

Suffering Peacefully: Experiences of Infancy Death in Contemporary Zambia

Sesilie Smørholm

Abstract In Ng'ombe Township in Lusaka, the death of a baby is often met with silence. Based on long-term ethnographic fieldwork, this article explores how the bereaved mother's silence is guided by wider cultural norms and values associated with death, by complex notions of what it means to be a person, and by local perceptions of mental health and well-being. To enhance the complexity of the mother's silences, it also explores how structures of poverty manifest in mothers' experiences of loss and how silence may hold feelings of inadequacy but also of care and compassion. Finally, the article aims to provide a counterweight to the predominant assumption that mothers in poor communities, who experience high levels of infant mortality, fail to mourn the death of their babies, as well as to psychological theories that assumes verbal expressions as vital for the mourner's mental recovery after loss. [maternal bereavement, silence, infants, personhood, health, Zambia]

When he died,
I didn't want to cry
He was buried in the night
by the old ladies

Crying?
I did not get to know him
He was still cold
He never smiled at me
You see?
He never laughed

He left us so quickly
God took him, yes
before he became ours

Brenda

He was my baby
my baby

I asked myself
How can I go on?

Who will I cook for?
Who will my children play with?

Mama!
My chitenge!
My chitenge!

It is empty!

My heart is paining
He was my baby

Kristin

Experiences of bereavement cannot be generalized, neither across nor within societies. Bereavement is subjective, complex, and diverse. At the same time, emotions are an “aspect of cultural meaning” constructed and shared by people “in relationship with each other” (Lutz and White 1986:407/408). In this article, I explore how mothers in a poor township in the capital of Zambia interpret, express, and manage their emotions when a baby passes away. Brenda and Kristin, quoted above, lost their babies before they turned a year old. Their cases provide insight in how mothers express bereavement and how the community

supports bereavement. The cases, as well as Lucy's, to be introduced later, serve as an entry to a discussion on how the mother's mourning is guided by meaningful cultural notions of health and well-being and also on the spirituality of babies and their liminal status. I focus particularly on how mothers who lose their babies are, at certain times and in certain contexts, encouraged to deal with their loss in silence—not to talk about their late baby, not to cry, and not to linger on the memories. I heard how these norms and values related to silence were articulated and reiterated by the bereaved mothers themselves: "I should not think about the baby"; "I should not cry." This would, according to the mothers, help them accept and endure the pain of loss and bereavement so they could "let go" and "suffer peacefully." I will discuss how the mother's silence is socially and culturally meaningful and salutogenic, assisting both the late baby and the mother to complete different spiritual and emotional transitions.

The article is a response to Wikan's plea for "indepth studies that focus more on emotional experience in loss than on ritualized mourning" (1988:451) and has been inspired by her descriptions of how silence may be part of a deliberate control of outward emotional expressions of grief and despair (1988, 1989, 1990, 1992). My interpretations of silence has also been influenced by Jackson's theories (1983, 2004) on how silence is communicative and also how some experiences and emotions may surpass and confound language, making it redundant. In many ways I follow up Jackson's encouragement for researchers to value such silence, seeing "not as a sign of indifference or resignation, but of respect" and as "a way of healing and reconciliation" (2004:56). As an extension of this, I question the universality of theories that have been dominant in psychological research on mothers' bereavement, such as the assumption that verbalization and memorization is of crucial importance for the bereaved mother's emotional health and well-being. I also critically discuss the universality of theories—mainly developed within anthropology—on how poverty determines experiences and expressions of loss and bereavement. These theories are anchored in discussions of how dominant social, economic, and political structures manifest in people's experiences of suffering. Of particular relevance is Scheper-Hughes' (1984, 1992) extensive work on infancy death in a poor community in Brazil. According to her, in contexts of extreme poverty and high infant mortality, the mother's emotional attachment to the baby may be delayed, and she may therefore not mourn the loss of a baby. Instead, the death of a baby is interpreted as "less as a tragedy than as a misfortune, one to be accepted with equanimity and resignation as an unalterable fact of human existence" (1987:2). By exploring the mother's silences in Ng'ombe, I aim to provide a counterweight to these predominant ideas on mother's experiences and expressions of loss.

