

ATINER CONFERENCE PAPER SERIES No: PSY2013-0620

Athens Institute for Education and Research

ATINER



ATINER's Conference Paper Series

PSY2013-0620

**Marginal and Unauthorized Grief,
Denied and Omitted Rites**

Sonia Sirtoli Farber

PhD Student

EST- Escola Superior of Teologia

Brazil

Athens Institute for Education and Research
8 Valaoritou Street, Kolonaki, 10671 Athens, Greece
Tel: + 30 210 3634210 Fax: + 30 210 3634209
Email: info@atiner.gr URL: www.atiner.gr
URL Conference Papers Series: www.atiner.gr/papers.htm

Printed in Athens, Greece by the Athens Institute for Education and Research.
All rights reserved. Reproduction is allowed for non-commercial purposes if the
source is fully acknowledged.

ISSN 2241-2891
21/10/2013

An Introduction to ATINER's Conference Paper Series

ATINER started to publish this conference papers series in 2012. It includes only the papers submitted for publication after they were presented at one of the conferences organized by our Institute every year. The papers published in the series have not been refereed and are published as they were submitted by the author. The series serves two purposes. First, we want to disseminate the information as fast as possible. Second, by doing so, the authors can receive comments useful to revise their papers before they are considered for publication in one of ATINER's books, following our standard procedures of a blind review.

Dr. Gregory T. Papanikos
President
Athens Institute for Education and Research

This paper should be cited as follows:

Sirtoli Farber, S. (2013) "**Marginal and Unauthorized Grief, Denied and Omitted Rites** " Athens: ATINER'S Conference Paper Series, No: PSY2013-0620.

Marginal and Unauthorized Grief, Denied and Omitted Rites

Sonia Sirtoli Farber

PhD Student

EST- Escola Superior of Teologia

Brazil

Abstract

There is mourning that are not socially acceptable, whose production is complex and triggers pain and side effects: are the mourning unauthorized and mourning marginal. The Thanatology demonstrates that the cast of unauthorized mourning has a wide spectrum, is multifactorial and includes various types of losses, as the mourning for abandoning a child, surrogate motherhood, sexual impotence, abortion, no funeral, among many others. Often, those who face death symbolic, does not receive any social support or have empathy that characterizes the biological death and the mourning that arises from this. Deaths symbolic mourning require real and they are intrinsically linked to rites and expressions, which often are denied, hindering the development of loss and mourning satisfaction.

Keywords: Mourning marginal. Mourning unauthorized. Rites.

Corresponding Author:

Introduction

Losses and breakdowns, resilience and uplifts are constant in the vital and dialectic process of human existence, these realities, no matter how challenging they may be, tend to allocate themselves and be assumed without further trauma, if those who experience them find support in the society in which they live. Helplessness is the crystallization of the existential state of those who have their mourning marginalized, and whose society has not authorized and accepted their grief.

Everyday life realities can cause impacts of different kinds on people, depending on the subject who experiences them. Under this assumption, when the optimists face a problem, they may play "the glad game" and focus on the positive balance of that reality, on the learning acquired and on the life that remains. The realists may take memory as an element of resilience; memory is the access to the anamnestic collection, enabling a revisitation of events, emotions and people through the evocation of memories. The realists will select memories in their favor, considering the elaboration of their losses. Similar to the others, the pessimists tend to focus on the loss and damage that have been imposed to them, delaying the solution of their grief.

Human complexity disrupts what theorists had compartmentalized and categorized by mixing the reactions to situations of greater mental and emotional demands, expressing the dialectics of joy and sadness. Parkes (1998) exemplifies this reality with a wedding scene, in which the bride's mother expresses ambivalent feelings, showing that the characterization of loss and grieving does not depend on another person's perception, for the subject will tell whether it is a reality of loss, gain or both, simultaneously.

[...] The bride's mother is undergoing an important change that in her view can be considered as a profit or a net loss. She can mourn, rejoice or, due to that typical human ability, oscillate between tears and laughter. The Hard-headed researcher may find very difficult to classify these life events as losses or gains, like the daughter's marriage (Parkes, 1998, p.242).

