healthcare personnel to be a type of ritual in the Durkheimian tradition: one which maintains the established structure of society and power relations, and which mandates the appropriate emotional reaction in the ritual actors (Davis-Floyd, 2003; Durkheim, 1912/1968; Hernandez Garre & Echevarría Pérez, 2015). In fact, Hernandez Garre and Echevarría Pérez (2015) view the often unnecessary but still common episiotomy, or surgical incision of the perineum to widen the vaginal opening, as a form of ritual scarification similar to ritual actions that take place in initiation ceremonies around the world.

Actors

The principal actors in any birth ritual are, of course, the pregnant person and the fetus or baby. The mother's partner is another common birth ritual actor, especially in contemporary Euro-American societies. My own father, who had seven children between 1953 and 1970, was not present for any of their births and has said that he feels sorry for modern husbands who "have to" attend their partner's childbirths, an anecdotal illustration of how much things have changed in some places in just one generation. In cultures where a male partner is neither expected nor welcome at the birth, he may still have a role to play by publicly presenting and claiming the newborn as his own (Cecil, 1996a), burying the placenta (Strathern, 1988), or engaging in *couvade*, which are ritualistic behaviors by expectant fathers often imitating the childbirth process (Summersgill, 1993).

Another category of birth ritual actor is that of the authority figure, of which there are various types. Women are usually attended by others during childbirth,[18] and those attendants hold a position of authority over the physically and emotionally vulnerable, laboring woman. Historically, this attendance has been provided by other women, often but not always by trained midwives (Cameron, 2008; Woods et al., 2006). This was true in Spain until the early 20th century, when the eugenics movement combined with the emergence of modern medicine resulted in the sidelining of midwives in favor of (almost always) male obstetricians (Alvarez Peláez, 1990; Nash, 1993). Prior to that change, not only did midwives in Spain assist in childbirth, but they were also prepared to provide emergency baptisms for sickly newborns who were in danger of dying before receiving the sacrament from a priest (Jordán Montés & Jordán de la Peña, 2019).

In the quasi-religious role of the midwife of the past, we see the makings of another birth-ritual actor, that of the religious authority who has the power to enact the ritual that marks the newborn as a fully social person. For example, the *mohel* who performs a Jewish bris is an obvious ritual actor. For Davis-Floyd (2003), the obstetrician who circumcises a newborn in the hospital is also a ritual actor, whereas for many others, including most obstetricians themselves, there is no ritual taking place in hospital circumcision, but rather a simple, "non-invasive" medical procedure. The last major group of authorities that could be considered birth ritual actors is that of the civil servants who process the administrative forms that provide legal personhood to the newborn. In the case of a live birth, this is a process that, while rife with bureaucratic "red tape," is relatively straightforward. However, when a baby is miscarried or stillborn, these civil servants can take on a much more significant role.

[18] The !Kung people being one well-known exception, as their women go off by themselves when they go into labor (Konner & Shostak, 1987). Another, less well-known exception: The grandmother of a close friend, who bore 12 children on a farm in the former Yugoslavia in the mid-1900s, locking herself alone in a room each time she was giving birth.

In addition to parents, babies, and various authority figures, there are several other types of birth ritual actors frequently on the scene. In contemporary Spain, these include family and friends who visit the hospital after the birth and attend the baptism or increasingly popular naming ceremony. Other cultures, like that of the United States, incorporate an ever-growing case of birth ritual actors, including "baby shower" and "gender reveal" attendees, many of which are mixed-gender events no longer limited to women-only. Popular television shows like *Call the Midwife* in the UK and countless social media accounts, blogs and YouTube channels allow perfect strangers to become participants in others' birth rituals, before, during, and after childbirth. Whether or not any of the actors discussed above play a "leading" or "supporting" role depends greatly on the context, as is true with all other elements of ritual.

Objects

Many of the objects employed in birth ritual have been mentioned or alluded to above, such as the sharp objects used to cut newborn hair, a foreskin, or a perineum; ultrasound images; and baptismal waters. Other objects such as bracelets, necklaces and amulets are used in many cultures to protect the newborn during the dangerous first days and weeks after birth (Olsan & Murray Jones, 2018). The biological products of birth, generally considered "medical waste" in the contemporary Euro-American context, are deployed as ritual objects in many other cultures (Jordan, 2017). Along with these I would include the lock of hair from a baby's first haircut, which is conducted as a formal birth ritual in many places around the world (Koehl, 2013; Terbish, 2018). Although the first haircut is not an official birth ritual in Spain, many parents save that first lock of hair, storing it carefully away and occasionally taking it out to provoke the memory of their early days with that child.

Both babies and mothers are often provided with special clothing to wear as part of birth rituals. For babies in Spain, this would include the white baptismal dress worn by newborns of either gender for receiving that sacrament and, along with it, their Christian name and place in the Catholic Church. Baptism also features the archetypal elements of water and fire that are common ritual objects in rites throughout the world (Davis-Floyd & Laughlin, 2022). New mothers in many cultures are also encouraged – or in some places, mandated – to eat certain foods during an isolation period, which are prepared for them by other birth ritual actors and believed to protect the new mother from common postpartum dangers (Kendall-Tackett, 2017; Moreno Llopis, 2016; Pérez Álvarez et al., 2017).

Lastly, the new birth ritual actions observed by contemporary scholars of reproduction also incorporate new ritual objects. As mentioned above, the ultrasound image is often produced, received, and subsequently presented in ritualistic ways. Referring to such images as "baby's first picture," Mitchell (2001) argues that the moment this picture is

viewed by extended family and friends is the moment of first meeting this new person who is now a part of their family and community; viewers of these images will often comment on who the baby resembles, as is common with fully social children, even before they are born (Marre & Bestard, 2009). Baby shower gifts for the parents-to-be and *favors* (gifts for shower attendees to take home with them), gender-reveal supplies, and digital and paper birth announcements can all also be considered as relatively new birth ritual objects that have taken their place alongside the afterbirth, the baptismal dress, and the birth certificate as objects employed to establish the existence of and welcome the new person in our midst.

Places

The birth ritual actions described previously often take place in the location of the birth itself (hospital, clinic, or home), or subsequently in a sacralized place associated with the family's religious beliefs (Davis-Floyd, 2003; Davis-Floyd & Cheyney, 2022; Grimes, 2000). Some of these birth ritual places are permanent, as in the case of a Catholic church's baptismal font, which is often carved out of one solid piece of marble and weighs thousands of pounds. Other places are temporary, such as the mother's home during a period of postpartum isolation, a practice that was previously common in many cultures throughout the world (Kendall-Tackett, 2017; Pérez Álvarez et al., 2017), although it is either slowly dying out or being replaced by "luxury" options outside the home (Vidal Liy, 2016). In Spain and Latin America, this isolation period is known as *la cuarentena* [quarantine], and it was intended to provide the environment in which the person who has given birth is healed, strengthened, and transformed into a mother (Moreno Llopis, 2016).

Hospitals and other healthcare facilities are relatively new sites of many birth rituals in places like contemporary Spain, from the initial ultrasound to the cutting of the cord and occasionally still the doctor or midwife's announcement of "It's a boy!" or "It's a girl!" As mentioned above, sometimes hospitals are eschewed for birth precisely because they will not allow a woman to enact a birth ritual that is important in her culture (Beckett & Hoffman, 2005; K. Berdichevsky, personal communication, July 26, 2017; Rebuelta Cho, 2020). Other new birth ritual places can be found in virtual space, most notably on social media sites. For example, the contemporary "gender-reveal" ritual, originated in the United States and now popularizing in Europe (Williams, 2018), appears to have its biggest impact on sites like Instagram, where parents-to-be can share their baby's sex with a much larger group of people than at the ceremony itself. Consequently, these new birth ritual places are greatly expanding the size of the community that may perceive of the child as a fully social person, including long before it is born.

Rites of passage

Rites of passage, including wedding ceremonies, ordinations, and initiations like Catholic confirmation and Jewish bar mitzvah, are among the most well-known and widely recognized rituals. Arnold van Gennep (1909/1988), a Belgian sociologist, folklorist, and contemporary of Durkheim, devised the term "rites of passage" with his book of the same name, first published in French in 1909. However, van Gennep's ideas did not gain wide notoriety until the book was published in English in 1961 (Kertzer, 2019; Lan, 2018; Zhang, 2012), around the same time that interest in and research about ritual in general was "gaining momentum" (Strausberg, 2006, p. xiii). Since that time, theorizing about rites of passage has emphasized the crucial function they serve in assigning new roles to ritual subjects by guiding them through three distinct phases: separation, transition, and incorporation.

Like Durkheim (1912/1968), van Gennep believed that ritual helps structure society and signal an individual's place within that structure (Kertzer 2019; Stephenson, 2015), and he directly addressed rites of pregnancy, childbirth, and the postpartum period in his landmark book. van Gennep (1909/1988) considered rites of passage to be a special category of ritual whose purpose is to "ensure a change of condition or a passage from one magico-religious or secular group to another" (p. 11), and he thought of pregnancy and the early postpartum as one transition period.

In contrast to present-day, Euro-American society's focus on the physiological aspects of birth (Morgan & Michaels, 1999), van Gennep (1909/1988) considered the social transformation as infinitely more important to both the child and the mother. He observed that, in many human cultures, these shifts happened at their own pace and in notable ways, whereas in industrial societies, "the social return tends…to coincide with the physical return" (p. 46). With respect to death, and in keeping with his overall theory, van Gennep (1909/1988) not only noted the necessity of a rite of passage for the deceased, but he also viewed mourning as a transitional period for the deceased's closest loved ones, whom he referred to as "a special group situated between the world of the living and the world of the dead" (p. 147).

According to Grimes (2000), "although van Gennep believed that every rite of passage passes through all three phases, he thought that different kinds of rites emphasize different moments. Funerals emphasize separation; births and weddings, incorporations; and initiations, transition" (p. 104). If indeed birth, death, and initiation each necessitate different emphases in ritual, this helps explain the tension that has surrounded many attempts to ritualize perinatal loss. Such rites are simultaneously tasked not only with marking a birth, but also a death; what's more, they can also endeavor to initiate ritual subjects into (often contested) roles as mother and father to a now-nonexistent child.

The work of Victor Turner (1969) is considered an intellectual bridge between the functionalism of Durkheim (1912/1968) and van Gennep (1909/1988) and the more open and progressive interpretations of millennial ritualists. In contrast to those early thinkers, Turner believed that ritual did not just *reflect* a society's existing values, but that it also had the power to *create* those values through its enactment (Bell, 2009; Draper, 2003). In keeping with his predecessors, Turner believed that ritual was essential to the construction of society and universal for addressing key life transitions such as birth, puberty, marriage, and death. In addition to his thoughts on the ubiquity and power of ritual, Turner (1969) is credited with both promulgating and deepening van Gennep's (1909/1988) theorizing about the transition – or liminal – phase of rites of passage. According to Turner, the state of liminality is the ripest of the three phases for individual and/or societal transformation (Grimes, 2013; Strausberg, 2006), and rites of passage take special advantage of its open, creative, and also dangerous nature to affect the role transitions for which they were designed.

Turner (1969) likened liminality, rather germanely for the purposes of the present study, to "death, to being in the womb, to invisibility, to darkness, to bisexuality, to the wilderness, and to an eclipse of the sun or moon" (p. 95). If we look at perinatal loss through the lens of rites of passage, we see that a person who suffers a perinatal loss moves immediately from one transitional phase (pregnancy/postpartum) into another (mourning), with no ritual to guide her or to indicate to her or her community what her current role is, or should be. Ritualistically speaking, she is stuck in this in-between state with no means of escape because, according to van Gennep, "children who have not yet been incorporated into the society of the living cannot be classified in that of the dead" (p. 152). Similarly, Douglas (1966) referred to unborn children and their pregnant mothers as "people who are somehow left out in the patterning of society, who are placeless. They may be doing nothing wrong, but their status is indefinable" (p. 96). More recently, Grimes (2000) unquestionably evoked perinatal loss when he said

> the primary work of a rite of passage is to ensure that we attend to [important life passages] fully, which is to say, spiritually, psychologically, and socially. Unattended, a major life passage can become a yawning abyss, draining off psychic energy, engendering social confusion, and twisting the course of the life that follows it. (p. 6)

Douglas (1966) maintained that the body is a symbol of society and that the "powers and dangers credited to social structure [are] reproduced in small on the human body" (p. 116). The "glowing" pregnant body, the ruddy newborn, and especially the two together represent success, continuity, the future. It therefore follows that a dead fetus or a childless mother must then represent failure, instability, and the absence of a future. If "all margins are dangerous," and "matter issuing from [the orifices of the body] is marginal stuff of the most obvious kind" (Douglas, 1966, p. 122), what could possibly be more marginal and

dangerous than a newly dead (and therefore liminal) embryo, fetus, or neonate, issued from the orifice of a pregnant (so also liminal) woman? Considering that rites of passage have long been understood as a mechanism by which humans are released from the danger and discomfort of liminality, it is all the more surprising that very few such rites exist for use in perinatal loss.

What is a perinatal loss ritual?

The preceding chapters of this thesis are the foundation on which I will now present a definition of *perinatal loss ritual*, a concept which, to the best of my knowledge, has not previously been defined in the literature. This definition can be considered one of the results of the present investigation, since it is derived from my primary research with support from the literature. Nevertheless, I am providing it here before presenting the results so that the reader can have it in mind throughout the remainder of the thesis:

> A **perinatal loss ritual** is any action undertaken in response to a perinatal loss in which a ritual actor, alone or in community with others, uses a combination of purposefully chosen objects, places, times, or language, to elicit a specific emotional response to that loss in themselves and others.

The primary goal of a perinatal loss ritual, which is present in all enactments, is to acknowledge the significance of the loss. Perinatal loss rituals may also have the following secondary goals, depending upon the specific situation:

- To confer personhood on that which has been lost (embryo, fetus, or neonate).
- To transform those who were expecting the pregnancy into parents.
- To confer related roles on people close to the expectant parents, such as grandfather, aunt, or cousin.

This definition will guide the presentation of findings, discussion, and recommendations that make up the second half of this thesis. Before arriving at that point, it is important to explain the methodology that underpins the investigation.

4 Methodology

> **A veces (aunque no a menudo) oigo hablar a los científicos sociales sobre los efectos de la observación participante en el grupo estudiado... pero nunca acerca de los efectos en el observador participante.**
>
> *Vallverdú, 2004, p. 17*

Observing the observer

Officially, this is not an "international" dissertation, since all data collection and field work took place in Spain, where I live and where my university is located. However, Spain is neither my country nor culture of origin. I am a middle-aged, American woman who visited Spain for the first time at age forty-one. Five years later, I moved here with my partner and two children for an open-ended period of time. When I arrived, I spoke Spanish reasonably well, having learned it in Washington, DC and used it in my job at a social services agency that catered to the Latino population there. I spoke no Catalan and, before the move, all my experiences living abroad were in francophone or anglophone countries.

When I began studying for my master's degree in social and cultural anthropology at the Autonomous University of Barcelona in September 2018, I had been living in Spain for two years. Those years were taken up with acclimating myself to my new home, getting my kids settled into school, making friends, learning Catalan, and establishing myself professionally in the field of perinatal mental health. Prior to that master's, I had only taken a few anthropology courses during my undergraduate studies more than 25 years prior. Consequently, I had very little formal training in anthropology and names like Malinowski, Durkheim, and van Gennep meant little to me. However, as I learned about anthropological

methodology, I realized that I had, in many respects, been an anthropologist for years without knowing it.[19]

In my late 20s, I had left my job as a news producer with the Canadian Broadcasting Corporation to join the U.S. Peace Corps, a global volunteer service program for U.S. citizens. I was assigned to be an English teacher at a secondary school in Guinea, in West Africa. After training for four months in Senegal and learning Fulani, I lived and worked for over a year in Labé, one of the country's four regional capitals. During my time in Guinea, and long before I read Geertz (1998), I engaged in seemingly endless days, weeks, and months of "deep hanging out." Apart from the few hours per week that I spent at school, almost all of my time was spent in the company of fellow residents of Labé – spending time alone being almost-unheard-of and culturally inappropriate. I observed my neighbors and friends, worked to improve my language fluency, participated in important community events and ceremonies, and kept what was essentially a "field diary," although I would not have called it that at the time.

Without question, my time in Guinea (as well as years spent living in Senegal, South Africa, England, France, and Canada) prepared me not only for my move to Spain, but also for my future work as an anthropologist. And as I reflect on my entry into the field, it occurs to me that my experience has been closer to that of anthropology's earliest ethnographers than I may have thought. Take, for example, my acquisition of the local language: After a brief period studying Catalan in the U.S. (courtesy of Duolingo's brand-new-at-the-time Spanish-to-Catalan program) and two introductory classes in Barcelona, I mostly learned Catalan by living: going to the market, attending meetings at my children's school, and watching the wildly popular, locally produced television shows that everyone was discussing over the next morning's coffee.

Of course, language acquisition is easy to measure; you either speak a language – passingly, well, or fluently – or you do not. But there is so much more to communication than language, and during my first few years in Spain, there were certainly times when I assumed that I knew or understood more than I did. For example, before I moved here, I tended to think of Europe as being light years ahead of the U.S. with respect to perinatal mental health care. After all, the field's leading professional society was founded in France, many prominent researchers were based in the UK, and both countries had specialized, in-patient psychiatric units where mothers could be admitted for treatment with their newborns, something that remains a distant dream in the U.S. However, over time I learned about the significant variations in the availability and quality of perinatal mental health care within Europe, and where Spain stood overall.

[19] Renato Rosaldo (2021) published a thoughtful article about this exact phenomenon in the *Annual Review of Anthropology, 50*, 1-8.

And so, when I embarked on this journey to become an anthropologist more than five years ago, I was simultaneously using the knowledge that I had accrued over four-and-a-half decades of life, unlearning some things that no longer served me, and learning many others for the first time. As a documentary producer, I had conducted hours-long interviews to later transcribe them, highlight the important parts, look for themes, and eventually distill them into a coherent narrative. Now I was engaged in very similar behavior, but to a very different end. As a clinical social worker, I had worked in hospitals and health clinics, diagnosing and treating the same kinds of patients that I was now observing as unobtrusively as possible. Perhaps most importantly, as a psychotherapist and advocate, my work had been to get involved, to help, to intervene, and to try to change things. Now, as a doctoral researcher, those roles needed to take a back seat. You could even say that I myself was in a liminal state; not caught, exactly, but still "betwixt and between" (Turner, 1969, p. 94): I was no longer what I had been, nor was I yet what I was working to become. And I believe this liminality made me, as Turner (1969) theorized, especially flexible, adaptable, ready for change, and wide open to whatever might come my way.[20] Looking back, I see that in many ways it was the perfect position from which to embark on a PhD.

The methodological frame: From phenomenology to grounded theory

Because of the lack of research on the topic of ritual use in perinatal loss that was detailed in previous chapters, my master's thesis took a phenomenological approach, which allowed me to get as close as possible to the source of the phenomena I was seeking to understand and describe. Phenomenology also helped me, as a non-native researcher in Spain, to immerse myself in the subjective experiences of my participants while at the same time I was immersing myself in the culture of my adopted home, improving my language skills, and adapting my communication style. According to Thorne (2000), phenomenology is particularly useful for collecting, analyzing, and describing lived experiences that have traditionally not been studied or have been understudied.

Phenomenological approaches to qualitative research are informed and guided from the outset by a given theory or complementary group of theories. In the case of my master's research, it was primarily the work of van Gennep (1909/1988) and Turner (1969) that framed my conceptualization, data collection, analysis, and discussion. As a new student of ritual, van Gennep's explanation of the nature and importance of rites of passage,

[20] For a beautiful description of this liminal state and the process of field work in anthropology, see Sánchez Díaz's 2022 dissertation, *Cuando llega el turismo*, available at https://ddd.uab.cat/record/265901

buttressed by Turner's emphasis on the liminal phase and its specific emotional state, spoke directly to the work that I was doing. Douglas's (1966) *Purity and Danger* was also impactful to this phase of my research because it helped explain how the perceived "pollution" of the mother and baby was affecting the loss experience. However, as applicable as they were and still are, I came to realize that these approaches only explained part of what I was seeing in my field work and data. For example, although miscarried embryos and dead fetuses are often perceived as dangerous (Douglas, 1966) by healthcare workers, religious leaders and even extended family members, I had not encountered one parent who perceived their lost pregnancy or child as dirty or dangerous in the Douglasian way. Rather, that entity remained pure in the parents' eyes, even when those around it treated it as something mundane, profane, or worthless.

Following completion of my master's degree in 2019, the subsequent years of doctoral study involved an ongoing review of the literature, including a careful reading of the 1,300+ page, two-volume set *Theorizing Rituals* by Kreinath, Snoek and Strausberg (2006), which features dozens of original articles, and two separate, annotated bibliographies. This process of deep and extensive reading helped me understand something important about the two phases of my study. The theoretical approach of phenomenology used in the first phase of master's research had allowed me to describe what was happening when parents ritualized their perinatal losses: What they did, where, when, and with whom.

As my work expanded, however, I wanted to understand not only what they were doing when they were enacting a ritual, but also *why* and most especially *how* parents were managing to ritualize their losses in the face of the stark and sometimes debilitating contrast between their internal experience (of purity) and the external messages they were receiving (of danger). In other words, Douglas (1966), van Gennep (1909/1988), and Turner (1969) had helped me understand the situation these parents found themselves in. But their theories didn't seem able to help me understand how these parents were devising their own ways to get out. At this point it became clear that I needed a new methodological approach, albeit one complementary to phenomenology, that would provide a framework from which to explore these deeper and more complicated questions that were carrying this research beyond classic ethnography. That is, instead of a methodology that applies a chosen theory to the data, the study now clearly required a methodology that would support the development of a theory about what was emerging from the data, since none that existed were proving suitable to the task.

An exploration of the methodological possibilities led me to grounded theory, an approach to qualitative research that allows for "generating theory through a systematic, iterative, and rigorous data collection and analysis process" (Qureshi & Ünlü, 2020, para. 1). Grounded theory was assessed to be a good fit for this study for a number of reasons, a few of which I will highlight here. First, grounded theory calls for ongoing, simultaneous data

collection and analysis (Glaser, 1978), so that the theory has the opportunity to emerge. Second, grounded theory encourages a continual revision and updating of the literature throughout the course of the investigation (Corbin & Strauss, 2015), as opposed to an exhaustive, preliminary review. This aspect of the approach proved crucial because the context of perinatal loss in Spain was constantly changing during the study time period. Grounded theory also allows for the incorporation of a wide range of data types (Glaser, 2007), which was particularly important as I began to apprehend the significant diversity of the data that I was collecting, observing, and analyzing: from interviews to offhand comments; from babies' dead bodies to tattoos on the bodies of their parents; and from centuries-old cemeteries carved out of granite to online memorial places constructed with 1s and 0s. Glaser (2007), one of the discoverers of grounded theory, says that "all is data," and the openness and flexibility of the approach provided this study with a sound methodological foundation.

Data collection and analysis

Interviews and focus groups

This research began with my master's thesis, undertaken from September 2018 to July 2019, and continued with my doctoral investigation from December 2019 through March 2024. During data collection for my master's thesis, both individual interviews and focus groups were selected for logistical and methodological reasons: focus groups allowed for capturing a greater number of experiences in a more concentrated amount of time and would also help me determine whether there were any significant differences between the data generated through group versus individual conversations. Given the high specificity of the investigation and potential difficulty in recruiting participants for a study involving such a sensitive subject matter, the inclusion criteria were kept broad to allow for the greatest number of participants possible. The criteria for inclusion in the first phase were as follows:

- Any nationality
- Catalan, English, or Spanish speaking
- Any educational level
- Any socioeconomic level
- Any religious status
- Any marital status at the time of loss

- Specific loss criteria:
  - Loss at any point after medical confirmation of pregnancy (i.e. not only a home pregnancy test confirmation)
  - With or without living children at the time of loss
  - Living in Catalonia at the time of loss

In the first phase, seven interviews and two focus groups were conducted with 10 participants over a five-month period in 2019; all were in-person and took place either at informants' homes or in my or a colleague's therapy office. Four of those informants participated in a focus group only, while one did both a focus group and a follow-up interview. Four others gave one interview, and the remaining participant sat for two interviews. Preliminary analysis showed that there was no appreciable difference between the data obtained from interviews and focus groups. Moreover, the focus groups were complicated to arrange, and no participants expressed a preference for them, whereas some did express a preference for an individual interview. As a result, focus groups were not included in the second, doctoral phase of the study.

The second phase of interviews with an additional 37 participants occurred between January 2021 and January 2023, and incorporated the following changes to the inclusion criteria. First, the catchment area was expanded to include participants from any part of Spain. Also, the decision was made to include informants who had lost siblings, based on an exploratory interview with a 91-year-old woman who shared the story of her younger brother's birth and death at home when she was an adolescent. That encounter highlighted the unique experience of losing a sibling and made clear the need to include siblings to capture losses from earlier in the 20th century. Although siblings were not specifically recruited (i.e., no special call for participation went out to them), several people whose family had lost other children contacted me wishing to share their experiences.

Perhaps the most significant change to the inclusion criteria between the first and second phases was a concerted effort to include losses as far back into the past as possible. This change was informed by some of my data-collection experiences during the first phase combined with the complete absence of this type of data in the literature. During those initial interviews and focus groups, several participants had shared stories of their own experiences interacting with older people after a loss. For example, one participant recounted a conversation that several older women struck up with her when she was at the park with her toddler. When they asked her how many children she had and she replied, "One who is alive, and three who died in pregnancy," the women spontaneously began to relate their own stories of loss many decades prior.

Another participant with a recent stillbirth had appeared with her husband in a television program about perinatal loss. After the show aired, a regular customer at the husband's market stall told the couple that his family had experienced a stillbirth forty

years before. The customer shared that he and his wife had never spoken about what happened and that, because of the television program, he was determined to find a way to broach it with her. These and other, similar stories demonstrated not only that there were many older people who had experienced perinatal loss, but also that they wanted to talk about it. Capturing their stories before they were lost forever therefore became an important goal of the study.

An additional change to the interview process that arose during the doctoral phase was the inclusion of pairs of participants who were interviewed together. Two were husband-wife couples who both wished to participate in the study, while others were mother-daughter or grandmother-granddaughter pairs. In some of these female dyads, both participants had experienced perinatal loss themselves, whereas in others, daughters and granddaughters had encouraged a family member to participate. The younger women accompanied my interlocutors during the interview, occasionally interjecting, asking follow-up questions, and clarifying information for me as needed.

One such interview illustrates the organic way in which interviews often occurred and data was generated. Belinda, a middle-aged woman who lives outside of Barcelona, contacted me after seeing a recruitment flyer for the study on social media. Belinda explained that her mother, Marta, had experienced multiple losses in the 1960s and 70s and wanted to participate in the study. We arranged for me to conduct the interview at the home of Belinda's sister Isadora, where Marta also lived. Our meeting took place during the winter holidays in Spain, and various family members came and went as the four of us sat and talked at the dining room table. Going into the interview, I thought that Marta would be the only participant. However, shortly after we began talking, I learned that Isadora's twin had died in utero, and that she and Belinda were Marta's sixth and seventh children and the only two who had been born alive. After obtaining their permission, I incorporated the two daughters into the interview as well, expanding not only my sample but also the depth and breadth of experiences that I was able to include in my analysis.

I officially began my doctoral investigation in December 2019, at the same time that the Covid-19 pandemic started and three months before Spain, along with most of the world, entered severe and unprecedented lockdowns. At first, the pandemic forced data collection online, as we all pivoted to conducting meetings and other interpersonal interactions in virtual spaces. Catalonia and Spain remained in various states of emergency well into 2021, and the beginning of the pandemic resulted in a significant decrease in my data collection in its early months. By the time restrictions were lifted and travel was again permitted, it

had become apparent that virtual interviews would allow me to recruit participants and collect data from around the country in a more efficient and financially feasible way.[21]

While technology did facilitate data collection in other parts of Spain, I conducted interviews in-person whenever possible. In some cases, a face-to-face meeting was requested by the informant, while in others I was the one to suggest it.

In the end, 47 individuals spoke to me about a total of 67 losses; figure 4.1 provides information about the year, type, and location of those losses. Seventeen (17) of the 37 second-phase interviews were face-to-face encounters in participants' homes; in-person interviews were audio recorded only. The remaining interviews (19) took place online and were audio-visually recorded, except one (1) participant who was uncomfortable meeting online and preferred to conduct the interview by telephone call.

Of the 67 losses that participants discussed with me, more than half (36) were miscarriages, while the next most-common loss was stillbirth (18); the remaining losses were comprised of four (4) terminations for medical reasons, five (5) neonatal deaths, two (2) blighted ova, one (1) abortion, and one (1) infant death.[22] The vast majority of participants were women (44); the remainder were men and all three were fathers. The losses occurred in 12 of Spain's 17 autonomous communities, with a slight majority of those happening in Catalonia (35).

Finally, I will offer some context about the terminology used in the interviews, focus groups, and field work interactions that made up the data collection for this study. In undertaking this research, it was not my objective to definitively resolve the conundrums and conflicts detailed in the Introduction that surround the use of terms like "embryo," "baby," or "death." Instead, I hope that my approach to data collection and analysis, and the careful preparation of this monograph, might serve as a guide to how we can talk about such a difficult and many-layered subject. An important part of that approach involved being exceedingly careful with my own words, especially at the beginning of any interaction. After ascertaining what type of loss my interlocutor had experienced, I would first ask them what words *they* use to talk about the entity or being that they had lost. For example, had they lost a "pregnancy" or a "child"? If the latter, did the child have a name,

[21] I also conduct psychotherapy online and had been doing so since before the Covid-19 pandemic, so I was well-versed in the technology and comfortable with this mode of interaction when discussing intimate and sometimes painful life experiences.

[22] Linguistic confusion with a non-native English, Spanish, or Catalan speaker (native Dutch) led me to believe that this was a case of a stillbirth at 5 months of gestation, when in fact it was a 5-month-old baby who died. I discovered this when I went to the family's home to conduct interviews with both parents. Because he was a fully social person in the context in which he lived, this infant did not meet the inclusion criteria for this study. However, I include his case here and elsewhere for two reasons: I believe that the circumstances that led to my meeting and interviewing his parents are important to keep in mind when one is conducting cross-cultural research in multiple languages; and because the ability of this baby's parents to memorialize him openly speaks directly to the divide that is sometimes encountered between those who die with full personhood and those without.

and if so, would they like me to use it during our conversation? Such questions were not just designed to obtain information from study participants; they were also employed to make it clear that any interpretation of the loss experience was legitimate, valued, and valuable to the study.

Figure 4.1 List of study participants who participated in focus groups and/or interviews.

Pseudonym	Year of Loss	Type of Loss	Location of Loss
Mercedes	1936	Stillbirth (sibling)	Catalonia
Camila	1942	Neonatal death (sibling)	Asturias
Manuela	1959 1961	Miscarriage Miscarriage	Catalonia
Luisa	1964	Miscarriage	Alicante
Milagros	1965	Stillbirth (sibling)	Aragon
Marta	1966	Miscarriage (2 twins)[23]	Catalonia
Isadora (Marta's daughter)	1967	Stillbirth	
Belinda (Marta's daughter)	1969	Stillbirth	
	1970	Stillbirth (1 twin)	
Nadia	1972	Stillbirth	Alhucemas (Morocco)
Aída	195x[24]	Neonatal death (sibling)	Catalonia
	195x	Neonatal death (sibling)	
	1972	Miscarriage	
Mónica	1977	Miscarriage	Catalonia
	1979	Miscarriage	
Ines	1978	Stillbirth	Valencia
Mirta	1982	Miscarriage	Basque Country
Rita	1982	Termination for medical reasons	Canary Islands
Ramona & Julian	1982	Stillbirth	Valencia
	1984	Stillbirth	
Soledad	1986	Neonatal death (sibling)	Catalonia
Fabiola	1986	Miscarriage	Valencia
Verónica	1985	Miscarriage	Catalonia
	1987	Miscarriage	
Luz	1987	Neonatal death	Catalonia
Marisol	1997	Stillbirth	Basque Country
	1998	Miscarriage	
	2004	Miscarriage	
Javiera	1997	Stillbirth	Madrid
Yasmin	1998	Stillbirth	Madrid

[23] The loss of twins was counted as two losses.

[24] Aída was born in 1956, and these two siblings were born and died before then.

Pseudonym	Year of Loss	Type of Loss	Location of Loss
Flor	2000	Stillbirth	Catalonia
Fernanda	2005	Miscarriage	Galicia
Ona	2008 2010 2014	Miscarriage Miscarriage Miscarriage	Catalonia
Irene	2010 2012	Abortion Miscarriage	Catalonia
Zulma	2011	Stillbirth	Catalonia
Linda	2012	Stillbirth	Catalonia
Serena	2014	Termination for medical reasons (1 twin)	Catalonia
Gemma & Arturo	2015	Infant	Catalonia
Esther	2015	Miscarriage	Galicia
Reina	2015 2022	Miscarriage Miscarriage	Catalonia
Aisha	2016 2018	Stillbirth Miscarriage	Catalonia
Selma	2017	Miscarriage	Castille and Leon
Núria	2017	Miscarriage	Catalonia
Juliet	2017	Miscarriage	Catalonia
Mariana	2017	Miscarriage	Catalonia
Maya	2018 2020	Termination for medical reasons Miscarriage	Catalonia
Sandra	2018	Stillbirth	Catalonia
Nazaret	2018 2019 2020 2021	Termination for medical reasons Miscarriage Miscarriage Blighted ovum	Basque Country
Abril	2018 2019 2020	Miscarriage Miscarriage Miscarriage	Basque Country
Alma	2021 2021 2021	Miscarriage Miscarriage Miscarriage	Castille and Leon
Carlota & Xavier	2021	Stillbirth	Galicia
Erika	2022	Blighted ovum	Castille and Leon

Recruitment

Interview participants were recruited using a snowball sampling approach. A flyer was produced in Spanish, with indications that interested parties could communicate with the investigator in English, Spanish, or Catalan. A digital flyer was disseminated via direct email and text message to personal and professional contacts and via various social media accounts including those of the AFIN Research Center where the study was based. Paper flyers were also printed and distributed at professional events such as perinatal mental health conferences and perinatal loss events including community talks and trainings. The study was also featured in an article published in a Catalan newspaper (Bonilla, 2022), which led to several direct contacts from readers. Lastly, local and regional agencies and non-profit organizations that work with older people were requested to share information about the study with their networks, given the increased difficulty of recruiting older participants.

It bears mentioning here that the concept of ritual was not mentioned in the recruitment materials, nor were words like rite, ceremony, or memorial used. These terms were avoided to prevent potential participants from self-selecting in or out of the study based on what they had or had not done to commemorate their loss, and/or according to what their own personal understanding or definition of ritual might have been.

Most of the interview and focus group participants contacted me themselves after seeing a recruitment flyer. For all losses that occurred from the 1930-60s, with the exception of one, I was contacted by a daughter or granddaughter, who then coordinated the interview logistics and, in many cases, also attended the interview with their mother/grandmother (even if they themselves did not also participate). Notably, one participant said that her son had seen the information about the study and encouraged her to get in touch. In another example that stands out, a potential participant had first gotten in touch during the summer months when I was traveling and was not immediately responsive; she contacted me several times in quick succession until we scheduled the interview. When we finally met in person, she apologized for having been so persistent, explaining that "once I saw the flyer, I knew that I had to tell you my story." Although several people apprised of this investigation had expressed doubts about the ease of recruiting participants for such a study, the only real constraint that I experienced was the time needed to collect and properly analyze all of the possible stories available to me.

Participant observation

Another source of data production for this study was participant observation, conducted from early 2019 through late 2023 in a variety of settings where perinatal losses are, or could be, commemorated. Observation was conducted in settings that fall into four broad

categories: private homes; public spaces; medical settings; and online. Some of these contexts were observed much more frequently, such as private homes and public memorials, while others were unique or one-off occurrences, including a film screening and a photography exhibit. Figure 4.2 provides details about the 41 locations in which participant observation was conducted over the course of this investigation.

Some important adaptations to this type of data collection also took place during the doctoral phase, the most impactful of which was a change in my own understanding of what could be considered data. For example, in the master's phase of field work, I had observed various perinatal loss actors, objects, and places at the homes of interview participants. During these interactions, I often observed photographs or similar objects related to a perinatal loss ritual action that the interviewee had engaged in, perhaps along with family and friends. Since I was not observing these rituals at the time they were being enacted, I was engaging in a type of post hoc observation of a ritual action that had already taken place. However, when my interlocutors were presenting and describing these actions, objects, and places to me, I did not at first perceive our encounters to be perinatal loss ritual actions themselves. Instead, I understood myself to be observing the various ritual elements outside of that context.

For example, Sandra and her husband had planted a lemon tree in their backyard for their stillborn daughter Muriel months before I observed it during our interview. At that time, I thought that the only activities involving that tree that met my definition of "ritual action" were those that Sandra and her husband had already taken, such as planting it, or might take in the future, such as decorating it on their daughter's birthday. In other words, I was focused on actions that took place in my absence. However, over years of data collection and constant comparative analysis, I eventually determined that the act of presenting and displaying these objects to me, the researcher, was itself a type of perinatal loss ritual, in which I was one of the actors.[25]

Another change in my conception of what could be considered data (Glaser, 2007) occurred with the second category of observation contexts, that of public spaces. At the beginning of this type of field work, I was more interested in the first three elements of the four that frame this study's results: what *actors* were *enacting* with *objects*. Even when I visited a church with a separate altar specially dedicated to the patron saint of pregnancy, I was initially focused on the people who visited, the action of visiting, and the things they left behind as offerings.

It was during a meeting with my dissertation advisors that the importance of the *places* themselves began to emerge and take shape. This led me to an exploration of the literature on the anthropology of space and place, which helped me discern how people

[25] This idea is explored further in Chapter 6: Ritual Actions and Chapter 10: Discussion and Recommendations.

commemorating perinatal losses were not just enacting these rituals in a given place, but they were actually establishing new perinatal loss ritual places through their actions.

These two examples of the evolution of my understanding of the sources of this study's data on ritual actions and ritual places illustrate the manner in which I pursued data collection throughout this investigation. Essentially, because this is a topic that has been little studied in Spain, and very little in the rest of the world, I went where the data — that is, the actors, actions, objects, and places — took me, rather than the other way around.

For the production of data from participant observation of public spaces, Spain's growing network of perinatal loss activists proved to be an invaluable resource. One volunteer has created an interactive map of all of the perinatal loss memorial sites throughout the country; when a new site is inaugurated, it is added to the map, along with photographs to help a would-be visitor find the spot. I also learned about many of the ceremonies and other events included in this data via this same network. Knowledge about some events and places also came to me as a result of different people learning about my study. For example, several people from different parts of my life mentioned the Sanctuary of Saint Raymond in Catalonia and encouraged me to visit after they heard about the subject of my investigation.

In addition to the private and public spaces described above, I also spent five months conducting observations at a public hospital in Barcelona, where I witnessed more than 150 patient-provider interactions. My access to this field work was facilitated by a close working relationship between the AFIN Research Center and the hospital's department of obstetrics and gynecology; without such a relationship already in place, arranging for such intimate observation of both patients and their providers would likely have been most difficult if not impossible.

The first part of the hospital field work involved sitting in on prenatal and postpartum medical appointments, most of which included an ultrasound procedure. These appointments were led by an obstetrician who was aided by a medical assistant and observed by one or two medical residents. During a second phase of field work at the same hospital, I spent time in the obstetric emergency department observing a variety of interactions, such as:

- various women more than 40 weeks pregnant who had come for monitoring of the baby's heartbeat while waiting to go into labor;
- a woman who was 25 weeks pregnant, had fallen on the street earlier that day, and was concerned about the health of the baby;
- a woman who had a recent positive pregnancy test and who had been cramping and bleeding since the previous day.

The majority of the clinical interactions I observed in the emergency room were led by midwives accompanied by a medical assistant, with the remainder conducted by obstetricians and/or medical residents. Although at times my presence was not acknowledged at all, in most cases I was introduced as a colleague conducting observation for research purposes, and I had no direct interaction with the patient or the people who accompanied them.

The last category of participant observation took place online, including in perinatal loss support forums and on organizational and individual social media accounts. For example, *Petits amb Llum*, a Catalan perinatal loss charity, features an extensive array of loss tattoos on their Instagram page, while *Estels del Cel* [Stars in the Sky] displays lost children's names and birth/death dates. I came to know of these online locations, either in the course of research for this investigation, or via my professional connections as a perinatal psychotherapist. Others I encountered as a result of the internet's well-documented ability to serve up related content to anyone who spends more than a fraction of a second on any given website or social media account.

Figure 4.2 List of perinatal loss ritual places observed for this study.

Place description	Autonomous Community	Date	Type of place
Linda's body (tattoo)	Catalonia	4/2019	Non-space
Linda's home	Catalonia	4/2019	New
Serena's body (necklace)	Catalonia	4/2019	Non-space
Núria's home	Catalonia	4/2019	New
Núria's body (necklace)	Catalonia	4/2019	Non-space
Sandra's home	Catalonia	5/2019	New
Sandra's body (necklace)	Catalonia	5/2019	Non-space
Sandra's body (tattoo)	Catalonia	5/2019	Non-space
Serena's home	Catalonia	5/2019	New
Stillbirth photography exhibit	Catalonia	6/2019	New
International Stillbirth Association conference	Madrid	10/2019	New
Cor a Cor perinatal loss charity	Catalonia	12/2019	New
Glow in the Woods	Online	10/2020	Non-space
Petits amb Llum Instagram	Online	10/2020, 10/2023	Non-space
Gemma's home & studio	Catalonia	11/2021	New
Sanctuari de Sant Ramón Nonat	Catalonia	11/2021	Traditional
Cementeri de Mont-ras	Catalonia	11/2021	Traditional

Place description	Autonomous Community	Date	Type of place
Inauguration of the *Espai de Record*, Cementeri de Mont-ras	Catalonia	11/2021	Traditional
Cementeri de Sant Climent de Peralta	Catalonia	12/2021	Traditional
CideVida, Barcelona	Catalonia	12/2021	New
Cementeri de Montjuic	Catalonia	3/2022	Traditional
Cementerio de A Coruña	Galicia	6/2022	Traditional
Cementerio de Narón	Galicia	6/2022	Traditional
Photography sessions with bereaved parents	Galicia	6/2022	New
Building illumination, Bilbao	Pais Vasco	10/2022	New
Cementerio de Bilbao	Pais Vasco	10/2022	Traditional
Nuevo Cementerio de Miranda del Ebro	Castille and Leon	10/2022	Traditional
Cementerio de Miranda del Ebro	Castille and Leon	10/2022	Traditional
Cementerio de Figueres	Catalonia	10/2022	Traditional
Inauguration of the "Espai de dol perinatal," Cementeri de Figueres	Catalonia	10/2022	Traditional
Film screening, Tiana	Catalonia	10/2022	New
Public Hospital, 3rd Level	Catalonia	10/2022	New
Building Illumination, Figueres	Catalonia	10/2022	New
Ceremony at Cementeri de Montjuic	Catalonia	11/2022	Traditional
Javiera 's body (necklace)	Madrid	12/2022	Non-space
Municipal park, Teruel	Aragon	12/2022	New
Renata & Jorge's home	Valencia	12/2022	New
Columbarium niches & record book, Pamplona	Navarra	10/2023	Traditional
Fotografia en Duelo	Online	10/2023	Non-space
Estels del Cel	Online	10/2023	Non-space
Proyecto Gea	Online	10/2023	Non-space

Data analysis

To analyze data generated through interviews, first draft transcriptions were made from the recordings using automated software (*Sonix.com* for Catalan and *Transcribe by Wreally* for Spanish and English). Those transcriptions were then reviewed, edited, and corrected by me to prepare them for analysis. In several cases, I sought consultation from a native-speaking colleague on a Spanish or Catalan transcript that I had reviewed and edited, to

ensure that both the transcription and my understanding of what was being said were correct; this extra step was more commonly needed with older participants. All data was coded in its original language, using English-language codes to homogenize the analysis. Data that originated in Spanish and Catalan and required translation for citation in this and other publications was translated into English by me.

For the first coding cycle of semi-structured interview data, open coding was used to break down the information shared by participants into discrete and coherent segments.

For the second round, axial coding was employed by grouping related ideas and experiences into sets of themes. An example of a straightforward instance of axial coding was grouping the codes "civil registry," "family book," and "maternity/paternity leave" into an axial code called "Legal Aspects." "Ritual" is an example of a more complicated instance of axial coding, given the frequency with which rituals were mentioned and the ongoing process, detailed above, through which I discerned what should be considered a perinatal loss ritual. Some of the open codes that were eventually grouped under "Ritual" included "baby things," "burial," "anniversaries," "writing letters," and "photos of the baby." Using all lowercase letters for open coding and initial caps for axial coding helped me to keep track throughout the continuous coding and analysis processes.

Following the recommended process for data analysis in grounded theory, the last phase was selective coding, during which I worked to identify an overarching "core category" or theme (Ho & Limpaecher, 202) that would unite the axial codes that addressed my original research questions and give rise to a theory of perinatal loss ritual. The simple coding instrument developed by Qureshi & Ünlü (2020) greatly assisted me, a novice user of grounded theory, in this process.

To produce data from participant observation, I took field notes during and/or after each day spent in the field; I also took photographs whenever and wherever possible. After returning from the field, I expanded upon the field notes either in the form of detailed descriptions contained in a spreadsheet (for hospital observation), or short ethnographies prepared from field notes and memory shortly after the observation (for all other places). These two types of data were coded inductively (Chandra & Shang, 2019), a process that, when combined with the axial codes from interviews, contributed to the identification of the four most prominent elements of ritual present in the study's data: Actions, Actors, Objects, and Places (Grimes, 2013).

Once these categories were identified, I created spreadsheets for each element where I systematically included data that fell into each category. Places is the only category for which I have a finite and non-overlapping data set (see figure 4.2). For Actors, although there is a fixed number of interview participants (47), the data set for this category also includes the hundreds of people I observed throughout four years of participant observation. In the case of Actions and Objects, the data included in the respective

spreadsheet was sometimes representative of more than one instance of that object or action. For example, a "candle" is a ritual object and "planting a tree" is a ritual action, each of which was encountered multiple times throughout data collection. Axial coding assisted with the process of identifying the repetition frequency for Actions, Actors, and Objects. When data collection was complete, entries in each element spreadsheet were coded thematically, with multiple rounds of coding resulting in the analysis categories described in the results.

Conclusion

The methodological approach to this study evolved over time, from phenomenology to grounded theory, as a result of an ongoing literature review combined with direct experiences in the field. Some of the data collected was easily quantifiable and describable, such as the 47 individuals with loss experiences who gave interviews and the 41 places that I visited and observed during my field work. Other data, including hundreds of ritual objects and actors, resisted easy quantification and required multiple rounds of coding and memo writing to allow categories and themes to emerge. For example, the element of "ritual places" came to include such disparate spaces as bodies and social media accounts, while many informant interviews, which started out as data collection, later came to be seen as ritual actions in and of themselves. The final data set is comprised of the following:

- interview and focus group transcripts;
- field notes from interviews, focus groups, and participant observations;
- detailed spreadsheets of hospital-based observations;
- short ethnographies of non-hospital observations;
- photographs either taken by me during interviews and/or observation or provided to me by participants after interviews.

Sánchez Díaz (2021) referred to doctoral field work as a "heartbreaking rite of passage" (p. 25), and that was certainly my experience throughout the process of conducting interviews and participant observation, coding, and analyzing the data for this study. At first, that data told me an ethnographic story of what ritualistic things people were doing when they experienced a perinatal loss: they were buying baby things, getting tattoos, having funerals, and lighting candles. Over time, the stories moved beyond *what* they were doing to include *why* they were doing it, and *how* they had managed to get it done in an environment that offered little if any support for the ritualization of perinatal losses. My interpretation of this process was aided by moving from phenomenology to grounded theory, and moving beyond ethnography into theory development.

Now that I have provided the rationale for the study, reviewed the relevant literature, and explained its methodology, it is time to present those stories and answer the questions, not only of what Spanish people have done to ritualize perinatal loss, but why, how and, ultimately, what it all means.

5 Ritual actions

> **Perhaps the most obvious property of ritual is that it is a quality of action.**
>
> *Houseman, 2006, p. 414*

Introduction

When Camila's mother went into labor in a small town in rural Asturias in 1942, no one in the family expected to be enacting a ritual in the coming days. But when Ángel was born sickly, both his mother and the neighbor who supported her during her labor felt certain that he would die. So, they decided to baptize him with tap water from the house, enacting a centuries-old Roman Catholic ritual traditionally the purview of ordained priests, whose goal is to welcome a newborn into the church and community. The women knew that if Ángel died without this ritual, he would not be able to receive a Catholic funeral or be buried on consecrated ground. What's more, given that he was born 15 years before Spain instituted an official population register, neither the child nor his name would be recorded anywhere; officially, it would have been as if he never existed. So together, they took the risk that their actions would be rejected by the church, causing Ángel to remain in the realm of the unnamed and never born.

Forty-five years later, Luz's loss experience was in some ways very similar to that of Camila's mother, while in other ways it could not have been more different. Luz's son also died shortly after birth, but that is where the similarities end. Adrià was born in a hospital in Catalonia in 1987, and she never saw his face or held him in her arms. For Luz, Adrià is one of her two children; the other is a living son now in his early 30s. No one else in Luz's family has ever used her dead child's name or even acknowledged his existence after she left the hospital. Because he was born at a time when babies had to live for more than 24 hours to be entered into Spain's population register, Adrià does not appear in Luz's family book, nor does she have a birth or death certificate for him. No funeral was held, and for decades she did not know what became of his body. Luz suffered for years, not only from the trauma of the loss of her first child, but also from the additional insult of having his

existence totally negated by everyone in her life – from her family and friends to her wider community and her government. Unfortunately for Luz, her experience took place during those decades that Cassidy (2020) refers to as the darkest time for perinatal loss in Spain, when the professionalization and medicalization of childbirth coincided with a lack of acknowledgement of the impact of such losses.