Theoretical framework

Hertz (1960 [1907]) and van Gennep (1960[1909]) viewed mourning rituals as a process of separation, transition, and incorporation for the deceased and for her or his survivors. During the transitional, or liminal, phase, mourners and deceased "constitute a special group, situated between the world of the living and the world of the dead, and how soon living individuals leave that group depends on the closeness of their relationship with the dead person" (van Gennep 1960[1909]:147). The social status of the deceased also impacts the

ways that emotions are experienced and expressed. While a chief is mourned intensively, the death of infants may pass almost unnoticed (Hertz 1960[1907]:76). Hertz explains “since society has not yet given anything of itself to the (new-born) child, it is not affected by its disappearance and remains indifferent” (1960[1907]:84). In recent years, Hertz and van Gennep’s theories have been contested and given depth by a growing number of studies on how the beginning of life is asserted and negotiated (Kaufman and Morgan 2005). Of particular relevance are studies on how the unborn and newly born are gradually brought into existence through diverse social acts such as exchanges of body fluids and food between the baby and other community members (Carsten 1995; Conklin and Morgan 1996) and also through ultrasound scans (Williams 2005). When death comes before the baby has become socially significant, researchers have shown how rituals are short or almost absent.

Scheper-Hughes (1984, 1992) describes how desperately poor mothers in Brazil hasten the death of their babies by neglecting their need for food and care. According to her, these mothers do not experience or express mourning when their baby passes away; instead they accept death as the child’s wish. Scheper-Hughes relates this to the wider context of structural constraints; the townships’ historical background of colonial greed and exploitation, the mothers’ limited access to employment, and lack of safe drinking water and food. The anthropology of structural violence is a field of research that focuses on how people deal with the consequences of severe poverty, marginalization, and violence. Of central importance are concepts of social and structural suffering, analyzing how political, economic, and social structures manifest in the ways in which people experience and express the hardships of everyday life. Farmer (2005) argues that many anthropologists focus too much on cultural differences, confusing it with the consequences of structural violence. According to him, “‘Culture’ does not explain suffering” (2005:48). This is a serious warning against labeling effects of poverty and oppression as “otherness,” leading to essentializing culture, enforcing the boundaries between “us” and “them,” the west and the nonwest, those in power and those who are not. In the worst case, this may lead to a denial of a shared humanity (Abu-Lughod 1991; Farmer 2004; Said 1978). The focus on structural violence has contributed to our understandings of the increasing political and economic inequalities in the world. However, it has been argued that the field runs the risk of not taking peoples’ own interpretations of their own suffering seriously, not acknowledging cultural diversity, and that there are other “ways of thinking” (Davis 2012:505). In relation to perceptions of death and mourning, the focus on the dystopic may overshadow the fact that there are other ways of expressing grief and other ways of memorizing; that there are other ways of defining personhood, loss, and the beginning and end of life. If we let our own moral visions and ideas guide our ethnographic work, we may fail to engage with people “on their own terms,” and we may fail to understand their points of view of what is really at stake (Jackson 2004:54).

Anthropology has also been criticized for ignoring individual experiences and emotions (Kleinman 1980; Scheper-Hughes and Lock 1987; Wikan 1990). There is, however, a wealth of psychological literature on how mourning is best handled, and much has been inspired by Freud’s theories on how expressing bereavement through talking and crying can aid the processes of emotional healing and detachment (Bowlby 1980; Worden 1991). Such

epistemologies often acknowledge that there are experiences and memories that are so painful that they are “unspeakable,” but this is often paired with a longing and struggle to speak (Kidron 2009; Motsemme 2004). Recently, researches from both within and outside psychology have challenged the universality of Euro-western theories on trauma and suffering where avoidance or repression of difficult feelings are assumed to have harmful implications, leading to unresolved grief and neurotic illnesses. For instance, in their study of widows, Parkes and Prigerson (2013) conclude that avoiding emotional stimuli that remind the bereaved about their loss can be an important part of the process of coming to terms with and coping with loss. Drawing on the work of researchers such as Halbwachs (1992[1925]) and Connerton (1989) on the dynamic nature of memory, anthropologists have demonstrated how acts of avoidance and forgetting/letting go of memories can be part of creating new identities, memories, and experiences. Forgetting is here considered as “willed transformation of memory” (Battaglia 1992:14) which “occurs through acts of communication” (Carsten 1995:330). Ethnographic inquiries from various cultures show that in many societies these “acts of communication” can take the form of silence. In her study of Israeli Holocaust descendants and Canadian Cambodian descendants of genocide survivors, Kidron (2009) describes how both groups interpreted silence as constructive and highly communicative, facilitating memorization and sharing of embodied knowledge and emotions. Several anthropologists (e.g., Delaplace 2009; Metcalf and Huntington 1991; Williams 2003) have also demonstrated how troubling emotional experiences are regarded as being better controlled if silenced. In Tahiti, negative emotions such as grief are expected to be controlled, and inappropriate emotional displays are met with shame and embarrassment (Levy 1973). The Toraja of Indonesia downplays distressing aspects of events and situations “to avoid both the inner experience and outward expression of intense emotion” (Wellenkamp 1988:491). In her inspiring work on silence in Bali, Wikan has shown how feelings in Bali are considered as something that “can and should be chosen” (1989:303). Since emotional expressions shape inner feelings, keeping a cheerful and happy mood will protect the bereaved heart and health. These case studies demonstrate that silence does not necessarily signify failure of words, absence of communication, or repressed traumatic memory. Instead, silence is considered to be purposeful when dealing with painful events and experiences, creating “new” meanings and constructing new lives and futures.