Events perceived as trivial and banal can impact severe losses, requiring a process to overcome it and mourn; but this mourning may be denied by society if it understands that the event did not cause hurt. In these cases, social hermeneutics may not recognize the process of elaboration of the loss and disallow the grief, imposing on the subject a condition of marginal, lonely and silent bereavement.

There is a broad and diverse list of mourning. In this work, the followings have been selected to be analyzed: 1. Abandonment or placement of children for adoption: which we pointed as marginal mourning, since it is a symbolic death and there is no social synergy to experience grief. 2. Surrogacy: the bereavement due to this reality is unauthorized because society understands it as a reality sought by the woman who was willing to get pregnant in favor of others. 3. Procured Abortion is an example of double, unauthorized and marginal mourning; marginal because the woman hides the act and the result of this loss, unauthorized because, even in societies where it is lawful and legal

the practice of abortions, those who choose to abort do not find social empathy to express their grief. 4. Male sexual impotence: it is characterized as marginal mourning because it is not an actual death, but it is a symbolic one. 5. Presumed death: it is an example of an omitted rite; this form of loss finds social empathy, even though the grief is problematic.

Abandonment or placement of children for adoption

Parents who delegated the care of their children to others or are deprived of their child custody, even though they have been deprived of parental rights, cannot lose the right to establish the loss of their child(ren). Although the parents are eventually unable to maintain the child custody due to their life choices that threaten the child's safety, they may have affection for the child(ren) and suffer as a result of the separation, having the need to process this grief.

Despite the progresses in several areas of western society, it is still the woman/mother the one who is charged with preserving life, showing affection and caring for the children. If, in predictable situations and in the vast spectrum of what is understood and accepted as normal, women already spend a great amount of psychic energy with a sense of guilt for not matching up to what is expected from them. When a child is abandoned or given up for adoption, few wonder where the child's father is and most project onto the mother the total charge of this decision.

But both – mother and father – do not find in society the necessary empathy in order to develop their grief and, in most cases, not even to externalize it. In such situations, public opinion tends to follow the flow of the conventions and stereotypes, assuming the role of the prosecutor, judge and executioner of the sentence. Therefore, society does not grant these parents the right to suffer the loss of their child, for it understands that the parents chose the situation in which they find themselves. Grief is not authorized by society, and parents are forced to reorganize their lives, subliming the feelings that arise from their loss, causing the grief to extend, deepen up and, in more severe cases, become chronic and pathological.

When a death occurs, the bereaved family is comforted and supported not only by the presence of the family and social community or by the words of comfort and sympathy, but also by the rites of passage that are facilitators of the transition from a state of life that comprehended the presence of the one who passed away to a new order and organization of life in which the departed will no longer be part of life in the way it did before. Rites of passage are effective mechanisms to raise awareness of the changes inherent in the life cycle. But the rites are omitted when the bereavements are marginalized or unauthorized.

But when losses are not socially accepted, we have a grief that is not recognized, for this one there are no social rites, society does not comfort the bereaved, leaving them far from the possibility of overcoming the loss. Thus,

the bereaved people hide their grief, not allowing themselves to experience their pain. The grief that is not recognized is not allowed nor supported and must be hidden because when it is revealed it causes a more negative social response (MOTTA, 2001 cited in Petruce, L., Zimmer, S. & Smith, L.C. 2006 n/p).

The emotional turmoil that reaches the one who experiences the loss of a child custody is similar, but it is more aggressive than that experienced by parents whose children have died because they had not had an opportunity to express their feelings, frustrations and guilt; making them grow exponentially and in silence. When facing death, guilt emerges. Along with the abandonment, guilt feeds itself with shame and feelings of inadequacy, causing parents to experience grief, having no corpse.

Surrogacy

A bereavement that has gained social visibility, despite the fact that it is not authorized, is that faced by women who gestate a child for another woman; they are popularly known as "surrogate mothers".

The discussions on surrogacy are relatively recent, and the leading events were the *in vitro* pregnancy and the birth of the first test tube baby on July 25th, 1978, in Oldham, near Manchester (MOURA, M.; SOUZA, M. & SCHEFFER, B., 2009, p. 35).