Fast-forwarding again to 2021, Carlota and Xavier's experience with the loss of their full-term son Breixo provides an illustration of just how much things have changed in Spain in the recent past with respect to perinatal losses. Breixo's stillbirth was a complete shock for the couple, who had gone to the hospital for regular monitoring since Carlota had passed her due date. Although the medical team at the small hospital in Galicia tried for almost 40 minutes to revive him after he was delivered, they were unsuccessful; in the end, Breixo never breathed on his own. But even though the baby never officially achieved personhood according to Spanish law, his family has found myriad ways to ritualize both his life and his loss. Carlota, Xavier and their young daughter spent hours with Breixo after his birth, holding and dressing him, singing and reading to him, and taking family photos. Since that day, they have created artworks, released balloons, attended public memorial events, and even eaten ice cream each month on the date of his birth, all to honor his memory. And in what is perhaps the strongest example of recent changes, as a result of a new law that went into effect in September, 2023, Carlota and Xavier can now request that their son's full name and birth date be entered into the country's population register, thereby officially confirming what they have always known to be true — that he was a person who lived for too short a time and left this world much too soon.

Findings: Actions

The three vignettes shared above illustrate quite different approaches to perinatal loss ritual action that are, in many ways, emblematic of the time when each of those losses took place. Each of them is also representative of the types of perinatal loss ritual actions that emerged from analysis of this study's data:

- **Traditional death ritual** used for perinatal loss
- **Traditional birth ritual** used for perinatal loss
- **New rituals** created especially for such losses
- **Everyday activities** of parenting and caregiving transformed into perinatal loss ritual

This chapter explores each of these categories of perinatal loss ritual action as they were enacted in Spain among the participants in this study from the early 20th century to the present day. In addition to presenting findings about the types of ritual actions that have been practiced, those findings are also analyzed in the context of the existing literature on

perinatal loss and other ritual actions. Finally, I consider the goals of the various rituals that are presented here; that is, why they were enacted, and what they were designed to do.

Our knowledge about what types of ritual actions people had in the past and are currently engaged in is growing but remains limited, especially in cases of pre-viability loss. Studies in Eastern Europe indicate clandestine and unauthorized use of existing Orthodox Christian rituals (Leuhrmann, 2018; van der Sjlipt, 2020), while those in the Netherlands, England and North America detail recent efforts to create and enact new rituals for perinatal loss, such as tree planting, burying baby things, tattooing, and collective cremation ceremonies (Kilshaw & Borg, 2020; Kuberska, 2020; Peelen, 2009). With respect to Spain, there is almost no published literature on what types of ritual actions people have engaged in to confront perinatal loss, with the exception of two studies in healthcare settings, one from Spain (Cassidy, 2020) and one international study (Horey et al., 2021). This chapter helps fill that gap by detailing if, when, and how a group of people who experienced perinatal losses in Spain engaged in ritual actions to confront that loss.

Traditional death ritual

In theory, archeological sites could provide us with some of the oldest information about ritualistic treatment of perinatal losses, and some scholars assert that miscarried and stillborn fetuses were the object of mortuary ritual (Cassidy, 2020; Han et al., 2018). However, two significantly confounding realities need to be kept in mind when considering the archeological record. First, until very recently, such research was mostly focused on male members of the society under investigation, summed up by an early 20th century British archeologist who said that “the skeletons of young subjects are of comparatively little anthropological value” (Hooten, 1930, as cited in Halcrow et al., 2018, p. 85). Second, according to most biological anthropologists and archeologists, it is not possible to distinguish physiologically between a pre-born fetus and a live-born neonate who subsequently died. Consequently, a tiny skeleton that is found buried head-up in or near the stomach cavity of an adult, female skeleton could either have been a live-born neonate buried in a ritualistic way, or a fetus in breech position that died, along with the pregnant woman, during childbirth (Halcrow et al., 2018). In the latter case, any ritual that was enacted may have been for the deceased, pregnant woman, with no thought given to the fetus itself. And without a written record accompanying the burial, it is not possible to know for sure.

Camila's brother died in Spain at a time when the burial of unbaptized children was not officially allowed by the Church, leading families to sometimes engage in ingenious and often covert actions to ensure the proper disposition of their dead fetuses and unbaptized newborns. As with suicides and other bad deaths (Abramovitch, 2015; Engelke, 2018), some families would attempt to bury their baby in or immediately next to the consecrated ground

of the cemetery, in hopes of granting them eternal rest (Jordán Montés & Jordán de la Peña, 2019). Others would surreptitiously place the baby's body in the coffin of a deceased adult before burial, thereby sneaking them into the cemetery and, possibly, into heaven (Jordán Montés & Jordán de la Peña, 2019; Simpson & Roud, 2003). At the very least, such families were granting themselves a modicum of peace by engaging in a ritual action that acknowledged that there had been a life and it had had an impact, however fleeting, on the world around them.

These inventive ways of burying stillborn and deceased infants were the exception, however. The rule in Spain, as in many locations throughout Europe, was to bury the body somewhere in or near the family home, including around thresholds, under the marriage bed, or just outside the parents' bedroom window (Cassidy, 2020; Simpson & Roud, 2003). Other cultures and cosmologies that do not rely on baptism allow burial of perinatal losses, albeit without the death rite that is enacted for older, full social persons who have died (Arshad et al., 2004; Conklin & Morgan, 1996; Gatrad & Sheikh, 2001).

In addition to the families of Camila and Luz, a number of other participants enacted death rituals traditionally associated with Catholicism, including by holding funerals and other goodbye ceremonies; burying or interring ritual objects; and engaging in some type of viewing or velatorio.

Funerals

Although formal funerals were exceedingly uncommon among this study's participants, they warrant exploration due to their role as the preeminent death ritual in Spanish culture (Funos, 2021). Out of 67 total losses, there were four funerals that could be considered traditional: one for a stillbirth in 2016; two for terminations for medical reasons, in 2014 and 2018; and one for an infant[26] in 2015. On the one hand, given the decline in Spain's religiosity in recent decades (Centro de Investigaciones Sociológicas, 2022), it is notable that all four of the funerals took place in the past decade. On the other hand, when we consider that activism and governmental recognition of perinatal loss in Spain began around 2010, the more recent convergence of both the ability and the desire to enact a funeral for a perinatal loss makes more sense.

Maya held a funeral for her daughter Estel, who died in 2018 shortly after her birth was induced at 22 weeks of gestation, following the discovery that Estel had a medical condition incompatible with life. Maya and her husband were devastated by the news, and they took a few weeks to get a second opinion, decide how to proceed, and then to plan for their child's birth and death. Maya told me that if she had not had all that time to process what was happening, she does not think she would have been as present as she was able to be:

[26] See footnote 23 in Chapter 4: Methodology regarding the inclusion of an infant in the study sample.

> For me it was really good that the shock passed in the first week [after we found out about Estel's condition]. After that, we were able to spend that time deciding how we wanted everything to be. I did a lot of research on the internet, learning about other people's experiences. Since I still had my daughter living inside me, I could talk to other people and I could plan for her birth, who would be there, if we would have a funeral, if not. And I explained to everyone, we will bury her, we knew we would do an interment. I was able to go and talk with the priest. I talked with the priest who came to baptize her. And I talked with the priest who did the funeral. I talked with the funeral home about how I wanted the flowers to be, about everything really. For me it was a really good thing that, by the time the day arrived when she would be born, I had everything more or less settled.

For Maya, the Catholic funeral that was said for Estel and attended by family and friends was a crucial part of recognizing the significance of what had happened and giving the baby a permanent place in the family. Moreover, the process of engaging in the traditional ritual actions of meeting with the priest, witnessing the funeral being enacted for her daughter, and accepting public condolences from important people in her life all felt natural, normal, and essential to confronting the loss.

Serena has rather different memories of the funeral she and her partner had for their son Noah in 2014, after a termination for medical reasons at 28 weeks' gestation. When the baby died, Serena had already been through weeks of tests, appointments, and hospital meetings regarding her care. So, although the loss was certainly not a surprise, Serena was beyond exhausted, especially after giving vaginal birth to the baby, who was a twin. (The surviving child is now a healthy primary schooler). She described the decision to hold a funeral as an "easy" one, in large part because she made it while still in shock.

Looking back five years after the loss, Serena told me that she still felt ambivalent about the rite, perhaps reflecting the confusion and contrasting feelings that surround the termination of a much-wanted pregnancy. The excerpt below is from our second, individual conversation, after Serena had participated in a focus group:

> Up until the other day when I talked to you and we were thinking about ritual things like this, I have not been thinking at all, nor have I ever thought again about the funeral…. Not that I forgot that we had it, but it… , I don't know – in my story, it's something completely irrelevant for me. Or maybe it *is* relevant, but I don't know how.

Despite her ambivalence, however, Serena did experience a clear benefit in holding a funeral for her son — that of establishing a community of people who could support her, her partner, and their surviving twin as they moved through their lives in the aftermath of Noah's death. She expressed it this way:

> It was important for me to share. I knew I needed to have a tiny little niche of people, like a tiny little community of friends that were very aware of the, the steps [from finding out about the baby's condition to ending the pregnancy]. [People] that had been there from the beginning when we were pregnant, when we were about to lose the kids, when we lost [Noah], when I knew…I needed someone else to go on and remember the story.

The experiences of Maya and Serena contrast sharply with that of Mirta, whose son Mikel was stillborn in the Basque Country in 1982. When I asked Mirta if the family had had a funeral for Mikel, it struck me that her first response was to focus on what had been "needed" with respect to saying goodbye:

> **Lynne**: Did you have a funeral for Mikel, or any kind of ceremony to say goodbye?
>
> **Mirta**: Nothing, the only thing that was needed was the policy number, and then they took him to the cemetery in Bilbao. Later, I didn't even know where he was, in which part of the cemetery. If he was in a communal area or a niche, I didn't know. The only thing they needed was the policy number, and they took him away.
>
> **Lynne**: This was the burial policy of your mother right?
>
> **Mirta**: Yes, I was a beneficiary.
>
> **Lynne**: And did that mean that you didn't have to pay extra to have Mikel buried?
>
> **Mirta**: No.
>
> **Lynne**: And so it seems like everything sort of happened off to the side, like you gave them the policy number and that it was like, taken care of, and they took him away and buried him. Did you ever receive any kind of information from the people who buried him, like a report or a document?
>
> **Mirta**: Nothing. We didn't receive anything. Maybe they had it at the agency, because at one point it occurred to me, not that long ago, I figured out which number he was in [i.e. which part of the cemetery]. He was in a niche. I had thought he was in one of the places where all the, all the unborn children go. No. He was in a separate place and they told me, "He's in the niche with this number." But I couldn't count on-, my husband never wanted to go there, he didn't want to go to Bilbao to see that tomb. If we had-, I knew he was in [the cemetery in] Bilbao, I knew he was there but I didn't know in which part, I hadn't known that.

Many other participants who lost pregnancies and children around the same time as Mirta were also excluded from making decisions about the disposition of their lost embryos and fetuses. Such practices were also recorded by Cecil (1996c) in their study of older women who had stillbirths in Northern Ireland in the mid-20th century, and by multiple authors reporting on pregnancy loss in countries as varied as India (Jeffrey & Jeffrey, 1996), Tanzania (Wembah-Rashid, 1996), and Jamaica (Sobo, 1996).

Not all participants in this study with late pregnancy losses or neonatal deaths reported difficulty with the absence of a funeral or other ritual, especially those whose losses were further in the past. (Absence of suffering from a lack of ritual should not be confused with absence of suffering from the loss itself, however; I did not meet anyone who had experienced perinatal loss and had not suffered emotionally from the experience). Marta experienced five pregnancy losses between 1966 and 1970, starting with the miscarriage of twins, followed by three stillbirths. I asked Marta what happened to the stillborn babies after they were delivered:

Marta: They're all buried, but not buried, let's say. Each one was buried the same day they died. And who knows where! We paid for the burial, but who knows where they actually put them.

Lynne: Are they in the cemetery?

Marta and two her daughters respond in unison: Yes!

Lynne: But you don't know exactly where?

Marta: ...now we have our family crypt at the cemetery, our ossuary. But back then, one day dead, the next day buried.

After she said this, I inquired whether the family had enacted or participated in any sort of ritual of goodbye for those three children, all of whom had been given names, at least informally, within the family. Marta answered my question quickly and succinctly:

Marta: No, no, back then no that would have been strange....I did it myself in the house. I went on a crying jag for two or three days, and then I moved on. It's what had to be done.

Lynne: It's what you had to do?

Marta: Clearly!

Lynne: And do you think it would have been better if you had done some sort of goodbye ritual? Some recognition of what had happened?

Marta: Yes, maybe, but at the same time it was-, I lived it very internally. I spent two or three days sobbing that everything had turned out so badly, and then I got myself together. Look, I just did what needed to be done!

Unnamed burials without a funeral, such as that of Mirta's son Mikel and Marta's three stillbirths, are reminiscent of the *cilliní* found on the island of Ireland, mostly in what is now known as Northern Ireland. These perinatal loss ritual places, often located on ground that was previously sanctified but no longer employed for official church purposes, were in use from approximately the 16th until the mid-20th century as burial sites for miscarriages, fetal deaths, and unbaptized babies (Donnelly & Murphy, 2009). No funerals were held, no names were inscribed, and graves were marked only with a rough stone. Fathers often went alone at night, to quietly bury their stillborn children without ceremony (Garattini, 2007). But, despite the absence of traditional Catholic death ritual to accompany these actions, families in Ireland during this time did have unique access to a special, set-aside place for the disposition of their lost pregnancies and newborns.

A new take on the traditional death ritual of the funeral that has not yet arrived in Spain is the enactment of collective ceremonies for miscarried or aborted embryos and fetuses that are being conducted by hospitals and crematoria in several other countries including the U.K. and the U.S. In England, Kuberska (2020) observed what they referred to as "unwitnessed ceremonies" led by mortuary professionals and sometimes attended by hospital staff, but not by parents or families. At these nondenominational (although Christian-influenced) rites, the remains of multiple interrupted pregnancies would be

cremated together after brief remarks by staff from the funeral home. Kuberska (2020) described how, even in the absence of family members, those present approached the ceremonies very solemnly, meeting this study's definition of perinatal loss ritual by affirming the existence and importance of what was lost and experiencing shared emotion around the loss. When I surveyed a group of perinatal loss activists in Spain, they informed me that they were aware of this practice in other countries and are working to make it a reality here as well (personal communication, Recursos Duelo GN España, March 10, 2023).

Burial & other disposition

Burial of remains was much more common than funerals in the data collected for this study. However, the nature of the burial varied significantly, which in turn appeared to satisfy the need for ritual action to different degrees. Individual burial in a family tomb, niche, or grave, the most common form of burial for fully social Spaniards (Funos, 2021), was uncommon among participants, while also being the type of burial they most longed for. More common but less satisfying was communal burial, usually conducted without witness by mortuary professionals on behalf of the hospital. Things besides bodies were also buried by this study's participants, and in some cases bodies were disposed of in other ways that were meaningful to families.

Camila's younger brother, whose story opened this chapter, is the only child from the 20th century who was buried in a cemetery publicly with his own name, a traditional ritual action that was made possible by his unorthodox but ultimately sanctioned baptism at home with tap water. Other stillbirths and neonatal deaths from the past century were buried in niches or crypts with family members, but their names were not added to the gravestone. Flor's experience after the stillbirth of her daughter Eulalia in 2000 was emblematic of many, similar burials:

> **Flor**: After maybe two days they buried her. We have a niche, and my mother, and the baby's father, and my brother were there. But obviously I was in the hospital, so in other words I wasn't there.
>
> **Lynne**: Did they have a ceremony?
>
> **Flor**: No, no, no.
>
> **Lynne**: Do you know where she is, is there a plaque with her name or anything like that...?
>
> **Flor**: Um, with her name, no, but with our last names, yes. It says "Family Doe Smith."[27] And since it wasn't a death, it was a stillbirth, because she didn't live for 24 hours, it's a stillbirth. But it's true that I have a paper from the funeral home that says "Funeral of Eulalia Doe."

During our conversation, Flor maintained that she had not needed a funeral for Eulalia, nor was it problematic for her not to have been present for her interment. It was notable,

[27] In English, the names "John Doe" and Jane Doe" are understood as stand-ins for unnamed or unknown persons. For more information on the origin of the original term "John Doe," see Knowles (2005).

therefore, that she made a point to mention that she had received a document from the mortician that bore the words “Funeral of Eulalia Doe,” a document that Flor still has in her possession today.

None of the mothers of children who were buried in family graves attended the baby’s interment. Some attributed their absence to their medical condition at the time, while others were dissuaded or prevented from attending by family members and healthcare professionals. Ines, who at the time of her newborn son Antonio’s death was also the mother of a young daughter, described the following scene in her home the day of the burial in 1978:

> He was born on the 11th, he died on the 12th, and he was buried on the 13th. So that day I got out of bed. I left my daughter with my mother, and I said, “I’m going to my son’s burial.” And they told me, “You’re not going.”
>
> “What do you mean I’m not going?”
>
> And my father-in-law said “No, no, where do you think you’re going? No way.”
>
> “But I’m all dressed, and I’m fine, and I want to go. I must go to the burial of my son!”
>
> But my husband wouldn’t let me go, so I stayed in my house crying, while they buried my son.

Bodies are not the only things that are buried in cases of perinatal loss, especially given that quite often, there is no body or other remains available to receive a burial (Cecil, 1996a; Layne, 2003; Peelen, 2011). Mariana was one participant in this study who decided to bury objects in the absence of a body. Mariana miscarried her first pregnancy in 2017 at 10 weeks of gestation. She found the response of her healthcare providers to the lack of a heartbeat at her first ultrasound to be cold and clinical, especially since she was immediately asked when she wanted to “schedule the procedure,” that is, the curettage to remove the fetus from her womb. Mariana told me that after she and her husband went to get a second opinion to make sure that the pregnancy was no longer viable, she told him that they had to do something to say goodbye:

> So we went home and we tried to process all this information, to integrate it all into our bodies and our minds. And I had hardly bought anything [for the baby], but I had gotten a few things. And that night I said to my husband, "We have to accept this, it's confirmed now."
>
> And I gathered the baby things that we had bought, um, like a pacifier and a little outfit like they have for newborn babies, you know? And I put them all in a box and I said to my husband, "Ok, we have to do like a — we have to do some kind of goodbye ritual. We have to say goodbye to the baby, we have to do it and we have to imagine putting into this box all of the hope that we had. The baby was here and now have to say goodbye."
>
> And I said to him, "We're going to cry as much as we need to, we will give it as much space as it needs, this grief and pain we have." Not that it was ever going to totally go away, but it has to have its place. So I put the things in a box, and we each said some words, and we said goodbye to him, as we had to.

For Mariana and her husband, this ritual action was a necessary but not ideal substitute for burying what she considered to be her child's body, because ideally, they would have been able to decide the disposition of their child's remains for themselves.

In addition to objects that were sometimes buried in lieu of bodies, the remains of lost pregnancies also received other dispositions apart from burial that were significant and meaningful to the participants in this study. This was the case for Abril, who had three miscarriages between 2018 and 2020. The first happened at home at around 12 weeks, when she expelled the fetus in the toilet, an experience that was shocking and upsetting for her. Abril's second miscarriage happened at 6 weeks of pregnancy and was more like a heavy period. Although this loss was upsetting emotionally, especially since it had happened before, there was nothing particularly significant for Abril about the embryo itself. After her third loss at eight weeks of gestation, she had a curettage in large part so that the embryo's remains could be analyzed for issues that may have been causing her recurrent miscarriages. Abril described the decision to have surgery and consent to the analysis this way:

> For the third one, I had the curettage. I didn't see anything with that one, but at least I knew that it was a boy. I knew what had happened and it served a purpose because it, like, gave us some clue why this was happening. I don't know, it's like, it hurt just as badly, but it was more dignified, you know? It had its purpose, it's "why." I have that two-page report, and that seems to me a lot better than getting flushed down the toilet, honestly.

Abril's "two-page report" reminded me of the document that Flor had gotten from the funeral home after Eulalia's interment, a physical manifestation of the ritual action that had taken place that had given some meaning, however small or fleeting, to that life that had been but was no longer. Furthermore, her ability to find meaning in the contribution that embryo made to her and her partner's understanding of their fertility challenges call to mind the families of people who have donated their bodies to science and their need to find or create meaning using other ritual objects when the body is not available (Bolt, 2018; Wojtkowiak & Venbrux, 2010).

Viewing

The act of viewing the corpse of a stillborn fetus or deceased neonate draws clear parallels to the traditional viewing common in many Catholic cultures, in which family and close friends spend time with the deceased person's corpse before it is buried (Lorite Cruz, 2021). Because the two earliest losses in this study happened at home, literal viewing did occur in the cases of the stillbirth of Mercedes' brother Ernest in 1936, described in the Introduction, and the neonatal death of Camila's brother Ángel in 1942, whose story opened this chapter. However, these acts of "viewing" the dead babies were not ritual actions according to this study's definition because they happened in the course of attending to or

being in the presence of the birthing woman, and not because the body was being deliberately viewed in an act of mourning and leave-taking.

The experiences of Ramona and Julian, whose first two children were stillborn in 1982 and 1984 due to eclampsia, illustrate the pivotal aspects of viewing when it is approached as a ritual action, including: the long-lasting devastation of denial; the demand for rights that can be seen as the beginnings of the activist movement; and the lifelong connection that is formed when parents are able to see their children (Abramovitch, 2015; Engelke, 2018; Kaufman & Morgan, 2005). When Beatriz was stillborn in 1982, she was delivered by Caesarian section and the possibility of seeing her was not presented, even after Ramona was stabilized. When Beatriz's brother Timur died in utero two years later, at 24 weeks gestation, this time Ramona and Julian were prepared and demanded to see their baby:

> **Ramona**: When I went into the operating room that time, we knew Timur was dead and so we said that we wanted to see him [after he was born]. They said 'No, that's not possible, it's not possible, you will have just had a C-section.' I said, 'I don't care, I want to see him, and so does he' [referring to Julian].
>
> **Lynne**: Do you remember what reasons they gave for not letting you see him?
>
> **Ramona**: No, no, they only said "no," like it was something irrational, like "What do you mean you want to see him? If he's dead, what's the point in seeing him?" And still I said: "I want to see him!"… And I remember when I saw him, it was just his little face wrapped in a towel, that's all. But it's engraved here [points to her heart]…. Later, they took me to the intensive care unit, and no one could come in there to be with me. We were looking at each other through the glass; when I saw Julian through the glass, the only things that we said to each other — because they also showed him to Julian, because we both wanted to see him — I said to Julian, "He had your lips." And Julian said to me, "And he had your forehead." My wide forehead! [Ramona laughs, with tears in her eyes]. That's all we could say to each other, through a piece of glass.

The fact that Ramona and Julian never saw Beatriz and had no picture of her in their minds led directly to their demand to see Timur before he was taken away. They did not make the demand based on any outside advice or written protocol for perinatal loss. Rather, they followed the instinct that told them it was important to look upon the face of a loved one who had died (Bell, 2006; Bolt, 2018). Although the couple did not connect with the activist movement around perinatal loss until decades after their children had died, their actions in the hospital surely contributed to the changes that have taken place more recently. For Ramona and Julian, their two stillborn babies are people who lived and then died; both the pain of their loss and their place in the family is equal, regardless that they saw one and not the other. They only wish that they could also carry engraved on their hearts, as they do for Timur, an image of their daughter Beatriz, their firstborn.

Similar to the participants who chose not to bury the remains from lost pregnancies even when they had the chance, not all bereaved parents chose to view their stillborn children when the possibility was offered to them. Some like Yasmin, whose daughter

Amanda was stillborn in Madrid 1998, made the decision consciously and had no regrets about it almost a quarter-century later:

> **Yasmin**: They asked me if I wanted to see her and I said no. Because the pregnancy had been so wonderful and I thought it was more important to remember the pregnancy than to remember the baby. [My husband] wanted to see her and so did my sister. And later they told me that it was a little girl, she was dark with a lot of dark hair. But yeah, for me, I prefer not to have seen her and I also preferred to donate her body to science, and to stay with the memory of the nine months that she was with us, that she was our first child, and that it had been really beautiful. I always clung to that, but it was really painful.
>
> **Lynne**: And through the years, how has that decision not to see her been for you?
>
> **Yasmin**: It doesn't bother me at all, thinking about having seen a cold body in a refrigerator. It would not have brought me anything, especially compared to all the precious moments feeling her movements, how she was growing. I have photographs of myself naked, with this big belly, and those are much more beautiful to me than seeing the face of a dead little girl. And she was a beautiful girl, big and beautifully formed, everything perfect. But no, I would not have gained anything by seeing her, just like I would not have gained anything by burying her in some place and all those things.

Just one year earlier in the same autonomous community as Yasmin, Javiera had a dramatically different experience with the possibility of viewing her stillborn daughter María, who died in 1997. Javiera had wanted to see the baby after she was born, but the medical team argued strongly against it. I asked her if her husband had seen María:

> **Javiera**: No, he couldn't. He didn't feel capable of seeing her. I think in the moment the pain, in those moments... It was really hard for everyone. But really I don't know what he felt in that moment, I don't even know. It's not something we talked about. I'm a talker, but he's not. And maybe that's something else that I needed and didn't have. With my father, yes, we talked about her. But that's because I asked him what she looked like, or to tell me something about her. And I know that it hurt him a lot to talk about her. Because it affected him very, very, very much to see her.
>
> **Lynne**: Do you know how it came to happen that your father saw María?
>
> **Javiera**: Someone had to see her. I mean, someone had to identify the dea- [cuts herself off]. The baby, for the paperwork, I think it was so that no one would think- it was during those years when babies were, when they say babies were robbed, right? So someone had to identify her, and he did it. My father was really strong. But not so strong as to do something like that easily! [Laughs uncomfortably]. It's one thing to be strong... And, me, they didn't let me. They didn't let me [see her]. The doctor was the first of many people who said, "No, it's not a good idea if you see her."… That it would damage me, and, well, they just said "Don't see her." [Looks at me for a moment and shrugs her shoulders]. And it's true that after he saw her, my father told me about her... He said she looked like Lola. That when she was born, she looked just like Lola. And I felt really good when he talked to me about her! People thought it was going to make me feel really bad. But I feel really good when I talk about her! I feel great! Or actually, not 'great' because of what happened, because I would have liked to have known her...

As recently as 2011, Zulma had to fight for the right to see her daughter Cora who was stillborn at 31 weeks; the viewing eventually took place in the morgue under the watchful eye of hospital staff. By contrast, most of the late pregnancy losses included in this study that occurred after Zulma's stillbirth reflect the recent changes that are taking place in Spain, since all parents in cases of stillbirth or termination for medical reasons from 2014 on were offered the possibility of seeing their child.

Traditional birth ritual

Naming

Naming occurs in all human societies (Bramwell, 2014; Bright, 2003) and has often occurred as a part of birth ritual. In cases of perinatal loss, naming rituals are usually denied or foregone on the basis of religion, law, and/or culture. Unbaptized children interred in cilliní were buried without their name, while in Spain until very recently, the names of stillborn babies were not officially recorded anywhere. Naming customs have also evolved in places like Australia where, starting in the mid-20th century, stillborn babies could be buried in individual plots in Australian cemeteries (Thompson, 2008). In those early days, however, their burial sites were indicated only with the words "Stillborn" or "Baby Doe"[28] denying the child a name even if acknowledging their existence by providing a place for their burial. More recently, several countries in Europe including the Netherlands (Peelen, 2011) and England (Han et al., 2018) have instituted protocols allowing families to obtain an official *certificate of life* (i.e., not a *birth certificate*) for stillborn babies that includes their full name.

As with live births, naming a miscarried or stillborn child can be a powerful way of acknowledging their personhood and ritualistically claiming them as part of the family (Boltanski, 2004; Hallam & Hockey, 2001). Naming conventions in these circumstances vary significantly according to culture. Conklin and Morgan (1996) reported that while the Warí do bury their stillborn and their mothers do grieve, the babies are not named, and the burial takes place without ceremony. In Bali, by contrast, a birth-order name (one of six types of names) is bestowed upon a child "at the instant of birth" whether it is live born or stillborn (Geertz, 1973, p. 371). In some other cultures, fetuses are given names while still in utero (James, 2000; Morgan & Michaels, 1999), though these names are usually placeholders so their use would not meet this study's definition of perinatal loss ritual because the fetus is not renamed once it has died.

[28] In this case, "Baby Doe" refers to names printed on plaques that were a combination of the literal word "Baby" and the family's surname, for example "Baby Smith" or "Baby McDonald." For more information on the origin of the original term "John Doe," see Knowles (2005).

In societies like Spain, where Catholic customs have been the cultural norm for centuries, naming is directly related to another important birth ritual, that of Catholic baptism. Baptism continues to be denied in all cases of perinatal loss except for neonatal death (The Holy See, 2007). This is why, when I asked Camila what happened to the stillborn and therefore unbaptized babies who died in her village around the same time as her brother did in 1942, she replied, "They were buried at the side of the vegetable garden, and a big stone was placed there so that no one would ever dig there again."

However, there is evidence that in some places in Spain in the past, people devised ways to enact baptism for – and therefore to name – threatened or actual perinatal losses. For example, in Galicia from the 17th to the 19th centuries, some pregnant women who feared an impending loss would wait by a local river in the dark of night to request in-utero baptism from passersby; the person who performed the rite would sometimes be designated the baby's godparent if it survived (Jordán Montés & Jordán de la Peña, 2019). Another unusual ritual action reported by the same authors was taking stillborn babies to special chapels, where they were prayed over until they were briefly "reanimated,"[29] allowing them to be legitimately and officially baptized before "dying again" (Jordán Montés & Jordán de la Peña, 2019).

Among the participants in this study, naming was the traditional birth ritual action most often enacted when perinatal loss occurred. Twenty-nine children were given names out of the 67 total losses encompassed by the study; while a clear majority of those were stillbirths and neonatal deaths, participants also gave names to four miscarried pregnancies and four that were terminated for medical reasons. The only two stillborn babies who were not given names were both born in the early 1970s, which could indicate that it is now more common to bestow a name than it was in the past. What has changed markedly over the study's time period is the extent to which bereaved parents share their child's name and ask or encourage others to use it. Participants with earlier losses indicated that the baby's name was more of a private affair, for use within the family or even, in some cases, only between the parents. This finding is reminiscent of one of Peelen's (2011) Dutch participants who lost a child in 1979 at 24 weeks and never shared their name with anyone outside of the immediate family.

When I asked Javiera if her daughter, stillborn in 1997, had a name, she replied, "Her name is Ma-. Well, of course, she *would have* been called María...." It occurred to me that Javiera's use of conditional language displayed a certain lack of confidence in her right to

[29] Today we imagine that attributes in the chapel's environment along with the actions of the people involved may have contributed to the impression that babies born deceased were momentarily brought back to life: The relative warmth of the chapel, the space dimly lit by candles, blood brought to the baby's face with gentle slaps or a drop escaping from its recently cut umbilical cord, and involuntary movements caused by the nervous system as it shut down could come together to create the illusion of biological life (I. Fernandez, personal communication, July 16, 2021; see also Jordan & Jordan, 2019, pp. 121-126).

name her child. By contrast, as perinatal loss activism and awareness has increased in Spain, participants demonstrated greater use of their child's name, including in celebratory ways such as jewelry, tattoos, artwork, and picture frames, all of which are ways that the deaths of fully social persons have been memorialized in various contexts for centuries (Hallam & Hockey, 2001). They also frequently mentioned how affirming it was when others used their child's name, something that many people in their community struggled to do. For example, Sandra, whose daughter Muriel was stillborn in 2018, cried when she recounted how a young student at the primary school where she teaches walked right up to her on her first day back at work and asked, "What is your baby's name?" Sandra told me she wished everyone in her life could enact this simple but meaningful ritual action.

The experience of Milagros' family with the fraught nature of naming lost babies demonstrates how much secrecy and shame surrounded these losses in the past (Rosenberg, 2012), and how far Spain has come in recent years. Milagros' parents' first and only son was stillborn in 1965, one year before she was born. Milagros found out about her older brother when a neighbor couple, who had offered to take Milagros and her younger sisters to the park, instead took them to a cemetery, pointed to a communal grave, and said, "Your brother is there. He died before any of you were born." The children returned home shocked and scared and told their parents what had happened.

In Milagros' memory, the only outward change that took place in the family after the revelation was for her mother to be even more protective of Milagros and her sisters. Her brother remained an unnamed specter, his life and death a verboten subject until a moment decades later that Milagros described this way:

> I found out [his name] 20 years ago. Me and my family, I mean. My sisters and I were, it was Christmas Eve, and we were making dinner at my parents' house. My mother was in the kitchen too. And my sister, the third one, was pregnant. She knew it was a boy, and she said "We have a name picked out!" And then she says "He's going to be called Oscar!" [Milagros makes a gesture with her hand expressing, "Can you believe it?!" because she had already told me Oscar's name].
>
> As soon as my sister said that…my mother, I don't know what she, what she, um, maybe she was carrying plates in her hands, and it was like, 'wumpfh.' [Milagros' body crumples down, her shoulders going low to show me what her mother had done]. It was like she was doubled over, like she was broken, you know, she was on her back. At first there was this total silence, and then we said, "What's wrong??!" And she said "Oscar is what your brother would have been called." "Would have been called..." [Milagros makes air quotes when she says "would have," highlighting the conditional language used by her mother]. And we all got a chill, all of us. I wasn't pregnant yet. I was just about to get pregnant! But I wasn't pregnant yet. And it impacted all of us a lot. In the end my sister decided to change the baby's name, and my nephew is named Manuel.

Although the revelation of his name did not lead to immediate changes either, Milagros identifies the moment as an inflection point in her family's approach to the loss of their son and brother. Toward the end of her mother's life, Milagros would take her to the cemetery

to visit not only her own mother and father, but also the child named Oscar, her only son, who was buried in a communal grave without his name.



Figure 5.1 Midwife and medical assistant prepare a commemorative book for the parents of a deceased 20-week fetus (Catalonia).

Photo by author

New perinatal loss rituals

In contrast to traditional death and birth ritual actions, the enactment of new perinatal loss rituals — that is, activities that are designed, created, and enacted expressly for pregnancy and infant loss — was essentially unheard of in Spain prior to the 21st century. Such ritualization appears to be increasing with each passing year since then, leading to a great variety of new ritual actions happening in Spain today. For example, here is a sample of just a few of the dozens of new ritual actions that I witnessed or had described to me during my field work:

- Hospital staff making a booklet for a 20-week stillborn fetus, including his name, birth and death date, and handprints and footprints (Figure 5.1).
- Zulma and her family taking a birthday cake on a hike into the mountains, singing happy birthday to her stillborn daughter Cora, and eating the cake at a picnic.
- Carlota making a restaurant reservation and saying, "For dinner, we will be three people," silently acknowledging that a fourth family member, her stillborn son Breixo, will not be there in body, but will be in spirit.
- Luisa thinking about a child, miscarried almost 60 years ago, every night before she goes to sleep.

- Nazaret drinking a beer on the same date each year at a perinatal loss memorial space in a local cemetery.
- Irene writing a letter to her aborted embryo, apologizing for not being ready to welcome them into her life.
- Various cities throughout Spain illuminating public buildings, fountains, and plazas with blue and pink lights in honor of Pregnancy and Infant Loss Awareness Month in October.
- Linda getting a tattoo with a rainbow star, her stillborn daughter Carla's first initial, and her living daughter Nara's name (Figure 5.2).



Figure 5.2 Linda's tattoo for her stillborn daughter Carla and her living daughter Nara (Catalonia).

Photo by author

New ritual actions that have been specifically created for perinatal loss range, as other types of rituals do, across several spectrums: public to private; one-time to repeated events; and from the traditionally influenced to the everyday. The establishment of public memorial spaces for perinatal loss is an example of a fully public perinatal loss ritual action, and one that is much more widespread in some countries than in others. The Netherlands leads the way, with over 150 such places throughout the country, mostly located within cemeteries in the predominantly Catholic part of the country (Peelen, 2011). Similar places have been established in Germany, Canada, and the UK (Bachelor, 2021), typically either in cemeteries or public parks. These spaces, many of which contain no bodies or ashes (which have been disposed of elsewhere), call to mind the tombs and graves of the "Unknown Soldier" that were constructed throughout Europe and North America in the aftermath of the First and Second World Wars (Hallam & Hockey, 2001). These public memorials, and the ritualistic "changing of the guard" that still occurs with regularity, a full century after the Great War ended, are a collective effort to acknowledge that although a family may not have the corpse of their loved one to bury, their existence still should be acknowledged and their impact on their family and community celebrated.

Another important type of new, public perinatal loss ritual action occurs during the month of October, known as Pregnancy and Infant Loss Awareness Month.[30] The United States was in the forefront of recognizing the month, when President Ronald Reagan issued a national proclamation 35 years ago (Reagan, 1988). Other countries with well-developed perinatal loss awareness movements followed suit in the early 21st century: The UK's public education campaign began in 2002 (Baby Loss Awareness Week, n.d.), while in Canada it was first recognized at the provincial level in 2005 and nationwide in 2018 (The Canadian Press, 2018). In addition to the ritual inherent in these types of formal acknowledgement by government and civil society, October is filled with other new ritual actions in these countries as well. Remembrance ceremonies are held in which bereaved parents and families recite and also often inscribe the name of their lost child(ren); music is played and perinatal loss symbols such as angels, butterflies, and rainbows are invoked. The most widespread and universal of the ritual actions taking place in October is the International Wave of Light, for which public spaces are lit with pink and blue lights (the colors of perinatal loss activism) for one or more nights to call attention to these losses.

Public ceremonies

Data analysis determined public memorial ceremonies to be among the most emblematic of the new perinatal loss ritual actions encountered for this study. One such event that I witnessed firsthand was the inauguration of a new "grief space" for perinatal loss at the municipal cemetery in Mont-ras, a small town in coastal Catalonia. This event was notable for a variety of reasons. First, because it prominently featured each of the four elements of ritual that frame my overall analysis: Actions enacted by ritual actors in special places using singularized objects (Grimes, 2013; see also Bell, 2009; Kopytoff, 1986; Smith, 1987). Second, because the inauguration involved the nontraditional use of traditional death ritual space, it constituted a new ritual while simultaneously evoking long-standing death rites in Spain. Lastly, the ceremony's actors[31] included the full range of what I experienced during data collection, including recently bereaved parents and siblings of lost children, people who experienced loss in the past and had never memorialized it, extended family members, death professionals, and observers or "spectators" (Gladigow, 2006).

Although none of the attendees had ever participated in this exact ritual before, since it had never previously been enacted, everyone seemed to innately understand how they should behave and what was expected of them. This phenomenon recalls Davis-Floyd &

[30] Recognition varies among countries; some acknowledge a single day (Oct 15), others like the U.K. hold activities for a week, and places like Spain have events all month. Additionally, in some countries the recognition is "official", as in the U.S. where the Congress made a formal declaration; in others, it's entirely a grassroots movement that features a variety of ritual actions organized and enacted by anywhere from one to dozens or even hundreds of people.

[31] The results of the analysis of ritual actors are presented in Chapter 6.

Laughlin's (2022) assertion that well-executed rituals that employ archetypal elements usually succeed in reaching participants even if they are unfamiliar with the ritual actions themselves.



Figure 5.3 Messages written by the bereaved and placed at a new perinatal loss memorial space in Mont-ras (Catalonia).

The star in the center reads "Big sister, you will always be with me."

Photo by author

As is common in many ritual actions in the global north, especially Christian death rituals, several people made speeches. In lieu of a eulogy for a specific deceased person, however, various bereaved parents instead eulogized their lost hopes, dreams, and plans for their erstwhile children. The town's mayor also praised parent-activists for making the memorial place a reality despite all obstacles they had faced. Her words recalled prior activists who had also fomented change through publicly mourning the passing of marginalized, albeit fully social, people, including children murdered in gang violence and those who died of AIDS in the early days of the epidemic (Abramovitch, 2015; Engelke, 2018).

Music also played a role at the Mont-ras inauguration, albeit in the form of a contemporary, singer-songwriter composition, in lieu of the Catholic hymns one typically hears at a funeral mass (Hallam & Hockey, 2001) — another example of the confluence of the traditional and the new. A young woman sat in a chair at the front of the crowd and strummed on an acoustic guitar as she sang a song about her older sister, who was conceived and died years before the singer herself was even a glimmer in her parents' eyes. The music was played while participants released white balloons into the air (Figure 5.4), an action common to many new perinatal loss rituals and whose symbolism is plainly apparent. In this ritual action, there were no bodies, caskets, or headstones, but it was clear that almost all participants had a specific person or persons in mind as they embodied this ritual action.



Figure 5.4 White balloons about to be released at the inauguration of a new perinatal loss memorial space in Mont-ras (Catalonia).
Photo by author

This activity took place on November 1st, which is known as *All Saints Day* in the Roman Catholic tradition and is a national holiday in Spain (Falcón, 2021). The country's cemeteries are busier on this day than on any other day of the year, a fact that was not lost on the event's organizers. Anyone visiting their deceased loved one could not help but happen upon the perinatal loss memorial in the small, walled-in enclosure. And it was easy to imagine them either later that day, or the next time they visited the cemetery, reading the plaque (Figure 5.5) at the foot of the tall oak tree, that says "Love begins before you are born, and lasts long after you are gone." Some of those people may have no direct experience with perinatal loss (or at least, none that they know about), and they might wonder about the necessity or appropriateness of having such a place within a cemetery memorializing the deaths of fully social people. But given the prevalence of perinatal losses, many others will likely think of their own loss, or that of someone dear to them, and marvel at the possibility of having a place to enact a commemorative ritual of their own.



Figure 5.5 Plaque at the perinatal loss memorial at the Mont-ras (Catalonia) cemetery.

The full inscription reads:

"Space of remembrance for children who turned into stars too soon.

Love begins before you are born and lasts long after you are gone, your imprint is forever etched on our hearts.

When the sky breaks into colors, when a light fills it with brilliance, I will know that you are here, playing in the clouds, and that for a fleeting moment, you came to say hello."

Photo by author

In contrast to the very public nature of the ritual actions described above, there are other common perinatal loss rituals that exist in the space between public and private. For example, social media has become an especially important place for babylost[32] parents to engage in the ritual actions of sharing photos, telling birth and death stories, and naming their children (Fahd, 2023; Peelen, 2011). Wearing and displaying memorial jewelry and tattoos is another example of a semi-public perinatal loss ritual (Peelen, 2011) that was observed multiple times over the course of this study, always among participants with more recent losses. Layne (2000, p. 337) points out how jewelry plays a less obvious role as ritual action, since wearers do not have to explain or acknowledge the meaning behind the piece. Instead, they are free to choose when, where, and how to enact this particular perinatal loss ritual, claiming authority as a ritual actor (Grimes, 2013) in ways that I explore in the next chapter.

There are probably as many truly private perinatal loss rituals as there are people who experience perinatal loss. Even among parents who themselves do not identify their actions as ritualistic, many regularly embody their loss in small, ceremonial ways. Such actions described in the academic literature and suggested by support organizations include

[32] I first encountered the term *babylost* in the online perinatal loss forum Glow in the Woods in 202; in 2022, it was used in the title of an academic book on obstetric racism and infant mortality in the United States (Casper, 2022). Although it is not a commonly used word nor has it officially entered the academic lexicon, I find its lyricism evocative and use it occasionally in this work.

lighting candles, writing letters, observing birthdays, and including the names of lost children in holiday cards (Kilshaw & Borg, 2020; Peelen, 2011; Thompson, 2008). During her research in the Netherlands, Peelen (2011) met one mother who regularly moved things belonging to her stillborn child around the house as a sort of "anti-shrine," mimicking how she was always finding her living children's things in various places. Layne's (2000) seminal article on the material culture of pregnancy loss also references time spent with objects related to the baby as a sort of ritual, although she did not explore the role of ritual in any direct way in her analysis. Layne also found that North American families will often purchase gifts for their erstwhile children for Christmas, which she refers to as the "ultimate ritual of consumption" (p. 326). In this way, as with the co-opting of traditional birth and death rituals to suit the needs of perinatally bereaved families, in some places this is also happening with other traditional rituals as well.

Everyday activities as ritual action

Parenting behaviors such as bathing, dressing, taking pictures, reading books, and singing songs that are enacted with and for a deceased child are understood to be a type of ritual action (Cassidy, 2020; Layne, 2003). Carlota and Xavier's experience with the death of their son Breixo, briefly described at the beginning of this chapter, demonstrates how much has changed in Spain with respect to these new ways of memorializing perinatal losses. According to Kilshaw & Borg (2020), there is a "growing market for memorials" (p. 12) in Europe not just for later pregnancy losses, but for first-trimester losses as well. In many places, parents experiencing later losses are allowed or even actively encouraged to see and hold their baby, if at all possible, an action that transforms an everyday parenting activity into a perinatal loss ritual (Capitulo, 2005; Crispus Jones et al., 2015; Jørgensen et al., 2022; Porch, 2023).

Many more of these actions are everyday behaviors that parents would normally engage in when caring for a living child and are therefore possible only when in the presence of the baby's body. Activities like bathing, dressing, taking family photographs, swaddling, rocking, and singing nursery rhymes are then transformed into ritual actions by virtue of the context in which and the intention with which they are enacted (Bell, 1992). Because these activities involve interacting with the baby's body, which generally only happens in cases of later loss like stillbirth, neonatal death, and termination for medical reasons, they typically take place in a medical setting like a hospital, and they can never be repeated. Peelen (2011) refers to these actions as "parenting a dead baby" (p. 75), presumably using this intentionally shocking phrase to illustrate the stark contrast between activities that most parents take for granted and ritual actions that, for babylost parents, are painfully fleeting. Other kinds of everyday parenting behaviors do not require the presence of the baby's body, such as saying goodnight to a child or including a lost embryo, fetus, or

neonate among its siblings when asked the common question, "How many children do you have?" (Elliott, 2020; Kilshaw & Borg, 2020; Layne, 2000).

Only one study was encountered that specifically addressed the practice of these everyday activities in the context of perinatal loss in Spain, a doctoral dissertation on mother's experiences of the medical care they received during and after their loss (Cassidy, 2020). According to the author, practices like holding, dressing, and washing a stillborn baby, which are not yet common in Spain, "represent a hybrid, confined to the [biomedical] institution and, in a sense, dislocated from the community and home, but intense in [their] practice" (Cassidy, 2020, p. 143). Another international survey of "bereavement care" published the same year that included data from Spain identified nine practices as constituting "respectful and supportive care" (Horey et al., 2021, p. 368), including many of those that constitute perinatal loss ritual according to my definition such as naming, holding, and creating memories of the baby. None of the nine actions were found to be "widespread" in Spain, while for example 100% were prevalent in the Netherlands and almost 90% were in Ireland and Canada (Horey et al., 2021).

Participants in this study did not have the opportunity to engage in this type of ritual until very recently, which can be explained by the relatively recent emergence of perinatal loss activism in the country. The first participant who was offered the chance by medical personnel to interact and spend time with her baby was Serena, who had a termination for medical reasons in 2014, at 28 weeks of pregnancy. Although Serena declined, her partner held the baby and also consented to allowing the staff to take pictures of him. When I met Serena four years after her son's death, she was working up the courage to look at those photos, which up until that point she had never seen.

Among the other parents in this study who had the option to engage in everyday activities (i.e., because they lost a fetus who was delivered intact), all but one couple did, and that was because the mother's life was at stake and she was in surgery.[33] The others recounted both fondly and sadly how they held their children, dressed them, gazed at their faces to decide who they resembled, and told them how much they were loved, and how much they would be missed.

Maya's experience with these types of everyday activities that are turned into ritual actions illustrates how such behaviors can have positive effects well beyond the minutes or hours spent in the baby's company. Maya's daughter Estel died in her arms shortly after a termination for medical reasons in 2018. After the baby's death, Maya and her husband spent time with Estel, "doing skin to skin," taking photographs, and talking to her. Several

[33] Some hospitals in Spain have begun using "cold cribs" in cases of perinatal loss; they slow the decomposition of the baby's body, both so that families have more time with them and also to prevent situations where parents cannot see their children because the gestator was in critical condition or otherwise receiving life-saving medical attention (Cañas, 2022; Luque, 2023). None of the participants in this study had the opportunity to benefit from such a crib.

days later, on the day of Estel's funeral, Maya requested to see the baby once more, this time accompanied by her grandmother Mercedes, whose younger brother Ernest had also died shortly after his birth at home in 1936. Maya told me that she had not known about Ernest's existence until her own loss experience, something that initially made it more difficult for her to share her own sad news with Mercedes:

> **Maya**: It was really difficult for me to tell her…. Because she's older. I didn't know about Ernest, no one had ever explained that to me. So, you see a person her age, and you think about having to tell her this, when she's about to be a great-grandmother? It's exciting to become a mother, and really exciting to become a grandmother, but it's *super* exciting to become a great-grandmother! Because so few people ever get to do that…
>
> **Mercedes**: I'm a great-grandmother to five!
>
> **Maya**: And of Estel, too, right?
>
> **Mercedes**: Yes, of Estel too! I didn't count her…?
>
> Maya and Mercedes name each of Mercedes' great-grandchildren and count them. Then Mercedes turns to me, smiles, and says:
>
> **Mercedes**: Six, they are six.
>
> Later, Mercedes tells me about seeing Estel before her funeral:
>
> **Mercedes**: I saw her, yes. And I'm glad I saw her, I wanted to see her. She was so pretty! I saw that she looked like her father…
>
> **Maya**: Her eyes, I think. She had her father's eyes.
>
> **Mercedes**: Yes, that! So, so pretty. I would have preferred that she look more like you, but… [Maya and Mercedes both laugh].