Methods and Research Setting

This article is based on two years of anthropological fieldwork in Ng’ombe Township, in the capital Lusaka. The majority of the population belongs to ethno-linguistic groups from Eastern Province, in particular Chewa and Tumbuka. The research was conducted in the oldest part of Ng’ombe, which is a high density, unplanned squatter settlement. Houses are generally between five and 20 square meters and are built with mud or cement bricks and roofed with corrugated iron, but they are often without glass windows. Most of the houses do not have electricity, and food is prepared on braziers outside the house. People use pit latrines located close to the houses, and water is drawn from wells. Some of the wells are shallow, and during the hot season there is a danger of contamination, resulting in dysentery.

Babies in Ng'ombe are born into families who are struggling to pay for the basics such as food, housing, and clothes. Yet most babies' needs are met in many ways. During the first weeks of its life, the mother will be relieved from her daily chores so she can devote her time to the newborn baby. Most of the time, the baby will have physical contact with the mother—being held in her arms, tied to her back, and sleeping next to her. Feeding is on demand, and mothers take great care to keep the baby clean and groomed; giving baths twice a day, applying baby talcum and moisturizers, and clean clothes. A crying baby will be attended to immediately. Most mothers know how vulnerable their newborn baby is, and they do everything in their power to promote their health and well-being. In Zambia, 5.60% of infants die before they reach one year (UNICEF 2014), a rate that is expected to be higher in poor townships such as Ng'ombe (Madise et al. 2003; Mapoma 2009). Even though the biomedical explanation of most of the babies' death can be found in malaria, respiratory infections, diarrhea, malnutrition, and anemia, the popular slogan “poverty is the main killer” reflects the harsh reality of people living in Ng'ombe.

During fieldwork, I followed up on 11 infants and their parents and four pregnant women on a day-to-day basis. In addition, I visited 18 infants and their caretakers on a more sporadic basis. I already knew most of the mothers who took part in the research from previous fieldworks in Ng'ombe. I found this to be of great advantage considering the sensitive subject of the study. Spending time with the mothers and their families, taking part in their everyday lives, sharing their work, their food, their joys, and their sorrows gave me insight into their silences. The main ethical challenge I faced during fieldwork was the risk that my inquiries would interfere with the mothers' efforts to let go of the memories of the late baby and thus violate the cultural norm of silence. In conversations and interviews, such challenges were partly overcome by focusing on expressions of bereavement in a general manner rather than focusing on personal experiences. Even though it was generally problematic to have conversations with mothers, some also wanted to talk about their loss, and many mentioned their loss and related experiences, if only in a brief comment. I conducted a number of structured and semistructured interviews with older women about cultural norms and values related to the death of babies, and I had longer conversations with mothers who had past experiences of losing babies and whose “heart had stopped paining.”

Brenda's Newborn Baby

Entering the house from the bright outside, it took some time before I got accustomed to the dark living room, and I could barely see Brenda sitting on the sofa with her son on her lap. He was wrapped in a blanket embroidered with the words “Mummy's little angel.” Brenda smiled and said that it was a present from the baby's father. She removed the blanket to show that he was nicely dressed in a new, yellow romper, a white hat, and matching socks that his grandmother had knitted. I knew Brenda as an energetic girl, always in a cheerful mood, joking and laughing with her friends. Now she was calm and talked in a low voice. Whenever her son made a sound, she attentively chanted “hush, hush,” while carefully rocking him back and forth. As it was her first-born child she was staying, as is customary, at her mother's house. The quiet of the house stood in stark contrast to the noisy outside with the sounds

of people bustling about, children playing, and the omnipresent music from the township's many bars and taverns. Brenda's mother had covered the only window in the living room with a thick piece of cloth to protect the baby from the glaring sunlight. The door, which I normally found wide open to let the air in and welcome guests, was now shut to leave the light, wind, dust, noise, and "bad air from people" out. I asked Brenda how it felt to be a mother, and Brenda smiled and said that she felt good; "I now have a companion for life."