Gostin (1990, p. 45) warns that the very expression "surrogacy", stipulated to identify a pregnancy without intercourse, in which the embryo implanted does not belong to the woman who is gestating it, but to a couple who, for some reason, cannot get pregnant, seems to have the intention to "dehumanize and alienate the mother from her child."

The discussion concerning this practice advances in the sphere of health policies, health sciences and legal impacts, but lacks a systematic reflection in the anthropological context, especially regarding the psychological impact on the surrogate mother, whether she is a professional or not.

The controversial documentary "Babies Made in India" discusses the consequences and implications of this practice in the lives of surrogate mothers. In India, surrogacy characterizes a commercial contract in which both parties sign a commitment and in the end the surrogate mother must have generated a child. The payment comes after the delivery, which is not fully paid to the parturient woman; some money is given to the clinic that manages this type of service. If the pregnancy is somehow interrupted, the surrogate mother does not receive the amount, nor a payment for the time she remained pregnant; only successful pregnancies receive the payment.

In the UK, the program "Your World" from BBC World Service documented the drama of an Indian surrogate mother (Sonal) after the baby's birth and the delivery to the birth mother (Carolina). The surrogate mother has had another surrogate pregnancy, but exudes the feeling of loss when delivering the baby to the mother. She says:

They took away the baby as soon as she was born. [...] I was unconscious when she was born so I did not even see her. When I woke up, I asked my mother what had happened, she told me it was a girl. [...] When I had my first surrogate baby, I fed her for three days; it felt as if it were my baby. [...] This time when I give my child to Carolina I will feel like I am giving my child to someone else, but later I will convince myself that it was her baby and I am giving it back. Once she is gone I will have to forget her (<http://www.bbc.co.uk/news/world-14138394>).

In the case illustrated above, the agreement was signed in a clear, conscious and free way, so that there would be no change in the procedure, and both women were aware of how events would develop. Even so, the surrogate mother complains about not being able to have contact with the child, while Carolina, the birth mother, states: "I will always be eternally grateful to Sonal for what she has done, but I felt there has to be a cutoff point" (<http://www.bbc.co.uk/news/world-14138394>).

The stance adopted by both women involved in the surrogacy demonstrates that, before being of any other order, this is an anthropological issue, that is why it questions various areas of the humanities and, consequently, the reflection must be interdisciplinary. Psychology and Thanatology are areas that have much to offer in the investigation of this phenomenon that involves the formal loss and the symbolic death, simultaneously. If, on the one hand, the surrogate mother has not experienced her child's death or kidnapping, but before the pregnancy has chosen to generate a baby for another woman in exchange for economic benefits, society does not understand that it is necessary to have empathy with the woman due to the emotional and psychological suffering that she may face, after all, this is the consequence of her choice. Moreover, every loss refers to the personal imaginary of death, which claims elaboration and assimilation through the grief. However, in these conditions, bereavement is not recognized by society, and unauthorized mourning does not have the rites of passage guaranteed.

Insurgent sorts of interventions in human relations require new practices and postures adapted to these realities. Affection and ability to empathize beyond the moral conventions are the prerequisites for any successful performance in this area.

Procured abortion

The American Psychological Association analyzed the effects and consequences of abortion in women's lives and health, based on a literature review of studies and surveys conducted previously. In this research, three categories of abortion have been considered: spontaneous, procured and selection of embryos in multiple pregnancies. The result was disturbing due to the high rate of women who have developed psychological and mental problems, as it is demonstrated by the various samplings of the report of the

Task Force on Mental Health and Abortion (<http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>).

The work of the researchers Anne Speckhard and Vivent Rue is crucial to understand the reality faced by women who have undergone an abortion experience. The complex symptomatology presented by the surveyed women demonstrated the occurrence of a mental illness that Speckhard and Vivent (1992) defined as "Post-Abortion Syndrome" - PAS.

They classified PAS as a specific form of post-traumatic stress disorder (PTSD) comparable to the symptoms experienced by Vietnam veterans, including trauma symptoms such as flashbacks and denial, and symptoms such as depression, sadness, anger, shame, survivor's guilt and abuse of substances (Speckhard, AC, & Rue, VM 1992 cited in American Psychological Association, 2008, p.11-12).