Maya's enactment of everyday parenting activities like holding her baby, taking photos and sharing them with her family, naming her, claiming her, and mourning her, while still unusual in Spain (Horey, et al., 2021), is supported by studies in other contexts that describe its benefits (Crispus Jones et al., 2015; Jørgensen, 2022; Tseng et al., 2017). Moreover, these activities not only benefitted Maya and her partner; the preceding exchange between the two women during our interview demonstrates that they also contributed to allowing Mercedes to claim Estel as a great-granddaughter. And so, in some small way for Spanish society, while at the same time in an enormous way for this one Spanish family, the cycle of silence, shame, and ignorance about perinatal losses has been broken in the span of just one lifetime.

The goals of perinatal loss rituals

The ritual actions engaged in by the participants in this study achieved many, interrelated goals. The graphic in figure 5.6 visualizes my conceptualization of the circular process by which ritualization of perinatal losses helps affirm their importance, and in

many cases also confirm personhood, which in turn leads to increased ritualization, acceptance of those rituals, and changes at higher levels of society (Bell, 2009; Houseman, 2006). In addition to the agency demonstrated by the people who enacted the rituals described here, rituals *themselves* are understood to have agency (Sorenson, 2003). This agency was described by Douglas (1966) decades ago:

> If [ritual] were just a kind of dramatic map or diagram of what is known it would always follow experience. But in fact ritual does not play this secondary role. It can come first in formulating experience. It can permit knowledge of what would otherwise not be known at all. It does not merely externalise experience, bringing it out into the light of day, but it modifies experience in so expressing it. (p. 65)

This approach to analyzing ritual actions helps us understand that not only do people do rituals; rituals also do things. But what do rituals – and in this case, perinatal loss rituals – actually do?

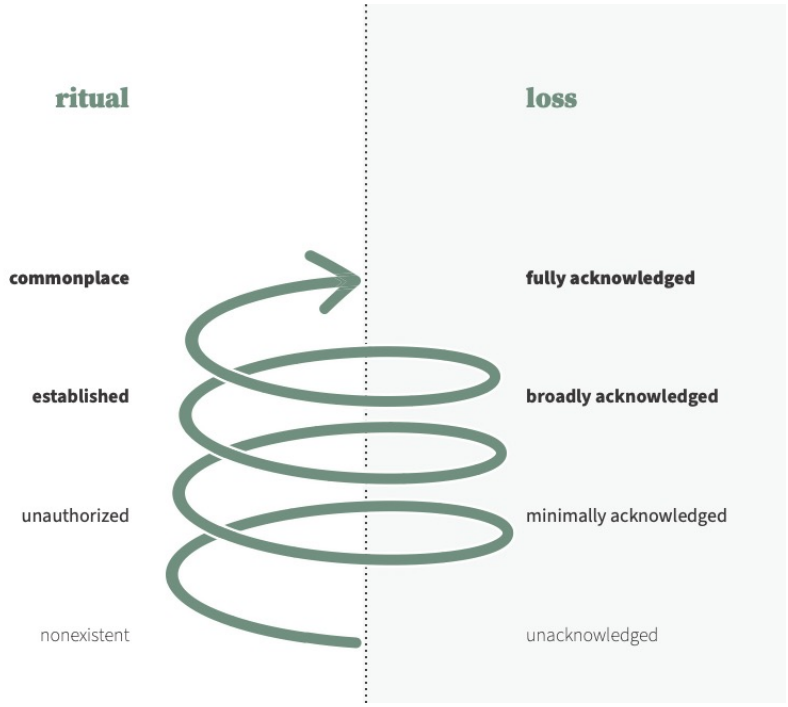


Figure 5.6 A visual depiction of the evolution of perinatal loss.

Perinatal loss is evolving from an unacknowledged phenomenon without ritual to a more broadly recognized, important life event deserving of ritual acknowledgement. The findings of this study indicate that Spain is somewhere between the second and third phases of this process.

Concept and graphic by author

First, perinatal loss rituals acknowledge the importance of what has been lost, at various levels of society depending on the ritual's nature. Sometimes that acknowledgement is individual, as in the case of an older mother with a long-ago loss who hangs a hand-made plaque in an Australian cemetery (Thompson, 2008). In other cases, it is a wider acknowledgement at the community level, as when cremation ceremonies are enacted and attended by mortuary staff and healthcare professionals in England (Kuberska, 2020). Occasionally these actions reach much further into a society, as when public remembrance events are held in many places worldwide during the month of October, making it possible for anyone to witness and participate in a perinatal loss ritual, and not just those people

directly involved in a loss. The ritual action occurring at each of these levels has the power and potential to effect societal changes; they only differ in their scope, since an intimate rite attended by parents and their inner circle will touch fewer people than a large, public event.

In addition to acknowledging the importance of the loss, these rituals provide shape and substance to the lived experience of perinatal loss, which otherwise can be ambiguous for parents, and for their extended family, friends, and community. In short, they give presence to what would otherwise remain an absence (Gibson, 2008; Hetherington, 2004). On a more tangible level, perinatal loss rituals seek to bring about transformation: of nonentities into entities, of non-people into people, of non-citizens into citizens. Notably, in English, the word *entity* is defined as "being, existence, as opposed to non-existence" (Oxford English Dictionary, 2023a). The word *nonentity*, however, has an additional meaning beyond being the opposite of entity; a nonentity in English is "a person or thing with *no special or interesting qualities*; an *unimportant* person or thing" (Oxford English Dictionary, 2023b, emphasis added). In other words, nonentity goes beyond a statement of fact to make a qualitative judgment about the specialness or importance of a thing or a person. This concept is important to our understanding of the goals of perinatal loss ritual actions, because in addition to rejecting the characterization of the lost embryo, fetus, or neonate as a nonentity, perinatal loss rituals also transform these entities into children, grandchildren, nieces, and neighbors, *and* transform those who were awaiting their arrival into mothers and fathers, grandparents, aunts, and uncles.

Leuhrmann (2018, p. 245) found that rituals enacted for abortion in Russia achieved a goal so banal as to be nonexistent in cases of the death of a fully social person: "[they] turn[ed] the spectral fetus into a regular dead relative." In the Netherlands, Peelen (2011) noticed that such ritual actions not only allowed parents to claim the personhood of their lost child, but they also helped parents "create social support for their *interpretations* of pregnancy loss" (p. 126, emphasis added). The distinction is important because the literature stresses the difference between when parents receive nominal support and when their community fully shares their interpretation of their experience — i.e., that they lost a child, that the child is a member of the family, and that they deserve to be remembered.

All participants in this study endorsed, at a minimum, the *potential* personhood of that which they lost. So, even in cases where participants did not experience the loss of a child per se, it was important to them that this potential personhood, and consequently its loss, be acknowledged and respected by others in their community — first and foremost by close family, friends, and healthcare providers, as observed in other studies (Cecil, 1996c; Peelen, 2011; Thompson, 2008). For example, Mónica had two relatively early miscarriages in the late 1970s. At the time, neither she nor anyone in her family or community acknowledged the importance of the experience of the loss, or of what had been lost. It was only years

later when Mónica participated in a women's group that she was able to fully understand and accept the importance of the losses for herself. When I asked her opinion of the new possibilities that people have today to ritualize a perinatal loss, she said,

> I think it's a really good thing! That they don't leave you alone to deal with it, no. We have to act like nothing happened, right? Like we had the flu. No, no. I think it's really great.... Because you need to feel taken care of and not alone. And the hospital is so cold. It's like when you go to the dentist to have a tooth taken out, and you have no idea where the tooth ends up. But it's not a tooth! They're not taking a tooth out. They're taking a body out, right? Yes, exactly. It's something that's yours. When I had to go down that street [where the hospital is where I had my miscarriage], it was like there was a piece of me that was left there. I couldn't pass by there because it was like… How can I put it? It was like an umbilical cord. There was an umbilical cord connecting me to that place. Yes, it would have been really great for me to have something like that, and I'm happy that other women have that now.

In cases where for the participants it *was* the loss of a child (including for siblings), the enactment of ritual then enabled the assumption of related roles, such as mother, father, little sister, aunt, and grandfather. Conversely, the absence of ritual prevented the assumption of those roles. Moreover, for those participants for whom the loss was the loss of a person, the confirmation of that personhood transformed their experience from a "loss" to a "death," thereby legitimizing the enactment of some sort of ritual in ways described by scholars of death ritual (Grimes, 2000; Hallam & Hockey, 2001; Metcalf & Huntington, 1979).

Once the importance of the loss had been acknowledged and personhood accepted, participants felt at greater liberty to openly incorporate the loss into their life story, and the lost person into their family and community. In addition, others in their community appeared to have a better understanding of what was expected of them in the context of the loss (Wojtkowiak & Venbrux, 2010). This phenomenon illustrates Wulf's (2006) explanation of the purpose of ritual action:

> The praxis of the ritual successfully creates community despite differences in the interpretation of the ritual process. The practical completion of the ritual, its performance aspect, and its presentation of the body, including symbolic elements, creates community. This holds true of manifold rituals: from liturgical rituals to ceremonies, celebrations and everyday rituals (p. 405).

The ritual actions of this study's participants are also clearly contributing to overall change at the societal level, an explicit goal of the activist community. The more Spaniards engage in ritual actions that manifest their losses, the more the importance of those losses is acknowledged and the more the (potential) personhood of what was lost is accepted. For example, the effect of perinatal loss ritual actions is clearly seen in the recent change in Spanish law that allows parents of stillbirths of more than 180 days' gestation to have their children included in the official population registry (Ministerio de Justicia, 2023). Notably,

some parents had been doing it informally for years by inscribing their lost children in their family book themselves (Figure 5.7), an activity that reflects one of the main goals of ritual as articulated by Davis-Floyd and Laughlin (2022), "if you want to change the paradigm, you must change the rituals first" (p. 69).



Figure 5.7 Two family books.
The top book shows the official entry of a live-born child with the seal of the local government; the bottom features the family's improvised entry for a stillborn child, complete with blue heart seal and parent signature.
Photo: M. Terre

Conclusion

Among the 47 participants in this study, a majority derived comfort and meaning from engaging in ritual actions to confront a perinatal loss, whether at the time of the loss or many years later. No one with whom I spoke regretted engaging in ritual action, while many of those who did not wished that they had done so. Whether or not they engaged in ritual action, very few participants, at any time period, had such action suggested to them by outside sources such as healthcare professionals, extended family, or friends. The very few who did receive those types of suggestions experienced their losses in the last few years, supporting the idea that there has been an increase in awareness and enactment of perinatal loss rituals over time in Spain.

Another interesting finding is that both the quantity and variety of ritual actions engaged in by each participant also increased over the study's time period. Whereas a few of the earlier losses were ritualized with a funeral or the creation of memorial artwork, in several cases of more recent losses, both of these activities occurred, along with planting a tree, creating a home altar, getting a tattoo, and attending a public remembrance ceremony. There also appeared to be an increasing tendency to view ritualization of the loss and of the child's role in the family and community not as a one-time event. Rather, in keeping with the idea of continuing bonds after the death of fully social persons (Klass, 2006; Mathijssen, 2018), it is considered an ongoing process to both memorialize the lost person and to maintain them as a part of the family.

Of course, not all people experiencing perinatal loss need ritual, either to process their own grief or to affirm the personhood of that which they lost. Flor provides a noteworthy example of just such a person. Although Eulalia has a name, Flor does not count her stillborn daughter among her children (she has two, a son and a daughter), nor did she find it necessary to enact a ritual after the loss. For Flor, the loss of the baby was a case where "the statistics caught up with" her, and things that "normally happen to other people, happened to me this time."

Flor's experience provides an important reminder that there is no one-size-fits-all-approach for ritualizing perinatal loss, something that was endorsed by many other study participants as well. Different people will need different things, and at different times in their lives. Some may need formal rituals like funerals, while others will be content to preserve some of the baby's things in a special place. And while some people experiencing perinatal loss may need others to participate in their ritualization of the loss, others will prefer to enact their rituals alone. Who can enact a ritual, what other roles people play in ritual actions, and other, related questions are directly related to the second element of the theoretical framework for this thesis, which is addressed in the next chapter on ritual actors.

6 Ritual actors

> **In ritual, you become, one might say, more than who you normally are. Either that, or you become more yourself than you are without the power of ritual; you enter a ritual arena in order to become other. You feel fully seen, accepted, and understood in a ritual.**
>
> *Grimes, 2013, p. 252*

Introduction

In October 2022, I attended the inauguration of a new place of remembrance for perinatal loss at the municipal cemetery of Figueres, a city of 50,000 people in the north of the autonomous community of Catalonia. The event was almost underway when I arrived. There were about three dozen people there, some occupying folding chairs set in two rows, while others stood behind them or off to the side. With a few exceptions, it was not possible to know why any given person was in attendance just by looking at them; they could have been babylost parents, extended family, healthcare professionals, or students like me. Three people spoke at the event; the first two were activists with personal experience of perinatal loss who had lobbied to create the space at the cemetery. The third speaker was the mayor of Figueres, a woman about 40 years old who spoke about her own experience of four pregnancy losses.

In addition to the speakers, the reason for the presence of a few other people at the event was obvious: the camera operator from the press who was likely there because of the mayor; the cellist who played a mournful tune while attendees placed white roses on the memorial; and an aide to the mayor, who held a paper folder with the city's seal on it close to her chest, looking all business in the midst of the solemn occasion. One other person in particular caught my eye: a cemetery gardener, who happened to walk by and who stopped to take in the proceedings. Wearing coveralls and holding a toolbox, he did not look like the other attendees, and one could assume that his presence there was not intentional.

However, although he didn't speak to anyone or participate actively in the ceremony, he did stay until the very end.



Figure 6.1 Three actors in the inauguration of the perinatal loss memorial space in Figueres (Catalonia).

A cello player (left); an organizer and bereaved parent (center); the mayor of Figueres (right)

Photo by author

Findings: Actors

Grimes (2013) encourages scholars of ritual actors to "cast a wide net, noticing not only front-and-center ritual leaders but also those who facilitate or witness, even those who appear to be doing nothing" (p. 251). In this chapter I present what I "scooped up in the net" after casting it as widely as possible, placing the results of the present study in dialogue with the existing literature on birth, death, and perinatal loss ritual. The ceremony in Figueres described above features each type of perinatal loss ritual actor that emerged from analysis of this study's data:

- **Leaders:** The parent-activists who made the place a reality and led the proceedings.
- **Subjects**: The (would-be) parents and their lost children, whose existence may have been formally acknowledged for the first time at the event.
- **Participants:** The cello player whose music contributed to the event's atmosphere and the relative who attended to support a bereaved parent.
- **Observers**: The gardener who just happened by, and the mayor's aide who was not particularly engaged.

There is ambiguity and tension among these categories in cases of perinatal loss, which I attribute to the emergent and improvised nature of the rituals that I observed and that

were described to me. This is unsurprising given the amount of ambiguity and tension that is still present even in places with more-established perinatal loss ritual such as the Netherlands and England (Kilshaw & Borg, 2020; Peelen, 2011), and which can be expected to diminish as these rituals become more widely known and accepted in Spanish society. The results presented here will also demonstrate the fluidity between and among these categories. For example, an actor may start off as an observer and end up as the subject of the ritual. Similarly, someone who intended to simply participate in a ritual may be transformed by the ritual itself into a subject or even a leader. To understand how this happens, we should keep in mind that "rituals themselves have agency" (Sax, 2006, p. 477).

Leaders

Traditional leaders

Religious figures

Most perinatal loss ritual actions, whether historical or contemporary, have involved a much smaller cast of characters than for death or birth ritual. Because perinatal loss has not been officially ritualized in Euro-American cultures, traditional ritual leaders have largely been absent from ritualization efforts (Bell, 2009; Brin, 2004; Malacrida, 1999; Walsh, 2017). For example, Cecil's (1996a) anthology of perinatal loss contains several ethnographies describing older women tasked with the disposal of miscarried embryos and fetuses, in roles similar to those they play during live births in the same societies; however, the anthology contains almost no references to formal religious leaders (see also Davis-Floyd & Cheyney, 2022; Kabacinski et al., 2018).

Overall, religious figures did not play a significant leadership role in the perinatal loss rituals encountered for this study either, especially if we focus on the ritual leadership that was provided to the mother. Only one mother with a loss in the 20th century is confirmed to have interacted directly with an officially recognized religious leader.[34] This exception occurred in 1942, when Camila's much younger brother died a few hours after his birth at home in a tiny town in Asturias, and a neighbor baptized him when it became clear he would not survive. Later, when the village's priest came around on his fortnightly visit to hear confessions and celebrate mass, Camila's mother and neighbor shared the news of the baby's death and his ad hoc baptism with water from the tap. The priest blessed their action, and in doing so he assumed a role as a ritual leader, not only sanctifying the act of

[34] In the cases of the other sibling losses from the 20th century (Mercedes, 1942; Milagros, 1965; and Soledad, 1986), my informants were not sure if their mother ever had any formal interaction with a priest or other religious figure regarding their loss.

the baptism but also thereby allowing the family to bury the baby within the consecrated ground of the town's cemetery.

The actions of Camila's mother and neighbor over 80 years ago were similar to those of the contemporary Romanian women studied by van der Sijpt (2018) who are enacting the Orthodox death ritual of *pomana* for their unbaptized children, with one crucial difference: priests are not just absent in the Romanian case, they are actively disapproving of the action altogether. Nevertheless, women in Romania are performing the rite, which involves offering food to a stranger and reciting the name of the deceased, after pregnancy losses. In addition to the woman's obvious role as a ritual leader, their actions also transform others into ritual actors (Sax, 2006): their lost child into a ritual subject, by uttering their name to a stranger and thereby asserting their personhood; and the stranger into a ritual participant, through their acceptance of the food offering and their recitation of the scripted response. Years before van der Sijpt (2018) wrote about this trend, Bell (2009) observed that

> [i]n the case of a corpus of rituals guarded and maintained by a class of priests, an elite ritual system gradually grows quite distinct and removed from the more flexible ritual customs of the rest of the community; the latter may also develop their own ritual specialists, usually less formal, who offer their clientele ritual services not provided by the more elite priesthood (p. 176).

This helps explain van der Sjipt's (2020) finding that, even though the women have to enact the ritual in secret so as not to provoke the censure of their religious leaders, their "ambiguous feelings about what was lost are reduced in the process" (p. 154) of enacting the ritual.

Notably, despite the fact that Spain is consistently becoming less religious with each passing year (Centro de Investigaciones Sociológicas, 2022), a greater number of religious figures played roles in the more recent losses in this study. These include the priests who conducted the funeral masses for Aisha's stillborn son in 2016 and Maya's deceased daughter in 2019, as well as the priest who will dedicate a weekly mass to Sandra's stillborn daughter. These three women were the only participants with losses in 21st century who identified as Roman Catholics, a fact which helps explain the involvement of religious personnel in their memorials.

Mortuary professionals

For their research on collective memorial services conducted in England for pregnancy losses before 24 weeks (the miscarriage cutoff in that country), Kuberska (2020) observed a leadership role for a figure who typically stays behind the scenes during death ritual, the mortuary professional. Kuberska (2020) found that these professionals took their role seriously and approached the subject of the ritual – that is, the lost embryos and fetuses that were cremated – with equal solemnity and respect, regardless of their gestational age or the reason why the pregnancy had ended.

Although morticians are a feature of almost all death ritual in Spain, they are rarely if ever the sole actors on the scene. And while the morticians observed by Kuberska (2020) had no special training in perinatal loss, the Netherlands has a growing number of mortuary professionals who specialize in working with such cases (Peelen, 2011), and who therefore may be more accustomed to playing a leading role in these uncommon rituals. In Spain there are only two such perinatal specialists, and those two are engaged in efforts to encourage their colleagues to learn more about the unique nature of perinatal loss ritual (Personal communication, Recursos Duelo GN España, September 21, 2022). One of these two thanatologists has recently produced an audiobook for the profession called *The Unspeakable Thing Behind the Taboo: Perinatal Loss Awareness for Funeral Services*,[35] which details best practices for morticians working with various types of perinatal loss (Palomo, 2022).

Given that until recently, Spaniards who experienced losses in a medical setting did not have the legal right to the remains or products of conception (Tribunal Constitucional, 2016), it is logical that morticians would not have taken a leadership role in any type of ritualizing in the country, whether formal or informal. However, my analysis showed that mortuary professionals have played an increasingly important leadership role in the rituals enacted for and by this study's participants over time. The experiences of Zulma and Serena illustrate the approximate moment when such professionals evolved into ritual leaders in cases of perinatal loss in Spain.

Zulma's only daughter was stillborn in Catalonia in 2011, a loss which completely devastated both her and her partner. Although by that time the Spanish health ministry had formally addressed perinatal losses in writing (Sanidad, 2010), Zulma said that no medical personnel spoke to them about the psychosocial aspects of the loss, nor did they offer any options for commemorating the child. Zulma describes herself as "hard-headed," and so while she was still in the hospital, she set about finding out where her daughter's body had been taken and getting permission to see it. She vividly described the scene when she arrived at the hospital's morgue:

> I wanted to see her, and everyone kept insisting that I shouldn't. But I'm stubborn. And what happened to me is that, at that moment, a strength came to me out of nowhere, and my only obsession was to see her. It wasn't easy. But in the end, they let me see her. When I got to the morgue, the guys there looked at each other like, "That crazy lady is here, the one who wants to see the dead baby"… When they handed her to me…it was wonderful! Thanks to my motherly instinct, I was able to hold her in my arms, I could be with her.

Even if the morgue staff weren't thinking what Zulma imagined, they acted only as observers of a ritual — a mother holding her child for the first time — instead of playing a

[35] The title of the book in Spanish, the only language in which it is currently published, is *Lo innombrable que esconde el tabú: Concienciación Pérdida Perinatal para Servicios Funerarios* (Palomo, 2022).

leadership role. In their behavior we can see a sort of corollary to Gladigow's (2006) assertion that a "competent spectator is able to appreciate the achievements of a 'perfect' or aesthetically appealing staging of a ritual" (p. 485), in which a potential ritual leader can be rendered *incompetent* if he has no prior experience with or exposure to such a ritual (Wulf, 2006).

Three years after Zulma's daughter was stillborn, Serena had a termination in 2014 for a second-trimester fetus with a condition incompatible with life. In addition to reporting vastly better treatment from her medical team than Zulma, Serena also had much more positive interactions with the mortuary professionals who helped her arrange, and who then led, a non-denominational funeral for her son. Serena told me that after the termination procedure, which involved delivering the deceased fetus vaginally, she was completely overwhelmed and barely functioning. When she and her partner met with the mortician, she remembers saying "Just tell us what to do, and we'll do it." Given the year of Serena's loss, it is unlikely that the mortuary professionals with whom she interacted already had extensive experience working with perinatal losses. Regardless, they rose to the occasion and used the knowledge, experience, and empathy they had developed throughout years of working with bereaved people to competently fulfill the role of ritual leader in the extraordinary circumstances of Serena's son's death (Grimes, 2013).

Healthcare professionals

The last group of actors included in the category of traditional ritual leaders is that of the healthcare professionals — including physicians, midwives, nurses, and assistants — who ministered to this study's participants or whom I observed during my field work. Although such professionals would not typically be considered ritual leaders, I subscribe to Davis-Floyd's (2003) view that contemporary pregnancy and childbirth in the global north is replete with techno-medical rituals enacted by medical professionals (see also Ginsburg & Rapp, 1995; Hernández Garre & Echevarría Pérez, 2015; Morgan & Michaels, 1999).

The authority figures who have roles in birth ritual (Davis-Floyd, 2003) are also frequent actors in perinatal loss ritual, such as the English healthcare practitioners encountered by Han (2018) and her informants. Han (2018) recounted how, during her own first-trimester ultrasound, her midwife abruptly switched from talking about "the baby" and calling Han "mum" to referring to "the pregnancy" and the "uterine contents" (p. 60) after she became aware that Han was miscarrying. When healthcare professionals unilaterally change their language to indicate the absence of a mother and child, these de facto ritual leaders may be inadvertently denying parents the opportunity to personify their erstwhile child and enact a goodbye ritual for them (Grimes, 2000; Rapp, 1999). In Spain, where prenatal care and childbirth remain highly medicalized (Mena-Tudela et al., 2021) and the idea of healthcare practitioners acting as ritual leaders is not prevalent, some scholars have nonetheless

begun to discern ritualistic patterns in childbirth interventions, including comparing the high rates of episiotomy to ritual scarification (Hernández Garre & Echevarría Pérez, 2015).

Given the medical nature of perinatal loss, almost all of the informants whose losses are included in this study had some level of interaction with healthcare professionals. And the ability of those professionals to ascertain the need to play the role of a ritual leader, and their willingness and competence at fulfilling that role, varied greatly. For most of the earlier losses, medical professionals either did not recognize, dismissed, or denied their role as a ritual leader.

The experience of Manuela, who had two miscarriages in Catalonia in 1959 and 1961, fell into the first category. During most of our interview, Manuela described those experiences in terms similar to others with losses around the same time: “It was a shame, but I moved on", and “I was sad, but I got over it. And I had four other beautiful children!” It was when I asked Manuela to tell me in detail about the loss experience itself that the importance of her physician’s behavior became apparent.

Manuela described how she labored in the hospital, finally expelling the contents of her womb into a metal tray held by a nurse. She did not ask to see what was in the tray, nor did anyone offer to show it to her. Shortly afterward, the doctor came around to see how things were progressing. When he was told that the expulsion had taken place, he immediate looked in the tray. Describing the moment to me almost 65 years later, Manuela’s eyes grew big, and she shuddered ever so slightly.

> He went over and picked it up, and he squeezed it between his fingers like this [Manuela presses the fingers of her right hand together and rubs her thumb over them, as if she were rolling something small and malleable there]. I don't know what he was doing, but it gave me a strange feeling. I know that it was nothing, really, it was nothing. But still it felt bad to see him handle it like that and squeeze it the way he did.

Few other participants had such vivid memories of witnessing a physician interacting directly with their lost embryo, fetus, or neonate, but the general tone and tenor of Manuela’s experience was repeated many times throughout this study’s data and has been described in other places in the literature as well (Cassidy, 2020; Malacrida, 1999; Thompson, 2008). And, although it may be tempting to attribute such behavior to the time at which it occurred, the experiences of other study participants demonstrate that healthcare professionals did have the ability to act in ways that were much more conducive to acknowledging the significance of the loss.

Nadia’s experience illustrates this point. Originally from Alicante, Nadia had lived in the Spanish territory of Alhucemas (now a part of Morocco) for decades, marrying and starting a family there. Her third child, a son, was stillborn in the local hospital in 1972. The experience Nadia described to me was typical of the times: a purely medical approach to the loss with no talk of grief or other emotions, and a tiny corpse that was whisked away as soon as it was delivered. However, the similarity with other contemporaneous losses ends

there, because Nadia happened to have a close relationship with a nurse who worked in the hospital. This is how Nadia's daughter Reina, who participated in the interview, described what happened:

> If she was able to see the baby, it was thanks to that nurse who was a friend of the family. She was a Muslim midwife [named Fatima] who was working in the Spanish hospital there, and since she knew my family there was a certain amount of trust there, that's how she was able to show [the baby] to my mother.
>
> If not, they would have just taken him away and they never even would have shown him to her. That was the typical practice back then. 'You expelled something? Forget about it."… If not for that woman, my mother wouldn't even have known if it was a boy or a girl, nothing. Nothing happened to you, nothing about what came out of you, nothing, nothing, nothing…

Later, Reina said more about the circumstances that led that midwife to take on the role of a ritual leader:

> My mother was really lucky, really lucky as far as I'm concerned. Because of Fatima, because Fatima was a friend of my cousin's, they knew each other…she had been in my house, and without that [relationship] my mother would not have seen him.
>
> And on top of all that, the attention, you know? The attention that she gave my mother, right? Because since she was a midwife, she knew how my mother might feel, you know? The care that my mother received from Fatima, she would not have gotten that from any other doctor.

Nadia was not able to hold the baby nor see him for very long, but fifty years later she said she has not forgotten his face. Remarkably, Nadia's entire family knows the details of her experience, evidenced by the fact that her youngest daughter was the person who contacted me to set up the interview, even though Reina wasn't alive when her brother was stillborn. According to Nadia, their openness about the baby's death, and his inclusion in the family at a time when such inclusion was uncommon, was due to her having seen the baby, an assertion that echoes what Bell (2006, p. 542) has said about witnessing the dead: "Recovery of the body is the proof needed by the heart that a loved one is actually dead. Without the body emotional closure is difficult…" (see also Bolt, 2018). When I asked Nadia whether seeing the baby had been important for her, she responded by repeating the same phrase a few times, almost like a mantra: "What the eyes don't see, the heart can't know. What the eyes don't see, the heart can't know…"

Fifty years later and thousands of kilometers apart, Carlota and Xavier had a similar experience with a midwife, albeit one informed by what we have since learned about the needs of people experiencing a perinatal loss. In 2021, Carlota went into labor with their second child, a son. For reasons that are still unknown, the baby died either shortly before or at some point during labor. This happened at a small hospital in a rural part of Galicia, in north-western Spain. The hospital had never had such a late pregnancy loss, and the medical team had neither protocol nor experience to guide them.

Although Carlota's labor up to that point was being overseen by a physician, it was her midwife[36] who took over and took on the role of ritual leader. The midwife patiently and carefully informed the couple what would happen in the coming hours, including how their son might look when he was finally born. Then she spoke to her colleagues and informed them about the family's need to spend time with the baby after delivery. The midwife made it possible for Carlota and Xavier's four-year-old daughter to be in the room with her parents and spend time with her brother, and she ensured that the family had the space to themselves and were undisturbed for as long as they needed, which turned out to be almost eight hours.

This midwife's actions demonstrate that one can transform from "competent spectator" (Gladigow, 2006, p. 485) to ritual leader even in the absence of prior experience with a relevant ritual. One particular aspect of the midwife's behavior struck me when considering the role that she played on the day that Carlota and Xavier's son died. As she shared her own experience with me, she described how she "kept it together" while she was in the room with them. After the baby was delivered, and his family was situated in a way that allowed them to be together in peace, the midwife left the hospital room and promptly collapsed on the floor in the hallway. Although she did not describe the scene in this way, it occurred to me that by keeping it together until she was out of sight, the midwife was fulfilling her role as ritual leader, instead of transforming herself into a subject, i.e., someone in need of the ritualistic ministrations of modern medical care herself.

New/non-traditional leaders

Ritual-adjacent professionals

In the place of traditional religious leaders, perinatal loss rites usually feature another type of ritual leader, one more commonly observed in situations of disenfranchised grief such as those who died early on in the AIDS pandemic of the late 20th century and victims of inner-city gun violence in the United States (Engelke, 2019; Robben, 2018). Among these marginalized populations, lay people who are also activists will often take up the role of ritual leader to fill the vacuum left behind as a result of their disenfranchisement (Bell, 2009). In several situations featured in my data, professionals whose day-to-day work might be considered "ritual adjacent," stepped up both formally and informally to create and enact rituals for people who had experienced perinatal loss (Davis-Floyd & Laughlin, 2022; Han, 2020).

[36] I also interviewed the midwife who assisted in the birth of Carlota and Xavier's stillborn son. Although that interview is not formally included in the data that comprises this dissertation, her account of what happened that day informed my analysis.

Many such "unqualified" ritual leaders were encountered during this study, often in the context of therapeutic interactions. For example, several informants who experienced losses in the last quarter of the 20th century participated decades later in a therapeutic group experience popular in Spain known as *family constellations*. Family constellations facilitators are sometimes licensed mental health professionals, but they are not officially understood to be ritual leaders. Verónica is one such participant in this study who participated in a family constellation encounter more than 10 years after her loss experience.

Verónica has two living adult children, a 34-year-old son and a daughter who's almost 30 years old. She talked to me about a miscarriage she had in late 1987 in Catalonia. Verónica's appeared to be a classic case of an early second-trimester pregnancy loss at that time in Spain. She was in her early 20s and newly married, and she and her husband wanted to start a family. She got pregnant easily and had an uneventful first trimester with strange, new feelings and some discomfort, but nothing notable.

Early in the second trimester, however, she began to feel unwell and contacted her medical providers. They dismissed her concerns and told her to "relax" or "take a nap," but they didn't offer her a visit. Shortly after that, Verónica collapsed at work and was taken to the hospital, where she vaguely remembers being attended to, first in a surgery and then a hospital room; she had been given a curettage and that was the end of her first pregnancy. Verónica related all this to me in a very matter-of-fact way, speaking at one point for seven minutes straight before she interrupted herself:

> So he did the curettage and…, I don't know- Do you have any questions, or should I continue?

When I responded that she should continue, she switched from narrating the event to discussing her emotional experience:

> At that time I was in another world. Later, it was more difficult. But at that moment maybe not, or at least I remember being there and they had taken [the baby] out. And the doctor says to me 'What do you want me to do with him? Do you want to see him?'… And I said no, I didn't want to know anything about the baby. Because for me, it was a body. Without a soul, it was nothing, it was like a dress, nothing more, right? So for me it didn't make any sense at all to give any importance to what had happened, that was it.

The silence surrounding the loss continued at home with her husband, who was not inclined to discuss the baby either. Later, after she had recovered physically and gotten some distance from what had happened, Verónica said she began to think of the baby more, to imagine if it were a girl or a boy, and think about what it would have been like to see the baby, to hold it, and to say goodbye. Since I knew that Verónica's son had been the person to tell her about this study and suggest that she participate, I asked how her children had learned that she had had another baby:

> They found out when they were a little bit older. I started to read more and learn more about the importance of what had happened, and I participated in family constellations, and through that I learned that it's important to have [lost pregnancies/children] present in the family as well, including the ones who didn't live. It's important to honor them, and give them their place, right?
>
> So I told my kids that they had an older brother, that they had a big brother and so they, well, that the oldest was actually the second, and the second, who is the baby, was the third. I mean, it's not a topic of everyday conversation. But it comes up from time to time and we talk about it, you know?
>
> And later, my daughter, she did family constellations as well,…and now she has him really well integrated into her life as well, like very present. She gets that he is older than her, he came before her, that there was another person before her, and she honors that. In family constellations, they honor who was there before and they give them their proper place in the family.

Bell's (2009) observation about "ritual specialists…who offer their clientele ritual services not provided by the more elite priesthood" (p. 176) applies not just to Romanian women enacting pomana, but to family constellations facilitators as well. These ritual leaders are not "specially qualified" (Grimes, 2013, p. 194), nor are they reliant "on the authority of others to guarantee the value of what is said and done" (Bloch, 2006, p. 497). While they may have attempted to obtain such a guarantee at first, when they could not, they have instead co-opted, adopted, designed, and enacted new rituals to suit the needs of the people they serve.

Thirty years later, in 2017, Juliet had an experience similar to that of Verónica when she miscarried at 6 weeks of gestation while completing a prenatal yoga certification. When the course instructor (or "yogi") learned of Juliet's loss, she arranged with the other students to hold a short ceremony at the end of the next day of training. With no established ritual to guide her, the yogi obtained a small gift and a card illustrated with an image of a mother and child. The card was signed by the yogi and the other students and presented to Juliet with the acknowledgment that "even though you are no longer pregnant, you are still a mother." Notably, although Juliet was saddened by her miscarriage, she said she had not felt the need to process it in any ritualistic way. It was only *after* the short ceremony led by her yogi that she appreciated how important it was for her that others in her community recognized the significance of her loss. In her own words, "[The miscarriage] was a big deal, and I had to be reminded of that."

Not all of these unordained ritual leaders were encountered in group scenarios. Several participants also had ritual-like experiences in individual sessions with different types of healers, and Linda's experience was particularly noteworthy. After her first child, a daughter, was stillborn at 25 weeks in 2012, a veil of silence dropped down around the entire pregnancy and few people would talk to her about the baby, whose name is Carla. Linda said she spent weeks inside the house not doing anything, with her in-laws constantly

asking if they could do the shopping or help around the house; asking her anything, that is, except about Carla. Eventually she went back to work, started to see friends, and began to feel like herself again. At one point, Linda decided to do some sessions with a therapist who does spiritual energy cleanses, and this is how she described that experience:

> She was a bit weird, you know? And she said "You have a soul attached to you, it won't leave. And it needs to leave.… Do you know who it could be?" And I started crying so hard that I at first I couldn't explain it to her. When I finally did explain, I said, "But I'm over it!" and she said "No, you're not."
>
> And so she helped me with the whole process. I talked to Carla, and I thanked her for the time that she had been with me, and I told her that she had to go. After that, I cried for three days straight, and from then on, well, it was different.

The losses involved in these three experiences were rather different – a very early miscarriage, a very late one, and a stillbirth – and one happened 40 years ago while the other two were more recent. What they have in common is that each woman needed some sort of ritual to mark the event and say goodbye, even if she didn't know it at the time, and even if, as in Juliet's case, she was only saying goodbye to a "potential person." What each of them encountered was an unofficial ritual leader who willingly and expertly took on a role that they had not been ordained or even necessarily trained for (Bell, 2009; Davis-Floyd & Laughlin, 2022; Han, 2020).

Activists

The largest and most prominent group of new ritual leaders that I observed for this study were the dozens of people with lived experience and activists (often, but not always, one and the same) who created and enacted the perinatal loss rituals I observed and had described to me (Abramovitch, 2015; Engelke, 2018). Although advocacy groups have been active since the 1990s in the U.S., the U.K., and the Netherlands, in Spain they are a much more recent phenomenon. The first national group was formed in Spain in 2009 (Umamanita, n.d.(b)), a few years after the first online forum for pregnancy loss was established in 2005 (Recursos Duelo GN España, personal communication, January 10, 2024). A regional group was formed in Catalonia, the autonomous community with the highest level of activism and recognition, in 2011 (F. Bentué, personal communication, February 11, 2019). Other regional and local groups followed, with only two (out of 17) remaining without any formalized advocacy. Of course, these actors are not solely focused on ritual, but their actions often take the form and function of perinatal loss ritual, especially during Pregnancy and Infant Loss Awareness Month in October.

Because there is no established ritual for perinatal losses in Spanish culture, these activists were in many ways starting from scratch. However, the more-advanced awareness movements in other countries informed these new ritual leaders, who have learned from their peers via in-person contacts at international conferences and as well as through the

countless resources that have been available online for twenty years or so now. A remembrance ceremony I attended at the Montjuic Cemetery in Barcelona in early November 2022, provided a vibrant display of the ability of bereaved parents to transform themselves into ritual leaders when the moment called for it.

The historic cemetery of Montjuic holds an iconic place, both literally and figuratively, in the collective life of the city of Barcelona. It is set into the side of a mountain that bears the same name, and it offers spectacular views of various parts of the landscape, including full vistas of the Mediterranean Sea. The cemetery was officially opened in 1883, and today houses more than 150,000 tombs that can be seen from miles away climbing up the hillside (Ajuntament de Barcelona, n.d.). A warren of streets marked by hairpin turns winds up and down past row after row of niches built into high stone walls. Among those niches, in a special area in section 8 of the cemetery and near a garden for scattering ashes, you can find about a dozen that look different from the others. The stones covering the niches are not only a brighter white than most others, they are also adorned with a large, smiling star and other smaller grinning stars etched in gold on the marble. I had visited this place before on my own, but this was the first ceremony I would observe there. In fact, it was the first perinatal loss ritual to take place there since the space was opened in the autumn of 2020 when Covid was still ravaging Spain and many other countries.

The day of the memorial was sunny and warm, without a cloud in the sky, the type of day that residents of Barcelona enjoy unfairly often regardless of the season. I arrived by taxi and was dropped off at the main entrance, where I quickly ran into one of the participants in my study. When we had met almost three years prior, Sandra was a relatively newly bereaved mother of a stillborn daughter named Muriel. On this day, in addition to her role as the mother of Muriel and an 18-month-old toddler, this music teacher would assume the role of a ritual leader, singing a song during the ceremony in honor of hers and all the other lost pregnancies and children being mourned.

It is not easy to find your way around this cemetery that is bigger than many villages in Spain, and most people arrived at the location by car. I rode with Sandra, and along the way we picked up others who were looking for the same event. We followed a lead car in much the same way that a funeral cortege follows a hearse, except in our case the lead vehicle was a tiny, red Fiat Panda containing a man and woman in their late 30s, their primary-school aged daughter, and the woman's mother. None of them were thanatologists, but they seemed to easily slip into the role of making sure that everyone knew where they were going and got there on time to catch the beginning of the rite.

The organizers had set up a few dozen chairs in an open space facing four plain, white pillars, each one decorated with a stainless-steel version of the same smiling star. Most people sat silently and solemnly waiting for the ceremony to begin; a few couples stood along the sides, arms wrapped around each other. When the time came, three women went

up to stand in front of the crowd, each with a distinct function during the event. The first struck me as a sort of combination priestess and mistress[37] of ceremonies, publicly thanking certain organizations and government entities by name and also guiding the overall flow of the event so that each person there, whether leader, subject, participant, or observer, knew what to do, when, and how. The second woman read a series of messages that had been sent by bereaved parents who could not attend the event in person. As she articulated the pain, sadness, joy, and pride felt by the loved ones of those being mourned that day there was, as the saying goes, not a dry eye in the house. Sandra was the last of the three women to perform at the ceremony, singing an original version of a song that she and her husband had adapted for Muriel.

The service was conducted in Spanish and Catalan, two languages that I speak and understand well enough to follow the proceedings. Regardless, I believe that the actions of these ritual actors, in this place and with these objects, would lead anyone coming upon the scene to understand what was happening and be able to join in the shared emotion that was being generated by the proceedings, in ways similar to those described by Durkheim (1912/1968) when he first detailed the concept of collective effervescence. Throughout this event, and others like it, I was always struck by the extent to which each person seemed to innately understand their role and execute it with grace and clarity, as Davis-Floyd & Laughlin (2022) predicted would happen with any well-executed ritual. I attribute this understanding to the fact that, although I did not witness any ceremony that closely resembled a traditional Spanish death ritual, the leaders of these new rituals were nevertheless drawing on all of the rituals that they had experienced in the past to find a way to play their part, both literally and figuratively (Bell, 2009; Grimes, 2000, 2013). One of the parent messages read during the ceremony perhaps best articulates the motivation many of these activists have to transform themselves into ritual leaders. It said, simply, “Merida, you changed me. And now I want to change the world, because of you.”

[37] In all the public rituals that I observed, I only once saw a man engaged in any part of organizing or facilitating a ceremony; he was a father who had experienced a loss and also a professional photographer, who took pictures at a film screening. Undoubtedly there were other men and fathers involved behind the scenes, but the overwhelming majority of people creating, organizing, and conducting perinatal loss rituals observed for this study were women (Gibson, 2008).



Figure 6.2 Various types of ritual actors at a pregnancy and infant loss awareness event at Montjuic Cemetery in Barcelona (Catalonia).
Photo by author

Individuals

The last group of new ritual leaders that emerged from data analysis are the countless individuals enacting all of the private rites that were shared with me throughout my years of field work and data collection. Although solitary actions are not always considered to be rituals, the working definition of perinatal loss ritual for this study includes solo enactments, as supported by the work of Grimes (2000, 2013) and Bell (2009). Beyond simply defining some private actions as perinatal loss rituals, however, it is also important to acknowledge the difference between creating and enacting a new ritual as part of a group, as described above, and doing so alone, without the moral support and camaraderie of one's peers.[38]

Among the 47 individual participants in this study, half (n=23; 49%) experienced their losses in the 20th century and half (n=24; 51%) in the 21st century. There was an overall increase in private ritualizing in this group over time, a change that was characterized in large part by an attendant increase in participants' understanding of their actions as ritual. Overall, analysis revealed three broad types of private rites that were enacted by individual ritual leaders. The first, which was more common with earlier losses, occurred when the participant did not necessarily consider their action to be a ritual, but it met the working definition for the study. The other two types were more commonly performed by people with more recent losses, and they are divided between rituals that were suggested by others and rituals that were created and enacted by the individual ritual leader on their own with no outside influence.

[38] The fields of individual and social psychology are guided by theories of both explanation and change that help to explain why some people could find it more challenging to enact ritual in solitude; see for example Hart (1991); Latané et al. (1981); Zajonc (1965, 1980).

Luisa is a good example of an individual ritual leader who did not recognize that she was performing a ritual for the child she miscarried in Alicante in 1964. Luisa's loss occurred precisely at the time when childbirth was maximally medicalized in the global north, the Catholic church's hegemony was formally unchallenged in Spanish society, and perinatal losses went largely unacknowledged (Cassidy, 2020; Nash, 1993). My interview with Luisa was arranged by her middle-aged daughter, who is also a midwife who has worked on perinatal loss protocols for her institution.

For most of our conversation, Luisa maintained that, although the pregnancy she lost was very much wanted, the loss "was not a big deal" and did not have a significant effect on her life or well-being. She also denied having engaged in or even needing any type of ritual activity to process the loss. Toward the end of our conversation, however, her tone noticeably changed, and tears came to her eyes. She then informed me, almost in passing, that she thinks of that lost child "every night before I go to sleep, every single night before I go to sleep, I think of him." Luisa does not consider this to be a ritualistic activity, in part because she is a practicing Catholic, and her nightly rite is outside the purview of the church. And although I took her assertion that she did not need a ritual at face value, her daily activity of remembrance fits this study's definition of perinatal loss ritual because it acknowledges the importance of her loss and evokes a certain set of emotions in her. Consequently, the fetus that Luisa miscarried 50 years ago is included among the ritual subjects uncovered by this study.

In Linda's case, the private ritual she leads, with her young daughter as a participant, came about as a result of her work with the therapist described above. After that extremely emotional realization, and the healing that followed it, Linda decided to create a small shrine in her home for her stillborn daughter Carla, who died in 2012 (Figure 6.3). Because the baby's due date was close to a major Catalonian holiday that is celebrated with roses, Linda incorporates the flowers into the display, which also includes a candle and small, smooth stones collected by her living daughter. Each year on the baby's due date, a new candle is lit, and new flowers and stones are added to the arrangement, in a ritual enactment that is very similar to the ways that survivors and descendants often ritualize the passing of fully social humans (Hallam & Hockey, 2001):

> **Linda**: I have her a little corner in the house, I have the candle, and we put white roses there. And so every April 21st, we light the candle and we leave it burning until it goes out. That's our ritual, there's really not anything more to it.
>
> **Lynne**: And the things you described, they're always there in the corner?
>
> **Linda**: Always, there is always a candle, and when we light the candle on the 21st, we always put white things there, maybe Nara will put some stones there as well.
>
> **Lynne**: And how do you talk to Nara about Carla?

> **Linda**: It depends, there are days when she doesn't understand. So she'll ask, "Why did she die?" And "Why can't I see her?" She wants Carla to know that she has a little sister. Yesterday, for example, she said to me, "We can buy some bracelets for her, and that way every time we see them, we will think of Carla." And I said, I like that idea, we'll do that for Carla. And it really strikes me that she gets these ideas that come into her head, I don't know why!

In this small ceremony, we can apprehend several ritual actors: Linda as its leader, her stillborn daughter as the ritual's subject, and her living daughter not only as a participant but, from the way that Linda described her actions, a future ritual leader as well.



Figure 6.3 The mini-shrine in Linda's home to her stillborn daughter, Carla.
Photo by Linda

Erika was the only participant in this study whose unique loss experience was a blighted ovum, which happened in 2022, for her second pregnancy. She told me that she reacted to the loss with much more sadness than she would have expected, especially because, although the pregnancy was welcome, she had never been "hell bent" on having a second child. Like many other of this study's participants, along with others who have experienced early pregnancy loss in various contexts (Frost, 2007; Kilshaw & Borg, 2020; Lens, 2020), Erika found the treatment she received from the healthcare professionals who attended to her to be cold and clinical:

> [It] was a little bit brusque, like when they said, "This is an anembrionic pregnancy. That means nothing is developing inside the sac," blah, blah, blah. They explained very little, and since I had never heard of it before, I didn't even know what to ask, and she didn't offer too much information either. In moments like that you just sit there, holding in all your questions and like, ok, sure, "Come back on Monday." So like, the treatment was respectful, but later on at home, I had so many questions.

To get answers to those questions, Erika spent the weekend between her first medical visit and the scheduled Monday follow up talking to as many people as she possibly could, about miscarriage, anembryonic pregnancy, and perinatal loss in general. She did not go down dozens of rabbit holes or connect with people in online forums, however. Instead, she turned to her own community for help:

> It made me really afraid, wondering how it was going to be. So, during that time, I talked to a lot of people who had had miscarriages. Not grandmothers, mind you, but people of my mother-in-law's generation, family members, friends. And even, I don't know, it was a little like what you are saying about rituals, for me it was a little like a ritual in the sense that it was almost like a small childbirth. And I prepared my body for the expulsion to happen naturally. I was really afraid of having a curettage. But that Saturday night, I had horrible pain, it was like a period but really strong, really, really strong, and when I got up, it came out right away and I was so relieved.

This ritualistic preparation for her "small childbirth" was not the only private ritual that Erika enacted to process her miscarriage. She also told me that she instinctively practiced an abbreviated form of Spain's traditional birth ritual, the 40-day period of postpartum isolation that is designed to facilitate the woman's transition to the role of mother:

> I told my husband, "You take care of the baby, I'm not in the right emotional state to care for him right now." It was like, I needed a little cuarentena after the loss. In fact, I'm a freelancer, and I told my clients, "I'm sorry, but please don't call me this week." I didn't want to do anything, because I really just needed to disconnect. Or rather, I needed to connect with myself.

In practicing a modified cuarentena, and especially in calling it by that name, Erika was claiming an existing ritual for herself, enacting it in a situation that it was not intended for, but which served her ritualistic needs nonetheless. In so doing, Erika displayed what Grimes (2000) called "imaginative courage" (p. 36) in reimagining and repurposing the goal of traditional post-birth isolation and caregiving. And although Erika was clearly the leader of this abbreviated ritual, in enacting it she also transformed herself into its subject – which is the next group of ritual actors whose results we will consider.