A couple of weeks later, the baby had problems breathing, and Brenda's mother observed that its fontanel was beating faster than normal. Brenda and her mother decided to go to the clinic the following morning and asked me to accompany them. When I arrived at their house at daybreak, I found the house quiet. Before I got a chance to knock on the door, the neighbor told me that the baby's condition had worsened during the night, and he had died in the arms of his grandmother. Unlike a common funeral, there were no visitors or mourners at the house. Brenda's grandmother came out to greet me. "He died so quickly" she said and shook her head; "you know these babies: They come to us in the night, and they may go back to where they came from in the night." I asked where Brenda was, and she responded that she was inside the house with the baby; they were now waiting for a group of elderly women who would bury the baby in the forest next to the graveyard.

Following the death of her baby, Brenda continued staying with her mother for three weeks. After one week, I went back to visit her together with Anna, a mutual friend. The house was quiet and dark; the windows were covered and the door was closed. Brenda met us with a faint smile; she looked tired but said "I am feeling fine now; soon I will start working again." For some long minutes we sat silent; Anna was looking down, seemingly busy peeling flakes of polish off her nails. Finally she straightened her back and said, "These babies, they come and they leave just like that . . . Well, you are still young; soon you will have another baby. Don't worry." She then raised and said that it was time for us to leave. Two weeks later, I met Brenda seated outside her house, selling her mother's home baked fritters to people passing by.

Kristin's baby

Eight-month-old Matthew had been sick for several months before he died. One day when I visited his mother Kristin, I found him seriously ill. He was lying apathetic on his mother's lap, and his body was extremely thin. He had no energy to even lift his head, and when looking into his sunken staring eyes, it seemed like he had already left the world of the living. We decided to take him to the clinic in the afternoon. It turned out that Matthew was suffering from severe anemia, and Kristin was advised to take him to the hospital for treatment.

Two days later, I received the sad message that he had died during the night. When I entered the funeral home, Kristin sat with other women relatives and friends, resting her head on the shoulder of her sister-in-law. As I squatted down next to her, she raised her head and narrated what had happened in the two days since I last saw her—how she and her husband had brought Matthew to the hospital where they had tried to give him blood transfusion.

When she told about the last minutes of his life, her eyes, which were red and swollen, filled with tears. “I feel so tired, so tired” she whispered. “Yes, try to rest a bit,” her sister-in-law replied. Kristin put her head on her lap and closed her eyes. But as the church choir began singing the following song of lament, expressing a mother’s bereavement, her body trembled in silent weeping.

My legs are weak
 Can’t walk!
 Take me to the graveyard
 Escort me my friends
 Why are you afraid of me?
 Can’t walk!
 Take me to the graveyard

The following day, Kristin and the other mourners went to the graveyard. Overwhelmed with grief, Kristin had to be supported to the gravesite. Sitting by the coffin, she cried: “My baby, why did you run away?” “You have left me suffering!” “Where can I find you?” “Come back to me!” “Let me follow!” The mother’s laments combined with the solemn song pulled the mourners into her bereavement, even moving those who did not know Matthew well.

Three days after Matthew’s burial, his parents were shaved, bathed in water containing remedies against the pollution of death, and given new clothes to wear. A pot of herbal water was left outside the house for older siblings and visitors to clean their hands, and extracts of herbs were sprinkled on the walls, “preventing the spirit of the baby from returning to the house.” Neighboring women prepared a meal for the mourners. This marked the end of the funeral ceremonies, and most of the mourners returned to their homes. Kristin was sharing this last meal with her cousin Florence and her sister-in-law. Kristin, who hadn’t been eating much for the past few days, ate with great appetite before she complained about a stomach-ache. The other women laughed; the atmosphere in the house was relaxed and lighthearted. Kristin looked tired but relieved; she was smiling and listening to her sister-in-law joking about some of the funeral participants “who just came for the food.” Florence narrated how her daughter, Beauty, who was the same age as Matthew, had developed a sweet tooth: “Now she says ‘sweets, sweets!’” she joked. The other women laughed, but Kristin looked down and said with a faint voice “whenever I see Beauty I will feel sad because she reminds me about my Matthew.” They sat silent for a few seconds before her cousin said that the neighbors should have made porridge, as this would have been gentler on her empty stomach. The conversation then turned to the quality and price of the meat they sell at the market.