The report "Task Force on Mental Health and Abortion" concludes that it is confirmed the incidence of psychological disorders in women who have had abortion events, and shows that the emotional and psychological condition of the woman who had an abortion is determined by a number of factors and implications, among which greatly arise the predisposition and previous manifestations of a psychopathological history. It also provides evidence that the presence and progression of these disorders are floating from woman to woman, so we must be careful not to generalize, since further studies may elucidate questions that, so far, are inconclusive.

Although the women's psychological impairment as a consequence of abortion was registered, little has been written concerning the grief experienced by them, and their need to elaborate the death of the embryo, fetus or baby.

In Western society, this is one of the most severe forms of unauthorized mourning because this taboo overlaps another: the abortion and the suffering experienced by the woman who chose to have an abortion. For this reason, the mourning rites are omitted and not recognized. In some Eastern societies, the practice is different. The influence of Buddhism, and its diverse aspects, makes society embrace the feelings of mothers and fathers of aborted babies, providing them with the opportunity to express their grief and perform rites to favour the elaboration of death.

The New York Times published an article about the grief of Japanese women who have had abortions and shows that, paradoxically, in this country, abortion is legalized; society coexists peacefully with this practice and culturally understands that the fetus has no soul. Nevertheless, although they nurture these notions, fathers and mothers are not immune to feelings of loss, guilt and responsibility for the aborted fetus (<http://www.nytimes.com/1996/01/25/world/in-japan-a-ritual-of-mourning-for-abortions.html?pagewanted=all&src=pm>)

Rites are mediated by symbols, especially the *Mizuko Jizo*. *Mizuko Jizo*, or *Bodhisattva*, is a small statue, acquired in the temples to be the representation of the departed child. The person who adopts a *Mizuko Jizo* visits it regularly, dresses it, and, most of the time, dresses it with a bib and a cap. "Women see

these practices as means of helping the spirits of the stillborn baby rest in peace and ascend to heaven, freeing themselves of their guilt" (Yusa, 2005, p. 111).

WuDunn's article underlines the contradiction between the law itself and the lawfulness guaranteed by legislation before the anthropological and psychological imaginary of women in Japan, since society believes that abortion concerns only the woman, and she has the right to choose between carrying on the pregnancy or interrupting it. However, after having exercised this right, women have symptoms of stress and psychological distress.

The signs of a pervasive but silent mourning over abortions are the tens of thousands of *mizuko jizo*, or guardians of aborted fetuses, miscarried and stillborn babies and those who died very early in life. In temples across the country, women and sometimes men come to stand before these monuments to express their grief, fears, confusions and hopes of forgiveness. (<http://www.nytimes.com/1996/01/25/world/in-japan-a-ritual-of-mourning-for-abortions.html?pagewanted=all&src=pm>)

Before different worldviews, this question arises: Why are the people who have had an abortion not allowed to experience their grief? Social stigma is the answer that best encompasses the fluidity of various possibilities. It is possible that the mourning is not formally denied, nor the rites prevented, but those who had an abortion normally protect themselves from the public opinion in order to avoid stigmatization. Thus, they opt for clandestine suffering and for a silent solution to the conflict.

Male sexual impotence

A significant loss in men's life, which destabilizes their balance and self-esteem, is the inability to copulate. Culturally, male sexual performance is associated with the idea of masculinity, which immediately leads to the transmitted notions of what means to be a male. The popularly recognized characteristics of a powerful man are external and mechanical (degree of rigidity and proportions of the penis, ejaculation volume and number of orgasms). "The association between penis-virility-sexual power is deeply rooted in men" (Sapetti, 1996, p.25), although it is a myth, and having no direct relationship with success, intensity of pleasure and fertility, this notion remains and is widespread, imposing an unnecessary conflict on men.

The phallic myth refers to Greek legends in which the erect penis is the manifestation of the god Priapus, to whom the virginity of brides was offered in a rite performed in the temple of this god (Sapetti & Kappal, 1992 in citato Sapetti, 1996, p. 24). Priapus myth gave birth to the term *Priapism* "prolonged and painful penile erection unaccompanied by sexual desire or stimulation, usually lasting for more than four hours." (Vicari & Figueiredo, 2007, p. 275).