Subjects

In the context of traditional death ritual, whether the deceased themselves is the subject of a death ritual is a question that remains open to debate. Even when the dead were still very present in everyday life in Spain, for example by dying at home after a velatorio, or being tended to by family after death (Lorite Cruz, 2021), ritual scholars like Durkheim (1912/1968) theorized that the purpose of the ritual was to reorganize society for those still living. The fact that the living in contemporary global north societies like Spain are cut off from the dead is well established (Mitford, 1963; Zambrano González, 2016), and Ariès (1974) asserted that this separation in turn had deprived the deceased of their role as a ritual

subject. More recently, in the context of a resurgence of interest in ritual and an increasing variety of ways to die and memorialize the dead, scholars like Collins (2004) continue to maintain that "the ritual is for the living, not for the dead" (p. 16).

Although none of the scholars cited above considered perinatal loss, any uncertainty as to whether the lost embryo, fetus or neonate is a ritual subject is certainly exacerbated by the debate over whether anyone has actually even died. The results of this study indicate that lost embryos, fetuses, and neonates are unquestionably the subjects of perinatal loss rituals, even if they are not there in body. Invariably there were cases where ritual was neither performed nor needed, such as Flor's stillbirth in Catalonia in 2000, which she attributed to the capriciousness of probability. In such cases, there were no ritual subjects because there was no ritual, nor any acknowledged need for one. However, although Flor came to our interview and left from it insisting that she had not needed any ritual for her loss, something that she said several times during the course of our conversation made me wonder if that was (still) the case. When Flor contacted my research center via Instagram after learning about the study, this is the message she left:

> Hello, I had a daughter who died at the same moment that she was born.
>
> She spent several hours in fetal distress, and at 2:00am on August 31 of the year 2000, after an emergency C-section, and at 40 weeks of gestation, she was born, with an Apgar score of 0-0-0.[39]
>
> Eulalia, which would have been her name, is not registered as a birth, only as an abortion, she weighed 3kg and measured 50cm.
>
> I hope that my experience can help in some way.

I responded to Flor in my usual way when I was answering a message that contained words like "daughter" and "died," beginning the email that I sent to the address she had provided by saying,

> I'm Lynne McIntyre, who is doing the study on gestational losses in the AFIN Research Center that you saw on Instagram. Let me start by saying that I'm very sorry about the death of your daughter Eulalia, and I want to thank you for sharing some of your experience with us.

At least three times during our conversation, Flor specifically mentioned that email and the wording that I had used, which had apparently been received by her in a way that was very different from what I intended:

> I'm telling you, I was really shocked the other day when you said to me..., "I'm sorry your daughter died." I thought, "Oh my god, my daughter died!" I think you are the first [person to offer condolences like that]! I didn't talk about her, Eulàlia, [like that], so I've never heard that, because I haven't allowed myself to be called her mother, you know? I even told this friend of mine,...I was shocked by this, because I never say it, you know? And Eulalia [is]

[39] Apgar scores are derived from a brief exam conducted with newborns at two time points shortly after birth; the ideal scores are 10-10-10. For more information about Apgar scores, see Watterberg et al. (2015).

> dead. She doesn't exist. And it's a word that I find hard to say. Because it is true that I don't feel like she died, but she did die. I don't know if I'm explaining myself.... [Flor pauses here].
>
> It made me think a little, when you said that. It got me thinking... I ignored it and I sought peace, but when you said that, "the death of your daughter," I thought, that's true, it's obvious. And for sure it affects me, I don't know…. In how my life has been? In my relationships? For sure. I don't know. But it was something important, what you said.

Flor continued to speak like this throughout her interview, asking herself questions and attempting to answer them, and seemingly trying out different ways of looking at, processing, and understanding the loss of Eulàlia. Flor seemed to be in a liminal state, "betwixt and between" (Turner, 1969, p. 94), unsure if she should, if she wanted to, or if she even had the right to claim her daughter as a worthy subject for a goodbye ritual. I considered that she might be experiencing the effects of an "unattended, [] major life passage" that, in the absence of ritual, "can become a yawning abyss, draining off psychic energy, engendering social confusion, and twisting the course of the life that follows it (Grimes, 2000, p. 6).

In cases where there was no ritual but clearly a need for one, the lost pregnancy or child is then the subject of a necessary ritual that was never performed. Moreover, rituals that are performed later on can serve to transform the lost embryo, fetus, or neonate into a ritual subject, long after their physical presence is gone. Mónica's experience illustrates how the later enactment of ritual can bring about this role transition. Her first two pregnancies ended in miscarriage in the late 1970s in Catalonia. Like many other participants with losses around the same time, Mónica neither thought of engaging in any type of rite or ceremony, nor did she have one suggested to her. It was years later, when a group activity she participated in, and which ostensibly had nothing to do with perinatal loss, brought about this change:

> I used to think of them as lost pregnancies. But then I did a seminar with a group of women years ago. In one of the sessions they suggested that those of us who had lost a pregnancy, whether voluntarily or involuntarily, that we do a ceremony, ok? And from that moment, I felt that they were children, you know. From that moment when all of us women talked about it. And the person who was leading it, she did like a ceremony for burying our grief….We were to imagine a big tree, and each of us made a hole in this big, imaginary tree. And we had a box, a symbolic box, everything symbolic. And we buried the child in that box and we gave them a name. And later, the other child in a different box, and with their name.
>
> And of course I didn't know if they were boys or girls, right? And the facilitator told me to give them names. And I was a little bit taken aback, and I said "I don't know if they were boys or girls!" And she said "it's whatever each of you feels." And I felt like they were boys. Look, I don't know! But I had to give them names. Honestly the whole thing surprised me a little. We had to tell them that we hoped their spirit was well and at peace, and I, as their mother, told them that I loved them, with their name and everything. It was that ceremony that made me feel like they were my children. Children that were not able to be born, but before that I had the feeling that they were lost pregnancies. And later I read some stuff on psychology and how they say that the children that come after are not the first. It's like they were the third,

> right? And so I told my daughters that, that they were the third and the fourth. That's their position in the family, you know?

In addition to the lost pregnancy/child, another common subject of perinatal loss ritual was the would-be parents such as Aída, who lived most of her adult life without processing the miscarriage she had at 12 weeks of pregnancy in 1972, at age sixteen. She described the experience as dominated by the dictates of her parents and the equally young father of the child. Aída believes that it was at least in part because she got pregnant outside of marriage that her family ignored the loss when it happened.

> Because their reaction when I came out of the operating room and they brought me home was like, "It's better this way, so the neighbors will never know, right?" And they always denied it, always denied it in front of people. For them, that I was pregnant... That was something they didn't want to accept, right? That's why we didn't talk about it anymore and whether I felt good, whether I felt bad, whether I got depressed... whether I spent a month in bed and my mind just kept going over everything, how it had all gone... Nobody asked me how I was, how I was handling it, was I sad, nothing….For my mental health, since nobody gave it importance, I thought I shouldn't give it importance either, so it didn't have any.

After a harrowing curettage during which she said they "ripped the fetus from my body," Aída was left alone at home for over a month to recuperate physically. Then she was expected to return to work and, since she was now married, try for another baby. No rituals were performed and, consequently, no ritual leaders or subjects arose at the time. In fact, Aída told me that she had no idea that doing a ritual was even an option:

> I had never even considered it. I'm telling you, I didn't even ask [if it was a boy or a girl]. I thought that, that I had no right to ask, or to talk about it…

Decades later, two important factors would converge in Aída's life to bring the importance of the loss to her consciousness. First, Aída would learn after her parents' deaths that her father had two other daughters named Aída before her, one who died a few days after birth, and another who died at three months old. She found their birth certificates among her father's papers, along with her own, all with the same name but different birth dates. After this discovery, Aída participated in a family constellations workshop where she gave those previously unknown sisters different names, to allow them to "be protagonists in their own lives," and Aída the protagonist of hers.

Second, after a lifetime of office work, Aída began volunteering in a hospital. As part of that volunteer work, she received training in grief and mourning so that she could better support the hospital's dying patients and their loved ones. At that training, each volunteer was instructed in how to make a genogram of their family, including ancestors and descendants. The exercise was revelatory for Aída:

> So they did my family genogram. And there, well, I was... very, very surprised... Because for the first time they gave importance to the fact that I had had a miscarriage. They [said] let's start with you, you go in the middle and …the parents are up there, mothers, and such... and

> descendants, right? And you married and divorced twice, but with my first husband, well, I had descendants: an abortion and a daughter.
>
> From then on, that's when they focused more on that, right? I mean, they gave it importance. A miscarriage... So your daughter is your second child. Actually, it's the second...

For Aída, having someone recognize the importance of her loss allowed her to do the same, and giving voice to her grief led to profound changes in the rest of her life. For example, although her living, adult daughter always knew about the miscarriage, they had not talked about it in any sort of detail. After Aída's discovery of her parents' perinatal losses and her participation in the volunteer training, she was more open to discussing it with her daughter. This in turn, allowed her daughter to claim that lost pregnancy as a sibling:

> Once she said to me, "Mom, you've never talked about my brother." Look, she even called him "my brother!"

Throughout the combined process of these various encounters, Aída became a ritual subject transformed into the mother of her miscarried child and her daughter was transformed into a sibling, whereas before she had always believed herself to be an only child. According to Grimes (2000),

> For those swept up in such powerful occasions it makes little difference whether such actions transform or acknowledge transformation, whether they conform or do not conform to formal definitions of ritual. What matters is that they integrate people into rhythms larger than themselves. (p. 72-3)

Through rituals that perhaps would not conform to "formal definitions," Aída and her daughter were undoubtedly integrated into rhythms larger than themselves – rhythms that eventually came to incorporate two baby girls, also named Aída, and a miscarried fetus, all who had remained in the shadows for decades before having their existence, and their importance, claimed.

Participants

Ritual participants in the context of this study are those people who take part in a perinatal loss rite or ceremony while understanding and agreeing with its goals (Davis-Floyd & Laughlin, 2022; Houseman, 2006; Schieffelin, 2006). In addition to people close to a ritual's leaders and subjects, such as extended family, friends, neighbors, and colleagues, there are many others who play such a part, similar to the healthcare professionals who attend miscarriage memorial ceremonies in England (Kuberska, 2020) and the strangers on the street who enact pomona with perinatally bereaved Romanian women (van der Sjipt, 2020). The distinction between ritual participants and observers, the latter of which is the final category of ritual actor in this study that will be presented below, is not always easy to

discern. In this section, I present three types of perinatal loss ritual participants that emerged from data analysis, which I call enthusiastic participants, future participants, and competent spectators.

Enthusiastic participants

Though there were not many, a few participants in this study whose losses occurred more recently experienced the enthusiastic participation of loved ones in rituals for their lost pregnancies and children. Aisha's mother is a good example of someone who quickly became a very active participant in the spontaneous ritual that arose after her daughter's 8-week miscarriage in 2018. Aisha had already had a stillbirth in 2016, and her parents and other close family had gone to the hospital to meet the baby, bathe and dress him, and say goodbye before his funeral service.

Two years later, when Aisha found out she was miscarrying, she decided she wanted to be at her parents' house instead of in the hospital, with her mother by her side. Before the contractions started, she didn't have a specific ritual action in mind. But after expelling the embryo, which she caught on a sanitary napkin, Aisha was inspired to bury it in her parents' garden.

> Every time I went to the bathroom, I looked at what fell on the pad, because I was holding a pad there so it would fall on the pad. And it occurred to me, that if I saw something on the pad and thought, like what if I had this sensation like, "Oh, that's so beautiful!" Then I could collect it.
>
> So I caught it on the pad, and my mom asked to see it. But I asked her, I was like, "Do you really want to look at it?" She says, "Yes, yes, yes." And she saw it, the sac with all the liquid, it looked so pretty, and you could almost see something in there.
>
> And she said, "What do you want to do?" and I said, "I want to bury it," I said, "If you want to join me, I'll wait for you." She said, "Yes, yes, yes!" But I don't know, if she had said "no," if she had said, "flush that down the toilet," I don't know…

With her comment about the toilet, Aisha, who now provides direct support to parents going through perinatal loss, was making direct reference to the way that many miscarriages end when they happen at home. As I listened to her describe her experience with her mother, it seemed that Aisha not only knew how to prepare for the physiological aspects of the loss as a result of her previous experience, she and her mother both understood and accepted the necessity of ritualistically addressing the psychological aspects as well. And Aisha's natural assumption of the role of ritual leader in turn allowed her mother to easily assume the role of enthusiastic ritual participant.

Future participants

Data analysis also revealed a group of potential future ritual participants. Several interviewees told me that as a result of our conversation, they were now considering ways

to ritualize their loss to help them process their grief. Most of them envisioned including other important people in their lives in that ritualization, whether it be a private enactment or attendance at one of the public events held in the month of October.

Rita was one such participant. She terminated her first pregnancy for medical reasons in 1982, at a time when such procedures were difficult to obtain and more controversial than they are today. In fact, Rita had to leave the Canary Islands, the autonomous community where she was living, and travel to Catalonia in order to end a pregnancy where the fetus had no chance of survival, and which could have ended up killing her as well. Rita went on to have two more children, both of whom have grown to adulthood and with whom Rita has close relationships. Although her living children have always known about their mother's first pregnancy and how it ended, it was only recently that Rita's daughter claimed that child as her brother and expressed to her mother the importance of having done that. At the end of our interview, Rita told me that she was going to think about enacting a ritual for her first child, and about inviting her children to participate, with the goal of officially making that baby a part of the family and allowing Rita to engage mourning in a way that she felt her husband, parents, colleagues and friends had denied her forty years ago.

> **Rita**: Well, I'm going to think about it a little bit, yeah think about it a bit, because as it happens next week someone, well this Saturday or Sunday, someone else from the Canary Islands is coming here. Not from that time, we met after [I lost the baby], but they work a lot with energies and all that.
>
> **Lynne**: That will be around the 40th anniversary of the baby's death, right?
>
> **Rita**: That's true! The 25th of August. You've given me pause…
>
> **Lynne**: I'm sorry!
>
> **Rita**: No, no, no, I appreciate it! I thank you for it. But there couldn't be… actually, I think I still have a little piece of her clothing!…I have to have a look, because I used some of her clothes for Adrià and maybe I saved something. That would make it so easy, and…my daughter, she would help me. Or really me by myself, I don't need someone to help me, no, that's true.
>
> **Lynne**: Maybe more like, 'accompany' you?
>
> **Rita**: Accompany me, accompany me, yes, that's it…But look, this would definitely require- it just occurred to me, and I'll share with you- a trip to the Canary Islands, because her father is there… [Rita begins to cry for the first time in our interview] I'm sorry, Lynne…
>
> **Lynne**: Please don't worry about it! There is nothing to apologize for. And it's not my goal here to give you advice, but from what I've seen in my work and in my research, it's never too late to do something. It's never too late to talk about it with someone, or to do something, you know?
>
> **Rita**: Thank you Lynne, thank you, for opening up an option for me that would be the best. I'll tell you, that door was long shut. But I have something here that I hadn't- [gestures to her chest] that I hadn't completely dealt with. And I should do that. Thank you.

Similar to my experience with Flor, it seemed that Rita was experiencing the effects of an "unattended…major life passage" (Grimes, 2000, p. 6) and had been for quite some time. Like Aída, she felt she had been overly influenced and silenced by her husband at the time, and other family members and friends. Now that Rita was older, she felt more capable of making her own decisions about the importance of the loss and the place that it should have in her life. And there was a very good chance that, after leaving our interview, Rita would go on to become a ritual participant, along with one or both of her living children, as well as a ritual subject, as the mother of the child she lost in 1982, and possibly even a ritual leader herself.

Competent spectators

Some of the ritual actors in this study who started off as observers eventually rose to the occasion and willingly took on a new role as participant. In the present study, Zulma's mother illustrates this point beautifully. In the early days and months after the loss, Zulma said her mother's attitude was not only not helpful, it was sometimes harsh, as when she said, "Listen, in Africa babies die all the time. Get it together." After Zulma recovered from the shock and grief of Cora's death, she became active in supporting other parents and educating families and healthcare providers. About seven years after the loss of Cora, Zulma was facilitating a group and invited her mother to come along:

> About three years ago or something like that, we had organized a conference and we were doing different talks and workshops in libraries and stuff, and there was always a chance for people to talk and ask questions and whatnot.
>
> And my mother, who had come with me, at one point, she stood up and she said, "Hello, I'm Cora's grandmother." [Zulma repeated her mother's words in a very measured, everyday tone of voice, as if it were something that her mother said all the time].
>
> And in my mind, I was like, "Oh my god, SERIOUSLY?!"
>
> And then she said it herself, she said, "This is the first time that I call myself that!"

Realizing that she had been waiting for this moment for years, Zulma said that the gesture not only transformed her own mother into Cora's grandmother, but also deepened Zulma's own sense of her motherhood of that child. Using Gladigow's (2006) concept of the competent spectator, we might conclude that Zulma's mother needed to observe and participate in other perinatal loss rituals before she could fully "appreciate the achievements of a 'perfect' or aesthetically appealing staging of a ritual" (Gladigow, 2006, p. 485).

Peelen's (2011) study of rituals for late pregnancy losses in the Netherlands sheds light on the contrast and occasional fluidity between ritual participants and observers. At a funeral for a stillborn child, she spoke with a neighbor of the child's family who said that "through his attendance [at the ceremony, the child] has become a real person to him"

(Peelen, 2011, p. 127). Although we cannot know his motivation for attending, it is possible that he went to the ceremony as an observer, perhaps encouraged or mandated by a family member, or out of curiosity. Even if the neighbor viewed himself as a ritual participant from the beginning, his understanding of the purpose of the ritual appears to have shifted during the event, from that of supporting the bereaved parents to acknowledging and accepting the personhood and importance of his tiny, erstwhile neighbor.

According to Gladigow (2006), repeated experience of the same or similar rituals can assist in transforming an observer into a more active participant (see also Wulf, 2006). This was likely in the case of the Dutch neighbor interviewed by Peelen (2011), who had almost certainly attended funerals before. I would extend Gladigow's (2006) line of thinking to say that any spectator (or, using this study's terminology, observer) who truly "appreciates the achievements" of a ritual then becomes a participant in that ritual.

Conversely, there are also those who remain observers, despite the extent to which those experiencing perinatal losses might wish them to participate. For example, refusing to use a child's name when asked to do so, ignoring special dates such as birth and death anniversaries, and declining to interact with or acknowledge ritual objects such as photographs and footprints are other ways that people who may have been perinatal loss ritual participants instead remain in the realm of observers (Layne 2022; Peelen, 2011; Thompson, 2008).

Observers

The existing literature on perinatal loss contains little information about non-participant observers of these rituals. However, even if these actors are not detailed in the literature that is currently available, we know they are there. We can easily imagine the countless people who have walked by van der Sijpt's (2020) participants enacting pomona on the streets of Romania, those who help the village midwife dig a hole to bury a neighbor's stillborn baby (Cecil, 1996a), and those who have cleaned up the crematorium chapel after a ceremony for miscarriages in England (Kuberska, 2020). I subscribe to the Grimesian (2013) theory that these people are ritual actors as well, and their roles are integral to achieving the goals of perinatal loss ritual (see also Malacrida, 1999). Consequently, I took special care during my field work to observe these observers, to theorize about their presence, and to analyze their part in perinatal loss ritual.

The vast majority of the observers that I encountered for this study were either what I term positive observers whose presence in some way elevated the rite, such as the cellist at the Figueres ceremony, or neutral observers, who witnessed but did not add anything perceptible to the proceedings, such as the gardener. Less common were those who fell into the category of negative observers, actors who either detracted or threatened to detract in some way from the ability of the bereaved to process their experience through ritual.

Positive observers

I encountered positive observers most often in places of collective, public perinatal loss ritual, since smaller and more private rituals were almost always populated by leaders, subjects, and participants. One such place was an exhibit of photographs taken by the photographer Norma Grau for her project known as *Stillbirth*. The photos and accompanying text were displayed for two weeks on the ground floor of a community center located in the north of Barcelona. While these types of community resources can be used for any approved purpose, this particular center was an interesting choice because it was a youth center whose activities centered primarily around adolescents and young adults. Consequently, I had some trepidation about what sort of reception I would find for the exhibit in such a setting.

The display included six photographs in all, with texts written by bereaved parents accompanying five of them (Figure 6.4). Each of those five images included a person in some way, although in only one of them were the subjects' faces visible. All of the images were emotionally affecting, but one in particular stood out, not only for me but for the people at the center whom I spoke to about the exhibit. It was a stark, black-and-white image of a tiny urn, with even tinier footprints impressed into its side. The footprints simultaneously evoked those often taken from newborn babies after birth, and footprints made in the sand as one walks on the beach that are quickly washed away by the sea.

After viewing the exhibit myself, I asked the staff member who had directed me to it, a man who appeared to be in his 60s and with whom I spoke in Catalan, what he thought about the display.

> At first I thought it was a bit strange, here in a youth center. And also, why would anyone talk about that? But then I saw the film [that was shown one night to coincide with the exhibit] and now it makes sense to me. Apparently everyone knows someone this has happened to, even me as it turns out, even my own sister, and I never knew!

I was also able to connect that day with five younger people who were hanging around in the center's lobby and just outside, either having just finished an activity or waiting for one to start. Two of them had already seen the exhibit, while the other three went to have a look after I asked them about it. Their impressions were similar and unanimously supportive of the need to collectively acknowledge the importance of these types of losses. None of the five had children of their own or peers who had experienced losses apart from abortions, as far as they knew. One person shared that they knew their mother had had a miscarriage many years ago, and another offered that they were glad to have seen the exhibit because they imaged that, as they got older, such losses would inevitably happen to them or someone they loved.

The exhibit of *Stillbirth* photographs may not have been as extensive as the AIDS quilt displayed in front of the U.S. Capitol building or the demonstrations of families of the

disappeared in various countries throughout the 20th century (Engelke, 2018; Espinosa Maestre, 2019; Robben, 2018). Even so, it resulted in a group of positive observers who seem likely to view perinatal losses in a different way from having participated in a small but powerful perinatal loss ritual.



Figure 6.4 The Stillbirth photo exhibit at the Espai Jove Boca Nord in June, 2019 (Barcelona).
Photo by author

Neutral observers

In families and couples, there was not always agreement about the status of a lost pregnancy or child. For example, Núria bought a necklace with a pendant consisting of a feather in a tiny bottle as a way to commemorate a miscarriage she experienced in 2017 (Figure 6.5). Although she never learned the baby's gender, for Núria it was "the daughter she never had." Years later, she wears the necklace less frequently than in the weeks and months immediately after the loss, but she still occasionally takes it out of her jewelry box as a way of spending time with her daughter. In this way, Núria enacts a ritual that acknowledges the existence of the lost child, and herself as the mother of a daughter (Núria also has two living sons). Núria's husband, on the other hand, has no connection, emotional or otherwise, to the lost pregnancy. In fact, when Núria bought the necklace and showed it to him, he said, "What is that for? Why would you wear it?"

The reaction of Núria's husband to the necklace she bought after her miscarriage, described above, highlighted one other type of ritual observer — someone who *could* have taken on the role of leader, subject, or participant, but who chose not to. Such situations can generate conflict, since these observers are often expected by the bereaved to play a different role in the ritual proceedings, usually a more active or involved one, as in cases of disenfranchised grief (Engelke, 2019; Fox, 2005; Robben, 2018). In Núria's case, it did not; she explained their differing reactions this way:

> I think there was a part of me that looked for, like, the ritual that I didn't get to have. Because if your baby isn't born, you don't get to have a funeral. And so it feels like, how do I say goodbye? Or how do I pay respect or have some kind of memory?
>
> And, and I think the father's experience, like, the whole process differently anyway, because they don't, like with my other children, they just don't attach, not even until they're born, but even sometimes, like, after the birth, like for the first four, five, six months,…he didn't really engage with either of them, right? [Núria pauses here].
>
> So I guess, it's him. He doesn't have a need to say goodbye to the baby.

In this example we see how Núria and her erstwhile daughter became the subjects of a very intimate and simple ritual, while the role played by the child's father was instead that of an observer, as we will see below (Maddrell & Sidaway, 2010; Meyer & Woodthorpe, 2008). Núria and her husband were among the couples in this study who, although they had different understandings of the loss experience, still managed to support their partner's interpretation of what had happened, in much the same way that the parents in Peelen's (2011) study used ritual to "create social support for their interpretations of pregnancy loss" (p. 126).



Figure 6.5 The necklace Núria bought to commemorate her miscarried daughter, which she sometimes wears and other times simply retrieves from her jewelry box to look at (Catalonia).

Photo by author

Negative observers

Participants in this study provided countless examples of people they encountered who could have played a positive, participatory, or neutral role in their loss rituals, but who instead took on the role of what I call the negative observer. A negative observer can be someone who denies either the importance of the ceremonial event, of the loss itself, or of both (Cecil, 1996a; Kilshaw & Borg, 2020; Layne, 2003).

For Mariana, two negative observers to her perinatal loss ritual were two of the most important people in her life, her mother and her sister. They live in South America, so their relationship at the time of Mariana's 10-week miscarriage was conducted mostly by text message and phone call. Mariana engaged in a variety of ritual actions to process her loss; for some of them, she was the creator and leader, while in others she was a participant and, as the mother of a lost child, a subject. She had wanted to share these experiences with her family back home, but noticed that they lost interest in talking about it shortly after her miscarriage.

> I tried to talk to my family, to my sister and my mother [makes a tsk-ing sound of disapproval] but I always noticed that it wasn't on their radar, like there was a moment when they stopped listening. So I sort of intuited that I probably shouldn't talk about it anymore. I would just say things like "I'm in a group, I'm supporting other people," and I would leave it there, very superficially, for them to read between the lines. I didn't get into details, no, since I had noticed that they really didn't understand. I just kept it really superficial and that was that.

Unprompted by me, Mariana went on to hypothesize why her family might have reacted this way to her loss and pain.

> You know, something that is said about me a lot is that I'm very strong, that I have a lot of character. So a lot of times this means that people have this attitude toward me, like, "You don't need too much [from other people], do you?" They would sort of whisper to each other, "Did you hear what Mariana is doing?" and "Yes, yes, we heard!" But they would never ask me about it. And I guess I probably was projecting that, right? You project that you're really strong, that you can do anything, and you get more and more used to doing that. And then when you need more [from the people in your life], they don't know what to do.

In a very different context, during my field work at a hospital in Barcelona, I observed a situation in which a member of the healthcare staff could easily have become a negative observer, if they had come into direct contact with the bereaved parents. A woman with recurrent pregnancy loss had given birth to a 20-week, male fetus who, according to the obstetrician who delivered him, breathed twice and then died. Consequently, the baby would receive birth and death certificates and be registered in Spain's population registry. The parents did not wish to see or hold the baby, but they did accept the midwife's offer to prepare them a memorial book.

First, the midwife and a medical assistant pulled out some art supplies and began cutting colored paper, folding it into a booklet and adding decorations and stickers. Then two midwives brought the impossibly tiny body into one of the surgeries and painstakingly worked to retrieve tiny hand and footprints from the baby's body, using colored paint to transfer them into the booklet so that the parents could look at them whenever they wanted (Figure 6.6). According to Layne (2000), "Footprints and handprints are important symbols of humanness... Since the discovery of the uniqueness of fingerprints, [they] have come to represent not only generic humanness but the idea of the unique individuality of each

person" (p. 333). Consequently, this little, handmade booklet would be tangible evidence of the individuality of this particular child.

It was a quiet day, so the three medical residents who were on the unit that day also went to the surgery to watch. At one point, one of the residents asked, "Are you doing that for the [civil] registry?" The head midwife responded, explaining, "No, it's for a memorial book for the parents, so they can remember their son." I was watching the resident as she listened to the midwife's response, and her face scrunched into a grimace. "Ugh," she said, "why on earth would anyone want *that*? It's so morbid!"

This young resident appeared to have already adopted the techno-scientific stance that has been observed, and often criticized, in obstetricians by social scientists the world over (Davis-Floyd, 2003; Han, 2018; Hernández Garre & Echevarría Pérez, 2015). What's more, the presence of all three residents at this ritualistic activity was not a priority; if there had been a patient in active labor or an interesting emergency case, they would almost certainly have been observing that instead.

Of course, medical residents are student physicians who are there to learn how to adequately and appropriately practice their profession, and hopefully that was a learning experience for the resident who could have been a negative observer. At the time, I couldn't help but recall the mortuary staff who were present when Zulma went to see Cora's body ("That crazy lady is here, the one who wants to see the dead baby"). Fortunately for the parents of the deceased 20-week-old, they were being attended to by professionals who had fully embraced their roles as ritual leaders in cases of perinatal loss.



Figure 6.6 Midwives obtaining hand- and footprints from a stillborn fetus, for inclusion in a memorial book for the parents, while medical residents look on (Catalonia).

Photo by author

The researcher as ritual observer and participant

Perhaps it is not coincidental that one of the main methods of data collection in the social sciences is known as "participant observation," a term that includes two of the four types of ritual actors encountered in this study. There is some debate about the role of the researcher in the subjects they are investigating, including discussion about whether it is possible or even desirable for a researcher to be truly objective (Rosaldo, 2021; Sánchez Díaz, 2022; Vallverdú, 2004). Here, I want to explore my role as it relates to the question of who is a ritual actor and, in doing so, to acknowledge the contributions of the many scholars who have addressed this issue before, especially Vallverdú (2004), who so eloquently and provocatively stated, "Sometimes, although not often, I hear social scientists talk about the effects of participant observation on the group that is being studied…but never about the effects [of the studying] on the participant observer" (p. 17).

Although I endeavored to be neutral when interacting with informants so as not to influence the information they provided to me, I never tried to be objective when it came to the grief, pain, and loss they experienced and shared with me. And although in most cases I cannot be sure that anything that I did or said was instrumental, I did come to realize that I myself was playing a role as a perinatal loss ritual observer and participant in ways that eventually felt important to the study.

The most obvious way that I acted as a ritual observer was by attending rites and ceremonies, such as those described above in Barcelona, Figueres, and Madrid. Although I did not participate in these events in any active way (with the exception of laying a rose on the memorial in Figueres), my presence obviously added to the number of people in attendance and, therefore, to the perception of interest in and commitment to the cause. At a few events, such as a film screening in a small town in Catalonia related to perinatal loss awareness month, there were so few people there apart from the organizers that I was glad that my presence helped to bring the numbers up.

Another way that I acted as an observer was by visiting various interment and other memorial sites throughout the country. My presence may also have had an effect in these cases, as others observed me in that set-apart looking place in the local cemetery or park and wondered what that place was and what I was doing there; I'm sure that more than a few people with whom I crossed paths over the four years of my investigation assumed that I was bereaved from a perinatal loss. However, more than just my presence was impactful, as I often had to inquire with people in the area about how to find the place that I was looking for. My expression of interest in each of these newly created memorial places could only add to the sense that they were valued, needed, and used. For just one example, I remember finally going into the main office of the municipal cemetery of Bilbao, after exploring the expansive grounds on my own and failing to come across the perinatal loss memorial by chance. The face of the office worker who showed me where to go on the map

exhibited obvious sympathy as she gently smiled at me and told me that she hoped my visit went well. Although I am not a bereaved parent myself, I know that these interactions I had with other perinatal loss ritual actors then carried over into my own encounters with those who had lost pregnancies and children.

One of the most profound experiences that I had as a ritual observer and participant, and which I had with almost every interview conducted and place visited, was the sense that I was now another person in the world who knew the person who had ceased to be because of a perinatal loss. For example, after talking with 89-year-old Mercedes about her newborn brother's death in 1936, I went to visit the place nearby where he was anonymously buried. The cemetery of Sant Climent de Peralta sits next to a small church in a rural part of Catalonia that used to be a town, but which today is comprised of one farm and a country inn, in addition to the church building where mass is no longer celebrated. I did not lay eyes on another human being while I visited the tiny cemetery, nor did I see any marker that I could clearly identify as belonging to Mercedes' family (decades ago they left Sant Climent de Peralta for the slightly bigger and still vibrant town of Mont-ras, which is where Mercedes' granddaughter organized to have a perinatal loss memorial space erected in the town cemetery). Despite my solitude, I felt that by visiting the place where Mercedes' brother was buried, by thinking about him and imagining his place in his family and in the world, I became another one of the very small number of people who ever "knew" him. And in this way, I felt as though I was participating, in some small but still significant way, in a perinatal loss ritual.

Conclusion

My analysis of the ritual actors encountered for this study encompassed two objectives. The first was to identify the leaders, subjects, participants, and observers of perinatal loss ritual, in accordance with the predominant types of ritual actors that emerged in the literature review. In my analysis, anyone who witnessed a perinatal loss ritual, and even some who didn't, was considered an actor (Grimes, 2013).

Traditional, religious ritual leaders did not play a predominant role in the losses included in this study's data, for what appear to be two contrasting reasons. For earlier losses that occurred when Roman Catholicism dominated Spain, formal religious acknowledgement of perinatal loss generally did not take place, hence there was no obvious role for religious leaders (The Holy See, 2007). Among the later losses that happened at a time when there was more societal recognition of such losses, the religiosity of the Spanish population had also greatly diminished (Centro de Investigaciónes Sociológicas, 2022), which in turn led those engaging in perinatal loss ritual to largely refrain from included religious leaders.

In contrast to the minimal role of religious leaders, those ritual leaders found in the healthcare context (Davis-Floyd, 2003) predominated across almost the entire span of loss featured in this data. For the losses included in this study, a slight trend toward greater acceptance and assumption of the role of ritual leader was observed among the healthcare professionals featured. However, multiple stories from participants with very recent losses of medical personnel who declined to engage with them on any level beyond the physiological indicate that many of these professionals continue to resist the possibility of becoming a perinatal loss ritual leader.

The resistance of some healthcare professionals to assume the role of ritual leader speaks to the second objective of my analysis of ritual actors, which was to determine what, if any, impact the enactment of a role or roles had on the actor's identity. Those reluctant professionals likely identify with a purely physiological approach to their work, in which grief, mourning, and ritual are beyond their purview. Many others, however, demonstrated a willingness to adapt their identity to fit the needs of the situation. Moreover, such identity expansion or alteration was not limited to healthcare professionals, as many of the ritual actors featured in this study transformed from reluctant observer to active participant, from participant to subject, and from subject to leader.

According to Grimes (2013), "however participants express it—and there are myriad ways—in ritual *something is supposed to happen to their identity*. It is confirmed, established, transformed, transposed, transmogrified, transcended" (p. 253, emphasis added). Throughout this study, countless such transformations were observed as a result of a ritual enacted: a woman who had a miscarriage confirmed her motherhood, a gardener became a ritual observer, grown children gained a sibling, and a group of activists created and enacted a brand-new, perinatal loss ritual.

I believe it is this last example that warrants our deepest attention and respect. For if the results of this study say anything important about perinatal loss rituals and the actors that comprise them, it is that such rituals would not exist without the people who have stepped up and claimed the role of ritual leader where none had previously existed (Sax, 2006). Without these leaders, there would be no erstwhile child to be the subject of a remembrance ceremony, no grandparent to transform from observer to participant, and no gardener or cameraman who returns from his day's work and says to a loved one, "I never knew that losing a baby was such a big deal." It is these new ritual leaders who have made it possible for others to take on other roles as ritual actors. Collectively, all of them are helping to transform the landscape of perinatal loss in Spain.

7 Ritual objects

> **The paraphernalia of ritual can be minimal or enormous but always something of a puzzle. Which of these counts as a ritual object: an icon on an iconostasis? An icon in pilgrimage gift shop? An icon for sale in a flea market? A chalice? A chalice filled with wine? A chalice filled with beer? Money? Money in a collection plate? A piece of clothing once worn by your deceased child?**
>
> *Grimes, 2013, p. 268*

Introduction

When I arrived at Sandra's home outside of Barcelona during a torrential rainstorm in May 2019, I was not sure what to expect. It was only the second private home I had visited since I began this study, and the first of someone who had experienced a third-trimester pregnancy loss. Sandra welcomed me warmly into the living room, which had framed photographs of her stillborn daughter Muriel on the wall. In the dining room, where we sat for our interview, there was a large white candle with a wooden "M" attached to its front. Just outside the kitchen door, a lemon tree grew in the backyard; the idea to plant it in honor of Muriel had come from her father, a man "very connected to the earth," according to Sandra. Later, after we talked, Sandra would show me the room that was meant to be Muriel's nursery, just off the living room. When we entered, at first I noticed few things that would indicate that the space had been intended for a baby. Then Sandra opened the closet and retrieved a black box decorated with brightly colored polka dots. She placed the box on a dresser and opened it to show me what was inside.

I watched as Sandra carefully retrieved a few things and spread them out on the dresser so I could better see them. There was a little booklet with two perfect blue footprints and a blue handprint. Muriel's full name and birth date appear on the booklet as well, along with her birth weight. Next to that Sandra placed the little knit cap that hospitals put on all newborn babies' heads to keep them warm, along with the hospital bracelets worn by Sandra and Muriel. Although these things would typically be preserved as souvenirs by

many families, the rest of the things in the black box stood out in their relative ordinariness. There were a few items of tiny clothing in perfect condition with no stains, wrinkles, or tears. There was a little sign decorated with a dancer and a red ribbon, for hanging on the door of the nursery and alerting people that someone tiny might be sleeping inside. And there was a small bottle, intended to provide Muriel with formula or breast milk when Sandra was not around; instead, it sat unused in its original box.

The last thing that Sandra took out was a small cardboard box, so small that I hadn't noticed it until later when I looked at the photographs I had taken that day. The little box was totally plain, except for the words *Gros Besitos, Muy Tiernos* [Big Kisses, Very Tender] printed on the side, along with the name of the hospital where Muriel was born and died. Since I hadn't noticed it at the time, I hadn't asked Sandra about it either; so, I looked it up on the internet to see what I could find out. As it turns out, the hospital had been selling boxes of "big kisses," along with others containing "1,039 hugs" and "1 kilo of my love for you." The goal of the sale was to raise money for children with serious and complex illnesses. In Sandra's case, though, the box was given to her by hospital staff as part of set of mementos of her daughter Muriel, who had died as the result of a serious and complex illness called preeclampsia.

In Chapter 3 on Ritual, I reviewed the theory behind how objects can be infused with symbolism and used to enact death and birth ritual. This chapter picks up where that left off, exploring how people in Spain have been conceiving and deploying ritual objects for use in perinatal loss rites during this study's time period. Until very recently people experiencing perinatal loss had very few official or sanctioned ritual objects at their disposal in any context, just as they had few actions, actors, or places (Cecil, 1996a; Grimes, 2000; Layne, 2003). Of course, individuals have almost certainly been creating new ritual objects or co-opting existing ones to confront perinatal loss for much longer than scholars have been paying attention. In general, however, it is only since the inception of perinatal loss activism in the late 20th century that we have seen a significant shift from a lack of appropriate objects to the existence of a growing cadre of things deemed applicable and acceptable to use in the perinatal loss context (Gibson, 2008; Hallam & Hockey, 2001; Layne, 2000). The results of this study's findings on perinatal loss ritual objects are presented here in conversation with the existing literature on material culture in general, and perinatal loss in particular.

Conceiving perinatal loss ritual objects

A ritual object is "more than the sum of its parts" (Bell, 2009, p. 157), and it can be difficult to articulate just what differentiates an everyday thing from one that has been set apart and deemed uniquely suited to help achieve the goals of a ritual. In Euro-American

culture, *things* are often contrasted with *persons* as diametrically opposed. Kopytoff (1986, p. 89) saw more of a "natural continuum," from pure commodities (that is, things that have an exchange value or price), to "singularized" objects (which no longer have an exchange value because they have been deemed special to an individual or a group) to, finally, persons (see also Bell, 2009; Gibson, 2008).

Although not all "singularized" things are ritual objects, Kopytoff (1986) specifically highlighted objects used in ritual as a prime example of singularization. If all goes as expected and a pregnancy leads to the live birth of a healthy baby, baby things — pacifiers, clothes, toys, etc. — typically remain simple, everyday objects. Even if certain things, such as a favorite book or a special outfit, are kept by the family when everything else has been donated, passed on, or sold, these things don't assume the role of a ritual object; rather, they remain in the realm of keepsakes and mementos — more than just things, but less than ritual objects. By contrast, in the case of perinatal loss, almost any *thing* related to the baby is transformed into a ritual object. This doesn't happen purely by virtue of the thing's existence or proximity to the child, but by when, where, why, and how it is called into service (Layne, 2000; Peelen, 2011; Thompson, 2008). That is, to understand how an everyday thing is transformed into a ritual object, we must consider context, intention, use, and power.

Context

Context is essential to discerning whether a thing is a ritual object or not: We can't adequately assess its meaning and symbolism without considering the environment in which it exists (Davis-Floyd & Laughlin, 2022; Kopytoff, 1986; Meyer & Woodthorpe, 2008; Nugteren, 2019). Kopytoff (1986) was careful to stress that a commodity has exchange value only in a given context, while it may be singularized in another, and Bell (2009) offered the example of the U.S. flag to illustrate this point: You can buy a flag from a shop for a price; at that point it is a commodity. After purchase, the flag acquires symbolic meaning and is unlikely to be treated in the American home as another piece of cloth or even as a simple holiday decoration. At some point, that flag was transformed from commodity to singularized object.

Intention

In addition to paying attention to the context in which an object is being deployed, it is essential to know why it is being deployed. In other words, what is the intention of the *actor* taking the *action* in the *place* with the *thing*? Bell (2009) has said that "rites can work as a type of social alchemy to transform good intentions into new instincts or weave the threads of raw and broken experiences into a textured fabric of connectedness" (p. 264). Regardless of

whether they are "good" or not, the intentions that motivate the transformation of an everyday thing into a ritual object in contemporary Euro-America are usually either individual or pertaining to a small group of like-minded people (Grimes, 2000; Kopytoff, 1986). With few exceptions, this is not happening on a large scale. At the same time, not all theorists agree that ritualization or the singularization of an object can be achieved by individuals or marginalized groups (Durkheim, 1912/1968; Humphrey & Laidlaw, 1994; Kopytoff, 1986; Sax, 2006). For many scholars, the intention of a ritual is codified into the ritual itself, both preceded and superseded by any individual desires. I allow that could be true for the more dated, longstanding, and traditional rituals and ceremonies that occur in Spain. But, for the type of ritual featured in the present study — relatively new, unsanctioned, and avant-garde — individual or small group intention is not only sufficient, it is paramount.

Use

Once the context is understood and the intention discerned, it is important to note how an object is used ritualistically, since the meaning and symbolism of things are "inscribed in ... their uses" (Appadurai, 1986, p. 5; see also Meyer & Woodthorpe, 2008). Grimes (2000) perceives a sort of circular relationship between the object and its use: rituals would be empty of meaning and symbolism without objects, so objects give ritual meaning; but rituals also instill meaning into objects (p. 62). Many everyday things that are transformed into ritual objects have a practical use outside of their use in ritual, such as clothes that not only cover and protect a body, but also indicate their wearer's role or status in the environment in which they are worn. When used in a ritual, things "are given a function additional to their practical use" (Lévi-Strauss, 1971/1990, p. 671). Oftentimes, that function is evident, such as a dead baby's hospital bracelet: no longer used to identify and secure the baby, it now serves to prove the child's existence. Other times, however, the function of a ritual object that previously had a practical use is more nuanced, as when a jewelry box given as an anniversary gift is now used to store a lock of a stillborn baby's hair; in this case, the object has a practical use — storing jewelry — and two singularized uses — reminding its user of the marriage commitment and memorializing the dead child.

Power

Neither context, intention, nor use will matter if the people enacting the ritual are devoid of power. That is, the thing will remain a thing and will not be singularized into a ritual object (Kopytoff, 1986). In 21st century Euro-America, there are different types of power and myriad ways to obtain it. Some forms of power are ancient, and may be seen as waning, such as religious power (Layne, 2000; Maddrell & Sidaway, 2010; Rappaport, 1999).

Others come from being a member of a respected or dominant group such as government bureaucrats and medical professionals; these may not possess quite the level of power that they had a hundred or even fifty years ago, but they continue to enjoy significant influence over society (Foucault, 1979/2004; Layne, 2000; Schnepel, 1990). But recent years have seen the emergence of new types of power, including that which is claimed and sometimes demanded by the previously powerless. Examples of this latter group include anti-racism activists and advocates for the legalization of sex work and gestational surrogacy (Layne, 2000; Sax, 2006).

Findings: Objects

The objects that comprise the data in this study came from two sources: via individuals who participated in interviews and/or focus groups, and during the observations that I conducted throughout Spain in both public and private spaces. I observed hundreds of objects over the course of the study, and data analysis revealed three object categories similar to those found in the literature on ritual objects and symbolism:

- **Archetypal objects,** that are by their very nature infused with meaning and symbolism.
- **Traditional objects,** used in other rituals that have been adopted or co-opted for use in perinatal loss.
- **New objects**, including everyday things, "found objects" (Streek, 2011), and original creations.

In addition, this study's data also revealed the importance of a fourth, possibly counter-intuitive category that was not encountered in the literature — that of "no objects":

- **No objects,** where the absence of ritual objects speaks directly to the lack of ritualization or commemoration, an absence that is deeply felt by those experiencing perinatal loss.

Figure 7.1 is a conceptualization of the most prominent objects encountered over the course of this investigation, and which category or categories of analysis they fall into.

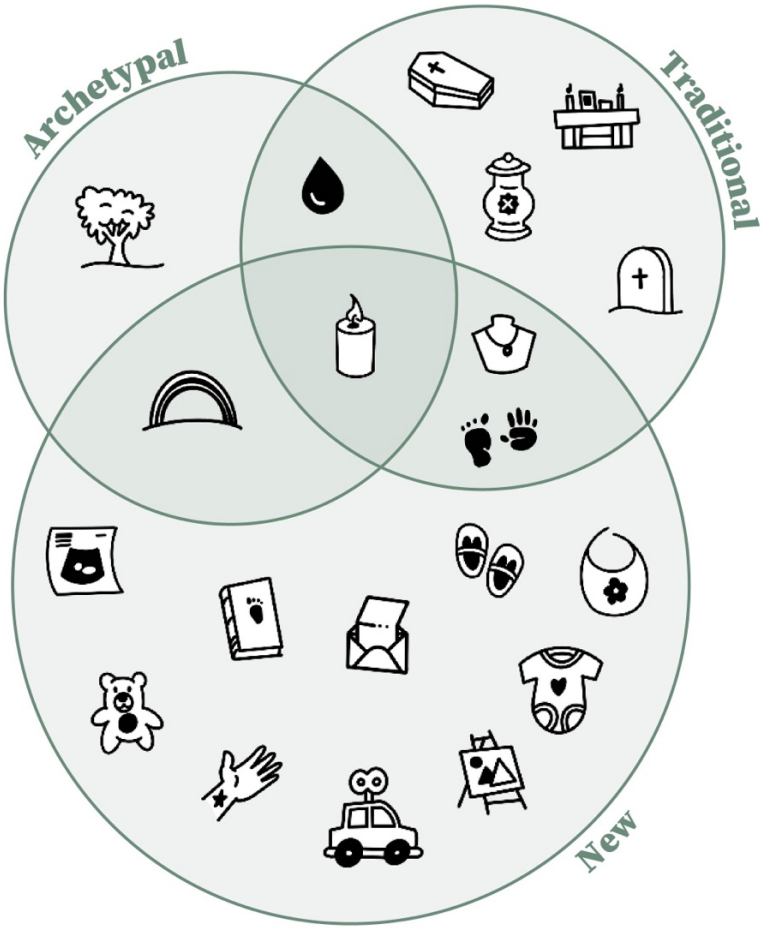


Figure 7.1 A visualization of a sampling of the ritual objects encountered for this study according to analysis category.
Graphic by author

Archetypal objects

Certain symbols are already infused by their context with "culturally established associations" Luddeckens (2006, p. 560), and thus are especially useful as ritual objects (see also Davis-Floyd & Laughlin, 2022; Turner, 1967). A relevant example for this study is the use of rainbow symbolism for perinatal loss. The rainbow has long been established as a symbol of hope and optimism in Judeo-Christian cultures, in large part because of its depiction in the bible story of Noah's Ark (Lee & Fraser, 2001). Perinatal loss activists have harnessed that symbolism by equating the rainbow with the live-born baby that is born after a perinatal loss (El Confidencial, 2023). Not all people with lived experience embrace this symbolism, and some find it facile or even offensive. But many people today, even those who are not particularly well informed about perinatal loss, know the meaning of the "rainbow baby" in Euro-American societies. The "rainbow baby" concept would not work in all contexts, however. For example, some Aboriginal peoples in Australia consider rainbows to be snakes that have come to steal the rain, while the Karens of Burma believe rainbows are demons that eat children (Vince, 2020). These two examples show how the

same object in a different context can hold very different meaning. The most prominent archetypal objects that emerged from this study's data were remains, fire, and water.

Remains

Perhaps the most universal and iconic death ritual object is the dead body. For millennia, Euro-American cultures including Spain have had very specific and special ways of treating a corpse, from washing and dressing, to displaying (or not), to a final disposition of burning or burying (Ariès, 1974; Grimes, 2000; Hockey et al., 2001; Zambrano González, 2016). By contrast, it is only recently that people experiencing certain types of perinatal loss — generally, stillbirth, termination for medical reasons, and neonatal death — have secured the right to have access to their child's dead body, in Spain and elsewhere (Cassidy, 2020; Gibson, 2008; Tribunal Constitucional, 2016).

This change has taken concerted and sustained effort by activists to connect with and convince those in power that miscarried embryos and stillborn fetuses were not commodities to be exchanged, used, and discarded (Kuberska, 2020; Morgan, 2009). Rather, they were singular objects, the nature of whose disposition was vitally important to helping families acknowledge, accept, and process their loss. Notably, the absence of a body has been shown to augment the material culture that surrounds death and its commemoration. For example, Bolt (2018) showed how families of people who donated their bodies to science would erect shrines to the deceased at home, even in a culture where home shrines were unusual; Peelen (2011) found the same in cases of perinatal loss. Until recently, bodies were always absent in cases of perinatal loss; in many cases, such as miscarriage and abortion, they still are (Gibson, 2008).