By having such defined standards of male potency, the act of just thinking about impotence already destabilizes the men. This has roots deeply marked by the anthropological need of maintaining life and by the psychological balance resulting from pleasure.

Terms of huge complexity are around the subject of sexual impotence, which make this a prohibited topic. This being one of the taboos present in the current culture, whoever suffers from this problem, does it in silence. The person who suffers from this disorder experiences the four classical early stages of mourning (denial, bargaining, anger, depression), and "the patients who experienced their problem and received support in the previous stages can find acceptance" (Vaz & Tofani, 2007, 198).

The mourning for sexual impotence is characterized as marginal grief, for it does not refer to an actual but symbolic death. Nevertheless, the mourning for the loss is real and presents complicating elements in its development. First, the person who experiences the feeling of loss does not require the opportunity to experience and express their grief; they feel ashamed for the loss they have suffered. In another instance, society in general does not have empathy with them and does not authorize this type of mourning, either because it sees it as something narcissistic, or because the man is healthy in other areas. If mourning is unauthorized, the tendency is to become chronic and pathological, fact that greatly increases the symptoms.

In a recent survey with men who have prostate cancer, it was evidenced the intimate connection between impotence and depression. The authors say: "The study concludes that because it is an organ that affects male sexual sensitivity, depression and feelings of helplessness are present in all patients, even in those who may be facing a temporary impotence" (Tofani & Vaz, 2007, 1997).

If on one hand the male sexual impotence and prostate cancer are related to each other in the male imaginary, on the other hand, men avoid and postpone tests that can diagnose this disease, especially the digital rectal examination.

Presumed death

Problematic grief, which can last for years, happens when the death is presumed, but there is no corpse. The absence of body is connected to a very broad typological spectrum, for example, kidnapping, escape, cataclysm, accidents, crime of forced disappearance, among others. "No corpse and no grave, how do the victims' families produce meaning and significance to the disappearance of their loved ones?" (Araújo, 2009, p.1)

The family and the people that were related to someone who is missing have great difficulties in elaborating their loss, because even though there is a clear evidence of the death, there is no corpse presented, and while the missing person's death is not formally announced, a fog of doubt and hope surrounds this loss. Hope is nourished by the family through the same element that keeps mourning indefinitely: while there is no corpse, there is no death. However, the absence of the body justifies the doubts concerning the death and, according to the laws of many countries, there is not a death certificate unless ten years since the disappearance have passed.

In an interview with Fernanda Cancio, Jorge Pinheiro, a professor of Civil Law at Lisbon University, gives two examples of lacks of corpse and demonstrates why only one of the occurrences can be understood as presumed death: "This presumption is not generically applied in the case of a tsunami, where indeed there were many survivors. [...] It has to do with situations such as an explosion of an aircraft, in which it is not possible to find survivors" (Cancio, 2005 n/p).

In Brazil, "a death certificate is a public document that evidences someone's death based on the declaration stated by a Medical professional, certifying, before the corpse, the date, the place and the cause of the death, according to Law number 6.015/77" (Pereira, 2008, p. 5). If the missing person is married, the spouse is not considered a widow before ten years have passed, and if the spouse tends to remarry, he/she must sue for divorce two years after the spouse's disappearance (Cancio, 2005 n/p. Cf. Pereira, 2008, p. 9). All legal procedures reinforce the notion of doubt regarding the death of the missing person, fact that substantially complicates the elaboration of mourning.

This form of loss, the presumed death or the missing corpse, finds social empathy, yet the grief is problematic because it is an example of omitted rite. The bereaved themselves refuse to perform a symbolic funeral rite of a missing or kidnapped person when there has never been any contact or when communication has not been established for many years. Accepting the rite is to certify the death. The hope for the missing person's return and survival prevents the family from performing the rites, which would be very helpful in elaborating the grief.

Psychologist Maria Helena Pereira Franco, the coordinator of the Laboratory for Studies on Grief of PUC-SP University, affirms that "with the farewell ceremony people realize the truth and can then experience the grief. If the body is absent, it is as if the fact had not occurred." [...] "It is a very intense distress" (Carranca, 2009, n/p).