Bodies and remains featured prominently in the loss experiences of many of this study's participants, both in their presence and in their absence. Most informants who had miscarriages did not see the remains, either because they did not want to, or simply because they did not think to ask. Several reported being told that the expulsion would be "like a period," a common refrain in the literature as well (Bohn, 2023; Smith et al., 2006). In fact, miscarriages often expel something more substantial than a period and occasionally even a clearly defined human body. Many of my participants reported wishing that they had been more prepared for what would come out of their bodies, because then they would have been able to plan better what to do with it. Ona's experience was particularly heartbreaking in this regard. She had already experienced two late first-trimester miscarriages and the birth of her toddler daughter before finding out that she was miscarrying her fourth pregnancy at 12 weeks of gestation in 2014. She decided to stay at home so that she could be more present for and in control of the process. After laboring for a few hours in her bedroom, she caught the fetus in her hands and showed it to her mother, who had been with her throughout her labor:

> And the thing that I regret infinitely, infinitely, is that my mother said, "Throw it in the toilet"…. I had been in labor [for hours], trying to get it out, and when my mother said that…I went to the bathroom, and I threw it in the toilet, and I pulled the chain. [Ona makes a flushing sound, and a swooping-down gesture with her hands to mimic the water going down the drain. There is a notable pause in the conversation.]
>
> And afterward I was like, "What did you do??!" You know? Because I was saying "No, mom, we have to keep it, I'm keeping it." And she said, "What are you stupid? Go! Go!" I had the instinct to keep it. I said I'm keeping it, "This is something to hold on to!" But her? No. "Go [throw it in the toilet]! That's it. That's all." But that's not it, that's not all, you know?"

Ona had wanted to hold onto the fetus' body in part to show it to her partner, who had been echoing the healthcare providers' assurances that her miscarriage would be just like a monthly cycle:

> That's why I wanted it, to say to him "Look! See? There is a head, there is a body." Because at three months, it's all there. "Look!" You know? "Look!" Because he was acting like it was a period. It's not a period. It's not a period…

Ona would surely have benefitted from an option now available to some parents in Spain, to have the remains of their miscarried embryo or stillborn fetus interred in a communal burial place in a cemetery. This is now a possibility in the cities of Zamora and Ávila (Castile and Leon), Parla (Madrid), and Barcelona (Catalonia), which is where I met Catarina while visiting the perinatal loss memorial located in the Montjuic cemetery. I was there for the first time accompanied by a retired psychologist who had worked for many years in the field of perinatal loss. She had also been instrumental in the establishment of the memorial and in making it possible for perinatal losses to be interred there.

The psychologist and I both noticed Catarina, the only other person in that section of the cemetery. She spent a long time looking up at one particular niche that was enclosed by the perinatal loss memorial's signature piece of white marble decorated with smiling, gold stars. Eventually we approached her, and my companion asked if she was a bereaved parent. Catarina said yes, and briefly told us the story of the loss of her son Lorenzo at six months of pregnancy. She cried as she told us how thankful she was that she had a place to come and visit with Lorenzo, especially knowing that his tiny body was there as well. Then a worried look crossed her face as she said she had been told that Lorenzo would only be there for a few years, before being disinterred and buried in an unmarked, shared plot somewhere else on the cemetery grounds. My companion assured Catarina that was not the case, and that Lorenzo's body would remain in the same niche for as long as Montjuic cemetery existed. Catarina's relief was palpable at hearing the news. I saw her again at the same spot about six months later, at a memorial ceremony held by local perinatal loss activists. She was there to celebrate Lorenzo's life and mourn his death, and she shared some news with me that day: She was four months pregnant with her second child.

Fire

Fire has played a central role in the disposition of perinatal losses in Spain for many years, making it an excellent example of how context, intention, use, and power all converge to transform an archetypal thing[40] into a ritual object. Fire is used for the incineration of medical waste, which was the manner of disposition for all early pregnancy losses until recent decades (T. Pi-Sunyer, personal communication, March 27, 2022); in many cases, it still is. Fire is of course also used in cremation, which itself could be seen as a ritualized form of incineration (Brooten, et al., 2016). Gibson (2008) argues that "cremains" (i.e., cremated remains) are not inherently symbolic, stressing the importance of how they are stored, displayed, and/or disposed to infuse them with meaning. However, I argue that the very fact that products of conception in Spain and elsewhere are now often being processed by funeral homes instead of medical waste facilities, that transforms perinatal cremains into ritual objects, regardless of what happens to them next.

The predominant way in which fire acted as a perinatal loss ritual object in this study was through disposition of the body or fetal/embryonic tissue. Before parents had the legal right to the remains of a pregnancy (Tribunal Constitucional, 2016), Spain generally followed healthcare protocols similar to other Euro-American jurisdictions and incinerated products of conception.[41] Overall, among all participants in this study, a significant majority of the losses were either cremated or incinerated regardless of the year of the loss, meaning that fire, used to process the products of conception, played a significant role in the entire sample for this study across time.

Disposing of remains was not the only role that fire played in perinatal loss ritual in this study, however. For example, fire was also used in several cases to burn letters that parents wrote to their erstwhile children. Serena said that after her son Noah died in her fifth month of pregnancy in 2014, she and her partner decided to have him cremated. She described how her son's tiny coffin had an even tinier drawer that was designed to hold a keepsake or memento. The coffin had been designed for babies who had first lived and then died, and who would therefore have had their own things to be placed in the drawer as ritual objects. But Serena's son Noah had no things of his own, so she and her partner each

[40] There is debate about whether a cadaver or corpse is a "thing" or a "person" in the case of fully social persons who have died. For the purposes of this thesis, the defunct embryo or fetus is considered a "thing," given that embryos and fetuses that expired before they could be born have never been granted personhood in Spain.

[41] Even with the existence of written protocols and laws governing the disposition of these types of remains, their handling has not been unproblematic. A former mortuary director of a major metropolitan hospital in Spain described to me, off-the-record, that when she took the job years ago, she found a freezer full of fetal corpses in a room near her office. Some of the tags had fallen off the bodies, so the provenance of the remains was unclear in many cases. Apparently, the system had broken down during the tenure of her predecessor, a physician who reportedly had little interest in or knowledge about handling products of conception. That particular problem has long since been resolved, but it is not difficult to imagine it happening in other places throughout the country in decades past.

wrote him a letter and placed it in the tiny drawer, so the fire consumed not only the archetypal object of the baby's body, but also the new ritual object of his parents' letters to him (Kopytoff, 1986; Layne, 2000). The death of Serena's son was exceptionally complicated and traumatic for her because he died as a result of a termination for medical reasons, while his twin survived. Serena told me that having the opportunity to write him a letter and then have it ritualistically burned along with his body was crucial to helping her process his death.

Irene and her partner used fire in a similar way to Serena and her husband. When Irene suffered a miscarriage in 2012, it was two years after she had aborted a pregnancy that she later decided that it had been a girl. Irene said that the first loss had helped her to understand that she would need to do something ritualistic to acknowledge the brief existence of the miscarried baby, whom she and her partner considered a boy. They decided to write letters to him and burn them on the beach, a place that played an important role in both of their lives. Irene spoke evocatively about the importance of watching the paper burn until small flakes of it began to float off into the air, their smoldering edges visible as they drifted away:

> I think, the fact that I talked to her, even if it was through a letter, and with him too, for me it was important because it allowed me to say the things that I had never said, never been able to say. The letters made it possible for me to talk to them, to express my feelings, to tell them how much I, how much-, even though they were never born, how much I still loved them, and that they were present in my life. That's what writing the letter gave me the chance to do. And fire is something so symbolic - the letters burn, and the wind comes, and takes them where they need to go. Fire is very powerful.

Upon reflection, Irene acknowledged that "they" referred not only to the letters written to her lost child, but also to the two children themselves that she had lost in pregnancy, leaving this world and taking their proper place in her life story. Irene's experience of saying goodbye to her miscarried fetus in this way was directly informed by her previous loss. In that case she had felt very much alone, without the support of a partner or her family. A few months after that abortion, she had realized that she needed to do something to say goodbye to that potential child and what they had represented to her. So, she wrote a letter, tied a wildflower to it, and "gave it to the sea."

In addition to the unique experiences of Serena and Irene, fire was used in many other perinatal loss ritual actions included in this study. Several participants employ fire at home as a way of connecting with and remembering their lost child, as Sandra does with the candle that bears Muriel's initials. Others shared that they engage in ritualistic lighting of birthday candles for their children who never had a birthday, on birthdays and due dates. Fire was also used in collective rituals like a memorial service held at an academic conference and in a church with an altar dedicated to perinatal loss. The use of fire in all these ways illustrates bereaved parents' attempts to maintain continuing bonds not only

with their lost pregnancies and children, but also with the important life transitions that those pregnancies and losses represent. Fire is symbolic in two ways: It is destructive and final, and so symbolizes the ending of parents' dreams and plans related to that future child (Brooten, et al., 2016; Hallam & Hockey, 2001). Fire is also cleansing and life-giving in ways that represent an ongoing connection to the child (Klass, 1996, 2006), or the dream of a child who only existed in the physical realm for a short time (Mathijssen, 2018).

Water

Water is another archetypal object commonly found in perinatal loss rituals whose symbolism in the Judeo-Christian context is well-known: Noah survived a devastating flood; Jesus walked on water, changed it into wine, and finally, was baptized in the Jordan river, establishing a ritual that has been enacted continuously for the past 2,000 years. Because baptism is denied to lost embryos and fetuses, that denial in turn has prevented many parents from enacting other death ritual for their erstwhile children in predominantly Catholic countries like Spain. In this study, water was used in this most traditional of ways only in the case of Camila's younger brother, who died a few hours after birth in 1942 and was baptized by a neighbor. The three other neonatal deaths included in this study took place in 1978, 1986, and 1987, and the participants who spoke to me about those losses are unsure whether those babies were baptized before they were buried; none were present for or told about such a ritual in any case.

Today, babylost parents and their advocates around the world are using water in other ceremonial ways, thereby claiming a ritual object that had previously been unavailable to them. This mostly takes the form of fountains and other water features that are included in memorial gardens erected at hospitals, cemeteries, and public parks (Peelen, 2011; Thompson, 2008). Another use of water seen in those same places is to nourish and keep alive the plants and trees that are featured in the memorial design. Although the allusion to cleansing baptismal waters is perhaps unintentional in many of these memorials, it is unavoidable in the predominantly Christian contexts where they have been established.

In the present study, trees and plants requiring life-giving water were a part of almost all of the formal perinatal loss memorials analyzed. In some places, large, existing trees were specifically chosen for their beauty and prominence, as well as for the number of years they had already lived and were expected to continue living. This was the case at the memorials in Mont-ras, Catalonia (Figure 7.1) and Badajoz, Extremadura (Figure 7.3). Many other memorials observed, featured smaller, younger trees and shrubs that had been planted especially for the occasion, such as those in Narón, Galicia (Figure 7.3) and Figueres, Catalonia (Figure 7.5).



Figure 7.2 The large tree that serves as a perinatal loss memorial in the municipal cemetery in Mont-ras (Catalonia), along with a bench and a plaque.

Photo by author



Figure 7.3 The large tree that serves as a perinatal loss memorial in a municipal park in Badajoz (Extremadura).

Photo: Allá Grupo de Apoyo a la Pérdida Gestacional y Perinatal de Badajoz



Figure 7.4 A shrub that serves as part of a perinatal loss memorial in Narón (Galicia), along with a large stone set with a plaque.

Photo by author



Figure 7.5 A small tree that was planted within the perinatal loss memorial in the municipal cemetery of Figueres (Catalonia), joining a large, circular stone bench and a smaller metal circle set in the ground and filled with white stones.

Photo by author

All but one of the public memorials included in this study incorporated a tree or shrub. And in one case, in Teruel (Aragon), the tree itself was the entire memorial (Figure 7.6). When I went to visit this particular place, I didn't know exactly what I was looking for, but I knew the memorial was located in a relatively small city park so I felt confident that I could easily find it. What I was not prepared for was encountering one small, leafless tree, about twice my own height, planted just in front of a children's play structure. I was the only person in that part of the park on that cold December day, and I searched in vain for a plaque or other information that might identify the tree as a perinatal loss memorial, but found none. I spent some time looking at it from different angles, taking photographs, and trying to imagine myself as a bereaved parent who had come here to connect with my lost pregnancy or child. I have hope that perhaps when spring rains cause the tree to sprout new leaves, and in future years when water helps it to shoot skyward and provide shade on hot summer days, this little tree may grow into a true perinatal loss memorial. For the time being, however, it seemed to be missing some of the essential elements that would transform it from just another tree into a place of remembrance and healing.



Figure 7.6 The lone tree that serves as a perinatal loss memorial in a municipal park in Teruel (Aragon), barely visible in its leafless state against the background of the pink stone building.

Photo by author

Beyond nourishment, one of water's other salient characteristics is its ability to cleanse, both symbolically and literally. Stillborn babies are usually bathed with water at some point after their birth, either by the parents or by healthcare staff. Although bathing by parents is considered more ritualistic among perinatal loss researchers (Cassidy, 2020; Jørgensen, et

al., 2020), my direct observation of midwives bathing the body of a miscarried 20-week-old fetus made it clear to me that medical professionals can also approach this task as a sacred act, even in the clinical atmosphere of a hospital. The parents said they didn't want to see their stillborn son, but the team wanted to prepare him just in case they changed their mind. They carried and placed the body gingerly, and gently used a soft cloth dampened with water to ensure that they did not tear the skin. They were especially careful to clean between the fingers and toes, behind the ears, and in the nose, since those are the places that parents often focus on when they do hold their stillborn children. After they were done, they wrapped the body in a small towel, placed an even smaller knit cap on its head, placed it in a foam box, labeled it, and put it in a refrigerator used for such purposes. Then the head midwife went back to the mother's room, to see if there was anything else she could help with, any other comfort she could possibly provide.

Traditional objects

Given Spain's sociocultural history, the word *traditional* is used here to denote any place associated with Roman Catholicism and/or cemeteries, since cemeteries are where the vast majority of deceased Spaniards still receive their final disposition (Funos, 2021). Many of this study's participants made use of ritual objects typically associated with traditional mortuary rites in Spain and other Euro-American cultures. Of those, the most commonly observed in the data were:

- Plaques and other inscriptions
- Altars
- Urns and ashes
- Jewelry
- Photographs

Plaques and other inscriptions

For parents past and present who were unable to inscribe their child's name on an official cemetery plaque, many of the new memorial sites offer an important way to record the baby's name or other identifying information. Layne (2000) believes that these particular perinatal loss ritual objects possess unique importance and power, because they specifically acknowledge "the child's death" (p. 337), as opposed to objects that would be normal or expected in the context of a live-born baby. In this study, some of the inscriptions were relatively more permanent, while others were clearly not designed to last much beyond the ritual action itself.

At the perinatal loss memorials in the cemeteries in Miranda de Ebro in Castile and Leon and Narón in Galicia (Figure 7.8), visitors have written children's names, sometimes

along with a significant date, on white stones that decorate the place. In the case of Narón especially, it appears that what may have started as a spontaneous action to create a ritual object has now evolved into one of its most prominent features. To accompany these semi-permanent and spontaneous inscriptions, each site also features a commemorative plaque etched in metal that explains the purpose of the site. In Narón, the plaque reads

> Forever in my heart because you are etched on my soul. In memory of all the babies who died during gestation or childbirth, and those who died just after being born.

The plaque in Miranda de Ebro is simpler but conveys a very similar message:

> In memory of the children who sleep in our dreams.

By including such inscriptions, these sites are inclusive of bereaved parents whose lost pregnancies and children did not have names or who may not be comfortable sharing their name.

In contrast to these more permanent ritual objects, I observed other inscriptions that were more fleeting. These included cloth banners and paper tags containing babies' names that were temporarily displayed at the site of the International Stillbirth Association conference in Madrid in 2019. While the cloth banners appeared to have been brought from home by attendees, the small white tags were available to be inscribed before the start of a perinatal loss ceremony being held at the conference. As people arrived for the ceremony, many went to a table, wrote something on a tag, and then hung the tag on a large metal sculpture that was nearby (Figure 7.8). Some of them bore just a first name, while others held a full name and date. A little orange star tag read, "Stillborn babies of Christchurch, New Zealand," while my own said, simply, "Thistle." This intention behind the creation of these inscriptions, along with the ritual action of the ceremony that followed, transformed these small pieces of paper into temporary ritual objects. The next day, when I passed through the space on my way to a conference session, they were all gone.

I observed similarly fleeting inscriptions at the inauguration of a new perinatal loss memorial place in Mont-ras in Catalonia (Figure 7.9). At the end of the event, those in attendance were invited to come up and write something on a brown paper star, which they could then place at the base of the large tree that dominates the space. I noticed one group that was larger than the rest and multigenerational; it seemed to include parents, aunts, uncles, cousins, and grandparents, too. Later, I noticed a whole group of inscriptions dedicated to a baby named Kai:

> A hug from your aunt. I love you.
> Your father thinks of you every day.
> We love you a lot and we will always carry you in our hearts.
> We love you, Kai.

The stones and paper inscribed with children's names at Spanish perinatal loss memorials are similar to the homemade signs and formal plaques that Peelen (2011) has

encountered in Dutch cemeteries, with one important difference: those signs were placed by older women with long-ago losses, who had recently been able to find out where exactly their children had been buried. In the case of the Spanish memorials, with a few exceptions, there are no remains. As a result, the act of inscribing the erstwhile child's name on a rock or a piece of paper takes on even more significance for the bereaved. And even if those pieces of paper would disintegrate or blow away in due time, or if the ink on the stones is washed away by the elements, their creation and placement mimics traditional mortuary inscriptions in very evocative ways (Hallam & Hockey, 2001).



Figure 7.7 Stones with lost babies' names written on them and left at a perinatal loss memorials located in the cemeteries of Miranda de Ebro, at left (Castile and Leon) and Narón, at right (Galicia).

Photos by author



Figure 7.8 Display of inscriptions at the International Stillbirth Association conference in Madrid in October, 2019.

Photo by author



Figure 7.9 Paper stars inscribed for lost children at the perinatal loss memorial in Mont-ras (Catalonia).

Photo by author

Altars

According to Davis-Floyd and Laughlin (2022), altars are "particularly important ritual frames" (p. 174) that guide our attention to a specific space and, in turn, to thoughts,

memories and emotions of the person or persons for whom the altar was created. The vast majority of altars observed for this study were private and ad hoc, evolving over time from a space where things were kept to a sacred and set-apart place where rituals of remembrance and connection are enacted (Bourdieu, 1977; Foucault, 1967/1984; Lefebvre, 1974/1991; Low & Lawrence-Zúñiga, 2003). The most common objects featured in home altars were candles, things from nature like stones, rocks, and shells, and "baby things" (Layne, 2000) such as toys and figurines.

Gladigow (2006, p. 483) claims that rituals with only one object, action, or actor should be considered "abbreviated" rites derived from something larger and more significant. But when Sandra lights Muriel's candle, or when Linda places a white rose on the small shrine in her living room on the due date of her daughter Carla, stillborn in 2012, neither woman understands herself to be engaging in "abbreviated" ritual. Rather, they are enacting brand-new, and fully meaningful, rituals to commemorate their lost children and keep their memories alive both in their own lives and in the lives of those around them. Peelen's (2011) Dutch participants also established and maintained places in their home for their erstwhile children, although their different approaches are revelatory: for some, it was important to create and maintain a sort of "shrine" to the child, as it was for Linda. For other women in the Netherlands, they very specifically did *not* want something altar-like; for example, one mother would move things related to her dead child around her home, just as would happen with the toys and other things used by her living children.

In contrast to home altars, the display at the Sanctuary of Saint Raymond "Nonnatus" in Catalonia (Figure 7.10) is an example of a traditional altar being adapted to accommodate perinatal loss ritual. The church's apse is filled with everyday baby things almost identical to those that I encountered in private altars. By virtue of their context and the intention behind their placement at a site sacred to Roman Catholics, the booties, pacifiers and ultrasound images have been singularized into ritual objects via parents' entreaties to Raymond, the patron saint of children, to protect their pregnancies and newborns (Appadurai, 1986; Bell, 2009; Meyer & Woodthorpe, 2008).



Figure 7.10 The altar at the sanctuary of Saint Raymond Nonatus, with various baby things used as ritual objects (Catalonia).

Photo by author

Another traditional ritual object encountered at this altar is a book (Figure 7.11) that at first appears to resemble the "guest books" common to Catholic weddings and funerals. Closer inspection reveals both prayers and thanks to the saint for his intercession in threatened pregnancies or those that are following loss. The entries in the book are tangible signs of the emotion that surrounds perinatal loss and the desire of those experiencing it for its significance to be acknowledged by the larger community. They were a combination of requests for help, and gratitude for the same:

> Thank you Saint Raymond for a quick labor with no pain. And thank you for helping my daughter to be born healthy.
>
> So that Gabriella is born healthy and strong and everything goes well during her mother's labor.
>
> Saint Raymond, help my friend during her pregnancy.
>
> Please let our daughter stay pregnant, we ask you with all our hearts.

As I read through the messages in the book and imagined each of the individuals who had gone to the trouble to come to the sanctuary, put a coin in the box to turn on the lights, and write out their message, I could not help but wonder what happens to this ritual object once the book is full: is it stored somewhere in the sanctuary or simply recycled with the paper waste? I like to think that it is burned in some ritualistic way, using the archetypal

object of fire to complete the ritual that was begun when visitors first put pen to paper in this sacred place.

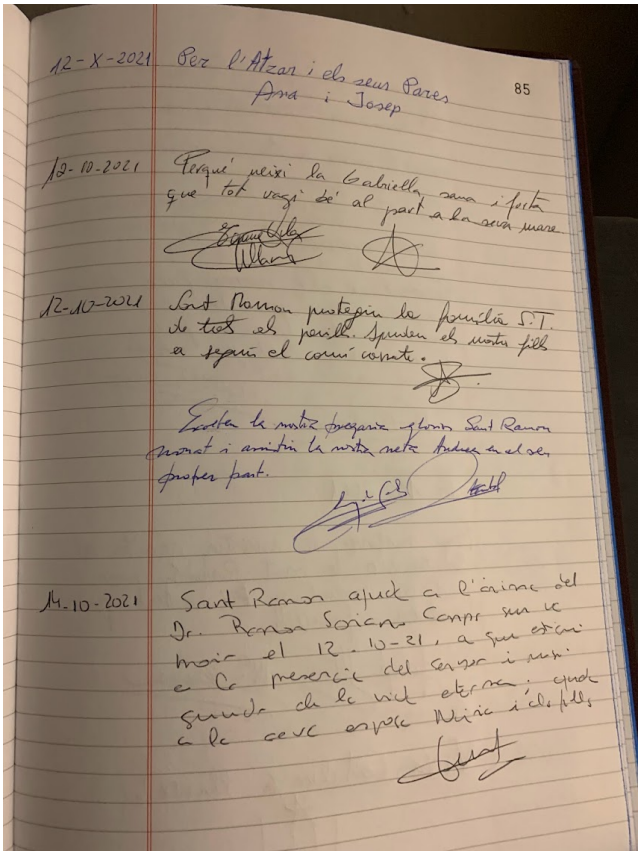


Figure 7.11 The "guest book" at the sanctuary of Saint Raymond Nonatus (Catalonia).
Photo by author

Urns and ashes

Home altars often feature urns and other receptacles in which families keep the cremains of their lost children. Several participants reported keeping the cremains at home and intending to do so long-term, in the same way that Cristiano Ronaldo shared with Piers Morgan that he keeps his son's ashes in his home chapel because he wants to always have the child near him (Morgan, 2022).

For Serena and her partner, the disposition of the ritual object of their son's ashes is more complicated: her partner Thomas wants to "hold on to them forever, until we die," while Serena would like to enact a private and personal ritual out in nature, scattering the ashes in a place that is meaningful and sacred for the family. As a result of this disagreement, the baby's ashes were still at home seven years after his death:

> **Serena**: We pretty quickly decided that we wanted to have it cremated... and I remember very well walking from the hospital to the funeral home to look for urns...and thinking, "This is too expensive, this is not." And we chose a...very simple one and Thomas said, "I'll make one eventually." So now we have this urn and I never wanted to know where it was. There are other people that place it in a specific place and create a little, what you call it, a little, like a shrine.

Lynne: In the house, do you mean?

Serena: Yeah, but I did very specifically ask Thomas to hide it. And, uh, I have a vague idea of where it might be. I never felt compelled to make [a shrine], also because of my own personal problem with the attachment which still isn't fully developed [laughs]. Which I still have to work on, right? So this is part of my-, still, my detachment. Though, I'm very much ready to scatter the ashes, or at least part of them, whereas Thomas wants to hold on to them forever, until we die. He's like, "That's my son. No, he's not going anywhere." I'm like, "I'm ready. We can go tomorrow morning."

Lynne: Right. And…do you feel like it's something that you that you want to do for Noah and for your relationship with him? Or is it more like you don't want him in the house anymore?

Serena: No. No, I don't mind. It's not something that bothers me at all. It's not something that, um, I think, I think it's beautiful. I think there's beauty to-, about it. Maybe not all of them. I think I want to hold on (laughs), but there's something beautiful about the wind and the scattering of the ashes. It is a ritual that I want to go through at one point. It doesn't have to be tomorrow or any time soon and maybe with Tim we'll talk about it and maybe we'll do it together once I tell Elia we can do it together [right] [00:08:00] And it will be beautiful and we don't have to do it with all of them that can be just a little bit of ashes. [Serena pauses].

So yeah, there's this thing about me that it's just I think it's beautiful. It's also like, a need that I have, that I feel like I have.

Although Noah's ashes are not displayed in any ritualistic way, for example as part of a home altar, they are still very much a ritual object for his parents. And judging by my conversation with Serena, at least some of them may be used in a future ritual action that allows the family to deepen their bond to Noah. The ways in which Serena and her family have interacted with Noah's ashes reflects the rise of what Madrell and Sidaway (2020) refer to as "cenotaphisation," which they define as the "trend toward the body being in a different place than the [death] memorial" (p. 169). This trend is allowing more people to make decisions about the placement of urns and the disposition of ashes that work for them and contribute to their ongoing relationship with their deceased loved one.

The experience of Ines with the ashes of her son Antonio, who died shortly after birth in 1978, could not be more different from that of Serena. Ines told me she was prevented from attending Antonio's burial by her husband and extended family. Later in our conversation, Ines would share that recently, many decades after Antonio's death and burial, the cemetery called:

Ines: Antonio was buried in the cemetery. But then we received a call from the cemetery saying that they were going to restructure. Because he was in a common grave, and they were going to restructure the cemetery, and what were we going to do? So we decided to cremate the remains. [Ines pauses].

My husband and I went, they disinterred him in front of us, practically. How long was he there? At least 10 years or more, maybe 15 years. There was practically nothing left, but well, we cremated the little box and there was practically nothing there. And then we left and – this was possible before – we tossed them in the sea.

Lynne: I see. Did you do it as a family?

Ines: My husband and I [did it]. I'm sorry that the children weren't there, but they were teenagers, I think.

Lynne: And can you share with me why you chose to scatter the ashes in the sea?

Ines: Because the other option was…we had an option which was to put the remains in urns in the Valencia cemetery. And you know why [I didn't want to do that]? Because, thinking about it, you know why? Because I didn't want to leave that to my children…so that they would have the obligation to go. For example, my mother is buried and I don't go on All Saints' Day, I almost never go. I didn't want to burden the kids, to say "Well now you have to go…." [Ines pauses and looks at me pointedly].

The other option was to take the ashes home, which I never liked. So then, to scatter the ashes, we spent the whole day looking, because there was no place in the sea that seemed appropriate to me. "Here it's contaminated, here there's algae. Here there are too many rocks. Here, I don't know…." How many…? We spent the whole day wandering around and my husband said, "Baby, decide." But I had to find a good place. [Ines pauses again, as if to emphasize what she is about to say].

In other words, I didn't bury my son, but I did unbury him….That was the only farewell I really had. I took, we took the urn, bought flowers, went. We searched for a place along the coast and when I found a place I liked, we scattered the ashes and threw the flowers, that was the farewell. I didn't have another, that was it.

Lynne: And how was that day for you?

Ines: Well, I don't know, it was very important, it was really important. It was a hard day, because the man who was taking [Antonio's] coffin out looked at me as if to say, "Poor, poor lady, so young she has to unearth a child." I assumed he was thinking that. [Ines shrugs as if to acknowledge that she couldn't be sure].

And that was it! We were united. That I do remember, we were united. We spent the day trying to find the place, we talked and, I don't know, as a couple it was very good for us. And never again did I go to that cemetery because, because- I mean, I don't miss a place to go and bring flowers to my son…I never had that need again.

Ines' experience with Antonio's ashes not only evokes similar reports from older people with perinatal loss experiences in the Netherlands (Peelen, 2011) and Australia (Thompson, 2008). It also brings to mind the efforts made by loved ones of fully social people to recover their bodies so that a proper goodbye ritual can be enacted. As with perinatal loss, in many of those situations, such as terrorist attacks, unlawful adoptions, and political disappearances, families were denied the right to decide about the disposition of the deceased's body (Engelke, 2018; Espinosa Maestre, 2019; Marre & Leinaweaver, 2023). And even though Ines' experience took place not as a result of changes in perinatal loss ritualization but rather because of peculiarities of the Spanish cemetery system, it still provided her the opportunity decide about and participate in the enactment of a meaningful goodbye ritual for Antonio, even if she had to wait many years to do so.

Jewelry

Another practice observed for this study is that of creating memorial jewelry out of the ashes of a lost embryo, fetus, or neonate, similar to trends involving the ashes of other loved ones (Sense Alma Joyas, n.d.; M. Paloma, personal communication, December 19, 2022). This practice combines the traditional ritual objects of cremains and mourning jewelry to create something that is increasingly common among people who experience perinatal loss. Although the trend to memorialize a perinatal loss using mourning jewelry does not appear to be related to the fashion of past centuries (Hallam & Hockey, 2001; Herradón Figueroa, 2008), a number of participants in this study wear jewelry to remember their erstwhile children (Figure 7.12). Some, like Serena's necklace with her son Noah's name engraved on it, are explicit reminders of the child who died. Others, like Sandra's tree necklace (which refers directly to the tree planted in her garden) and Núria's feather-in-a-bottle necklace are more subtle.



Figure 7.12 Necklaces worn by Serena and Sandra in remembrance of their lost children.

Photos by author

Layne (2000) pointed out that such jewelry serves a unique purpose for those mourning a perinatal loss because while it can be seen (i.e., witnessed) by others, the images it features are not necessarily recognized as "symbol[s] of pregnancy loss" (p. 338); so the wearer is free to decide when, where, and how to share its significance. Moreover, since jewelry is often created from precious metals and gems, it "makes tacit claims about the 'preciousness' of these babies" (Layne, 2000, p. 338).

These ritual objects are deployed in different ways, but always in ways similar to those of more traditional ritual objects. Some participants always wear their jewelry, much like married people traditionally wear wedding rings from the time that they enact the ceremony until (or sometimes even after) they die. Other participants use their jewelry more in the way of a priest who only dresses in his elaborate robe and sash for solemn occasions such as the celebration of a mass or other sacrament (Gladigow, 2006). Just as these vestments are respectfully retrieved, donned, and stored, the parents I interviewed all

kept their jewelry in a special place. Moreover, they spoke of adopting a certain, special posture or mindset when they go to retrieve and deploy the object. For Núria, this is no ordinary necklace that she clasps around her neck because it goes nicely with her outfit. She takes it out and puts it on because she wants to spend time with her daughter. Watching her hold it in her hands to show it to me was like watching someone hold a tiny and delicate infant.

In my field work at the hospital, I observed another type of jewelry related to perinatal loss: Several pregnant women wore long necklaces with bell pendants to their ultrasound appointments. Although I didn't collect demographic data from these patients, they all spoke Catalan with their healthcare providers and were presumably Spanish. In the Indonesian culture the necklaces are borrowed from, these objects are believed to keep the unborn baby from leaving this earthly plane by regularly making a soft, ringing sound as the pregnant woman goes about her day (Cater, 2021). While the existence of such necklaces is almost certainly an allusion of historically high rates of perinatal loss in all societies, their adoption by expectant Spanish mothers could be considered evidence of a longing for ritualistic ways to address the continuing dangers of pregnancy and childbirth (Grimes, 2000).

Photographs

According to Ariès (1985), by the late 1800s photographs of the dead — especially children — were both popular and ubiquitous in Euro-American culture. The trend persisted for quite a few decades before falling out of favor in the 1930s. Notably, this trend occurred in the early days of photography, when most families would have had very few, if any, photographs of their children. Hence these post-mortem pictures were used in a similar way and with a similar intention to contemporary photos of stillborn babies: to remember and spend time with lost children and, where necessary and appropriate, to prove that they had existed.

Today, post-mortem photography is almost unheard of in Europe. According to Nugteren (2019), this is because "most people choose to remember a lighter moment, the beloved person at his or her best" (p. 5). But if there never was a moment, let alone a photograph, of the beloved person at their best, this necessarily alters the role and importance of post-mortem photographs in the perinatal loss context.

Ines was the only participant in this study with a loss before the year 2000 who has photographs of her child. For her, they are not so much a ritual object as proof that her baby was not stolen from her in 1978:

> **Ines**: Someone took photos, I think it was my sister, of the deceased child that I have in a photo album. Because if someone hadn't made sure for me that the child was dead and buried, perhaps today I would join the women who are searching for their children because they were taken away. Because it's true that when he died, my husband, his father, and his

mother went to see him, and he told me, "Yes, he's dead," but maybe I wouldn't have believed it, but they brought me the photos. I think my sister took them, I don't remember very well, and I have them. The child is in a coffin, but thank goodness I have them, because, as I said, I wouldn't have trusted anyone without them.

Lynne: You told me you have the photos of Antonio in an album, I suppose they're with other family photos?

Isabel: [The kids are] arranged them chronologically, and there he is.

Lynne: Okay, and do you sometimes look at them?

Isabel: Sometimes I do, but I look at them less and less, and not all of them… I don't look at them much, and it hurts, it hurts to look at them.

Lynne: Still?

Isabel: Yes, of course!

Lynne: And do you have any other mementos of Antonio? His hospital bracelet or something like that?

Isabel: Nothing, nothing. I have the umbilical cord clamp from the others, I think I have it for all three, but from him, I didn't have any option, I didn't have access to anything else, only those photos.

The pain and sadness that Ines feels looking at photos of Antonio was endorsed by the participants in Layne's seminal study on the material culture of pregnancy loss, such as this mother of a stillborn daughter: "Although I get no great comfort from her pictures, I do have them put away for when I do feel the need to see she existed" (Layne, 2000, p. 335). Still, as we see from the placement of Antonio's photos in the family album alongside his siblings, even if they don't always bring joy, pictures of stillborn children are deeply valued by the families who possess them. And even if they engender less discomfort and resistance as they become more common, they are not likely to lose their status as ritual objects, given the power that parents had to first obtain and then deploy in order to gain the right to possess them in the first place, as detailed by Kopytoff (1986).

Although some might find pictures of lost fetuses and dead babies to be highly unusual or even inappropriate memorials, they make a great deal of sense in the Spanish context. First, because Spain participated in the now-defunct tradition of photographing dead children in lifelike poses and situations that was popular in the 19th century (Morcate, 2012). Second, because many Spanish gravestones feature photographs of the deceased, viewable by anyone who visits the cemetery. Of course, those photos are of the deceased when they were alive, whereas the only photographs that most of my participants have of their children were taken when they were already dead.

Notably, many of the photographs — especially those that are displayed — are not of the baby's face, but rather of more "neutral" parts of their body like hands and feet. In the absence of the face, one can almost imagine that the body part featured in the photo belongs to a living being. Also, photographs of stillborn babies were typically retouched so

as to give the baby a more lifelike appearance — removing traces of skin shedding, smoothing out wrinkles and changing their typically purplish cast to something more like a natural skin color (N. Grau, personal communication, June 17, 2022). This retouching is reminiscent of family photographs in 18th and 19th centuries that included deceased children, who were usually dressed up in their finest clothing and propped up to appear as if they were sitting or standing, the only giveaway often being their permanently closed eyes (Ariès, 1985; Morcate, 2012).



Figure 7.13 Cora's name in toy letters, captured in a photograph along with the feet of her younger sibling. Cora was stillborn at 31 weeks in 2011.
Photo: Norma Grau

Even for participants with earlier losses who did not consider those entities to be their children, photographs from that pregnancy are still valuable and meaningful to them. Abril, for example, has a photograph taken in 2018 before the first of her three miscarriages, when she was so newly pregnant that it's impossible to tell by looking at her. She described it as showing herself with her hand on her belly, representing the baby; her partner; and their "good cat" (the couple also has a "bad cat" and Abril joked that she was glad the "bad cat" was not in this family photo). The photo is precious to Abril precisely because it's the only tangible thing she has from that pregnancy.

Two other participants with similar early losses also mentioned the importance of photographs of themselves. For Esther, who miscarried her third pregnancy in 2015, the picture is enough:

> I still have the little mementos, I have pictures of me with my belly, I keep those and I don't need anything else. I really have never needed anything else. Probably if I had, we would have done something, but I really didn't need it.

Alma's photograph was taken in a very different context, as she was just about to undergo a curettage in 2021 to interrupt a much-wanted pregnancy that was failing and putting Alma's life in danger:

> I took a picture of my belly, before the interruption. I have it on my cellphone. Every once in a while I look at it, and I process it a little, those pregnancies, because yeah, I do consider them to be a part of my life story, they form a part of my history, definitely.

These photos address Layne's (2000) "realness problem" by showing something that is undeniably real: a pregnant woman with a little living embryo or fetus inside of her. At the same time, it was possible for these participants to imagine their early pregnancies as significant, alive, and potential, future people precisely because of the technological advancements that have happened in embryonic and fetal imaging in the recent past (Mitchell, 2001; Williams, 2005). In other words, it stands to reason that the traditional death ritual object of the postmortem photograph has evolved to serve a new purpose in the context of perinatal loss.

New objects

I now turn to what could be considered the most vibrant and innovative of the three categories of objects revealed by my analysis: that of new ritual objects, or things that previously had no special meaning or symbolism and which have been transformed from commodities into ritual objects by context, intention, use, and power. Three main types of new perinatal loss ritual objects emerged from the data collected for this study:

- Everyday things
- Original creations
- Gifts

Everyday things

Many participants in this study had purchased or been gifted things for the baby that they were expecting. What happened to those things after the loss depended in large part on when it occurred. For older losses, things tended to be removed from the home by extended family members or processed by the bereaved parents at some point after the loss. Participants with stillbirths in the 1980s and 1990s said that they used clothes for subsequent children; in many cases they had been used for previous children as well, so they were not necessarily viewed as "belonging to" the child that had died. For many bereaved parents regardless of the year of their loss, it was important that they were the ones to decide what happened to the everyday things that had belonged to or been intended for their child, and then to follow through with that decision. For example, Yasmin and her husband did not enact any traditional ritual when their daughter Amanda was stillborn in 1998. But Yasmin experienced each small act of processing Amanda's things as the sort of ritual that worked for her:

> I think rituals for perinatal loss are really important, but nothing should be mandatory or expected. It's the sum of a lot of little things. When you put away the clothes you had for her,

> when you take apart the crib-, taking apart the crib was... We had prepared the whole room for her. And taking apart the crib, I cried and cried and cried. But well, you have to do it. I mean, no one else should do it. I think that the more you do [as a parent], the more you cry, that's great, you can spend a whole day crying if you need to....I believe in rituals very much, I think they're important, but at the same time they shouldn't be forced or given outsized importance. But if the opportunity is there, sure, take the photo, or keep things that remind you of what you have lived through and what you had.

Those participants with later losses felt more comfortable doing something ritualistic with the everyday things they had, whether that was disposing of them in some formal way or setting them aside in a way that marked those things as no longer just things but unique ritual objects. When Selma experienced a miscarriage in 2017 toward the end of her first trimester of pregnancy, she had no living children. Years later, when we sat down to talk about that experience, she was now the mother of two toddlers. When she was pregnant that first time, Selma had purchased a number of items for her future child, including a baby sling — a type of carrier modeled after the cloth wraps used by many mothers around the world, and which holds the baby tightly against the mother's body. Even though Selma went on to have other children, she has never used that sling to carry a baby. In her mind, it belongs to the child who never lived outside her body, and to use it for someone else, even a sibling, would in some way be an affront to their memory. Instead, she keeps it in a special box, along with a few other baby things and a feather that had fallen from the sky and landed at her feet the day after the miscarriage.

Occasionally, Selma takes out the box and removes the things one-by-one, seeing their colors, feeling their texture, remembering her first pregnancy, and, in this way, spending time with the child who is for her, a daughter. Although there were times during our conversation when Selma became upset or tearful while recounting her loss experience, her recollection of interacting with the baby's things was not one of them. In fact, she smiled broadly when she talked about the carrier, the glow of a mother's love clearly evident in her expression. In this way, although she did not set out to do so and no authority suggested it to her, Selma has transformed a simple baby carrier into a ritual object that will connect her for the rest of her life to her first, miscarried child.

As has been previously recorded in the U.S. (Layne, 2000), the Netherlands (Peelen, 2011), and Australia (Thompson, 2008), I observed that people experiencing perinatal loss in Spain are also converting everyday baby things into ritual objects so that they can then deploy those objects in ritualistic behaviors of remembrance and commemoration. Selma's baby carrier is a primary example of this type of object, although the positive reception that her ritualizing has received from others in her life contrasts strongly with what Thompson (2008) found in Australia:

> Many mothers found that their relatives and friends reacted with horror to their mementoes of the deceased baby. Women often left the relative safety of the hospital, with their only mementoes of their child – some photographs, footprints and handprints, the baby's

> clothes, and perhaps a lock of hair, but, unlike the mementoes of a happy birth, found that relatively few were willing to share in these memories, perhaps unable or unwilling to plumb the depths of the loss. (p. 246)

Original creations

Another class of new ritual objects that featured significantly in the results of this study is that of objects created or obtained by a family member to commemorate the person or relationship that was lost. For example, Marisol is a creative and artistic person by nature who experienced two miscarriages and a stillbirth in the Basque region between 1987 and 2004. Throughout the years, she has created various objects to remind her of her lost children, including the planter shown here (Figure 7.14) and several oil paintings. For Marisol, the depiction of living things like flowers, birds, and butterflies in the things she creates is symbolic of the fact that her three lost children lived, however briefly. Marisol's use of living symbols has been documented not only by scholars of ritual and death (e.g., Davis-Floyd & Laughlin, 2022; Hallam & Hockey, 2001; Maddrell & Sidaway, 2010) but also by some of those who have documented perinatal loss memorialization (e.g., Kilshaw & Borg, 2020; Peelen, 2011)



Figure 7.14 Planter created and painted by Marisol in remembrance of mulitple perinatal losses (Basque Country)

Photo and artwork: Marisol

Milagros also created a piece of art (Figure 7.15), in this case for her older brother Oscar, who died in utero three years before Milagros was born, in 1965. Milagros said she always felt a heavy weight as the child who arrived after a stillbirth, especially since Oscar was her parents' only son. This is what she said when I asked her if she had any object in her life related to Oscar:

> The only thing I did for my parents was to make them two paintings, and in one of them, Óscar is symbolically represented. It's a kind of collage, and the symbolic son is the moon. Without knowing it, when I still didn't know what a rainbow baby was, I didn't know, I didn't know anything then…I'm talking about the year 2013. I think a couple of years later, was when I sent an email to [a perinatal loss charity], and she told me that I was the first person of my age who recognized herself as a rainbow baby….I must have sent her a picture, it was a rainbow with a little shell, and there was a rosebush on the other side, that is where my

> sisters are, okay. And then down on the bottom are other losses that- I don't know where they came from, this is all a total interpretation of mine, eh? Like that little rose on the ground is a little girl who must have existed in previous generations. And above everything, the little moon with Óscar.
>
> I was surprised when I later read that children born subsequently are called "rainbow babies!" You see?! The unconscious, the symbolism, the symbolic part of the brain – now I pay a lot of attention to it! I don't remember exactly the year I gave [the collage] to my parents...but it was about recovering that love.

In creating her collage, Milagros was trying not only to relieve herself of some of the weight she had always carried, but also to have something tangible to remind her that she had a brother, and he had a name. And although Milagros may not have consciously set out to engage in ritual, her instinctual use of the symbolism of things like rainbows and roses demonstrates the power of ritual objects used in a ritual action to help transform an unacknowledged child into a member of the family (Davis-Floyd & Laughlin, 2022). As a testament to the power of ritual objects, Milagros' artwork now hangs in her mother's home.



Figure 7.15 Collage made by Milagros depicting herself under the rainbow and her older, stillborn brother in the crescent moon (Aragon)

Photo and artwork: Milagros

Tattoos are another type of original creation that many bereaved parents are transforming into new ritual objects to both publicly and privately claim their lost children. Tattoos have been used in other types of ritual by societies around the world for thousands of years (Ghosh, 2020). Their use in cases of perinatal loss in Spain has been growing alongside their general increase in popularity in Euro-American society in recent decades (Kilshaw, 2020). A tattoo for a lost child is of course an indelible reminder of their existence.

Linda has a tattoo that incorporates the names of both her stillborn and living daughters, while Sandra's is an infinity symbol that reminds her that her life is tied to her stillborn daughter's forever. Carlota and Xavier told me that they will be getting tattoos to honor their son Breixo, who died during childbirth in 2021, from an artist who specializes in

perinatal loss tattoos, and who has her own experience with loss. When I asked Carlota why she wanted to get a tattoo in memory of her son, she said there were three reasons:

> One is like,…my motherhood, of Arlet and of Breixo, it has changed me, and I want my outsides to reflect how I am changed on the inside. Also, because I want to make the loss of Breixo visible, not just to me but to everyone else, that would be the second reason. And then, well, I think that if, when I get old and I lose my memory, I would really like to have a reminder of him, that says, "It's true, you have two children, Arlet and Breixo." And I know because my two grandmothers, both of them, they lost their memories with Alzheimers's. And I believe that, even if the mind forgets, the body in some way will always remember. And if I have just a little bit of memory, something there in my head, and then I have this visual aid on my body, then I think that will help, it will really help me a lot.

In this way, Carlota views her future tattoo as a way to maintain a continuing bond with her dead son Breixo, even if no one is around to remember him, including herself (Klass, 1996, 2006).

Gifts

Among the most precious and treasured of all the new ritual objects in this study were the things given to participants by others in honor and memory of their loss. The immense importance of these objects seemed to stem from the fact that, because they were gifted by others, they are concrete evidence that someone else knows the baby and acknowledges their existence (Layne, 2000). The gifts shared with me by participants in this study ranged from the mundane to the sublime, from commodities to one-of-a-kind creations (Gibson, 2008; Kopytoff, 1986; Pels, 2023).

Javiera's 24-year-old daughter Lola only recently bought her mother a necklace in memory of her older sister María, who was stillborn in 1997. Javiera shared with me how this rather simple and everyday object not only connects her and her living daughter to María, it also provides Javiera with opportunities to talk about her first child with others in her life, some of whom don't know that Javiera ever had more than one child:

> **Javiera**: Lola gave me the necklace this year, because we've been talking about it much more, what happened [with her sister]. Well, she already knew, but about how I feel about the whole thing, Lola is the only one I talk to about that, no one else, no one. It's a total taboo, no one, no one. They definitely remember, because they were there, but…
>
> **Lynne**: Not even with [your husband]?
>
> **Javiera**: No, not with him either. When I go to talk about María, it's like everyone, BAM! You know? They cut it off abruptly…

Later in the interview, I ask Javiera what she says if someone asks her about the necklace.

> **Javiera**: That it's for my daughter. And if they want to go deeper, then I go deeper. If they say, "What's the 'M' for?" I say it's for my daughter, and obviously, people who know me say, "But your daughter's name is Lola!" So then I tell them the story.

If we examine Lola's gesture toward Javiera using Mauss' (1950/1990) theory of gift-giving, we may at first struggle to ascertain the reciprocity in the exchange. Javiera made it clear that the exchange provides her someone with whom to discuss her loss. But what did Lola – and what does anyone who offers a gift in honor of a lost embryo or fetus – gain as a result of this gift-giving ritual? In the case of Javiera's living daughter, an "only child," she not only gained a deeper, more honest and open relationship with her mother, she also gained a sibling, as Javiera detailed later in our conversation.

Other participants also described the deepening of existing social relationships after gifts made in honor of their losses. As described in the introduction, the house of Sandra and her husband has physical reminders everywhere of their stillborn daughter Muriel, who died in 2018. Among the photographs, candles, knit hats and hospital bracelets, perhaps the most treasured object is a drawing of Muriel as a child of about 6-years-old, along with another little girl of the same age (Figure 7.16). The drawing was made by a friend who also lost a daughter, who imagined the two girls playing together and keeping each other company, wherever they might be. This illustration harkens back to artistic renderings that Ariès (1974) dates to the 16th century, when "elite European families began to include their dead children in group portraits…" (Layne, 2000, p. 335).



Figure 7.16 Illustration of Sandra's stillborn daughter Muriel together with a friend's stillborn daughter, depicted as young girls (Catalonia)

Photo by author; Illustration reproduced courtesey of: Vanessa Gutíerrez Cabrera

In several cases of very early losses, participants told me that gifts, often unexpected, helped them apprehend the importance of their own loss. For example, Juliet didn't anticipate any outside acknowledgement of her six-week miscarriage, and was genuinely

surprised by the small gift and signed postcard given to her by a group of colleagues. Unlike Sandra's original illustration, Juliet's gifts are examples of things that went from being commodities, to singularized objects, to ritual objects (Kopytoff, 1986) that Juliet occasionally retrieves to remind herself of her first, lost pregnancy.