The rites facilitate the assimilation of the impact of the loss; they are instruments that help people elaborate the mourning and mechanisms that help with the necessary transitions; the rites are essential to introject and project reality into a new life context. Denied or omitted rites delay the acceptance of the loss and make the bereaved people's lives remain fixed to the event of loss.

Conclusion

Among many human realities, death is the most challenging. People die several times in the same life, either through symbolic deaths or inevitable transitions as the age increases, or through physical and emotional losses that occur as the onus of human existence. Even the symbolic deaths are loaded with expressions of the end which mark the effective and real death; hence, it is necessary to promote ways to ease the confrontation of these events.

It is not enough to rationally assert that this is a human, organic, biological and even existential contingency in order to elucidate the issue, since the tragic

trait of death is linked to the anthropological constitution itself: human beings are ordained to live, and death denies what is the human's primary destination. The human being is in a constant construction that learns from the experiences accumulated throughout life; the paradox is that the more the people live, more skilled and prepared to live they are and, in the same proportion, the more they move away from life and meet death. This reality may be hopeless, depending on the meaning the person gives to existence; the loss of meaning in life leads to meaninglessness in death (Färber, 2009, p. 104).

The rites are necessary and beneficial so that the losses do not oppress the bereaved until exhaustion. Rites are like little magical acts on which all the sorrowful load of death is deposited, and with its completion, the anthropological request of the primitive ego by satisfaction of the suffering finds its consummation. Relief and serenity result from the rite, necessary feelings to advance the living of the one who denied the death, bargained with it, got anger, depressed, and, finally, found some acceptance.

When mourning is marginal or unauthorized, the rites are denied and omitted. If suffering is despised, expressions of lamentation are not welcomed, or coping mechanisms are not offered. The absence of rites is the affirmation that many types of grief are often clandestine, but not all bereavements are marginal and unauthorized at the same time; as well as not all omitted rites arise from social disempowerment. It is common to all this typology the abnormality of the experience of loss and the complication of the grief. Such realities require a welcoming and non-prejudicial social stance from health professionals and caretakers in order to serve as supporters in such unique and challenging circumstances.

Thanatology, as an area of interdisciplinary scientific research, provides caretakers with means of managing these realities; it deepens reflection and proposes means of easing the passage in these extreme situations. Transdisciplinarity and partnerships with the various skills and knowledge are the necessary expedients to respond to these anthropological challenges.

Bibliography

- American Psychological Association, Task Force on Mental Health and Abortion. (2008). 'Report of the Task Force on Mental Health and Abortion'. Washington, DC: Author. Available at <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>.
- Araújo, Fábio Alves. *Morte sem corpo e sem sepultura: notas sobre desaparecimento forçado hoje*. Available at [http://www.ram2009.unsam.edu.ar/GT/GT%2063%20%20A%20Produ%C3%A7%C3%A3o%20da%20Mem%C3%B3ria%20Traum%C3%A1tica%20e%20Os%20Contextos%20de%20Poder%20na%20Am%C3%A9rica%20Latina/GT63%20%20Ponencia%20\[Ara%C3%BAjo\].pdf](http://www.ram2009.unsam.edu.ar/GT/GT%2063%20%20A%20Produ%C3%A7%C3%A3o%20da%20Mem%C3%B3ria%20Traum%C3%A1tica%20e%20Os%20Contextos%20de%20Poder%20na%20Am%C3%A9rica%20Latina/GT63%20%20Ponencia%20[Ara%C3%BAjo].pdf).
- Câncio, Fernanda. (2005, Gennaio 5). *Declaração de óbito sem cadáver pode levar dez anos*. *Jornal Diário de Notícias*. Available at http://www.dn.pt/especiais/interior.aspx?content_id=981698&especial=Tsunami&seccao=MUNDO&page=-1.