Erika had a similar experience with a friend, when her second pregnancy in 2022 turned out to be a blighted ovum, which she expelled at home. A close friend of Erika's who lives in South America had recently had her own loss experience and had gotten support and comfort from Erika, albeit remotely. When Erika shared her own sad news, her friend leapt into action:

> I was actually very sad, and I really hadn't expected that after being pregnant such a short time. So I didn't really understand, … why I felt so bad and so sad. You know? It was really like a mini grief for me. It didn't last long, every day I felt better. I also accepted a lot of help and support from others, from my parents, and my in-laws...
>
> And the friend I told you about, who had had a miscarriage just before mine, she sent me a package with gifts, things that she wished other people had given to her when she had her loss. So I felt really well taken care of, and that really helped. But even then it was a process, I needed time to understand it.

Of all the things in the package, the most meaningful and precious to Erika was the letter her friend wrote her in which she said:

> How I wished to be pampered in the days following the miscarriage! I was so sad that, even though I wanted to be alone, I allowed myself to receive signs of affection and presence. They did me good. They healed me. They saved me. This box is the result of the mix of these memories that I share with you today. Enjoy it, pamper yourself with it.

The letter arose out of the fact that, instead of hiding her experience or shying from talking about it, Erika's friend had shared with others around her in order to get the support she needed. Later, she would in turn offer Erika tangible objects and support and love: candles, lotions, and a letter. And although it may not have been conscious or intentional on her part, Erika's friend used the symbolic gifting of objects to offer her friend the opportunity to engage in a small ritual to acknowledge her loss.

Gifts also came *from* bereaved parents in ways that honor their lost children, sometimes many years after their death. For example, Yasmin only recently gave a friend a coat she had bought in 1998 when she was pregnant with her stillborn daughter Amanda:

> At my brother's wedding, I was pregnant with Amanda, and the coat that I wore, I just gave it to a close friend last year. I bought it when I was pregnant with Amanda because it was huge, I was supposed to give birth in January and I needed something for the wedding. It was lovely, really soft, but I never wore it again after that. So it gave it to my friend and I told her about it, that I had bought it when I was pregnant with Amanda and wore it to my brother's wedding. She's a really good friend and we went back-and-forth having our kids and yeah, I think people really like it when I talk about Amanda.

Evidently, the tangible object of the coat allowed Yasmin to not only remember and relive the happy moments she had when Amanda was still living inside her, it has also allowed her to keep Amanda present in her own life and the lives of other people who are important to her. This finding is in keeping with other research that demonstrates how the material culture of death fosters both continuing bonds and healing (Gibson, 2008; Hallam & Hockey, 2001; Layne, 2003).

Another example of a perinatal loss ritual object that was gifted from a bereaved person is that of the Jizo statue that was given by perinatal loss activists to the mayor of Figueres, Catalonia at the inauguration of a new memorial place within the city's municipal cemetery in October 2022 (Figure 7.17). The activists must have known ahead of time that the mayor had her own experience with losing four pregnancies, experiences that she spoke about when she delivered remarks at the event. Jizo is a part of the "water baby" ritual in Japan. Since the 1970s, women there have been encouraged to purchase a statue of Jizo, a protector of dead babies and children, and to place it in the children's area of the temple grounds (Brind'Amour & García, 2007; Elson, 2017; Grimes, 2000). There, they can visit with their erstwhile child, ask forgiveness for not having been ready to welcome it into their lives, and to ask it to return at a more opportune time. Perhaps unsurprisingly in the age of globalization and social media, this east-Asian ritual has made its way around the globe and is now written about, invoked, and sometimes enacted by people very far from its origins.

While the water baby ritual does appear to provide comfort to those who enact it, many seem unaware of two important aspects: First, that it is an invention of the Japanese funeral industry, neither created nor endorsed by Shinto Buddhism, whose temple grounds serve as hosts to the Jizos (Grimes, 2000; Hardacre, 1997). Second, the campaigns encouraged women who terminated pregnancies to purchase a Jizo and enact the ritual to appease the angry soul of their aborted child, lest it wander the earth forever and prevent its parents from living in peace (Grimes, 2000). The activists who gifted the small, smiling sculpture to the mayor of Figueres seemed unaware of its complicated and controversial origins, which may be an example of cultural appropriation gone wrong (Hardacre, 1997), or it could be considered an inventive adaptation of a perinatal loss ritual enacted in one context that now serves a different purpose in another.



Figure 7.17 A detail of the perinatal loss memorial place within the municipal cemetery in Figueres (Catalonia)

The small Jizo statue, wearing a red knit cap, was gifted to the city's mayor by the bereaved parent activists who made the memorial a reality.

Photo by author

No objects

According to Meyer & Woodthorpe (2008), "Articulating and theorising the relationship between presence and absence is not an easy task." Just as some people play roles as perinatal loss ritual actors precisely by staying away (Grimes, 2013), the absence of ritual objects is a type of presence, in that it conveys important information about individual and societal values about what was lost (Hetherington, 2004). In many cases, the absence of ritual objects causes pain to the loved ones left behind (Malacrida, 1999).

Very few of the participants in this study whose losses occurred prior to the consolidation of perinatal loss activism in Spain in the first decade of this century have any ritual objects in their possession, whether designated by some ritual authority (such as a tombstone or a birth or death certificate) or created by themselves or someone else for the express purpose of confirming the existence or personhood of the baby (Hallam & Hockey, 2001). What's more, most of those with losses before 2009 who *do* have ritual objects either acquired or created them long after the loss occurred, and almost always as a result of connecting with the larger perinatal loss community.

In some cases, things that should have been treated at the very least as singularized or precious were denied their status as ritual objects through the way in which they were treated by some of those who came in contact with them. The most notable examples in this study concern the bodies or remains of the losses. Manuela has no objects to remind her of the existence of the two potential children she miscarried in Barcelona in the 1950s. Although she did not report any longing for such objects, this could be attributed to the timing (and therefore, context) of her losses. She did, however, become distressed when she recounted how the doctor handled the expelled embryo after one of her miscarriages, squeezing it between his fingers as she looked on in stunned silence. When I asked her how she felt at that moment, she said that it was strange to see the doctor handling "it" in this way, although she could not articulate why.

This type of treatment is reminiscent of Morgan's (2009) description of medical professionals' proprietary stance toward products of conception in previous decades. This is not to say that most remains in Spain have been handled in this way. Although many of the participants in this study with early losses may not be aware of the final disposition of their embryos, fetuses, and even some neonates, we know from historical protocols that most either would have been incinerated as medical waste or buried in a shared plot in a cemetery.

Participants with losses that occurred in the 1970s and 80s, roughly in the middle of the time frame of this study (1936-2022), appeared to suffer the most from a lack of ritual objects. I hypothesize that this is due to a confluence of factors: they are old enough to have experienced their loss at a time when it was stigmatized and not discussed, but yet young enough to fully apprehend the social change taking place that advocates for, among other things, the establishment of a material culture around pregnancy loss. Aída, Mónica and Verónica went through a total of five miscarriages in the 1970s and 80s, and none have even a single object to remind them of those potential family members. Although they did not report significant trauma or suffering as a result of those losses, they said they would still like to have some tangible reminder of those pregnancies.

One participant, Luz, participated in the study *because* she was trying to create tangible memories connected to her first son, Adrià, who died shortly after birth in 1987. For Luz, the opportunity to sit down and talk with someone at length not just about her loss experience, but about the person who was her first child, was an important step in her process of claiming her motherhood of Adrià. Speaking specifically about the possibility of having a picture of the baby, Luz said, "To have a photo? I would have loved that. I would have loved that because he was my son, he existed, he was a human being. Even if it was only 24 or 48 hours, he was here, and he was my son."

This common and often unspoken longing echoes what Layne (2000) reported in her seminal article on the material culture of pregnancy loss, evocatively titled "He was a real

baby with real baby things" (p. 321). In the words of one of her informants, "I wish I could hold on to something about you. I wish I could show everyone how real you were to me. So then you would be real to them" (Layne, 2000, p. 323).

The intention behind the creation or identification of perinatal loss ritual objects is usually to solve what Layne (2000) calls "the realness problem" (p. 322); that is, to definitively establish the existence and personhood of the lost embryo, fetus, or neonate. According to Gibson (2008), clothing is a thing that ascribes personhood, and people in Euro-American cultures are buried in clothing largely to maintain the personhood and "sociality" (p. 49) of the deceased. Perinatal loss parents also use clothing in this way, albeit technically outside the context of death ritual (Gibson, 2008; Hallam & Hockey, 2001; Layne, 2000; Lock, 1993). Parents of a living baby might choose clothing with care depending upon the weather or type of activity, but unless they are preparing for a baptism, bris, or other birth ritual, the reason why they are dressing their child is simple and obvious — a "non-issue." For perinatal loss parents, the intention behind choosing an outfit and dressing the baby is significantly different: more present, more important, and likely much more difficult for them to articulate and process.

This absence of ritual objects often causes pain to those left behind, as in the case of a couple from Valencia with two stillbirths in the 1980s. When Ramona was pregnant with their first child, she and Julián prepared a nursery in their home. After the baby died in utero, and while Ramona was still in the hospital, her parents convinced Julian that it would be best if they cleared out any reminders of the child before she returned; Julian, in his shock, agreed. When Ramona returned home without their baby, there was nothing left to acknowledge that she had even been pregnant. The couple told me this story 40 years after the fact, and I could still see the pain and bewilderment on their faces.

In the intervening decades, research on grief and loss has taught us that "making objects of the dead go away doesn't make grief go away…" (Gibson, 2008, p. 13). Recently, with the intention of remembering her lost siblings, Ramona and Julian's adult daughter asked them if she could buy something for them and give it to her parents as a baby gift. A few weeks later when mother and daughter were out, they saw a children's shop with two garments hanging in the window: one for a toddler and another for a newborn. Ramona said that they instantly knew, "Those clothes are for the babies." Ramona's daughter bought her the two tiny pieces of clothing (Figure 7.18); but, instead of remaining "baby things," they were instantly transformed into ritual objects. During her interview, I asked Ramona if she would show me the clothes. After she got up to retrieve them, her husband said to me, with tears in his eyes, "The look on her face has no price."



Figure 7.18 Clothing recently purchased by Ramona and Julian's living, adult daughter in memory of her older, stillborn siblings (Valencia)
Photo by author

Conclusion

The literature on perinatal loss shows that people experiencing such losses devise two main types of ritual objects: transforming everyday objects; and claiming already existing objects for their own ritual purposes. Everyday things are transformed into ritual objects through context, use, intention, and power. Power is also essential to the process of adopting existing ritual objects for new uses, especially because traditional authorities do not typically relinquish control over ritual very easily (Bell, 2009; Grimes, 2013).

This study also revealed the importance of "no objects," in which the absence of ritual objects in cases of perinatal loss is meaningful in itself and demonstrates Spanish society's tendency to devalue or diminish such losses, especially in the past. As such losses have gained attention through the country in recent years, those experiencing perinatal loss are more likely to employ archetypal, traditional, and new ritual objects as part of processing their grief. Particularly in the case of new objects, we see parents singularizing everyday things (Kopytoff, 1986), transforming them from simple commodities to priceless souvenirs of their erstwhile children.

Participants in this study with losses prior to the 21st century had many fewer ritual objects in their possession. This finding is in line with similar studies in the Netherlands

(Peelen, 2011) and Australia (Thompson, 2008), which found that "a box of memorial objects is something [older women] can only wish for, as pictures were not taken, and other items were taken away by professionals. In the absence of a shared past, both the bond with and memories of the child are fragile and ambiguous" (Thompson, 2008, p. 91). Across all decades in this study, participants deployed a variety of ritual objects, from those common to death ritual such as gravestones and urns, to new ritual objects such as baby clothes and artworks.

Bell (2009) said "the sacrality [of a ritual object] is the way in which the object...points to something beyond itself, thereby expressing values and attitudes associated with larger, more abstract, and relatively transcendent ideas" (p. 157). This is certainly true of the ritual objects encountered for this study. Whether they are mundane or exceptional, old or new, bought online or created by hand, these objects — sacred to their owners — convey messages that go far beyond the name or birthdate of the erstwhile child they represent. They speak of families, of love and pain, of splitting apart and coming together. They tell us that it is possible for something to never be born, and yet to die, and in dying, to leave an absence behind, even if there never was a presence.

8 Ritual places

> **As symbols, geographic places are thought to be more than mere arbitrary sites where something important happens or happened in the past. Somehow the distinctive landscape, interiors, or the events that transpired there serve to imbue the site with a significance that can evoke emotional associations for those who visit there.**
>
> *Bell, 2009, p. 157*

Introduction

When Aisha miscarried her third pregnancy in her parents' home in a small city in Catalonia in 2018, she did not hesitate to bury the eight-week embryo in her parents' backyard, alongside the body of her beloved childhood dog. Aisha already had prior experience with perinatal loss, when her first pregnancy ended in stillbirth. While that baby was given a traditional Catholic funeral and interred in the family's niche at the local cemetery, such a place was not an option for the disposition of a first-trimester pregnancy loss. So instead, she proposed this unorthodox burial idea to her mother, who readily agreed. Now, when Aisha visits her parents' house, she told me that she makes a point to wave to that special spot in the garden and say "Hello," both to her erstwhile pet and to the child-who-was-not-to-be.

Through their actions, Aisha and her mother transformed the *space* of her parents' garden into a rather specific, and in this case sacred, *place*. For the family, it is a place of acknowledging the brief life that was with them, grieving its loss, and feeling hope for the future. Of course, most backyards are not typically places of mourning and remembrance, and the space of Aisha's parents' garden also encompasses other places used in more traditional ways: for socializing, celebrating, engaging in hobbies, doing chores, and relaxing. That the same space can be the site of such markedly different places illustrates the power inherent in the ubiquitous, human process for inscribing the meaning into spaces that transforms them ritual places.

This chapter explores the conception, design, and establishment of perinatal loss ritual places in Spain from the middle of the 20th century to the present day. It features a diverse group of places, from backyards to cemeteries, living rooms to church transepts, and from uninhabited mountain paths to individual bodies. The essential factors that unite all these spaces under the rubric of "perinatal loss places" are the intent of the actors who established the place and the actions through which that place is inscribed with symbolism, imparting a very specific meaning to each place.

The chapter begins with a brief discussion of the definitions of "space" and "place," before offering a definition of the concept of a "perinatal loss ritual place" informed by the literature and the results of this study. Next, I present the results of my analysis of this study's data on perinatal loss ritual places in conversation with the literature on perinatal loss ritual places in different parts of the world and across time. The chapter then concludes with a discussion of how Spaniards have created and used perinatal loss ritual places during the time period of this study, from 1936 to 2022.

Defining "space" and "place"

Defining space and place at the outset is important because these two words are often used interchangeably in each of the languages used in this investigation (Spanish, Catalan, and English). Moreover, there are other words common to each lexicon that are often conflated with space and/or place, such as site, location, position, and point. According to Britannica (n.d.), *space* is understood to be "a boundless, three-dimensional extent in which objects and events occur and have relative position and direction," while the Oxford English Dictionary (2023c) defines *place* as "a particular part or region *of space*" (emphasis added).

With the caveat that it is often difficult to identify the exact equivalent of a word in one language to that in another, I obtained definitions for the most commonly used translations of the words *space* and *place* from reputable sources for definitions in Spanish and Catalan. The Royal Academy for the Spanish Language defines *espacio* [space] as an "extension that contains all existing matter" and *lugar* [place] as "a portion of space" or a "site or stop" (Real Academia Española, 2023a; Real Academia Española, 2023b). For Catalan, the Grup Enciclopèdia defines *espai* [space] as an "indefinite three-dimensional reference medium" and *lloc* [place] as "a determined portion of space" (diccionari.cat, n.d.(a); diccionari.cat, n.a.(b)). In another Catalan dictionary (diccionari.cat), the first two definitions *space* are labeled as deriving from philosophy and geometry, making a distinction between the tangible and the intangible, a concept whose importance to the present study will be apparent by the end of this chapter. What becomes clear from all of these definitions is that space can and does encompass place, but not the other way around. In other words, space can exist without a place, but a place cannot exist without space.

According to Lefebvre (1974/1991), the great theorist of space and place, humans transform space into place through social action and interaction, and social relationships cannot exist without "a spatial underpinning" (p. 404). Foucault (1967/1984) built on Lefebvre's work to argue essentially that we do not live in space, we live in place(s). Some of those places are what he termed "heterotopias" (p. 5), and one of the main characteristics of heterotopias is that they encompass several different, overlapping places within the same space. Later scholars of space and place would continue this line of thinking, theorizing that once a part of space has become a place, it has agency of its own and plays a much more significant role than that of mere background or setting (Appadurai, 1996; Feld & Basso, 1996; Gregory, 1998/2003; Gupta, 1992/2003; Lawrence-Zúñiga, 2017; Low and Lawrence-Zúñiga, 2003; McDonogh, 1992/2003; Rodman, 1992/2003).

Building on that literature, for the purposes of this study I define *space* as any identifiable location to which a person or persons may choose to bring objects, words, and/or actions, in order to imbue the location with meaning. Correspondingly, I define *place* as a location in space that has been imbued with meaning by objects, words, and/or actions brought to the space by a person or persons. Finally, a *perinatal loss ritual place* is any space that is clearly and purposefully established to commemorate the loss of a pregnancy or the death of a newborn and/or to establish and affirm the personhood of that which was lost when the pregnancy ended.

Until very recently in human history, specially designated perinatal loss ritual places were almost nonexistent. Although skeletons approximating the size and age of a stillborn fetus have been found in some pre-historic archeological settings, it is not possible to know with current scientific techniques whether those remains are from pre- or post-natal losses (Halcrow et al., 2018). A written record does exist of the more recent burial of perinatally deceased babies in Euro-America in various locations: in and around the family home, such as under the eaves of the house, at the edges of cemeteries, and sometimes in sanctified ground through subterfuge, such as placing the baby's corpse into the casket of an adult about to be buried (Cecil, 1996c; Jordán Montés & Jordán de la Peña, 2019; Simpson & Roud, 2003). What each of these recorded locations has in common is the lack of acknowledgement that anything or anyone of any importance was buried there. Contrast this practice with Aisha's burying of her miscarried embryo in her parents' garden – it was not done in secret, nor is it treated like a non-event. Instead, that potential child and grandchild's existence is acknowledged and honored through its backyard burial.



Figure 8.1 A sign directing visitors to the cemtery of Montjuic in Barcelona, to the permanent resting place for lost embryos and fetuses, that was established there in late 2020 (Catalonia)

Photo by author

Findings: Places

Because my philosophical approach to the study was phenomenological (Aldrich Urcia, 2021), I followed the example set by Richardson (1982/2003), whose paper on the market and the plaza in late 20th -century Costa Rica is considered by Lawrence and Low (1990) to be the "best known anthropological work" (p. 475) applying phenomenology to an analysis of the built environment. Richardson (1982/2003) lays out an approach that involves "three analytically distinct steps" (p. 76): producing a preliminary definition of the physical space; observing the space and recording those observations; and interpreting the observations in the context of the material space, in order to finalize a definition of the place. To accomplish this, I recorded field notes in situ, and followed up by writing brief ethnographies for each location; pictures and videos were also taken at each site. This combination of field notes, photos and videos, and "mini ethnographies" fulfill Richardson's first and second steps of defining the material space and observing human (inter)action in and with the space, including my own. The third step of interpretation was conducted by analyzing the text of the brief ethnographies along with photographic data for overriding themes, commonalities, and distinctions.

Among the 41 locations observed and subsequently analyzed, three broad categories of perinatal loss place emerged:

- Traditional Places
- New Places
- Non-Space Places

Given Spain's sociocultural history, the word "traditional" is used here to denote any place that is associated with Roman Catholicism and/or with cemeteries, since they are where the vast majority of deceased Spaniards receive their final disposition (Funos, 2021). New Places were any physical space that I could enter or occupy but which was not considered traditional. Finally, Non-Space Places were either found online, or in spaces on the body that were transformed into ritual places by participants' actions and intentions.

Traditional places, traditional ways

Within the analysis category of traditional places, two sub-types emerged: traditional places used in traditional ways, and traditional places used in non-traditional ways. Of the places used in traditional ways, cemeteries predominated, and the two earliest losses in this study provide a study in contrasts. Camila's younger brother Ángel died within a few hours of his birth in her parents' home in Asturias in 1942. There was no priest in their rural village, so the neighbor who had helped her mother with the delivery baptized the baby using water from the kitchen sink. Later, when a priest came to town on his bi-weekly visit, the women informed him of the Ángel's conditional baptism. His endorsement of their action meant that Camila's family was able to bury the baby on consecrated ground in the village's cemetery and mark his grave with a tombstone.

Camila, the oldest of nine children who was an adolescent when her brother died, recalls visiting his grave regularly with her family; he was, she said, definitely a full member of the family. When I asked Camila what would have happened if the baby had been born dead, or if the neighbor hadn't managed to baptize him, she imagined that he would have been buried "at the edge of the garden," like the village's other stillborn children (Cecil, 1996c; Jordán Montés & Jordán de la Peña, 2019). Someone would mark the spot with a large stone so the earth there would not be disturbed, but those babies were not considered a part of the family. In these differential practices, we see an example of Lefebvre's (1974/1991) assertion that "any determinate and hence demarcated space necessarily embraces some things and excludes others; what it rejects may be relegated to nostalgia or it may simply be forbidden. Such a space asserts, negates and denies" (p. 99).

Camila's experience contrasts sharply with that of Mercedes, whose younger brother Ernest was stillborn in Catalonia in 1936. Although she was younger than Camila at the time, Mercedes said she doesn't believe her brother was baptized, "because I saw my father leaving the house with him in a cardboard box." When she was older, Mercedes learned that Ernest had been interred in a family niche in the cemetery of Sant Climent de Peralta (Figure 8.2), without his name or any other identifying information. I asked Mercedes,

along with her granddaughter who participated in the interview, if the family had remembered Ernest in any way in later years:

> I guess they must have left him in Sant Climent there and he stayed. And not even…I don't know… [Mercedes pauses].
>
> I guess my mother did remember the boy, but I don't think she ever went to the cemetery. Look, these are things that are forgotten, but I always knew that she had had a child and that he had died, I knew that. Because sometimes she would say, "Yes yes, that child who died." [Here Mercedes turns to speak directly to Maya].
>
> But now is a different time, because now you yourself brought a bouquet of flowers to the cemetery, and my mother never even did that. It was a different time, really.

Her words reminded me not only of Lefebvre's (1974/1991) observation of how certain spaces assert, negate, and deny, but also of how people like Mercedes' granddaughter are claiming the power to instead accept, confirm, and validate through their own actions in these ritual places.



Figure 8.2 Entrance to the tiny cemetery in Sant Climent de Peralta (Catalonia), where Mercedes and her family believe her younger brother Ernest, stillborn in 1936, is buried

Photo by author

My observation of this tiny cemetery also illustrates the importance of actors, actions, and objects to the establishment and maintenance of a ritual place. Today, the town itself has a population of fewer than 100 people and has no commercial or municipal services. Its church, built in the 1750s, shares a priest with dozens of other parishes in the area and does not offer a regular Sunday mass. However, although I did not observe anyone else during my time there, it was obvious that the place has not been abandoned. Amidst the dead

leaves and broken headstones laying on the ground, nestled among the empty niches, there rested bouquets and pots of fresh flowers. Some were wrapped in foil so shiny and clean that it could only have been a few days, if not hours, that they had been left there. The niche of woman dead for 30 years was decorated with two bright yellow chrysanthemum plants and a clay vase bursting with pristine red and white silk flowers (Figure 8.3). Clearly, this space was still an important place full of meaning and connection for many people, as evidenced by their efforts to visit it, to spend time there, and to beautify it as well – all activities that scholars of space and place identify as essential (Lefebvre, 1974/1991; Low & Lawrence-Zúñiga, 2003; Richardson, 1982/2003). I was not able find Ernest's grave, since it did not bear his name. But I could not help but think about him as I observed another niche inscribed with three names: two of people who died at the ages of 75 and 86 years, and the third, of a boy who had lived for just 21 days.



Figure 8.3 The grave of a woman dead for 30 years in the cemetery of Sant Climent de Peralta (Catalonia) adorned with flowers

Photo by author

These unmarked burials bring to mind the *cilliní* of Ireland, a historical place of perinatal loss ritual that most closely resembled traditional Euro-American deathways, in both their location and their use. Cilliní were set apart from the spaces of everyday living in ways that evoked Foucault's (1967/1984) concept heterotopias, which he described as "places [that] are absolutely different from all the sites that they reflect and speak about" (p. 3-4). Cilliní were often established on land that was previously sanctified but that had since fallen into disuse, thus infusing them with a sort of quasi-sanctification (Garattini, 2007; Donnelly & Murphy, 2009). The bodies of stillborn and unbaptized babies were buried in these places from the Renaissance period through the middle of the 20th century. Their graves were not inscribed with their names, but rather marked with a large stone. Notably, the use of the cilliní declined precipitously when the Catholic Church changed its policy to allow these babies to be buried in the sanctified ground of a cemetery (Garattini, 2007).

Several other stillbirths and neonatal deaths from the 20th century were buried, also without ceremony, with no headstone or name inscribed, and without the mother's presence. These included Ines' newborn son Antonio, who died in 1978, Mirta's son Mikel, who was stillborn in 1982, and Flor's stillborn daughter Eulalia in 2000. Unsurprisingly, none of those mothers felt any sort of connection between the place of their child's burial and their memories of the child. The experiences of those three parents contrast starkly with others who were given the choice and who decided to donate the baby's body for scientific research, including Yasmin, whose daughter Amanda was stillborn in 1998, and Carlota and Xavier, whose son Breixo died in childbirth in 2021. Even though neither family has a specific, demarcated place where they know their child rests, they still experience them as having a perinatal loss ritual place — whether in a garden, on a fireplace mantle, or on their own body, as we will see below.

Another example of a traditional place used in a traditional way is the Sanctuary of Saint Raymond Nonnatus in Catalonia, which I visited on a chilly autumn day in 2022. According to Catholic legend, Raymond was delivered by cesarean section in the 13th century, after his mother had died in labor (Catholic Online, n.d.). The dramatic circumstances of Saint Raymond's birth contributed to his designation as the patron saint of pregnant women, midwives, and childbirth, among other things. At his namesake church in the Catalan countryside, the south transept contains a special altar reserved for those who are seeking intercession from the saint, many of whom have experience with pregnancy loss according to the objects and messages left there.

It wasn't easy to find my way into the sanctuary, whose vestibule was enclosed by a plexiglass box that appeared to be locked. The only light in the immense building was up at the front, illuminating a massive, gilded façade interspersed with statues of Jesus, Mary, and other important figures in Roman Catholicism, so I carefully made my way up a side aisle, stopping at various niches to look at the statues and read the plaques. When I got to the front, I realized that the place I was looking for was off to the side, shrouded in darkness. I spent some time in the transept using the flashlight on my mobile phone before I realized there was a box on the wall where I could pay to turn on a light. I rummaged around in my bag for a €1 coin, popped it in the slot, and the space came to life.

The altar, which was big enough to be the main altar in most churches, was topped with another statue of the Virgin Mary, this time with the infant Jesus; they were flanked by two cherubs gazing at them, while two angels gazed down toward the altar itself (Figure 8.4). The large marble slab was strewn with dozens of objects, most of them connected to babies in some way: used and new booties, pacifiers and stuffed animals, photographs of living babies, ultrasound images of gestating fetuses, and drawings of hoped-for children (Figure 7.10). Among all of these things were several hand-written notes: some thank-you notes for

babies born healthy and strong, but mostly emotional pleas for the saint to protect an embryo or fetus or to help a woman get pregnant and stay that way.



Figure 8.4 The altar dedicated to Saint Raymond Nonatus, at the sanctuary that bears his name in Catalonia

Photo by author

At the doorway to the transept, a large, heavy book displayed on a stand was signed by supplicants who had come to pay homage to Saint Raymond and make their requests (Figure 8.5). As I read it, I heard a sound from the main altar and looked up to see a figure come out of a door in the wall, cross the area in front of the altar known as the chancel, retrieve something, and then return the way they came. It felt strange to have that person come and go without acknowledging my presence. I wondered if *they* wondered what I was doing there, if I was an already bereaved parent, or a hopeful future one. In essence, I noticed that I felt a lack of shared emotion, or collective effervescence, between myself and that shadowy person. Consequently, if I had come to enact a perinatal loss ritual of some kind, I would have lacked the experience of *communitas*, or solidarity, deemed necessary by Turner for successful enactment (1969; see also Durkheim, 1912/1968).

Most of the messages in the book were written in Catalan, while some were in Spanish. Almost all of them would break your heart. On one page, I saw what appeared to be a wordless message left by a young child, inky doodles that said nothing intelligible to anyone but their author, and perhaps to the saint himself. The doodles took up most of the middle of a page, between two messages that seemed to sum up why people make the effort to come to this particular place when they have experiences of perinatal loss. The one at the top says “Saint Raymond, please ensure that her pregnancy goes to term, despite the

complications that she's having right now!", while the one at the bottom says, simply, "Thank you for the help."

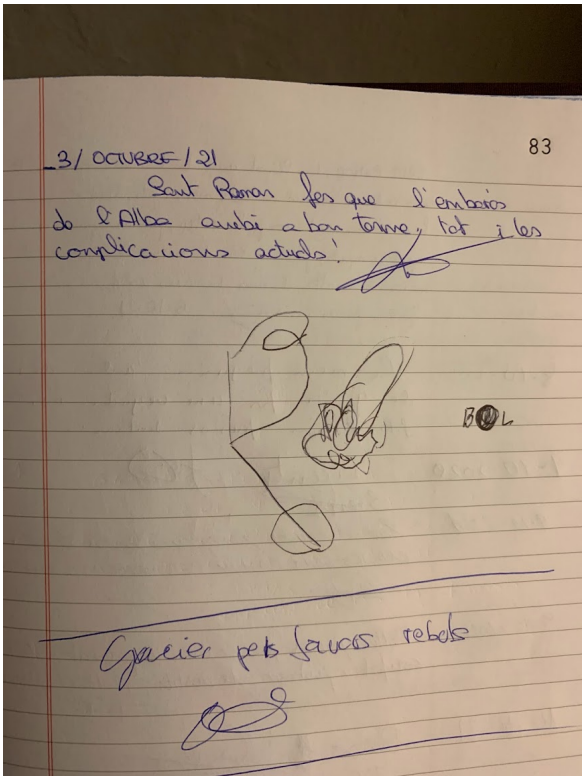


Figure 8.5 Book of messages at the entrance to the transept that contains the altar to Saint Raymond Nonatus

Photo by author

This shrine embodied several elements that scholars have deemed essential to the transformation of a space into a place. First, the symbolic inscriptions in the form of letters left on the altar and notes written in the book. As Lefebvre (1974/1991) explained,

> space may be marked physically...; alternatively, it may be marked abstractly, by means of discourse, by means of signs. Space thus acquires symbolic value. Symbols…always imply an emotional investment, an affective charge…, which is…deposited at a particular place and thereafter 'represented' for the benefit of everyone elsewhere. (p. 141)

The letters and notes that I observed certainly fell into the category of "emotional investment" in the transformation of this space. Notably, Lefebvre (1974/1991) believed that some spaces were "over-inscribed" with what he referred to as "multifarious and overlapping instructions" (p. 142), a concept that felt especially relevant in the context of a Roman Catholic church that denies baptism to miscarried embryos and stillborn fetuses while at the same time insisting that human life begins at conception.

The second transformational element evident at the shrine was the purposeful action that one must take not only to arrive at this place, but to interact with the space itself, since it is only lit by inserting a coin into a metal box on the wall. Bourdieu (1977), Lawrence & Low (1990), and Richardson (1982/2003) each detailed, in very different contexts, the

importance of considering not only the space itself, but how human beings interact with that space, in order to determine what type of place it is.

The third important element in the transformation of the apse of Saint Raymond Nonnatus into a perinatal loss ritual place is the meaning that those who come here, who are presumably still faithful to church teachings, ascribe to this place. According to McKenzie Aucoin (2017), the meaning of a place comes about not only through the establishment of symbols and purposeful action, but also through "dreaming, perception, imaginings, and sensation," (p. 396), all of which were present in abundance in both the entreaties in the book as well as in the dozens of objects left on the altar.

Although this and other traditional places used in traditional ways were in the minority in this study, they are clearly still important to people experiencing pregnancy loss in Spain. As Petersson (2010) explained, "the creation of a meaningful memorial place, which can be revisited, grieved at and cared for, could also help the bereaved person to transform disruptive feelings of pain and powerlessness into something slightly more graspable and manageable" (p. 152). Beyond these traditional ways of using such spaces, the results of this investigation showed that the same elements are also informing how traditional places are being used for the same purpose, but in non-traditional ways.

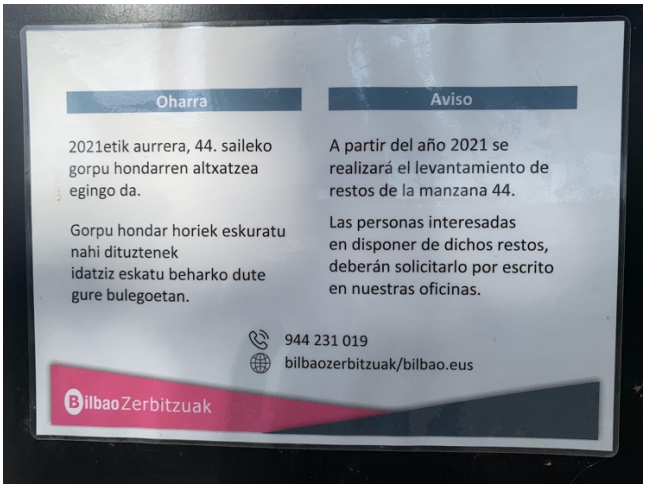


Figure 8.6 A notice posted in the municipal cemetery in Bilbao (Baque Country) in October 2022 indicating that the remains interred in a specific section would be relocated.

The notice advises those people who might wish to take possession of the disinterred remains to contact the cemetery offices in writing.

Photo by author

Traditional places, nontraditional ways

Until recently, in Spain, as in many other Euro-American countries, pre-viability "products of conception" were considered medical waste and were disposed of along with other such material by the healthcare facility where the loss occurred (T. Pi-Sunyer, personal communication, March 27, 2022). Post-viability losses, on the other hand, were buried in the part of the municipal cemetery that also held amputated body parts, paupers,

and the skeletons of those whose leases on their individual burial niches had run out (T. Pi-Sunyer, personal communication, March 27, 2022). Even in those cases of stillbirth and unbaptized neonatal burial, many parents were not informed exactly where their children were interred which, in the case of a larger city, could be one of half a dozen large, unmarked fields. Although deceased neonates and, more recently, stillbirths were also buried or interred in family crypts, the lack of ceremony or inscription of a name for the lost child calls into question whether these could truly be considered perinatal loss ritual places.

The first official perinatal loss ritual place was established in Spain in 2017, in Calaf, Catalonia, a town of about 3,500 residents an hour inland from Barcelona (Sempiternus, n.d.). Consequently, there is no academic literature on the subject, although there is a plethora of media coverage on that and other such places, especially in local and regional newspapers (Barba, 2023; Diari de Tarragona, 2023; La Cerca, 2023; Matas Lleida, 2018). Since the establishment of that first memorial, 70 more such places have been created throughout the country, as indicated by the map in Figure 8.7. Catalonia has 51, more than twice as many as the rest of the country combined. More than two-thirds of the spaces (55) are located in municipal cemeteries, while the remainder (16) have been established in city parks and green spaces.

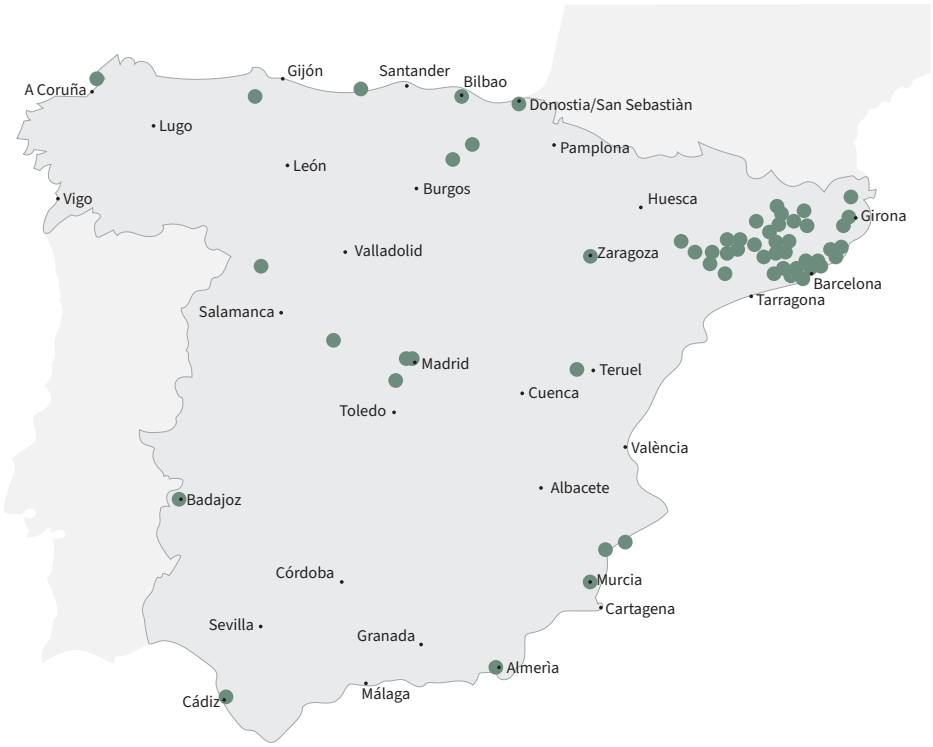


Figure 8.7 Perinatal loss memorial places throughout Spain, as of November, 2023.

Map by author with data from Olaya Rubio Vilchez

The nontraditional use of traditional ritual places in Spain that was observed for this study reflects the changing religious, cultural, and social landscape in Spain. One such place that I visited in October 2022, was a new memorial for perinatal loss located inside the main cemetery of the city of Bilbao in the Basque Country. The space incorporates many of the elements that I found to be common across Spain's 71 perinatal loss places.[42] Bilbao's cemetery, which is located just outside the city proper in a small town close to the airport called Derio, is a sprawling complex that is divided up into sections bounded by high walls containing family interment niches. It was not easy to find the perinatal grief space, which is tucked back in a corner, several sections away from the main entrance. As in many cemeteries in Spain's largest cities, it features a combination of niche burials in walls and ground burials in large family crypts, individual graves, and unmarked plots (Figure 8.8). [43]



Figure 8.8 The municipal cemetery of Bilbao (Basque Country), showing a wall of interment niches on the left and an area of family tombs on the right.
Photo by author

The perinatal loss memorial consists of four main physical elements. The first is a wooden trellis that is just beginning to be covered with vines, which acts as a formal entrance to the space. The second is a large, round, circular wall made of metal netting filled with white stones about the size of a newborn baby's fist. The wall includes two smooth wooden slabs that serve as benches for three or four people each. The third element is an abstract sculpture (Figure 8.9) that consists of a concrete half-sphere about a meter in diameter, a dark, wrinkled metal slab that sits on top of the semi-sphere, and a

[42] Although I did not visit all 71 official perinatal loss memorials in person, the map that provided the data for Figure 8.6 includes links to images of each of the memorials in situ. Therefore, I was able to see pictures of each of them and compare the various elements that they incorporated, which contributed to my analysis of these places individually and as a whole.

[43] For an engaging and informative account of global mortuary practices, including those in Spain, see Doughty (2017).

metal ring on the ground that has the following etched into it, in both Castilian Spanish and Basque:

> Representation of the eastern slope of the lunar crater Theaetetus. There are experiences that impact the soul, marking it as if it were the moon, leaving small craters that shape our being and help us remember those experiences forever.



Figure 8.9 Three of the four main elements of the perinatal loss ritual place within the cemetery of Bilbao (Basque Country).

Photo by author

The final element of this small memorial complex is an oxidized metal wall about 1.5 meters high by 2 meters wide and pockmarked with holes, some of which hold clear plastic test tubes containing what mostly look like pieces of paper, along with the occasional dried flower and ribbon. On the day I visited, one of those holes was filled not with a test tube but with a single, tiny pink sock (Figure 8.10). Whether the sock was meant for a baby who died before they were born, or it belonged to a sibling visiting this place with their bereaved parents, its tiny presence amplified the impact of this sad but beautiful place.



Figure 8.10 A tiny pink sock placed in a hole in the metal sculpture that is part of the perinatal loss memorial place within the municipal cemetery of Bilbao (Basque Country).
Photo by author

In contrast to the rest of the cemetery, this place-within-a-place is relatively stark and unadorned. There are no personal names or dates visible, no photographs of the deceased or small metal vases to hold fresh or silk flowers. Another notable aspect of this particular space is the fact that, other than the verse mentioned above, there are no other words inscribed anywhere, not even to designate the area as a perinatal loss place. The plaques of many other memorials include poems or other written expressions about the fleeting nature of the lost children and pregnancies being memorialized. Additionally, other places analyzed usually incorporated objects, images, and symbols common to perinatal loss ritualization, such as butterflies, stars, and babies. Consequently, this particular place stood out as a place open to interpretation and able to accommodate the needs and visions of anyone who comes to spend time there. In the words of one of the bereaved parents who helped create it, "It's a really special place. Even though it's in a cemetery, it's like, apart from it, it's more like a garden. I don't know, it's just a really enjoyable and peaceful place…."

What makes this a non-traditional use of traditional space is the fact that even though this is a cemetery, there are no remains; no bodies are buried, no cremains are interred (Kellaher & Worple, 2010). Instead, there is a trellis, a bench, and two sculptures. And these four things together create a prenatal loss ritual place because of the specific and dedicated actions of a group of people to set that place apart, to inscribe it with symbols, and to return to it and make use of it as often as needed so that it retains its meaning, not just for them but for others who will visit this place in the future.

This place-within-a-place speaks directly to important aspects of the production of place. As Foucault (1967/1984) observed, some places are slightly out-of-place and, by their very existence, they highlight the contradictions and tensions in the world beyond that

place. In this prenatal loss place, a woman who has no other living children can claim her role of mother; one could even go so far as to say that she can "mother" her lost child by spending time with them in this place, speaking with them, and even caring for them by caring for the place itself, keeping it clean and helping to maintain its beauty and comfort. This type of social behavior is obviously different to what has been the norm in Spain in the context of perinatal losses until very recently. And although in one way it is very intimate behavior that falls into the category of individual grieving, it is also a type of activism that seeks to change society by publicly enacting rituals that represent how that society should be, instead of how it is (Bell, 2009; Smith, 1987).

The very recent trend in Spain to create such ritual places within cemeteries echoes similar, longer-standing places in other countries. The Netherlands leads the way, with over 150 such places established in the country in just the first decade of the 20th century (Peelen, 2009). Peelen asserts that the significance of these relatively new ritual places is related to changing ideas about the personhood of perinatal losses, which is supported by the claims of prominent death scholars that "a focus on the demarcation of space is a key element of maintaining individuality" (Hallam & Hockey, 2001, p. 69; see also Maddrell & Sidaway, 2010; Woodthorpe, 2010). Although these ritual places in the Netherlands are also relatively new, Peelen (2011) discovered that they were inspiring bereaved parents with long-ago losses to engage in perinatal loss ritual of their own, visiting them and occasionally even adding formal or homemade plaques with their child's name to the place.

It remains to be seen if Spaniards with losses further in the past will use these new perinatal loss ritual places in the same way as some bereaved Dutch parents are (Peelen, 2011). Although all participants in this study whose losses happened more than 15 years ago responded positively to the *idea* of such a place, and many knew that such places now exist in Spain, none had so far availed themselves of the opportunity. Fernanda, who miscarried her first child in 2005, said:

> I think [the possibility of having such a space] is fantastic, I think it's stupendous...because most times when a loss happens, we don't think of that possibility, because we don't know about it. And if at that moment someone offered that option to us, we could see it as a valid option. Also in many cases it is really necessary because [when you have a loss] it stays in a part of your brain that you cover up with other things, everyday things. And a lot of times it's that you haven't mourned. I know there are people who would be really thankful for a place like that. And for me,... I would have loved to have such a space, definitely.

Milagros thought of her parents, whose only son was stillborn in 1965 and buried in a common graveyard in Zaragoza:

> **Lynne:** How might it have been different, or better, the experience for your family, for example, if your parents had been able to…have some ritual, have somewhere to visit him each year like another deceased family member…?

> **MIlagros**: How would it have been? Well, for my mother, primarily, a lot of peace and relief. For my father, he would have lived in reality, you know, been able to finish that process that instead kept him apart. And yes, he would have finally had the son he did have.
>
> **Lynne**: Yes, because he had a son, right? Your father. His name is Oscar.
>
> **MIlagros**: Of course, it makes me emotional.
>
> **Lynne**: Yes, me too, because what a shame, right? That he couldn't claim and have his son.
>
> **MIlagros**: Exactly, so that's what it gives you, having that ritual, that space, and that place to express that love.

Not all formally established perinatal loss places in Spain that make use of traditional space are located in cemeteries, however. About one quarter can be found instead in parks and other green spaces, making them more akin to collective death memorials like those found throughout Spain for victims of the civil war or the famous Vietnam War memorial in Washington, DC. Some activists and bereaved families consider such locations to be more appropriate for perinatal loss remembrance, including one of the organizers of the memorial in Cadiz (Andalusia), who told me that she preferred a park because it is "much more beautiful, and more visible…in a public place, where people spend time. That way it has more visibility, and more impact" than a cemetery. This opinion reflects two important aspects of perinatal loss memorialization: first, that it almost never includes remains or ashes of defunct embryos, fetuses, or neonates, since only four of the 55 cemetery locations include interment. The absence of remains may lead bereaved families to feel that a cemetery is not the ideal place to remember their lost pregnancy or child. Second, the Cadiz organizer's comments about visibility and impact indicate that the purpose of the memorial goes beyond creating a space for mourning, to also include efforts to increase public consciousness about perinatal losses and the need for acknowledging and memorializing them.

Outside of Spain, the use of public parks for memorial places appears to be most common in the UK Similar to the origin stories of some of the Spanish park-based memorials, a mother-turned-activist explained the placement of the memorial in the town of Devizes by saying that some bereaved parents would not feel comfortable going to a cemetery for any reason, and they wanted the place to be as welcoming and inclusive as possible (BBC, 2021). A disturbing story from Scotland helps both explain where that discomfort might come from and illustrate the extent to which lost embryos, fetuses, neonates, and their families have been deprived of appropriate ritual places for so long. In 2012 a Scottish mother discovered, with the assistance of a local charity, that the ashes of her child who was stillborn many years prior had been unceremoniously scattered on the grounds of the crematorium where his body was incinerated. This incident led to the revelation that at least two crematoria in Scotland and others throughout the UK had told

parents that there were not enough ashes to collect after the cremation of a stillborn baby, while instead they were disposing of the cremains themselves (Fairbairn, 2021).

The news shocked the country and led to a years-long inquiry and restitution to the families. In addition to monetary compensation, the Mortonhall crematorium also created a memorial space for affected families which included the names of their 150 children. Four years later, two additional, related memorials were inaugurated. One is a new memorial space for stillborn children located on the grounds of the Mortonhall cemetery, expressly established to separate it from the tainted crematorium space (Preece, 2019). Another is a statue of a baby elephant designed by a local artist and located in a large, popular park in the city of Edinburgh (BBC, 2019). This place, like the memorial in Devizes, was established for parents who don't feel comfortable going to the crematorium. Only in this case, their discomfort arises from the fact that they know their child is there, somewhere, but they don't know exactly where. The sculptor said he chose an elephant because they "never forget," so the lost babies will always be remembered (BBC, 2019). The elephant may also be there to "never forget" the terribly dismissive way that lost embryos, stillborn fetuses, and deceased newborns have been treated in the past. Kellaher and Worple (2010) view these types of spaces as providing a type of space that is "more liminal" (p. 161) than the finality of a traditional cemetery. Instead, in these types of ritual places, "the deceased and the survivor can begin to negotiate their new roles (Kellaher & Worple, 2010, p. 161). This concept of having more time in which to negotiate a new relationship is crucial to bereaved families who already had much too little time with their erstwhile child.

Kellaher & Worple (2010) theorized about the phenomenon of memorials in urban public spaces when they observed that "... benches, trees and plaques, ... suggest a new wave of patterning and inscription of public space across towns and cities that is more far-reaching and may be rooted in wider communitarian and societal impulses" (p. 161). When this patterning and inscription stays within a framed space like a cemetery, however, it could fail to achieve the goal of these "communitarian and societal impulses." As with Foucault's (1967/1984, p. 4) "heterotopic mirror," when the mother leaves this specially inscribed and demarcated place, she may have nowhere else in the world where she feels like a mother. Fortunately, in addition to the traditional spaces that are acting as perinatal loss places in Spain, there are also a host of new perinatal loss ritual places being created to achieve the same ends.

New places

Private homes

The family home was the most common of the new places for perinatal loss rituals among this group of participants. Although almost all participants with losses in the 21st

century have some reminder of their erstwhile child somewhere in their house, from an ultrasound image to baby clothes, not every home constitutes a ritual place, because in addition to the presence of an object in the place, a perinatal loss ritual requires an actor to perform an action with that object in that place. For those losses that took place in the previous century, many fewer homes act as perinatal loss places, largely due to the absence of any ritual objects.

One home that clearly acts as a ritual place was that of Gemma and Arturo, whose infant son[44] Luke died suddenly when he was five months old. I arrive at their home, about 90 minutes from Barcelona, on a gorgeous, sunny October morning. The last few kilometers of the journey are on a dirt road, wending its way through acres of grape vines whose fruit would find its way into Catalonia's famous Penedès wines in the near future. Gemma greets me with her arms full of packages wrapped in paper, treats from her local bakery that she had just picked up for us to enjoy after she shows me around the house. We enter directly into the large, light-filled studio that Gemma, a professional ceramicist, uses for her work. There are shelves chock full of plates, vases, candelabra, and other practical things filling the space. Although they were of various sizes and shapes, they were all a bright, shining white. In addition to those practical things, Gemma shows me two shelves filled with small altars, which she began creating after Luke died (Figure 8.11). As a result of losing Luke, Gemma now offers workshops for bereaved people specifically on how to create and enact rituals to aid in the grieving process.