- Carranca, Adriana. (2009, July 7). *A dor de quem não teve a chance de viver o luto e enterrar seus mortos. O Estadão*. Available at <http://www.estadao.com.br/noticias/impreso,a-dor-de-quem-nao-teve-a-chance-de-viver-o-luto-e-enterrar-seus-mortos,383610,0.htm>.
- Färber, Sonia Sirtoli. (2009). *Morte na Teologia e na Literatura*. Porto Alegre: Pallotti.
- Gomes, Romeu. (2003). *Sexualidade masculina e saúde do homem: proposta para uma discussão. Ciência & Saúde Coletiva* 8(3): 825-829. [on line]. Available at from <http://www.scielo.org/pdf/csc/v8n3/17463.pdf>.
- Gostin, Larry Ogalthorpe (Ed.). (1990.) *Surrogate motherhood: politics and privacy*. Indiana University Press. Available at http://books.google.com.br/books?id=Zv_9MajdN-8C&pg=PR3&hl=pt-R&source=gbs_selected_pages&cad=3#v=onepage&q&f=false.
- Kovács, Maria Julia. (2008). *Desenvolvimento da Tanatologia: estudos sobre a morte e o morrer. Paidéia* (Ribeirão Preto), 18(41), 457-468. Available at <http://www.scielo.br/pdf/paideia/v18n41/v18n41a04.pdf>.
- Lebrun, Stéphanie; Levasseur Philippe. (2009). *Bébés made in India*; Babel Presse - Envoyé Spécial: 16/04/2009, 52 min. Available at <http://blog.lineup.net.br/2010/04/documentario-bebes-feitos-na-india.html>.
- Motta, M. A. P. (2001). *Mães Abandonadas: a entrega de um filho em adoção*. São Paulo: Cortez.
- Petrucce, L.; Zimmer, S. & Silva, L. C. (2006). *Estigma en madres que dejan a sus hijos en instituciones*. Revista eletrônica de la Unión Latinoamericana de Entidades de Psicología, n. 6. Available at <http://psicolatina.org/Seis/index.html>.
- Martínez, Ximena F. (2009). *Síndrome post-aborto: reacciones psicológicas post-aborto*. ARS Médica. (Santiago)18(18):183-193. Pontificia Universidad Católica de Chile. Available at <http://escuela.med.puc.cl/publ/arsmedica/ArsMedica18/Sindrome.html>.
- Moura, Marisa Decat de; Souza, Maria do Carmo Borges de, & Scheffer, Bruno Brum. (2009). *Reprodução assistida: Um pouco de história*. Revista SBPH, Rio de Janeiro, v. 12, n. 2, dez. Available at <http://pepsic.bvsalud.org/pdf/rsbph/v12n2/v12n2a04.pdf>.
- Parkes, Colin Murray. (1998). *Luto: estudos sobre a perda na vida adulta*. São Paulo: Summus.
- Pereira, Amanda C. F. (2008). *Morte presumida sem decretação de ausência e o retorno do cônjuge: efeitos jurídicos matrimoniais*. Revista Jurídica, Brasília, 88(9), p.01-13. Available at www.presidencia.gov.br/revistajuridica.
- Sapetti A. (1997). *Los varones que saben amar*. Buenos Aires: Galerna.
- Speckhard, Anne C., & Rue, Vivent. M. (1992). *Postabortion syndrome: An emerging public health concern*. *Journal of Social Issues*, 48, 95-119.
- Tofani, Ana C. A., & Vaz Cícero E. (2007). *Câncer de Próstata, Sentimento de Impotência e Fracassos ante os Cartões IV e VI do Rorschach*. *Revista Interamericana de Psicología/Interamerican Journal of Psychology*, 41(2),197-204.
- Vicari, Perla & Figueiredo, Maria Stella. (2007). *Priapismo na doença falciforme*. *Revista Brasileira de Hematologia e Hemoterapia* [online] 29 (3), p. 275-278 Available at http://www.scielo.br/scielo.php?script=sci_arttext&pid=S151684842007000300016&lng=en&nrm=iso.
- WuDunn, Sheryl. (1996). *In Japan, a Ritual of Mourning for Abortions*. *The New York Times*. Published: January 25, 1996. Available at <http://www.nytimes.com/1996>

/01/25/world/in-japan-a-ritual-of-mourning-forabortions.html?pagewanted=all&src
=pm.

Yusa, Michico. (2005). Religiones de Japón. Madrid: Akal.