Figure 8.11 Ceramic altars in Gemma's studio in Penedès (Catalonia).

Photo by author

We cross from the studio to the main building, which is where Gemma and Arturo live with their three other sons, passing through Gemma's office on the way. On the wall there

[44] See footnote 23 in Chapter 4: Methodology regarding the inclusion of an infant in the study sample.

is a pencil illustration, about 3 feet high and 6 inches wide, which catches my eye. It is an intricate and extremely detailed drawing of dozens of wildflowers (Figure 8.12). They appear to be scattered haphazardly in a loose rectangle, except for a small, oval area toward the top, where there are none. I was immediately drawn to it, and stood staring at it for some minutes, my eyes moving from one flower to another, from stems to leaves to thorns; it took my breath away. When I expressed my admiration for it to Gemma, she responded, simply, "I drew it on the day of Luke's funeral. It's his coffin, and the space at the top is where his face was."



Figure 8.12 The illustration Gemma made of the flowers that adorned Luke in his coffin.

Photo by author

As we make our way to the living area, we come upon various mementos of Luke displayed throughout the home. In a niche by the dining table is one of Gemma's ceramic altars, the first one that the artist ever made. It holds a candle and a shell, pictures of Luke with his parents, painted stones and a set of tiny, alabaster sheep. Another niche holds a round object about the size of a typical globe, topped with dozens of smaller, hand-sculpted pieces: leaves, babies, mushrooms, doves, and various animals, along with the letters L-U-K-E, and a medallion in the shape of the sun that says *Luke, el verano de nuestras vidas* (Luke, the summer of our lives). These tiny sculptures were made by friends and family who came to Penedès to say goodbye to Luke, people who in most cases had never even met him. On the wall above that niche are six skulls with six pairs of antlers, two large and four smaller (Figure 8). At first glance they appear to be deer skulls, but closer inspection reveals that they are ceramic sculptures, made by the artist in her unique style. She inherited the

original skulls from a deceased family member in her native country, and decided to use them to depict her family: the two parents, and the four boys, including Luke.

Later, as Gemma walks me to the door after we have sat and talked and cried and drunk coffee and eaten sweets, we pass one more altar. It is another one for Luke, but this one seems more whimsical and joyful. While Luke's primary altar, next to the dining table, is adorned with photos of him with his parents, flowers, and candles, this one is adorned with tiny sculptures of a gecko, a snake, and a bird, along with what looks like a construction-paper cutout of one of the original Olympic athletes. Taking pride of place at the top of the altar is a large silver coin that features Luke Skywalker, from the Star Wars films. Although the baby was not named after this famous, fictional character, the hero has become an important touchstone for his brothers, two older and one who was born after he died. Each year, the family celebrates "Luke Weekend," when they leave home and spend time together in a new place. For the trip, each family member chooses their favorite song from that year, and they compile them together in a music mix that they listen to while traveling. And each year since he has been able to choose, Luke's little brother chooses the theme from *Star Wars* as his favorite song of the year.



Figure 8.13 Sculptures representing Gemma, Arturo, Luke, and his three brothers.

Photo by author

By creating and displaying a number of different objects and interacting with them on a regular basis – lighting candles, placing trinkets on the altars – this family has superimposed a ritual place onto the space of their home (Foucault, 1967/1984) — a space that already contained a multitude of other places like a workplace, and a place for celebration. Other private, prenatal loss places included in this analysis are similar in nature, but smaller in scope. One home features a plate with a small candle, some dried white roses, and various rocks; the candle is lighted once a year on a major holiday that coincides with the day a baby was supposed to be born and is left to burn “until it burns

out." Another home displays a framed picture of the stillborn baby's name spelled out in colored blocks, next to the feet of her younger sibling.

The ways in which families in Spain are transforming their homes into perinatal loss ritual places are similar to what has been happening in other countries like the U.S. (Layne, 2000, 2003) and the Netherlands (Peelen, 2011) for decades. Petersson (2010) considers the "production of spontaneous memorials…to spring from bereaved people's discontent with the prevailing burial customs or the formality and strict requirements and regulations of ordinary cemeteries" (p. 142) and although they were not referring to perinatal losses, their explanation is perfectly applicable to those situations. In the case of home-based shrines and rituals, contrary to Smith's (1987) assertion that the place is what makes the action a ritual, parents are transforming their homes into ritual places through the way that they act in the space (Wojtkowiak & Venbrux, 2010). In this way, these places adhere more to Foucault's (1967/1984) understanding of a heterotopia, or a space that encompasses several different places at once.

In these and other private contexts analyzed for this study, we see that people who experience prenatal loss are free to imbue their spaces with meaning, transforming them into loss places, in whatever way they choose, and however often and for however long they like (Hallam & Hockey, 2001). As Low & Lawrence-Zúñiga (2003) explained, "space is constitutive of power" (p. 20). In one's own home, one has the power to decide, and needn't ask permission from anyone else. It is therefore notable that such private displays seem to have increased in popularity concurrently with rising levels of public acknowledgement about the toll of prenatal losses.

As described in the case of Aisha's parents' garden that opened this chapter, private spaces that contain prenatal loss places also contain other places as well, such as gathering places, workplaces, places of leisure and pursuit of skills and hobbies. Lefebvre (1974/1991) hypothesized that "social spaces interpenetrate one another and/or superimpose themselves upon one another. They are not things which have mutually limiting boundaries and which collide because of their contours or as a result of inertia" (p. 86-87). This helps us understand not only how the same space can hold places of work and places of leisure, but also how the same space can hold places of mourning and celebration, of despair and hope (Bourdieu, 1977). Determining which place it is at any given time is a matter of considering the meaning and symbolism of the actors, actions, and objects at play in that place at that time.

Semi-private spaces

One of the most unique new ritual places that I' encountered for this study was a social support organization established by a participant to assist families going through perinatal loss. Cora is the name of Zulma's daughter who was stillborn in 2011, and Zulma called her

charity *Cor a Cor* in honor of the child. "Cor" is also the word for "heart" in Catalan, so the name in full translates to "heart-to-heart," which is how Zulma views the services she provides. Many similar charities in Spain have been established by bereaved parents, and several others are also named after lost children, such as *Umamanita* and *Associación Ania*. What makes *Cor a Cor* unique is that it has a physical space in Barcelona that hosts support groups, information sessions for friends and family of bereaved parents, and training for professionals.

In December 2019, I attended the "grand opening" of *Cor a Cor*'s physical space located on a narrow street in a residential neighborhood in Barcelona close to the train station (Figure 8.14). I was not sure what to expect at such an event, given that it originated in the death of a child. What I encountered resembled a party in many familiar ways: light music playing, a table heaped with plates of homemade food, a bar off to the side with sodas and bottles of wine, and caches of people here and there engaged in animated conversation. The big difference being that, in this crowd, no one was avoiding talking about dead babies. Among the attendees, I met Cora's grandmother and her uncle, as well as a few of her neighbors and the parents of some of her brothers' friends. It was only later that I realized how extraordinary it was, to "meet" the relatives and neighbors of a child who had never lived outside of her mother's body.

The existence of *Cor a Cor*, especially in such a physical form, not only affirms the importance of the experience of perinatal loss, but also confirms the existence of a baby girl named Cora, who was born too early and died way too soon, but who still left a significant legacy behind. Although I do not agree with Smith's (1987) assertion that place is the determinative element in ritual, I believe he would immediately recognize the ritual place created by Zulma for its ability to evoke certain emotions (grief, pride, and excitement, to name just a few) in response to the death of Cora and all of the other lost pregnancies and children who have been and will be memorialized there. Maddrell and Sidaway (2010) argued that such non-traditional ritual sites "provide more liminal space in which the deceased and the survivor can begin to negotiate their new roles" (p. 161). Of course, they were referring to deceased people who had achieved full personhood in life, but *Cor a Cor* can be understood as an argument not only for the personhood of Cora, but of her new role as the inspiration for a perinatal loss charity, and her mother's new role as its founder.



Figure 8.14 Exteriors of *Cor a Cor*, a perinatal loss charity named after a stillborn girl named Cora (Barcelona).

Photo by author

Public spaces

Nontraditional perinatal loss ritual places were encountered in public spaces as well. Unsurprisingly, these were also some of the most creative and innovative uses of space that I observed among all of the various rituals that I witnessed. These places ranged from fine art exhibits and film screenings at community centers in Catalonia to the nighttime illumination of public buildings for Pregnancy and Infant Loss Awareness Day in Figueres (Catalonia) and Bilbao (Basque Country).

Two places in particular stood out, one for its scale and the other for its intimacy. The former was a perinatal loss remembrance ceremony held at the biannual conference of the International Stillbirth Association,[45] held in Madrid in October 2019 (Figure 8.15). A majority of the attendees were from Spain, although some people came from places as far as Tennessee in the United States, and Santiago, Chile. This was a professional conference, featuring keynote speeches and breakout sessions conducted by some of the foremost medical and social science researchers in the field of pregnancy and infant loss. In addition to these professionals, there were many activists and people with lived experience of loss who had chosen to expend significant time and money to attend this event.

[45] Although the International Stillbirth Association (ISA) was originally founded to address stillbirth, its mission has greatly expanded to include any type of perinatal loss, so the organization's name no longer fully encompasses the work that it does.

The conference sessions were held in an out-of-the-way location in Madrid, scattered among several austere buildings dotting a large university campus with the feeling of an industrial park one might find in the suburbs. It did, however, possess one large, rectangular green space, tucked into an area set among several four- and five-story concrete buildings. The grassy area was adorned by a large, swirling metal sculpture on one side; otherwise, it was dominated by cement and glass. It was in this space that the conference organizers had chosen to hold a memorial service for lost pregnancies and newborn babies. Such an event is unusual at an academic conference, whose attendees would be more accustomed to listening to presentations about rates of stillbirth in high-income countries and support for lactation after pregnancy loss.

Before the memorial service, attendees drifted in from scattered auditoriums and classrooms to the grassy quadrangle covered with orange and brown fallen leaves on the mid-October day. They arranged themselves on the pavement in front of the grass and then, when that space was full, up the stone steps to a large terrace overlooking the square. Conference participants would usually be chatting with one another as they walked between sessions, comparing notes about what they've learned or perhaps discussing ideas for an article they might write together. But this crowd was subdued; conversations were held in whispers, couples were seen holding hands, and people were embracing wherever I looked.

In the middle of the quad stood a long table covered with a white cloth, as one might see at a banquet. On the table sat a shallow bamboo bowl holding red, orange, and white flower petals. The flowers that adorned the table were gerbera daisies, a whimsical plant that is more often used for birthday celebrations than for ceremonies of grief and loss. The ceremony was led by a handful of activists, the first of whom made brief remarks and indicated to the gathered crowd how they could participate, if they chose to do so. As the crowd grew, a line started to form at the edge of the grass while a lone violinist played a contemplative tune. Although the group as a whole consisted of a few dozen men at least, those in the line appeared to be exclusively women. Each one held a small, electric votive candle; slowly, they advanced toward the table and placed their votives among the flowers and petals.



Figure 8.15 Hundreds of people observe a perinatal loss ritual at the biannual conference of the International Stillbirth Association (Madrid).

Photo by author

After all the little candles had been placed, the conference organizer, herself the activist founder of a national Spanish loss support organization and mother to a stillborn daughter, said a few words, followed by the president of the organization sponsoring the gathering. Their remarks were brief and were followed by a few minutes in which the only sound that was heard was the soft music of a single violin player. The mood among the group seemed to reflect that this was not so much a time for talking, listening, or learning, as it was for remembering, hugging, crying, and grieving. This ceremony illustrates well how actions, actors, and objects (candles, flowers) all come together in a certain space with a specific intention to transform an ordinary space, typically lacking in any real meaning, into a perinatal loss ritual space (Hallam & Hockey, 2001).

The new, public ritual place I observed that was notable for its intimacy was a series of bereavement photography sessions conducted in public parks throughout the autonomous community of Galicia in June 2022. The photographer, Norma Grau, is well-known to the Spanish perinatal loss community, in large part through her project known as "Stillbirth." Norma offers her services free of charge to bereaved families, helping them to create memories of and with lost children, where literally none existed before. Although the sessions were held in public spaces, the quiet communion that took place between the families and the photographer made it clear to me that private and largely spontaneous rituals were taking place. I observed families as they arrived and were greeted by Norma, their initial social politeness giving way to introspection and solemnity (Luddeckens, 2006). I watched as they unpacked the ritual objects they had brought with them, carefully arranging them on picnic tables and stone walls, bringing to mind the priest and deacon as they stand before the altar containing the wafer, the book, and the chalice.

One family — a mother, a father, and a five-year-old sister — brought a large collection of objects in a white box on which the little girl had drawn hearts and flowers and had

written in the shaky hand common of young children, "For you, Breixo," "We love you so much" and "Arlet ♥ Breixo! Mamá ♥ Papá." The three of them spread the objects belonging to Breixo, a boy who died in childbirth in 2021, across a blanket in their favorite picnic spot, looking carefully at each one and discussing which they would like to include in the pictures (Figure 8.16). To me it was clear that for this family, this place was no longer and would never again be simply a pretty spot for a picnic. Instead, it was a sanctified place that they had and would continue to inscribe with meaning through their actions and through the way that they used objects in that space (Grimes, 2013).



Figure 8.16 The parents and older sister of Breixo making memories with him in a park close to their home, while photographed by Norma Grau.
Photo by author

The fleeting nature of both of the public perinatal loss ritual places described here is similar to that of roadside shrines and other "spontaneous memorialisations" (Petersson, 2010, p. 141) that "represent a sudden void or rupture created in the social world" (Kellaher & Worple, 2010, p. 162). Current theory about grief, mourning, and death ritual suggests that, as the significance of perinatal losses grows in acknowledgment and ritualization, the need for such temporary memorial places will diminish (Hallam & Hockey, 2001; Petersson, 2010).

Non-space places

Online

According to Grimes (2000), "The cyber world is as important for the 'places' you can 'visit' as it is for the things it enables you to 'do.' In this sense, it is a better substitute for a cemetery than for a funeral" (p. 274). The perinatal loss awareness movement has taken full advantage of the possibilities offered by the internet to create and maintain ritual places. In addition to loss forums like *Glow in the Woods* (www.glowinthewoods.com), many

pregnancy and infant loss charities have established online places for enacting the role of parent (or grandmother, aunt, etc.) and opportunities for naming a child and remembering them, including the Star Legacy Foundation (n.d.) and Nubesma (n.d.). Importantly, the actions in these places are witnessed by dozens or even hundreds of other actors, such that these places serve to increase the number of people who know your child and acknowledge their existence. Sani (2021) specifically likens YouTube to a "public virtual cemetery" (p. 590), where bereaved parents can present their stillbirth to the world in a way that was never before possible, either technologically or socially.

In the course of data collection and field work, I encountered many perinatal loss ritual places that did not exist in space as we typically understand it; that is, in a geographic location to which one can arrive and from which one can leave. Even so, some of these places were tangible while others were virtual. Writing in the mid-1970s, Lefebvre (1974/1991) presaged this latter type of non-space place, one which is now not only ubiquitous and of immeasurable importance to people experiencing perinatal loss, the internet. As he put it, "Considered in isolation, [social] spaces are mere abstractions, however, they attain 'real' existence by virtue of networks and pathways, by virtue of bunches or clusters of relationships. Instances of this are the worldwide networks of communication, exchange and information" (Lefebvre, 1974/1991, p. 86).

Many of the perinatal loss support and advocacy organizations that have sprung up in Spain since the founding of *Umamanita* in 2009 exist only on the internet and in the hearts and minds of their organizers and the people they serve. Some are named after lost babies, and almost all were founded by parents who experienced a loss themselves. In addition to providing information about and visibility for these types of losses, many of these associations also host virtual support groups and online forums for bereaved people. These are non-space places that people visit, and to which they often return, to share their experience, to say their child's name and claim their parenthood, and to witness the same in others. And although they are not physical spaces or even objects, they are created and used by actors through action and with intention, and they are inscribed with symbols designed to indicate that this place is special, that it has been set apart (Gladigow, 2006; Grimes, 2013).

Several of these sites — two organizational and one individual — deserve special attention because of the way in which they go beyond providing information and support, to clearly serving as places where perinatal loss ritual is being enacted. An anonymous, individual account on Instagram[46] was created in early 2023 and contains just nine posts.

[46] The name of the account is being withheld and no identifying content or images are being shared because I was not able to obtain permission from the site's anonymous creator. I reached out via direct message but did not receive a response; so, although the account is public and viewable by anyone, I have chosen to maintain the anonymity of its creator.

The first is the image of a sonogram that looks to be about eight weeks gestation. The text of the post explains that although the parents had looked forward to meeting their baby many months in the future, the embryo/fetus's[47] heart had stopped beating. The third post, made only five days later, shows a group of objects assembled on a table, among them the sonogram image, a photo of a woman with her hands on a flat belly, two blue cloth hearts, and what appears to be a bottle of holy water. Accompanying this group of photos are the words "Now we have everything we need to say goodbye to you. We only need to wait until you're ready to be born." In a later post, which features a photograph of a shoreline, the poster describes their birth experience while speaking directly to their lost child: "You wanted it to happen at the beach, because you wanted to know what the beach was like." Later in the same post, they say, "I couldn't see you clearly, but I know that you were there." One of the last posts in the account shows the same display of objects and explains, "We just said goodbye to you. It hurts so much, but we know that you will help us to move forward. We will do it together. Thank you for giving us so much joy."

Such a public manifestation of the personhood of and connection with a first-trimester pregnancy would have been all but impossible just a few decades ago, for both logistical and cultural reasons. Prior to the age of the internet, there were few social if any spaces in which a bereaved parent processing a first-trimester loss could manifest these types of feelings and experiences. Moreover, without the internet and the social changes that it has brought about, this level of attachment to an early pregnancy would likely have been viewed as aberrant if not pathological. Today, although it may still be seen this way by some people, the parent who created this account can now establish a ritual place in which they can connect with others who will affirm the personhood of their lost child and their own parenthood.

Out of perhaps a dozen organizational social media accounts analyzed for this study, I identified two as clearly acting as perinatal loss ritual places. *Estels del Cel* is a small charity mostly active in the Balearic Islands. Among their posts on Instagram offering inspiration, support, and information about events, there is an ongoing "story" that features dozens of images of a dark, starry night sky, along with a name, a date, and the phrase "xx years in our hearts" (Figure 8.17). Most of the posts feature typical Spanish given names, while two stood out: "little fish," and "little chickpea," using names that expectant parents often give to their future children before they have settled on a given name. Each image stays up for about five seconds, reading for example, "1 year in our hearts" or "6 years in our hearts," before moving on to the next. These inscriptions, with name, date, and epigraph, are clearly related to gravestones and niche coverings throughout Spain that contain the same

[47] The transition from embryo to fetus occurs at 9 weeks gestation (Bilbao, Saucedo de la Llata & Salvador, 2021).

inscriptions, and whose use to designate a ritual place for a perinatal loss has been all but unavailable to Spaniards in such cases.



Figure 8.17 Three birthday messages featured on the Instagram account of a perinatal loss support organization; the name in the middle translates to "little fish."

Images: *Estels del Cel*

The account of *Petits amb Llum* has a similar area in their Instagram account, but instead it features images sent in by bereaved parents of the tattoos they have gotten to memorialize their losses. Many of the tattoos feature names, while others instead use archetypal imagery common in perinatal loss, such as stars, angels, and rainbows (Davis-Floyd & Laughlin, 2022; Vince, 2020). In analyzing this perinatal loss ritual place, I was struck by these parents' desire to publicly share their tattoos, beyond the physical world where people might see them on a daily basis. It occurred to me that the motivation could be related to what Layne (2000, p. 338) observed about perinatal loss jewelry: "...it may be seen by others but not necessarily recognized as a symbol of pregnancy loss." Hence the bearers of these tattoos have found a place in the virtual space of a perinatal loss charity to unequivocally declare the symbolism of these sometimes-inscrutable markings.

The internet as a ritual place is complicated, however, because we do so many other things there. How does someone engaged in ritual online frame the space, so that it is separated from the other, mundane acts of their daily life like checking email and buying groceries? The very nature of the internet could make it difficult for them to "leave the cultic sphere in a demonstrative way...and turn once again to the 'profane' concerns of daily life" (Gladigow, 2006, p. 483). The potential haziness of the virtual ritual frame could in part

explain why, despite the ubiquity and accessibility of online perinatal loss places, bereaved parents continue to seek out and establish tangible, and in some cases traditional, ritual places as well.

Living Bodies

Bodies exist in space, but they are not typically considered places in the way that word is generally understood nor how it has been used here. For that reason, I include the living bodies I analyzed as perinatal loss ritual places in the category of "non-space places." Both tattoos and jewelry are objects that are so deeply intwined with places on the body as to constitute them. Taken together, tattoos and jewelry were among the most common ways for the individual participants in this study to establish a sort of mobile, ritual place that was always with them when they wanted it to be. Necklaces were the most common type of jewelry, worn of course around the neck and lying against the wearer's chest for all to see. The act of putting the necklace on, or never taking it off, and carrying the memory of the child around from place to place was significant to all participants who had memorial jewelry. By adorning the body with this special ritual object, participants converted their own body into a commemorative place that they then had with them, wherever they were in the world (Hallam & Hockey, 2001; Herradón Figueroa, 2008).

Nazaret has a tattoo on her ankle of her son Herri's two tiny footprints; her partner has the same on his neck. After Nazaret had a termination for medical reasons in 2018, the couple had assumed they would leave the hospital with no proof of their child's existence. But when their midwife offered to make prints of Herri's feet, they not only immediately agreed, they also knew they would tattoo the image on their bodies as soon as possible. A few years later, just after Nazaret, an anthropologist by training, had spoken at a conference on perinatal loss, someone approached her from the crowd. This is how Nazaret described the scene to me:

> When we were on break...a young woman approached me. A lot of people approach me because, of course, since I'm on social media, they know me well, but I don't know anyone. And she says, 'I'm Iratxe,' and I said, 'Iratxe?' and she says, 'Your midwife,' she didn't say anything else. [Nazaret pauses here].
>
> I mean, even though I'm tremendously healed-, I have embraced an embodied anthropology because data and research just don't work for me anymore. I testify in the parliament, telling them that my son ended up in the trash, and I make politicians cry. I mean, I've decided to do it this way because it's the only way the message will touch their hearts, if they have one. [Another pause before continuing].
>
> And... I can do this because I'm healed, right? But at that moment when I saw [my midwife], I hugged her, I cried with sobs, with anguish, like a little girl. We were there hugging, and I showed her the tattoo, I told her that thanks to her, I had that tattoo. And she did the same thing to me as she did back then, she touched me. And it's beautiful, because I give workshops on empathetic communication for healthcare professionals on these topics, and

> sometimes you just don't have to speak. I mean, what she did at that moment was to caress me, and when I showed her the tattoo, what she did was to caress it too, and that was really beautiful.

According to Klinenberg (2001), "looking closely at the body can open up areas of social inquiry that social scientists might not otherwise recognize, and the bodies themselves can give evidence of social conditions that might otherwise be difficult to document" (p. 132-133). In that moment, the social condition of Nazaret's motherhood of a boy named Herri was witnessed and acknowledged by her midwife. In lieu of being able to hold and caress the baby, as a midwife would often do when they run into a former patient a few years after a birth, instead she held and caressed the place on Nazaret's body that represented where her son continued to exist.

In addition to the importance of the *place on the body* where a tattoo exists, for some participants the act itself of obtaining the tattoo was ritualistic, precisely because of the *place* they chose to get it. Carlota and Xavier told me that they are planning to get tattoos from a specific studio outside of Barcelona that has a service called "Project Gea," named after the stillborn daughter of Ares, the studio's resident tattoo artist who herself has a perinatal loss tattoo. The project's website eloquently explains how such a permanent bodily marking helps create a ritual place:

> This tattoo [that Ares got for her daughter] marked a before and an after. Carrying it on her skin gave her a sense of peace that she couldn't explain. It gave this baby who was not physically here with them, *a presence, and a place on this earthly plane*" (Proyecto Gea, n.d., emphasis added).

Conclusion

This chapter presented the results of an analysis of perinatal loss ritual places in Spain among a group of people who experienced such losses from 1936 through 2022. In order to set the context for this study's results, I first reviewed the existing literature on other perinatal loss places throughout the world and across time. Very few places expressly created for memorializing such losses exist anywhere, with the notable exception of the cilliní in Ireland (Donnelly & Murphy, 2009; Garattini, 2007). Many Euro-American countries began creating such places in the late 20th and early 21st centuries, with the UK, and the Netherlands being among the leading locations for perinatal loss ritual places (Peelen, 2011; Thompson, 2008). In Spain, the first such dedicated space was established in 2017, making such spaces more appropriate as data in the present study than as context. Since perinatal loss activism began in Spain in the mid-2000s, a variety of such spaces have been and continue to be erected throughout the country.

Given the well-known stance of the Catholic Church that "life begins at conception," it is notable that activists and people experiencing perinatal losses in Spain have only recently

gained access to traditional death ritual places for the enactment of perinatal loss ritual (Sempiternus, n.d.). Even so, once that access was gained, predominantly Catholic cemeteries have become the location of choice for the establishment of fixed memorial places in Spain. In terms of their inspiration, while many are clearly based in traditional, Catholic ideology and iconography, others employ non-religious locations and nontraditional meaning and symbolism to achieve the goal of providing a ritual space for memorializing losses.

The diversity of these ritual places extends to their longevity as well, as some are cast in metal and stone and meant to endure for centuries if not longer. Places like home altars and sites in nature used for the scattering of ashes are relatively temporary, while others like illuminated buildings and ceremonies that feature balloon releases are fleeting and ephemeral. Grimes (2013) explained how such places are formed by the rituals that take place in them, regardless of whether their architecture is indicative of a ritual space:

> Not only shaped, rituals shape environments, even after their enactments conclude. The words and songs may have evaporated, but the legs remember; so do the back and neck. Transposed into kinesthetic memories, rituals take up mental and social space. Because they are oriented (do it here, not there, please), they orient; by engaging in them, you learn the appropriate posture for navigating the world (p. 260).

As I write this conclusion on October 15th, International Pregnancy and Infant Loss Awareness Day, several new memorial spaces are being inaugurated in Spain, and more buildings will be lit up pink and blue this evening — a few more than last year, and many more than the year before. With each passing year, the number of ritual places for perinatal loss in Spain increases significantly. If we include private places, it is probably growing exponentially. When I think about how many more people will come across, interact with, and spend time in such places, I begin to apprehend the power of such places to not only provide a frame for grieving the lost life and claiming the personhood of that which was lost (Davis-Floyd & Laughlin, 2022; Pels, 2023).

I also start to understand the power that such places have to alter Spanish society definitively. Maybe those who visit a cemetery on November 1st for All Saints Day will see one of these new memorial places and will think for the first time in a while, or for the first time ever, about a person they know who lost a pregnancy or newborn years ago, or about their own experience. The fact that such places exist at all speaks to issues of power that scholars identify as crucially important to the production of place (Appadurai, 1996; Lefebvre, 1974/1991; Low & Lawrence-Zúñiga, 2003). People with lived experience of pregnancy loss and those who love and care for them had to join forces, appear in the media, sign petitions, conduct research, make official requests, and openly share their own, painful experiences in order to gain enough power to establish perinatal loss ritual places in Spain in recent years.

9 Discussion & recommendations

> Q: **How would it have been different? If you had been able to have a photo of your son, if you had been able to meet him face to face, even if he wasn't alive, if you had been able to be there for his burial, if you had been able to ritualize your goodbye?**
>
> A: **I know how it would have been different, and I know it for sure. It wouldn't have taken away my pain, but I would have experienced it very differently. And I would not have spent 20 years waiting to grieve. To have been able to say goodbye to him? I mean, it's super clear to me… My environment might have been the same, but a ritual might have helped me to be more conscious, you know? Of the death of my son, who had come out of me, who had existed, and then had died. Because otherwise it was like nothing that was there, right? I would have loved to have a photo! I would have loved it, because he was my son, because he existed, because he is a human being.**
>
> *Luz (study participant), 2021*

I chose to begin this chapter with words from one of this study's participants in lieu of a quote from a scholar to highlight the people whom I believe to be the true experts on perinatal loss ritual. It is only because of their generosity of time and spirit, and their willingness to relive the most painful experiences of their lives with me, that this research could even happen. In this chapter, I will summarize my findings according to my original research questions and discuss their significance in conversation with the existing literature. Then, after addressing the limitations of the present study, I will make recommendations for future research on the subject and for potential changes to professional practice with respect to ritual that could benefit people experiencing perinatal losses.

Did they use ritual? Part 1

Answering the primary research question of this study — Did participants use ritual in relation to their loss? — could at first blush appear to be a simple yes or no question, and to a certain extent, it is. However, before I address the "yes or no" aspect, I want to address the fact that, given the ongoing debate about how we even *define* ritual, many of the actions featured in this thesis (and their attendant actors, objects, and places) would likely not be considered ritual by some scholars. These would include those who maintain that rituals need to be written down (Rappaport, 1999) and authorized (Bloch, 2006; Bourdieu, 1975; Humphrey & Laidlaw, 1994); those who believe that ritual can't be solitary and has to be enacted in community (Bell, 2009; Bloch, 2006); and those who think ritual is meaningless (Goody, 1977; McCauley & Lawson, 1990; Staal, 1979). Although I based the working definition of perinatal loss ritual in part on the literature, I recognize that not everyone will agree with that definition. Of course, others are free to reject it and, consequently, deny or debate that some of what I have described here is, in fact, ritual.

This is not to say that I, myself, didn't sometimes question whether what I had identified as a perinatal loss ritual met my own criteria. For example, Nadia saw her son held up by a midwife from afar, after he was stillborn in Alhucemas (Moroccan territory) in 1972. During data analysis, I questioned whether this action was a ritual, finally deciding that it was, for the two reasons: First, because seeing him was a pivotal moment for Nadia, in which she became the child's mother and he became her son (According to Nadia, "What the eyes don't see, the heart can't know"). Secondly, this action — so uncommon in the 1970s as to be almost unheard of — presaged what is now a much more common perinatal loss ritual, that of seeing, holding, and spending time with a deceased child after they are born. In this way, I think of Nadia's viewing her son as akin to early forms of what became the Catholic sacrament of penance, which started off ad hoc and was only formalized more than a thousand years after the death of Jesus Christ (Briola, 2016). Similar actions included in this study as perinatal loss rituals that others might question, include Luisa thinking about her miscarried embryo every night before she sleeps, and Erika keeping a letter from a friend that memorialized her lost pregnancy and the child that was not to be.

In defense of my approach to defining and identifying perinatal loss rituals, I share the words of the esteemed ritual scholar Catherine Bell. As far as I am aware, Bell never studied or wrote specifically about these types of losses. Nevertheless, her words could easily have been describing these significant life experiences and those who go through them:

> I am exploring forms of ritualization that lurk on the margins of most notions of ritual. One form might be called tending practices, or even grazing rites to be more glib, and include such simple routines as lighting votive candles, feeding the deity in the local shrine, or tending to the orientation of New Age stones….As acts ritualized by repetition and the simplified evocation of more elaborate ritual patterns in the culture, *such rites hover on the blurry boundary between formal religion and informal domesticity*. Perhaps when formal

> religious rituals are being culturally abandoned, limited to a few special events, or simply out of reach for non-official personnel, tending rites can contribute to the construction of a self that is oriented and ordered, fortified — yet also subdued. If so, they may go to the very heart of ritualization as the bodily construction of a social self. (Bell, 2006, p. 541, emphasis added)

For many babylost families, their "social self" necessarily includes their dead child, which is what makes Bell's "tending rituals" so important. Occasionally, I shared some of these debates about ritual with my participants, explaining that there are many well-known scholars of the subject who say that rituals have to be authorized and cannot be created by any one individual. I found Mónica's response to this idea to be eloquent, powerful, and clear. She experienced two miscarriages in the late 1970s, and although the loss of those much-wanted pregnancies was sad and difficult for her, Mónica did not enact any ritual or identify any need to do so at the time they happened. It was only decades later, when she participated in a female consciousness-raising workshop, that she formally acknowledged and named those world-be children. Mónica chafed at the notion that some experts would reject the idea that the workshop featured a perinatal loss ritual:

> What nonsense to say that rituals must be written down! They're created every day. You can create a ritual in your own life based on whatever you believe, right?… "Rites must be written down," that's barbaric! …I'm a big fan of sea water and I do a ritual with sea water every day. The first water I drink is sea water — I take it in my hands and I decree that the sea water will structure all the cells in my body and regenerate it and then I drink it. That's a ritual, and it's not written down anywhere!

Not long after Bell (2006) wrote about ritualization that "lurks on the margins" (p. 541), Grimes (2013) cautioned those scholars who would ignore or exclude Mónica's daily ritual in favor of those rites that are written down, authorized, and only enacted in the presence of others:

> If you define ritual as collective effervescence [Durkheim, 1912/1968], then of course individuals do not act ritually. But the fact is that individuals do things in closets and forests that they call ritual. You can ignore such activity as outside the purview of your definition of ritual, as socially insignificant or deluded, but you are also sidestepping the basic question: How shall we understand ritual-like activities in closets or forests, regardless of what we or they call them? (Grimes, 2013, p. 251)

Before moving on to discuss this study's findings, I want to mention two other things about this group of participants that I believe should be kept in mind while reading this chapter. The first is a reminder that no mention of ritual (or ceremony, rite, goodbye, etc.) was made in any of the recruitment or dissemination materials associated with the investigation. Consequently, we can be sure that participants did not self-select into or out of the study based on whether or not they had used ritual in relation to their loss, or even based on their own understanding and interpretation of "ritual" and related words.

The second is an observation about the breakdown of experiences according to type and year of loss. For those losses that happened in the 20th century, twice as many participants experienced later losses (stillbirth, termination for medical reasons, and neonatal death) than miscarriages. For losses in the 21st century, the opposite was true; there were almost double the participants discussing miscarriages and blighted ova as there were talking about third-trimester losses. I hypothesize that this breakdown can be partially explained by recent medical gains that have drastically reduced the number of neonatal deaths and lowered stillbirth rates, while the rate of miscarriage has remained steady (Cassidy 2018b; 2021b). At the same time, I suspect that another reason for this stark difference has to do with social and cultural ways of approaching and interpreting perinatal losses: decades ago, while later losses may not have been properly supported or acknowledged, they were at least considered to be significant, so participants with losses later in pregnancy in the 20th century may have felt like they had the "right" to respond to my call more so than those who had experienced miscarriage. Among those participants with losses in this century, their experiences took place in the context of growing awareness in Spain about the impact of even the earliest pregnancy loss and growing activism around recognizing those losses. Consequently, those participants with early losses that happened more recently were perhaps more likely to see themselves reflected in the calls for participation.



Figure 9.1 Stars with initials for Beatriz and Timur, gifted to Ramona and Julian by a perinatal loss support organization at a recent event.

The children were stillborn in the 1980s, and their parents have recently started attending memorial events in their community (Valencia).

Photo by author

Did they use ritual? Part 2

> Lynne: **Did the two of you do anything after the losses, to recognize your children?**
>
> Julian: **No. Lynne, if something doesn't exist, how can you do it?**

The overall growth in the use of perinatal loss ritual over time, and the increasing diversity of the ritual actions themselves among the participants in this study demonstrate that such actions arrived in Spain decades later than in places like the Netherlands, the UK and Australia. Separating the data collected for this study into pre- and post-2008, the year identified as a tipping point for perinatal loss activism in Spain (Personal communication, Recursos Duelo GN España, September 16, 2022), only nine of the 25 participants with pre-2008 losses engaged in any ritual action. Moreover, a majority of those actions took place many years after the loss itself and as a result of participants making contact with the perinatal loss movement in Spain. In contrast, of the 22 participants with losses between 2008-2022, only four did *not* engage in any ritual action to process their loss. The overall number of ritual actions also increased significantly over time, with many participants with 21st century losses enacting multiple rituals over the course of years. In fact, the participants with the most recent losses said they have no intention of curtailing their ritual actions; rather, they view them as part of the ongoing process of maintaining a relationship with their lost child (Klass, 2006, 2018; Wojtkowiak & Venbrux, 2010).

Considering the entire data set together, more than two-thirds of this study's participants have engaged in some form of perinatal loss ritual at some point since their loss. Some enacted a one-time ritual such as writing a letter or planting a tree, while others have initiated an ongoing series of rituals that they perform with some sort of regularity. The timing of the rituals loosely broke down into immediately surrounding the loss itself or close to the time of loss, or many years after the loss. The immediate rituals were largely informed by what many participants referred to as instinct. That is, the idea of doing something, and what to do, did not come from any outside source. This result is similar to that of van der Sjipt (2020), who found that, for Romanian women memorializing their miscarriages, "the desire to enact the ritual was completely natural to the parents" (p. 129).

For those who continued to enact rituals beyond the immediate time of the loss, their actions supported continued efforts to make the baby a part of the family and weave their existence into participants' daily lives. Such actions are evocative of the concept of continuing bonds (Klass et al., 1996), a way of approaching grief and loss that allows a relationship to continue to grow and change even after someone has died. Those participants who engaged in ritual for the first time long after the loss had occurred almost

always did so as a result of becoming aware of the perinatal loss awareness movement. As expressed by Luz in the exchange that opens this chapter, parents typically enacted these rituals for two main reasons: to heal the long-standing wound of the loss in order to properly grieve, and to transform what was previously perceived as a non-entity into a person. This occurred not only with losses that happened later in pregnancy, but with miscarriages as well, findings that echo those of Peelen (2011) in the Netherlands and Thompson (2008) in Australia, when they spoke with older women about their more recent interpretations of their losses.

Among the participants in this study who have never ritualized their loss, some said that they had simply not needed to enact any type of formal ceremony in order to process what had happened. Peelen (2011) had similar conversations in the Netherlands, although as in the case of the present study, it's not possible to know if Peelen's participants may have felt differently had their environment at the time of the loss allowed for mourning and ritual. Also, in contrast to Peelen's (2011) finding that some older Dutch women "cannot stand the dominant discourse of continuing bonds and the sentimental tone of conversation…" (p. 133), I found that among my participants, even those who didn't need ritual for themselves were quick to support others' interpretation of their loss and acknowledge that ritual could be helpful to many people having similar experiences.

Participants who denied the need for ritual to process their loss included those with both early and later pregnancy losses, but no one with a neonatal loss denied the need for commemoration. This could be in large part because not everyone who experiences a perinatal loss, in particular in the early stages of pregnancy, views themselves as a parent. In their study on early pregnancy loss in England, Han (2018) found that many women who lost their first pregnancy and had no living children "did not necessarily identify themselves as 'mothers' — at least not quite yet — and especially in the early weeks and months of pregnancy, the status of 'it' seemed unreal and uncertain" (p. 59). It is therefore possible that women who don't perceive themselves as mothers when they experience perinatal loss have less need to enact a ritual. What's more, the behavior of those around them in response to the loss impacts this perception, which in turn may affect a woman's own sense of the importance of the event and any attendant need for ritual. In the present study, I observed this in the case of Manuela, who shuddered when she described how a doctor squeezed her miscarried embryo between his fingers, but at the same time could not express what it was that was still upsetting to her over 60 years later.

For others who did not engage in perinatal loss ritual, they either didn't know that such a thing was possible, or the enactment of or participation in a rite was denied to them by others (Bell, 2009; Grimes, 2000). For Rita, the process of obtaining a termination for medical reasons in 1982 when she was living in the Canary Islands was interminable and traumatic, including at first being denied the days off from work that she needed to travel to

another autonomous community where she could have the procedure. As this fraught experience was coming to an end, the last thing on Rita's mind was the option of memorializing a child that she had also fought so hard to terminate. Notably, the other three terminations for medical reasons included in this study were all ritualized by their parents, including two funerals, one of which was Roman Catholic.

Five babies in this study who were either stillborn or who died shortly after birth between 1985 and 2000 were buried quickly, without ceremony and, importantly, without their mothers present. This manner of disposition is similar to what Garattini (2007) reported about the cilliní in Ireland: Lone fathers seen on buses carrying small, cardboard boxes, on their way to these special sites to bury their unbaptized children alone (see also Murphy, 2009). Although much of the scholarship about cilliní is concerned with the burial location and process, Cecil (1996c) focused on the experience of the mothers left behind, and found that while some women took their loss in stride, as was the custom of the day, others suffered due to the denial of baptism and a proper burial.

Mirta's son was stillborn in the Basque region in 1982 and she also suffered from the denial of ritual, although not in the same way as Cecil's (1996c) Northern Irish informants. Mirta's son Mikel was not baptized, but she didn't care about that; she just wanted to see him, an action she was denied. He was also buried, which could have given her some comfort but did not, because she did not know where he was. In the years after his death, Mirta developed a "hobby" of visiting random cemeteries throughout Spain and looking for crypts and niches that held dead babies. When I asked her, she acknowledged that she was looking for Mikel.

> **Lynne:** And how was it for you, to not know exactly where he was?
>
> **Mirta**: It was a nightmare. Because it left me with something...I always used to go to the cemetery with flowers. I like doing it. Now I do it less than I used to, but I've traveled all around Spain by car and I always go to the cemetery in any little town. I spent a lot of time, a lot of time [doing that], so it left me with that habit. Even now, cemeteries fill me with a lot of awe.
>
> **Lynne**: And do you think you did that because of Mikel, or was that something that was more a part of who you are as a person?
>
> **Mirta**: No, it was since Mikel's death that I did that, going to look at cemeteries in little towns with my car.
>
> **Lynne**: That seems heavy to me, like a big weight to carry around with you. Almost like you were looking for Mikel, "Is he here?," "Could he be buried there?"
>
> **Mirta**: That's exactly what it was.

Mirta's experience led me to wonder, similar to the proverbial tree that falls in the forest: if a perinatal loss ritual happens, and the mother is not there to witness it, does it even count? Collins (2004, p. 16) said that "the ritual is for the living, not for the dead" (see also Durkheim, 1912/1968; Radcliffe-Brown, 1952; Sorensen, 2006). And yet, in many cases

of long-ago loss encountered for this study, the one living person most affected by the loss was the only person not included in the ritual.

What were their interactions like?

Family and friends

My second research question concerned the nature of participants' interactions with other people in their lives with respect to perinatal loss ritual. The three groups of people explored were family and friends, community members, and healthcare professionals who attended to the loss.

In the case of the chronologically earlier experiences, some family and friends were supportive, such as Yasmin's family-in-law, which incorporated her stillborn daughter Amanda into the family from the moment of her death, always using her name and counting her among their number. However, Yasmin's experience was the exception to the rule in the present study. Many other family and friends were portrayed by participants as largely indifferent, an attitude that is described many times over in Cecil's (1996a) anthology on the anthropology of pregnancy loss. Ramona and Julian explained this indifference to me by saying that if "there is no baby," there is no need to acknowledge that anything significant has happened.

Other family and friends were sources of outright opposition, rejection, and pain for many of the people I spoke to, regardless of when their loss had occurred or at what stage of pregnancy (Han et al., 2018; Kilshaw & Borg, 2020). Ines said that, while visiting her in the hospital, her father-in-law demanded that she stop crying about her newborn son who died in 1978 "because you are making my son upset." He also encouraged Ines to think about the loss "as if she had had appendicitis," and joined with other family members in preventing her from attending the baby's burial. The brutality of Ines' experience was echoed by other participants with losses around the same time, wherein the same people who downplayed the loss also kept the participant from attending a funeral or even from knowing that they were buried and where.

Some of the reaction or lack thereof on the part of family and friends may be attributable to participants' own reluctance to broach the subject. For example, Julian described how he recently asked Ramona if he should share information in a WhatsApp group of their close friends about an upcoming perinatal loss event. Ramona's reaction was swift and unequivocal: "Don't do it. No, don't do it." In Ramona's reaction we see that, despite the gains that have been made in Spain around loss awareness and advocacy, her willingness to share their two stillbirth experiences with loved ones is still deeply influenced by the complete silence with which those losses were met forty years ago.

Moreover, at least some of this reaction is undoubtedly influenced by the desire to maintain relationships with people who deny one of the most important and impactful experiences of one's life (Peelen, 2011; Thompson, 2008).

Overall, participants with more recent losses did endorse increased support from family and friends both around the loss itself, and with respect to their desire to ritualize the loss. For example, family and friends were present at all funerals held in this century for second- and third-trimester fetal deaths. For Irene, by contrast, the support she received for her two losses felt conditional: she was able to openly ritualize the miscarriage she experienced in 2012 with the knowledge and support of her family, but felt that she had to keep to herself the memorial actions she engaged in for an abortion that she had in 2010.

In the cases of the six siblings who participated in the study, there was a different dynamic present with respect to the ideas of talking about the loss and how the family dealt with it. In these cases, it was not parents informing about whether and how other family members approached the loss, but surviving children providing information about how their own parents processed the loss (or didn't). Among this admittedly very small group, the siblings' ability to process and integrate the loss of their brother or sister seemed to turn on whether or not their parents had been comfortable talking about the experience, and whether they had done anything to ritualize the loss and incorporate the child into the family.

In general, the siblings in this study had two markedly different experiences: For Camila, whose younger brother died in 1942, and for sisters Isadora and Belinda, whose mother had two miscarriages and three stillbirths between 1966 and 1970, their respective families always talked about the losses, used the children's names if they had them, and made a place for them in the family. Isadora and Belinda consider themselves the sixth and seventh children of their parents, even though they were the only two who lived outside their mother's body. And the reason I was even able to interview Camila is because her granddaughter, who is a friend of mine, had told me that she "had always known" about the short life and death of her great-uncle Ángel. In other words, he was a part of the family, a fact that was almost certainly influenced by his baptism and burial in a cemetery with his name on a tombstone.

In the families of the three other siblings who participated in this study, Aída,[48] Milagros, and Soledad, the dead children were not talked about openly or incorporated into the family, nor were any rituals performed that the siblings were a part of, whether at the time of the loss or in later years. Soledad was four years old when her younger brother

[48] Aída had initially contacted me to talk about her own miscarriage, which happened in 1976 when she was 16 years old. Early in our interview, when I was taking her family history, it emerged that her parents had also experienced perinatal losses, and that those losses were never discussed in the family. When then incorporated those losses into our conversation as well.

Guillem died about a week after being born in 1986 from what she later learned was a genetic condition. Thirty years later, Soledad found it necessary to initiate a conversation with her parents about Guillem that, until that point, had never happened:

> **Soledad**: When I was pregnant with my second, and my older one had just turned four, we got some test results that were maybe similar to what Guillem had. That scared me, and so because of that I asked them. Because we, we hadn't ever really talked about it. They would get really upset when you asked about it. So, I don't know… I didn't even know where he was buried. Now I do. But I never asked, because it was like, it would hurt my parents, if I asked.
>
> **Lynne**: So it seems like you hardly talked about Guillem in your family?
>
> **Soledad**: Never.

Earlier in our conversation, Soledad had told me about some vague and, according to her, possibly invented memories that she had about the days that Guillem was alive, and about what happened after his death:

> **Soledad**: He lived for a week, more or less.
>
> **Lynne**: And do you know if he stayed in the hospital that whole time, or was he at home?
>
> **Soledad**: I don't think [he came home]. I don't know, I think that when he came home he was already- [the word "dead" was left unsaid, but was understood]. I don't know. And I haven't asked. I don't know if we had a viewing. I don't know what kind of ritual we might have done… And, I don't know, but I have the sensation that the coffin was in the house [waves her hand around her head when saying this, as if the memory is nebulous]. But it's a, maybe it's my imagination…

I had first come into contact with Soledad because she looked me up online and sent me an email after seeing an article about this study in a Catalan newspaper. The subject line of her email was "...Another point of view" (*...otro punto de vista más*):

> Thanks for the article in Ara. In case it helps you in your research:
>
> My mother lost her second child (1986) a few weeks after birth due to an illness that was not known until the birth. I was 4 years old then, I was born in 1982. I witnessed the grief as a child but it was treated as taboo and that has had its consequences.
>
> It was not until my son was 4 years old (at 36) that I realized that my mother did not have a second child, but that I had a brother and that I was there, I witnessed the entire process. And I cried a lot when I verbalized that, because it's a grief that I have carried for a very long time.
>
> Well, I just wanted to add that children in the family also grieve and need the same or more attention than adults.
>
> I'll also take this opportunity to ask if you can recommend any reading on childhood grief, since my mother has just died and I want to help my 3 and 7 year-old-children through this process.
>
> Thank you for your research.

The "other point of view" expressed by Soledad and shared by Aída and Milagros was, in large part, that they had needed their lost siblings to be recognized and claimed, to have their place in the family so that they, the children who lived, were then able to occupy their own, true place as well. As Aída said to me, "I don't know if I am my mother's fourth, fifth, or sixth child! Imagine not knowing that!" By sharing their stories, all of these siblings – both those in families who acknowledged the losses and those who didn't – help us to understand that perinatal loss ritual serves a purpose not just for the bereaved parents and others living at the time of the loss. It can also have repercussions well beyond that, echoing into future lives in the way that Soledad asked me for resources on childhood grief, so that she could accompany her own children in mourning their grandmother and provide them an opportunity that she herself had been denied when her brother was born and died so many years ago.

That significant changes have taken place in Spain since the death of Soledad's brother was reflected in the experiences of other participants in this study, who told me about their own interactions with their children around their losses. Yasmin's daughter Amanda was stillborn in 1998, but although it was only 12 years after the death of Guillem, the family dealt with the loss in a much more open way:

> Yes, we told them both at the same time. [Our son] would have been a little older. I remember that we were at the table eating, and we said to them, "We have to tell you something."
>
> And that's when we showed them the picture of me naked with a big, pregnant belly. We took that photo out and showed it to them and we talked about her and told them, "Amanda was with us, and some people live for many years and others for only 9 months. But nine months in my belly is also a life, and we were really happy during that time."

Yasmin said that her two young-adult children now like to talk about how they, and their family, would have been different if Amanda had lived. And in this way, instead of creating an atmosphere of silence and shame, as we saw with other participants in this study as well as the literature from other places, Yasmin's family is able to mourn and remember Amanda together (Cecil, 1996c; Peelen, 2011; Thompson, 2008).

More recently, participants with early pregnancy losses talked about feeling much more at ease telling their living children about their miscarriages. What's more, they also expressed a desire to talk about it as a way of breaking the cycle of silence that has surrounded perinatal loss for so long. Fernanda's first pregnancy ended in miscarriage in 2005. She and her partner now have two adolescent boys, and Fernanda plans to tell them about the loss soon:

> **Fernanda**: One thing that I've been planning to do is tell my kids, but I have to slow down a bit to find the right moment to tell them...because I think it's important that they know.
>
> **Lynne**: Why do you think it's important?

> **Fernanda**: I think it's part of their life story as well. And more than that, I don't like hiding it because it's part of my life story, and I like to tell them about what has happened in my life. Also, I talk to them about all kinds of other things, so I want them to know about this kind of thing too, because it happens to so many women. So if it happens to someone they know or love, they will know how to deal with it, how to support that person or those people.

Children can also surprise us with the simplicity and directness with which they receive the information about a perinatal loss in the family. Esther had two children when she experienced a miscarriage in 2015. Several years later, she got pregnant for the fourth time and later gave birth to her youngest child, a boy. The day we met for the interview, Esther shared the following exchange with me:

> Today when the little one asked me where I was going and I explained that I was going to talk with someone who's doing research on gestational loss. And he asked, "what's gestational loss?" So I explained it to him. And his big sister says, "It's like what mama had before you were born, she lost a baby." And he goes, "How do you lose a baby? Do they die in your belly?" And I said yes. He's a little bit obsessed with death right now because my father just died. So for him it's just normal, he talks about it without any problem. He said "So they die in your belly, and then your belly gets smaller. And if you have another one, it gets bigger again." I want it to be something that we talk about, especially for my daughter, because it's important that future generations learn about it.

The contrasting experiences of one mother-daughter dyad in this study are especially illustrative of the change that has been taking place recently in Spain with respect to the possibility of memorializing perinatal losses that occur earlier in pregnancy. Fabiola had a miscarriage in 1986 and, while she was sad about it because she wanted a child, she felt no need to commemorate the loss or give it a place on her family tree. Thirty-one years later, Fabiola's daughter Selma miscarried her first pregnancy in a public bathroom, with her mother by her side. For her part, Selma felt a great need to find ways to ritualize the loss, including setting apart the things that she had bought for that baby and transforming them into ritual objects that represent her first child. Interviewing them side-by-side, it was remarkable to me that they could have such distinct personal experiences of their losses and their meanings, while at the same time fully supporting each other's differing interpretations and need for ritual.

For those participants who have experienced loss during this time of increasing awareness in Spain, any rejection of their desire to ritualize on the part of family or friends was particularly painful. And in many such cases, participants turned instead to the perinatal loss community, forging friendships and other supportive relationships with people with similar lived experiences. In an essay on the role of emotion in ritual, Luddeckens (2006) touched on both this rejection by family and friends, and the value for babylost parents of making connections beyond that circle of people, when they wrote

> [b]y taking part in the emotional expressions of the ritual , the individual becomes incorporated into the collective and displays his or her sense of belonging: “Not to be

> interested in them would be equivalent to breaking the bonds uniting him to the group" (quoting Durkheim, 1912/1968, p. 400).

Despite the recent increase in enactment and endorsement of perinatal loss ritual found among these participants, and in Spanish society as a whole, the lack of a clearly established and accepted rite did appear to prevent some people from involving others in their ritual actions. For example, although Sandra and her husband both identify as Catholic, they hesitated to hold a funeral for their daughter Muriel, who was stillborn at 34 weeks. As Sandra told me, "We are the only ones who knew her, so it seems like it would be strange to have a funeral with other people there. I don't know, maybe at some point we will do it…." The reaction of Sandra and her husband to the idea of having a funeral for such a loss in 2018 demonstrates that "perinatal loss is [still] one of the only types of loss of a human or potential human that one is expected to ritualize alone or in secret" (Meany et al., 2017, p. 3).



Figure 9.2 A filmmaker speaking at a screening of a short, narrative film she wrote, produced, and directed after her own loss experience.

The screening and discussion was held as part of Pregnancy and Infant Loss Awareness Month in October 2022.

Photo by author

Community

Inasmuch as I was not a friend or family member of this study's participants, nor was I acting in the capacity of a professional attending to them as patients, I fell into the category of a member of their larger community. This observation leads me to explore a phenomenon that I noticed during and after several of the interviews I conducted for this study – that some interviews, and the communication that surrounded them such as email, text, and voice messages, clearly acted as perinatal loss rituals for some of the participants in this study (Kobler, 2007). Before elaborating on that phenomenon, I want to offer a bit more context about the process of organizing and conducting those interviews. Most participants contacted me by email or the messaging system WhatsApp to express their

interest in being included in the study. While some people offered minimal information in these communications, others shared many details from the start. Regardless, I always used the same verbiage that they did when discussing the loss itself. In cases where participants had made clear that theirs was the loss of a child, I offered my condolences at the start of our conversation, before beginning the official interview and starting the recording. In all cases, I asked if the participant had had a name that they intended and/or used for the pregnancy or baby. Then, if they shared a name with me, I asked if it would be okay for me to use it during our conversation (Bell, 2009; Geertz, 1973; Mauss, 1938/1985; Turner, 1967).

Among the many interactions I had that would fall into this category of "interview as ritual," three stand out. The first two are Luz and Rita, who both lost babies in the 1980s, Luz to neonatal death just hours after birth in 1987, and Rita from a termination for medical reasons in 1982. Neither woman had engaged in or had access to any type of ritual to commemorate or mourn their loss. Luz only found out decades later that her son Adrià had been buried and where; by that time, she was largely estranged from the family whose niche the baby shared. Luz pursued me earnestly for the interview, to the point of apologizing for having been so persistent with me when we finally sat down to talk. She explained that, as soon as she saw the flyer calling for participation in the study, she knew that it was something she needed to do, in large part to honor the memory of Adrià. About a year after our conversation, Luz contacted me to ask me for a copy of the audio recording of her interview. When I offered her that along with the written transcript, she thanked me and said that these two things would join the very small collection of objects that she had in her possession that reminded her of Adrià and essentially proved that he had lived.

My experience with Rita was different, in that she had come to the interview for the reason I encountered more often: to contribute to the study in order to help others having similar experiences now and in the future. It became clear during our conversation that not only had Rita not engaged in or had access to any ritual, but also that she had not even considered that it could be possible in her circumstances, given that she had "voluntarily" terminated the pregnancy. Toward the end of the interview, we spoke at some length about the more recent movement in Spain toward acknowledging all pregnancy losses and the power of ritualizing them. Rita had not known about the various ceremonies and memorials throughout Spain, and in the last minutes of our meeting, she vocalized the intention to look into the possibility of attending one of those events, and possibly even enacting a goodbye ritual of her own.

Finally, I will briefly recount my interactions in this regard with Julian and Ramona, parents to four children, two who died in pregnancy and two living adults. When Julian contacted me about participating in the study, he wrote, "We suffered the death of two fetuses, babies for us...." After we sat down at their dining table and I offered my condolences in the traditional Catalan way, *Us acompanyo en el sentiment* [My condolences],

they both grew still and looked right into my eyes for what felt like a long time. Finally, Ramona said "Thank you. No one has ever said that to us before." Over the course of our conversation, the couple shared other meaningful objects, actions, and places with me, including clothing, memories of a community-based ceremony they had recently attended, and how they recorded the children's birthdates and their current ages in their digital calendars. Julian pointed out that his calendar said, "Timor *is* 36 years old," and not "Timor *would be* 36 years old," a distinction that was very significant to him. At the end of our meeting, I thanked them for sharing Timor and his sister Beatriz with me and told them that I now felt that I was another person in the world who knew their lost children. I know from their response that this interaction meant more to them than a simple data-gathering conversation for a research study.

Although an interview for a research study is obviously not an everyday activity, I believe that the interactions described above demonstrate how everyday meetings, greetings, and conversations can act as abbreviated perinatal loss rituals at the community level, by engendering a shared emotion so as to acknowledge the importance of the loss and, where appropriate, personify the lost child. What prevents this from happening easily is a combination of the lack of social norms around how to respond to perinatal loss (Frost et al., 2007) and the sheer number of social roles that contemporary Euro-Americans must manage, for themselves and others (Kopytoff, 1986). Often, many of those roles are unknown to the people we come into contact within our comings and goings in places like Spain where would-be parents learn of pregnancies early in the first trimester but don't typically share the news with others until many weeks later (Layne, 2003). If, collectively, we had more direct experience with such losses, perhaps we would know better what to say and how to create communitas (Turner, 1969) with bereaved parents. Goffman's (1967) work on the ritual of everyday interaction explained how this could be possible, since such interactions "switch the trajectories of interaction flow, bridging breaks in ongoing activity, or repairing damage to the continuity of social relations that have emerged in the course of interaction. The framing of such ritual action is created by the action itself and can operate as an invisible membrane surrounding the action, momentarily setting it off from the ongoing flow of life..." (as cited in Kapferer, 2006, p. 516).

This brings to mind many of the everyday interactions that participants told me about, wherein when they mentioned their loss, the social interaction was damaged, and the other person did not know how to repair it. Instead of saying, "I'm sorry for your loss," they instead would say, "I'm sorry for asking." Because most people don't know what to say, the damage described by Goffman (1967) remains unrepaired. A few participants did describe interactions that broke from the typical, contemporary cultural script of "I'm sorry for asking." One was the young girl who greeted Sandra at the school where she worked, on her first day back after the stillbirth of her daughter. By simply asking "What is your daughter's

name?" the child contributed to preserving the "continuity of social relations" (Kapferer, 2006, p. 516) that had been damaged when Sandra went on maternity leave heavily pregnant and returned to work with no living child. Beyond these individual interactions, recent increases in both media coverage and activist efforts are contributing to greater understanding not only of the impact of perinatal losses, but also of appropriate (and not appropriate) ways to interact with and respond to bereaved parents.

Professionals

As we approach the middle of the 21st century, one would not expect to see a Spanish physician squeeze an expelled embryo between his fingers in the presence of the person who had just miscarried, as happened to Manuela in the late 1950s. However, despite some improvements, the participants in this study generally reported little to no concern for the possibility of ritualizing early perinatal losses. Sixty years after Manuela's miscarriages, Juliet described being left alone in a hospital surgery before a procedure to remove the remaining embryonic tissue from her uterus after a loss at six weeks of pregnancy:

> It's very cold. I mean, it's not a yogic place, haha, you know? …Very clinical. But when they put me in the operating room, and while I was waiting-, everybody had left the room … and it was like on TV. I never saw anything like that, with all the machines and all the tubes and things…and a lot of, like, very mysterious machines, and I was hoping they would not use them on me!

Later in our conversation, Juliet reflected on the contrast between that experience in 2017 and her subsequent childbirth one year later with her now-toddler son:

> When I was giving birth in [the hospital], the…midwives… they were so sweet, so caring, so *there*. And it would be wonderful, if someone just would come for at least five minutes [when you were having a miscarriage] and spoke to you, "How are you doing?" You know just like- like just speak to you…. Even just a conversation like me and you right now are having would be wonderful! Someone interested in what's going on with you and acknowledging that, "Okay, this is happening. How are you feeling about it?" And just maybe even five minutes before the thing or after the thing, doesn't matter. That would be wonderful. [But] it was just like bam, bam, bam, "Now we have to go to this room. Now from here to this room. Now it's done."

Even those experiencing early pregnancy losses outside of a medical setting felt the impact of a general lack of concern with the non-physiological aspects of the experience. Ona had two miscarriages in the hospital in 2008 and 2010, and when she found out she was having a third in 2014 she decided she wanted to be at home instead. Contrary to what she had hoped and planned, she ended up flushing the 12-week fetus down the toilet at the insistence of her mother, who had accompanied her during the labor. Ona said that if the healthcare team that informed her that she was miscarrying had also taken the time to prepare her for the emotional and psychological part of the experience, she would have

enacted some sort of ritual with the fetus's body and, in her estimation, saved herself years of subsequent regret and suffering. Similarly, Abril experienced the first of three miscarriages at home. Having been told that the expulsion would be like a heavy period, Abril was unprepared for what she saw come out of her body:

> **Abril**: For me, the worst of all was the moment I saw it in the toilet. That had a big impact on me. I mean, you don't do this to a fish! And like, I have to flush the toilet. I don't know, it's just that when your fish dies, you bury it. And you're flushing your child down the toilet?! The next one was less, it *was* like a heavy period, you see some clots and that's it. But this wasn't, it was-, it was the little sac, and you're like, that's brutal, damn, I have to flush that…
>
> **Lynne**: Would you have preferred to have caught it so that you could do something with it, like bury it?
>
> **Abril**: I don't know. I think that doing something, that it could have been helpful to do something. I mean, it really makes me feel bad that it went like that [down the toilet]. I think it was really disrespectful, I don't know…

In contrast to her first loss experience, Abril was able to find some meaning in how a later miscarriage ended. She was given a curettage, and the remains of the pregnancy were analyzed to see if any reason could be detected for her recurrent miscarriages. This is how Abril described the difference with that experience:

> For the third one, I had the curettage. I didn't see any [remains] with that one, but at least I knew that it was a boy. I knew what had happened and it served a purpose because it, like, gave us some clue why this was happening. I don't know, it's like, it hurt just as badly, but it was more dignified, you know? It had its purpose, it's "why." I have that two-page report, and that seems to me a lot better than getting flushed down the toilet, honestly.

Beyond a lack of information or seeming indifference on the part of healthcare professionals, some participants experienced outright hostility from doctors, nurses, and other staff. When Alma had her third miscarriage in one year in 2021, losing another chance at a third child, she was referred to family planning by her doctor with no explanation. When Alma asked the reason for the unsolicited referral, she was told it was "so this kind of thing doesn't keep happening." In other words, Alma had been referred to family planning because the medical team assumed, without asking her, that the multiple curettages she had needed that year were the result of unintended pregnancies, as opposed to the loss of much-wanted, future children. Whereas Alma only suspected that the medical team was frustrated with her repeated use of obstetric emergency services that year, for Nazaret it was made clear from the moment she went to the hospital and was told that she was wasting precious staff time by being there:

> **Nazaret**: We waited an hour and a half [in Gynecologic Emergencies], with me losing so much blood. No one was telling me anything. And after having lost the other baby, when it's finally my turn and I go in there, they say, "There is nothing here." Literally, "There's nothing here."
>
> **Lynne**: "There's nothing here"?

> **Nazaret**: "There is nothing here." And then they started doubting that I was even pregnant. I mean, I'm sorry, but I've had the test done, I'm pregnant. So, they did a blood test and found that the hormone was very low,… And they told me, "Look, I'm sorry, But you're going to lose it." The miscarriage was bad, but the way they treated me? Come on, it was also very bad, especially because I had told them about what had just happened to me [with the previous pregnancy loss], but I didn't feel any kind of empathy from them. Just, "Don't tell me your life story, there is nothing here and that's it."

In the experiences of early pregnancy losses related above, we clearly see that when healthcare professionals address only the medical or physiological aspects of these life events, they miss an opportunity to help their patient with the psychosocial aspects not only in that moment, but for years and possibly decades to come. Cassidy (2020) found that for Spanish women experiencing later pregnancy losses in recent years, their interactions with healthcare providers were among the worst parts of the experience. But as Juliet so eloquently explained, it doesn't have to be that way. Five minutes and a few thoughtful questions, like "How are you doing?" or "How are you feeling about this?" could make all the difference in the world.

More notable gains and improvements in the approach of Spanish healthcare professionals to perinatal loss ritual have occurred in the context of later losses, and within the last decade. As recently as 10 years ago, participants in this study with stillbirths had to fight to see their children, and were told not to worry because "they could have another." By contrast, all three participants with terminations for medical reasons since 2014 were given the option to see the baby after it was delivered. Although Sandra wasn't able to see her stillborn daughter in 2018 because she herself was in life-saving surgery, her husband was offered the opportunity, and they have photographs of Muriel in their home today. Finally, the experience of Xavier and Carlota is perhaps the most emblematic of the changes that are taking place in Spain with respect to how the medical profession is dealing with later losses. Although their son Breixo was the first baby to die in childbirth at the small hospital in Galicia where he was delivered in 2021, their midwife quickly took charge and ensured that the family — including their 4-year-old daughter — had ample time to spend with the baby. When I later spoke to that midwife, she explained that the hospital had no perinatal loss protocol at the time, so she was acting on professional and personal instinct as to what would be most supportive and affirming for the family, both at the time of the loss and long into the future. Although she may have been acting on instinct, that midwife was following best practices that have been established by research conducted in other contexts (Horey et al., 2021; Jørgensen et al., 2020).



Figure 9.3 One of dozens of niches that hold miscarried embrios and stillborn fetuses in the perinatal loss section at the cemetery of Montjuic in Barcelona (Catalonia), established in 2020.

At the bottom right we see a message in Arabic, along with the name of a child, Imona.

Photo by author

Was ritual helpful?

The use of ritual to confront, integrate, and process perinatal losses was helpful in all cases of participants in this study who enacted or participated in it. Moreover, ritual turned out to be meaningful and important even to those participants who had not thought they needed it and did not specifically set out to do it. For example, Juliet was sad about her early miscarriage in 2017 but hadn't felt the need to memorialize what was for her a "potential person." But after the instructor of a yoga-training class she was taking held a small ceremony to acknowledge her motherhood and recognize the loss, Juliet realized how important that simple rite was to her ability to move on. For Nadia, the simple ritual of seeing her stillborn son in 1972 was enough to give him a place not only in her own heart, but in the family, as the second-to-the-last child and the only boy. For Ines, having her son's remains cremated and enacting a ritual with her husband, fifteen years after his neonatal death in 1978, helped heal the trauma of being denied the right to attend his burial years before. The results of this study have sought to illustrate that there are stories and experiences just like these for each person who found some way to engage in ritual around their loss.

In addition to the helpfulness of ritual in all cases where it was used, it is notable that no participants in this study had any regrets about enacting or participating in ritual. This finding held true regardless of who organized the ritual action, what it consisted of, and when it took place in relation to the loss. That is to say, when a participant was able to claim a miscarried child when they were asked in casual conversation how many they had was often equally as impactful as attending a community-organized ceremony several decades after a loss.

Another important finding from this study is that no one who saw a dead baby, a stillborn fetus, or miscarried embryonic or fetal remains expressed any regret at having done so. Not all participants with stillbirths or terminations for medical reasons did see their children, either in person or via photographs. And some told me when we talked that they were "working up the courage" to look at pictures. But among those who did look, and see, they were glad to have done so, regardless of gestational age. Among the many reasons that they shared to explain this feeling, the extent to which viewing the remains helped with what Layne (2000) described as the "realness problem" was foremost among them. For many parents, seeing for themselves was proof that their child had lived. For others like Ines, whose sister took pictures of her deceased newborn son in 1978, the photos were not just proof that he had lived, they were also proof that he had died. Otherwise, she told me, given what Spaniards were starting to learn about stolen babies around that time, she would not have believed it, and would have searched for him for the rest of her life.

Most participants who have never engaged in ritual, wish that they had at some point, as expressed by Aída, who had a miscarriage in 1972 at age 16:

> Well, I suppose it must bring peace, right? Knowing where [the baby] is...Yes, giving it, let's see... Giving it a place in your life, because that was something you carried inside you, that in the future would have been your son or daughter, right? And knowing that they're resting in a place that you can... um, visit whenever you want, and communicate with them, right? …I didn't even know that was an option!

This does not mean that participants blamed themselves for not memorializing their lost pregnancies and children, however. Rather, they wish that things — healthcare, religion, society — had been different, so that they would have been encouraged and supported to commemorate their experience in some meaningful way. This finding is in line with Cecil's (1996c) research in Northern Ireland that showed that although those women approached the lack of ritual with stoicism, they continued to suffer decades later from knowing that their children had not been baptized or received a proper burial. The changes that we see happening today in Spain with respect to ritualizing perinatal losses has much in common with similar, previous movements to recognize other types of so-called "bad death" (Abramovitch, 2015; Engelke, 2018). These movements, led by those whose loved ones died from AIDS and gun violence, gained traction in the late 20th century, and their strategies and tactics continue to be employed today by the perinatal loss movement. This phenomenon of learning from those who have gone before brings us to the last of this study's research questions, whether there was any significant change in the use of ritual among study participants over time.



Figure 9.4 Gravestones of unnamed children buried in the municipal cemetery in A Coruña (Galicia).
The plaque on the left reads:
"Daughter of Jesus and Olivia
She went up to heaven
April 26, 1977
Your parents will not forget you"
Photo by author

Changes in the use of ritual over time

The use of ritual for perinatal loss increased among this study's participants from the time of the first loss in 1936 to that of the last in 2022. Among the 24 participants with losses in the 20th century, ten engaged in no ritual at all, while another seven only enacted rituals years after the loss. In contrast, among the 23 informants with losses since 2000, only four did nothing at all, and one of those four has since asked me for information about community-based ceremonies so that she might participate in the future. What's more, not only did the use of ritual grow over time, but the number of rituals enacted by each individual also increased. For earlier losses, there was typically *a* funeral, or *a* nightly remembrance while praying, or *a* necklace. For some of the more recent losses, there are multiple and ongoing rituals. For example, one family with a stillbirth in 2018 planted a tree in their garden, got tattoos, had a Catholic mass said for the baby, displays photographs and a drawing of their daughter as an older child, and regularly lights a candle in their home with her initial on it. In addition to the increase in the overall use of ritual and the sheer

number of actions people engaged in, there was also a clear increase in the *variety* of ritual actions, actors, objects, and places available to those who wished to ritualize their loss, as exemplified by the example above. Possibilities for ritual include the public and the private, alone and in communion, online and in real life, temporary and permanent, one-offs and ongoing ceremonies.

What did not appear to change much over time was the motivation of the participants for engaging in perinatal loss ritual. In other words, what they perceived as the purpose or goal of such a ritual stayed relatively constant across time. Participants in this study were much more concerned with obtaining recognition and acknowledgement of their loss than they were about having access to specific (often, religious) rituals. This finding contrasts with that of van der Sjipt (2020), whose Romanian participants were determined to enact a specific orthodox death ritual for their miscarried and stillborn children. Beyond recognition of the impact of the loss itself, if a participant interpreted their loss as the loss of a child, then it was also important to them that those around them accept this interpretation. This is similar to how Peelen (2011) found that among parents with later losses in the Netherlands, "the loss was not of a 'would-be' daughter or son, but an actual one" (p. 69). Enacting ritual was seen as one way to achieve this recognition for many of this study's participants in ways similar to the "unwitnessed ceremonies" in England reported by Kuberska (2020), who explained that "a funerary rite…implies life" (p. 264).



Figure 9.5 A family crypt in the old cemetery of Miranda de Ebro (Castile and Leon), listing a century of deaths in one family, presumably all of fully social persons.

Photo by author

Conversely, the absence of ritual was seen as one factor in the denial of the personhood of what was lost. This denial can also be seen as existing in a circular relationship with personhood: Ritual is not performed because there is no person, and there is no person because no ritual was performed (Byström, 2015; Layne, 2003; Sax, 2006). While personhood does not perfectly equate to sacredness, persons are essentially the opposite of commodities and exist on a spectrum well beyond singularized objects (Kopytoff, 1986). As Bell (2009) explained, "ritual-like action effectively *creates* the sacred by explicitly differentiating such a realm from a profane one (p. 157, emphasis in original). So it stands to reason that any meaningful ritual could achieve the goal that most of this study's participants had (or would have had) for perinatal loss ritual: that of affirming as both real and important not only the experience of the loss, but of that which was lost. In other words, it didn't matter to these participants nearly as much what the ritual actually was — what mattered was that there was one at all (Grimes, 2000).



Figure 9.6 A tombstone in the old cemetery of Miranda de Ebro (Castile and Leon).

Second from the top we see the full name and date of death of a 3-month-old baby, while the first name on the bottom plaque is that of Carmen Meaza Vidal, a young woman who died in 1919 at the age of 26 years, along with an unnamed child, *el niño*.

Photo by author

Limitations of the study

Due to the methodological approach and sample size, the results of this study are not generalizable nor are they necessarily representative of the Spanish population as a whole. As a result, the recommendations I make below are not generalizable either, however well-informed they are by the results of this study combined with my years of work in the field

of perinatal mental health. Ideally, this study will be used as a basis for conducting further anthropological and clinical research that can answer the following questions in a more comprehensive and generalizable way:

- Is the enactment of ritual helpful to people experiencing perinatal loss?
- What types of rituals are especially helpful (and/or not helpful)?
- How do people experiencing perinatal loss prefer to find out about ritual possibilities?
- Do patients want their healthcare professionals to talk to them or provide information about ritual?
- Are there any important differences in the need for perinatal loss ritual with respect to gestational age, maternal age, natural pregnancy versus assisted reproduction, single versus repeated/multiple losses, etc.?

Furthermore, although the sample was relatively diverse in terms of type, year, and location of loss, the vast majority of participants self-identified as ethnically and culturally European, and all of them were white. Their education level was also relatively high, and a majority identified as non-religious. Consequently, future research on the topic in Spain should seek to incorporate persons of a wider range of both cultural influences and origins, as well as educational and socioeconomic statuses.

Lastly, although this investigation touches on issues of reproductive governance (Morgan, 2019; Morgan & Roberts, 2012) in its literature review, my approach to this aspect of the study was limited in part due to the large volume of other material that had to be incorporated, most of it to do with ritual, a topic of an enormous amount of research and publication (Strausberg, 2006). The current context of perinatal loss also includes constantly updating technologies leading to ever-earlier personification of the products of conception, simultaneous with fierce debates about and legal changes to abortion access throughout Euro-America. Any one of these topics offers a scholar a lifetime of possible study, so that any notable exclusions to the literature should not be taken to mean that it was not read, analyzed, and carefully considered during the production of this thesis. Rather, I endeavored to make thoughtful and sometimes difficult choices, in order to maintain the focus of the investigation on the specific question of the use of ritual in the context of perinatal loss. Still, even if beyond the scope of this dissertation, the confluence of perinatal loss and reproductive rights in Spain needs and deserves special attention, and I encourage my fellow scholars to continue exploring that fruitful and important terrain.

Recommendations

In addition to the recommendations made above for additional study into the use of ritual in perinatal loss, to conclude this chapter I will suggest some ways that ritual can be

supported, promoted, and incorporated into the experience of perinatal loss in Spain. In making these recommendations, especially with regard to healthcare professionals, I would like to acknowledge the work of Cassidy (2020) who, in conjunction with the national charity *Umamanita*, has conducted what is to my knowledge the only national study of patient's experiences of the quality of healthcare received after a perinatal loss (albeit losses that occurred after 15 weeks). Cassidy found that almost no Spanish hospitals are providing what would be considered "excellent, best-practice care" (Schott et al., 2016), while less than half even provide "good" care (p. 137). The most significant problems were found in the areas of "power imbalance and asymmetrical decision-making" between patients and professionals, and "absent or highly controlled bereavement practices" in hospitals. When I compare the results of this very recent study with some of the narratives shared by my participants throughout the period from 1936-2022, it is plain to see that Spain still has a long way to go when it comes to providing appropriate, helpful, and non-traumatizing care to the perinatally bereaved. Moreover, some of my participants indicated that such care is much better in urban areas, and in certain of Spain's autonomous communities that are more economically advanced and also considered more politically progressive. In other words, not only has care not improved significantly, but it is also extremely uneven throughout the country.

The single most important thing that healthcare providers can do when it comes to ritual and perinatal loss are actually three: Ask questions, listen to the answers, and then act accordingly. It really is that simple. As Cassidy (2020) pointed out, in cases of perinatal loss in Spain, there is a "discursive inequality that diminishes women's basic capacity to communicate at a point in time when it is crucial to establish their rights and entitlements" (p. 136). Put another way, parents are usually in too much shock to even know what they should be asking about or fighting for. So, it is incumbent upon the professionals in the situation to help them figure it out. And it is precisely for this reason that women and their families should not be responsible for ensuring that they have the opportunity to engage in ritual to process and grieve the loss. For example, one of my participants acknowledged being a "quiet person" who was and remains unaccustomed to speaking up and asserting her rights. She woke up from an emergency C-section to deliver her deceased, full-term son saying, repeatedly, "I want to see him." Despite reiterating this request many times over the next few hours, she never did see her son, "because I am a quiet person, and I didn't insist." But no one should ever have to insist in order to see their child.

Healthcare providers who wish to improve their approach to working with perinatal loss patients and who want to do better at incorporating the possibility of ritual into those losses would do well to start with the following types of questions:

- How are you feeling about this loss?
- Do you feel like you are losing a pregnancy, or a child?

- Do you have a name for your baby? If so, would you like me to use it when I talk to you about what is happening?
- Are there any words that you would prefer I say or don't say when we're talking about your loss?
- Have you thought about doing anything special to recognize or commemorate the loss? If so, would you like to receive some ideas or resources about that?

Beyond the specific words that a doctor, nurse, or midwife might use when interacting with a patient experiencing a perinatal loss, there is also an attitude that they could work to adopt that would help them be more in line with the patient's experience. According to Cassidy (2020),

> the power to contextualise and decision-making authority overlap in the way that they define the birthing event: a (bereaved) mother giving birth to a child or a health professional delivering a baby (regardless of whether it is alive or dead). When the health professional abuses authority to interject between the mother-child relationship they cancel, at least temporarily, women's roles and rights as autonomous individuals and mothers (p. 139).

If instead the professionals take their cues from the people experiencing the loss, in the way that Xavier and Carlota's midwife did when she cleared the room and ensured that they had hours to spend with their stillborn son, they will go a long way to sharing that power with the people who need it most. Moreover, in Spain it is not only healthcare professionals who are sometimes abusing their power to create obstacles to ritualizing perinatal loss. Recent, first-hand reports from activists and bereaved parents indicate that local government officials will sometimes refuse to record a stillbirth in the country's official population register, even after the well-publicized change in the law (Ministerio de Justicia, 2023). Also, fathers of stillborn babies in Spain have recently begun fighting the denial of paternity leave in cases that have called attention not only to the negation of these types of losses, but the paltry amount of time off that parents in Spain receive when a child of any age dies.

Mental health professionals play a different role in perinatal losses because they almost always come in after the fact. Ideally, all healthcare systems that provide obstetric care and deliver babies in Spain would have dedicated mental health providers available to anyone who experiences a perinatal loss. For their part, psychologists and other providers of therapy in Spain should have formal training in perinatal loss if they work with the reproductive-age population. They should also learn about rituals, even if they do not think that rituals are a part of their job (in fact, they are — even a psychotherapy session has rituals). Therapists should know about different options for ritualizing both publicly and privately, and they should inform themselves about the various and growing resources both in-person and online that could be helpful to the Spanish population. Lastly, and perhaps most importantly, these providers should develop deep cultural competence about varying

interpretations of pregnancy losses among the different types of people with whom they might come into professional contact. As we have seen even with the relatively culturally homogenous sample included in this study, different people have very different ways of experiencing and interpreting pregnancy, loss, and death. Becoming informed about those different ways and referring to another provider when a patient's needs are beyond your level of competence is the only ethical way to approach working with cases of perinatal loss.

My final recommendations are for the countless people with lived experience and activists in Spain, who have been and continue to work tirelessly for perinatal loss awareness, which includes the right to ritualize these experiences. And really, that "recommendation" is very simple: Keep doing what you're doing. You are changing the paradigm. As is always the case with systemic change, at first it happens slowly, painfully slowly. Then, as we are seeing now, it gains momentum, energy, and attention. In the end, it results in permanent improvements in the lives of everyday people. One important and powerful way to foment this kind of change is through the creation and enactment of perinatal loss rituals.

According to one of history's most eminent social scientists, ritual creates belief (Durkheim, 1912/1968). So go ahead and do the rituals, and the belief will surely follow. And do it when, where, and how you want: When you have a loss, or years later; in the privacy of your home, or in the biggest plaza in your city; alone, with a few loved ones, or with hundreds of people. Stay open minded about what those rituals might look like, and pay close attention to the words of people like Mónica, who twice experienced miscarriage, one of the most invisible forms of perinatal loss, in the late 1970s, when loss was maximally silenced:

> I believe there could be different types of rituals, but the ritual itself must exist. That's non-negotiable. However, I say 'different' because there may be people who are not religious who will say, "No, I don't want to go to the cemetery," and they would prefer to do a seminar or a workshop, like I did. Well, any ritual would be good for them, and there should be a variety so that everyone who believes could say, "The cemetery is fine for me," while others may prefer something else. But there must be a ritual.

Alvarez and Marre (2022) said that "in Spain, reproduction is still considered private and invisible" (p. 720). So, I encourage all perinatal loss activists to keep making change in that regard, by making what is surely one of the *most* invisible parts of reproduction — lost embryos, stillborn fetuses, and dead babies — visible far beyond those who have lived through the experience: Show it to your family and friends, your community, your healthcare providers, your neighbors, your bosses, your mayors, and your country. You are already so far from where you have come. Keep going.

10 Conclusion

> **For groups, as well as for individuals, life itself means to separate and to be reunited, to change form and condition, to die and to be reborn. It is to act and to cease, to wait and rest, and then to begin acting again, but in a different way.**
>
> *van Gennep, 1909/1988, p. 189*

At the beginning of this thesis (meaning both this written work and also this years-long process), I thought that rites of passage likely explained everything about perinatal loss rituals, in theory and in practice. However, the more field work I did, the more conversations I had, and the more literature I read, I began to question whether this was the case. How, for example, could rites of passage explain rituals with no obvious authority present, or rites that were enacted in solitude with no clearly defined periods of separation, transition, and incorporation? Ultimately though, the last phase of this work brought me back to the idea that all perinatal loss rituals are indeed rites of passage. By "last phase," I am formally referring to data analysis and writing up my results; informally, it was an extended period in which I spent vast amounts of time with the actions, actors, objects, and places included in this study: reviewing field notes and watching videos, reading transcripts and listening to interviews, looking at photos and revisiting my own, mini-ethnographies. In some ways it is as if I have passed through a rite of passage myself: from that of a brand-new scholar excited by the discovery of a work that spoke directly to my research; to a period of uncertainty and questioning whether the phenomenon I was observing could be explained, and whether I could do the explaining; to, finally, realizing that things had come together and I had what I believed to be a working theory of what exactly is happening when perinatal loss rituals happen.

Van Gennep's (1909/1988) book on rites of passage was subtitled, appropriately, "Systematic study of the rites of the doorway and the threshold, of hospitality, adoption, pregnancy, delivery, birth, childhood, puberty, initiation, ordination, coronation, engagements and marriage, funerals, the seasons, etc...." (Kertzer, 2019, p. 1). The fact that

half[49] of the 16 passages that the author chose to mention by name are applicable in situations of perinatal loss provides support for the theory that the rituals that seek to address such losses are rites of passage. But it does not suffice. Rites of passage are designed to successfully guide a person or group of people from one state or social role to another, keeping them safe (and society safe from them) during the transition (Douglas, 1966; Turner, 1969; van Gennep, 1909/1988). Notably, although van Gennep theorized that different rites of passage emphasized a different one of his three phases, depending upon its ultimate goal, perinatal loss rituals must address all three. To be successful, these rituals have to (1) transition the main ritual actor from non-parent to mother or father, and in some cases also transition the embryo/fetus/neonate to a son/daughter; (2) incorporate the life crisis into the family history and in some cases the baby into the family; and finally (3) separate the baby from the family on this earthly plane, while producing memories that keep them alive in spirit. That is obviously a heavy load to carry, which could partially explain the resistance that I and others have observed to perinatal loss rituals in Spain and other societies.

Theorists of rites of passage, led by Turner (1969), emphasized the importance of the liminal (or transition) phase of these rituals. The period of liminality is considered simultaneously dangerous (Douglas, 1966) and full of transformational possibility (Turner, 1969; Bell, 2009). Pregnant women and unborn children are, of course, liminal beings to the utmost degree (Douglas, 1966; Reiheld, 2015; van Gennep, 1909/1988). The woman, if she has no other children, is neither a mother nor not-a-mother, while the child is neither a person nor not-a-person (Kopytoff, 1986). They are both, like Turner's (1969) initiates, "neither dead nor alive…yet also both dead and alive" (p. 95). They are intensely vulnerable and need "communities…to guard and guide them through those transitions" (Kaufman & Morgan, 2005, p. 332). In the ideal and typical scenario, the child is born alive, the rites of passage are performed, both parent and child are (re)incorporated into their community, and the period of danger ends. But what happens when the liminal state cannot end? When the baby is not born, when the woman never becomes a mother, the father never a father? And what if there are no "ritual authorities and practices" (Kaufman & Morgan, 2005, p. 332) available to those who are affected by perinatal loss, to help them resolve their liminality and move to the next phase? According to theories of rites of passage, they remain on the margins, outside of the bounds of normal society (Douglas, 1966). They are stuck, "betwixt and between," forever (Turner, 1969, p. 94).

This is of course the state in which countless bereaved parents (and their erstwhile children) have found themselves in the past and into the present day. Before the recent first- and early second-trimester personification of the products of conception, it is possible

[49] The doorway, the threshold, adoption, pregnancy, delivery, birth, initiation, funerals.

that fewer people found themselves stuck in such a state. If they had not "met" or "gotten to know" their child (through ultrasounds, baby showers, gender reveals, or genetic testing, for example), and if they had not begun to think of themselves as parents of that child, then their liminality could likely have been resolved easily and without ceremony. But for many people in the past (Cecil, 1996c; Peelen, 2011; Thompson, 2008), and for increasing numbers of people today, they became parents the moment they found out they were pregnant, and many have also personified the embryo or fetus as well. At least, they have done so in their minds, and perhaps among their close family members and friends. But until very recently, they have had no way to do so in their community or larger society. I submit that perinatal loss rites of passage are now providing exactly this opportunity to those people affected by perinatal losses of all kinds.

Grimes (2000) said that "...when effective rites of passage are enacted, they carry us from here to there in such a way that we are unable to return to square one. To enact any kind of rite is to *per*form, but to enact a rite of passage is also to *trans*form" (p. 7, emphasis in original). This quote helps explain why I ultimately decided that perinatal loss rituals are in fact rites of passage. Firstly, because the idea of performance did not reflect or account for what I had been witnessing. And this was not just the case with private or individual rituals; that is, in cases where one could argue that there was no performance because there was no audience.

There is also clearly more than performance happening in communal rites as well. There is a before and an after, something changes, and things are clearly not the same. As Grimes (2000) expressed in the quote above, we are carried from here to there, and we cannot go back to here. We can only move on from there. What's more, in addition to the individual transitions that I observed as a result of these rites, I also began to notice how many of these rituals seemed to be effecting transformation beyond the people who were there actively participating. Over time it became clear these rituals are not just designed to transform people into parents or the products of conception into children. They are also enacted to transform society as it is into one which recognizes that in many cases and for many people, perinatal losses are more than just physiological events. Where there was not a mother before, there is one now. Where before they were a family of three, now they are a family of four. And because *they* are changed by what happened, *society* is changed as well (Bourdieu, 1982; Davis-Floyd & Laughlin, 2022).

The participants in this study experienced their losses at very different times during the modern history of Spain. The first loss happened in the first year of the civil war. Many more took place in the earliest years of the technological changes that have been previously described and during a turning away from organized religion in general and the Catholic Church in particular (Centro de Investigaciones Sociológicas, 2022). The most recent loss occurred in 2022, when the use of assisted reproduction is increasing in Spain at a fast pace

and a group of scientists in Barcelona is working on the development of an artificial placenta (Sant Joan de Déu Hospital, 2023). In other words, in many respects, these losses took place in multiple societies, instead of one society. In that sense it seems remarkable to me that there would be such homogeneity in the participants' views toward the use of ritual for perinatal loss. While not everyone needed or wanted it, all participants agreed with the necessity of recognizing the important life crisis and transition that they and others had gone through. Regardless of the time period in which the loss occurred, it is not an exaggeration to say that the society in which these participants have been enacting these rites of passage and in which activists have been fighting for the right to so do, is a society that didn't — and in many cases still doesn't — recognize the significance or personhood of lost embryos, fetuses, and, until 2011 newborns less than 24 hours old (Jefatura del Estado, 2011). It is understandable that culture has lagged behind technology, since the 20th century was the crucible in which unprecedented technological transformation took place (Malacrida, 1999). Well into the 20th century, humans wouldn't even know for sure that they were pregnant until they felt the quickening, about halfway through pregnancy. And yet, in the fewer than 50 years that have passed since the first home-pregnancy test was approved (Palomo, 2015), humans regularly see ultrasound images of 8-week embryos, test for sex and genetic abnormalities, perform fetal surgery, and spend the first week of life (or three weeks, depending upon your calculation method) growing in a glass dish instead of a uterus.

This study includes numerous examples of perinatal loss rituals as rites of passage:

- Luisa, who affirms her role as mother to a child she miscarried 60 years ago each night before she goes to sleep.
- Juliet, who said she didn't need a ritual for her 6-week miscarriage in 2017, but felt nonetheless transformed into a mother when one was enacted for her.
- Nadia, who is only able to claim her stillborn son as a child because of the nurse who helped her see him in 1972.
- Zulma, whose mother accompanied her to a public remembrance event as the mother of someone who had a stillbirth, and left the event as the grandmother of that child.

There are as many variations on this theme as there are losses included in this study. There was no set formula and no script; no special clothing needed or location prescribed. These rites of passage didn't even always have the same objective. For some, it was to transform both parents and child; for others, it was one or the other. For many, it was transforming both their family and society with the same ritual. Irene's letter-writing transformed her lost pregnancies into children, but she did not become those children's mother, whereas Aisha's burial of her embryo confirmed her motherhood of that person without incorporating them into the family. In the past, Maya conducted private perinatal

loss rituals for her own miscarriage and termination for medical reasons. Now she organizes community-based ceremonies in part to foment change in that community regarding how people perceive perinatal losses. Although it is not possible to identify one specific case that explains how the rituals that I witnessed and learned about were rites of passage, the experience of one particular participant who has no living children is especially well suited to illustrate how perinatal loss rituals are rites of passage.

Nazaret's rite of passage

A woman who remains childless after perinatal loss presents a unique conundrum to society — is she a mother or not (Peelen, 2011)? Prior to the societal changes detailed in this thesis, such a woman would not have been considered a mother at any level of Spanish society. Beyond the everyday negation of the role, her motherhood would also have been officially denied by things like a lack of parental or bereavement leave and the inability to record the child's existence in the libro de familia (Camacho-Ávila et al., 2019). With the advent and proliferation of perinatal loss rituals of all types — public and private, formal and ad hoc — these women who for all of human history have been "not mothers" (Reiheld, 2015) are now, gradually but steadily, being recognized as mothers as a direct result of the enactment of these rites of passage.

The experience of one particular participant in this study is illustrative of this phenomenon at all levels of society. Nazaret has had four losses in total, one each year from 2018 to 2021. Her first loss was a termination for medical reasons; the next two were miscarriages; and the last was a blighted ovum. For Nazaret, only the first of those losses was the death of a child. That child has a name, Herri, and a birthday which is not the date on which he was delivered, but the date four months later on which he was due to be born.

For Nazaret, Herri's personhood was clear to her from the beginning, while her partner at first struggled to connect with the idea of Herri as his son and himself as a father. This led Nazaret to engage in some individual ritual actions, such as getting a tattoo, on her own. In addition to those individual rituals, she also became involved with a local perinatal loss awareness group that was planning the inauguration of a new space of perinatal loss remembrance within the main cemetery of the city of Bilbao, near her home. Nazaret was happy to be involved and brought her skills and training as a writer and an anthropologist to the project. She told me she was on hand (the day of the inauguration to help with logistics, but not for her own ritualistic needs. This is how she described what she experienced that day:

> I didn't go with any expectations, nothing like that. But I really like writing. And I knew there was going to be a place where I could put a message. So, well, it occurred to me to write a little story. I had it in my pants pocket, so I could insert it [in the sculpture there], but I didn't think the ceremony was going to have any personal impact on me, nothing magical, let's

> say. Far from it! And nothing symbolic either. There were several testimonies that moved me, though, I was very moved.
>
> After that there was also another ritual, which was that they gave us a little Christmas [ornaments], some were stars, others were Christmas balls, and you could write or draw on them. So, I drew a dandelion on one side, putting Herri's name in writing for the first time along with his date of birth and death. And then on the other side, I drew three stars [for my other losses] without names or dates, and I hung it on the tree.
>
> Look, I'm telling you this and I'm getting emotional, because it's not- I didn't expect to feel like that. And then…there was a therapist who also spoke a little to the families, because it was very emotional for all of them that they that space was created, especially for those of us who do not have the babies' bodies, you know? And she asked if anyone wanted to say anything, to talk, and I was encouraged to read the short story [that I had in my pocket]. And I talked about how, that day, I had written it by hand, to release it. It wasn't going to be stuck anymore, I was going to leave it there…. I hadn't intended at all or even planned [to speak], but they gave me the opportunity. So I shared the story, and I put it in [the memorial sculpture] and it was tremendously liberating. It's like*, at that very moment, I left there a different person, you know? It was incredible*.

Nazaret's experience illustrates how perinatal loss rituals act as rites of passage to transform not only parents and children, but also the societies in which they live. She and her activist colleagues had to plan, strategize, have meetings, raise money, obtain support from various authorities, and entreat family and friends to attend the inauguration of this unprecedented ritual place. To do all that, they had to make the case for why it was necessary: Namely, that something important had happened; that they were not the same as before; and that they need their environment and their community to reflect those powerful changes. In the absence of that, they would remain stuck in their in-between state, in a sort of limbo for the rest of their lives.

It is for this reason that, although rites of passage have traditionally been one-time events, I perceive that repeated enactments are often necessary in cases of perinatal loss because the liminal phase is so strong, all-encompassing, and until recently, almost entirely invisible (Cecil, 1996a; Douglas, 1966; Turner, 1969). In Nazaret's case, in addition to her tattoo, the inauguration ceremony and a book she has written about her experience, she also plans to visit the memorial space at the cemetery each year on Herri's birthday, to drink a blond beer in honor of his blond hair and renew her connection to him while reinforcing her role as his mother (Figure 10.1).



Figure 10.1 Nazaret drinking a beer at the perinatal loss memorial in her local cemetery, something she plans to do each year in honor of her son, Herri.

Photo: Nazaret

My analysis of the actions of Nazaret and other participants who engage in multiple rituals over years indicates that a transformation does indeed take place in the first ritual, but it is not solid. Buffeted by the regular negation, denial, and dismissal of both her motherhood and the existence of her son, it is necessary for her to renew the rite regularly. To remind herself, "I am Herri's mother, and he is my child." Perhaps when Spanish society reaches the topmost level of the cyclical process of ritual enactment and acknowledgement of loss depicted in Chapter 5 (Figure 5.6), multiple rites will no longer be needed by many bereaved by perinatal loss. That is, if and when we have an accepted and widely practiced perinatal loss rite of passage, it is entirely possible that only one will be necessary to confirm those new roles and affirm the existence of those people (mother/father, son/daughter, ...). After all, if we are married, most people that we come into contact with have not witnessed our wedding ceremony. But in order to confirm that we are a wife or husband, all we need to do is say so. When society reaches the point where someone who has had a perinatal loss and has no living children can say "I am a mother" without shame or fear of rejection, repeated rites may become unnecessary.

There is precedent in human culture for this type of acknowledgement. Fortes (1987) found that among the Tallensi of northern Ghana, "a woman's first pregnancy was thus publicly proclaimed as the proud transition from maidenhood to matronhood. Even if she miscarries, or her first born dies in very early infancy, or she never bears again, she is a matron for life" (p. 228). It's important to note, however, that full personhood was not

achieved by the child at that public proclamation or even at birth. Rather, it was a lifelong process through weaning, taking on tasks in the community, various other initiations, attainment of property, and finally death (McIntosh, 2018). In the 21st century, Euro-American societies like Spain do not have attenuated personhood processes; instead, it's an all-or-nothing proposition. Moreover, such prolonged and fraught paths to personhood could be seen as embodiments of patriarchy, conveniently preventing women and children from ever achieving full personhood. A feminist view of significantly delayed or attenuated personhood could be that it was a way of preserving male power, as opposed to a potentially "natural" response to high pregnancy loss and infant mortality rates, or dependence on a subsistence economy that made the stakes for conferring personhood especially high (Schnepel, 1990). So, it stands to reason that as women have claimed increasing amounts of power — in academia, to design and execute studies focused on the female experience; in medicine, bringing a different viewpoint to diagnosis and treatment; and in society at large, taking on roles as business, political, and ritual leaders — a different view of personhood would come to the fore, which in turn would necessitate new and different rites of passage around reproduction.

Any doubt I have about the likelihood of a common and accepted perinatal loss ritual arising in Spain in the near future comes from the pace at which reproductive and other, related technologies continue to change. If my theory holds, the liminal stage of parenthood will continue to shift and mutate, sometimes shrinking and other times growing. To cite just one example: Relative to the length of human history, we are on the cusp of growing babies outside of human bodies (Kozlov, 2023). It boggles the mind to think about what effects such a breakthrough will have on society's understanding of conception, life, and death — and in turn, of who has the right to be called mother, father, son, and daughter. But given the ingenuity, creativity, and relentlessness of those at the forefront of the perinatal loss awareness movement, I have no doubt that they will rise to any occasion. As in the past, they may not always have the rest of society there by their side, supporting them and endorsing their claims of parenthood and personhood. But also as in the past, I know that they will continue to use rituals to help individuals, families, communities, and society as a whole to pass through whatever liminal state in which they find themselves and come safely out the other side, secure in the truth that a transformation indeed took place, that there was a before and now there is an after, and they are not the same. Thanks to these brave activists, and to all the people who participate in studies such as this one, we should no longer make the mistake of acting like they are.

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