The Pain of Silently Letting Go

Both Brenda and Kristin were, at a specific time, encouraged not to cry and not to let their memories linger on the dead verbally. However, their silences do not indicate that the death was considered to be “less as a tragedy than as a predictable and relatively minor misfortune” (Scheper-Hughes 1992:275), something that passes “unnoticed” and “arise no emotion” (Hertz 1960[1907]:76). On the contrary, people in Ng’ombe are painfully aware

that mothers who lose their babies experience bereavement and that it is not easy for them to let go. They know that the mother and the baby had learned to know each other and that bonds had developed. And they know that most mothers do cry, even though people tell them not to. Wikan poetically states that “life overflows, messes up things, and strains a person’s comprehension and powers of endurance” (1990:27). Lucy, a mother who lost her one-week-old daughter, expressed the difficulties she faced following the norms of silence and of “letting go.” While looking at a photo of her daughter laying on the sofa in a white bouffant dress, she commented:

This was taken just a few days before she passed away. I still keep that dress; it was even too big for her, thought she would grow. You know; then it would fit her. She looked so healthy, don’t you think? Thinking about her still makes me cry. People tell me that I should throw away these things so I can let go; she died when she was just small. She was still in the house with me. But still, I can’t stop thinking and talking about her. My heart is still paining.

In contexts in which dealing with grief through silence is encouraged, the bereaved might find it difficult to follow these norms. This is also true in contexts in which verbal articulation and crying is encouraged. Einarsdóttir has shown that even though mothers amongst the Papel of Guinea-Bissau are instructed not to cry over the death of a child who never became a community member, bereaved mothers expressed that “it was impossible to face death without weeping, despite belief in an attractive afterlife for children and the will of Allah” (2004:136). Her descriptions remind us that individual experiences and expressions cannot be reduced to dominant cultural norms and ideology and can therefore not be seen as determinant of individual experiences and expressions.

Einarsdóttir’s findings also contest the assumption that in communities with extreme poverty and high infant mortality and fertility, mothers may become indifferent to the illness and death of their children. Scheper-Hughes (1992), a main representative of such assumptions, does not claim that her observations from Brazil can be made universal. However, aspects of her findings of how desperately poor mothers perceive babies as nonhumans and how this leads to delayed attachment and lack of mourning may resemble findings from studies in other poor communities such as the Papel and Ng’ombe. Einarsdóttir (2004) thus reminds us that we cannot assume that mothers in similar conditions of poverty find it easy to let go of their late babies or that they do not mourn.

Mothers in Ng’ombe do mourn the loss of their baby. And rather than making them emotionally detached, experiences of poverty and inequality may complicate their experiences of loss and bereavement. Talking about the death of her two babies, a mother said “I gave everything I had to those children. I tried; I tried all I could to keep them well. But it was good for nothing.” Parents are expected to be able to provide their babies with food and safety, and the community is expected to assist the mothers in doing this. When “giving all I had” and “trying all I could” is not enough, feelings of being insufficient, of having failed, can be a painful part of the mother’s bereavement. Their silence may hold feelings of hopelessness and despair, of emotional numbness, a sense of inferiority, and self-blame.

Their silence may reflect attempts to cover up or deny experiences that are too humiliating to be spoken of and thereby normalize the situation. Silence and efforts to “let go” can in these situations be part of attempts to forget, so it becomes beyond the reach of memory and expression (Connerton 2008:6).

But there is more to the picture than poverty and deprivation, and mothers’ silences cannot merely be seen as an internalization of these. Mothers in wealthier areas of Lusaka also respond to the death of their newborn baby with a silence comparable to that of mothers in Ng’ombe. Moreover, elderly women would emphasize that the practice of silence is not a “modern” phenomenon; it has been there for generations. During a group discussion with three elderly traditional birth assistants, one of them said;

In the old days people respected death. That time life was good, food was plenty and our ancestors were close to us. That time, death was not part of our everyday life. . . . If a baby passed away, it was something rare. The [bereaved] mother would listen to the elders; she would stay in the house as long as death was with her. And you would never find a mother cry. That is what my grandmother told me, and that is what I remember from my younger days. Now, some mothers are selfish; they will just cry like that.

The above quote bears witness of a time when life was perceived to have been better and indicates that the practice of handling death with silence cannot be seen as a response to postcolonial poverty and high infant mortality. Rather the opposite; the older ladies were worried that negative economic changes and social rupture would weaken their own position to guide the mothers’ bereavement. This again, they feared, would lead to ways of responding to death that are not in line with the ancestors’ ways, such as the failure of silence. The ways in which death is interpreted and mourning is handled and expressed is not stable, but rather subject to negotiation and change.² Yet, according to my observations, responding to the death of a baby with silence is still widely practiced and highly valued. For most people it is not an option to “just to cry like that” as too much is at stake both for the late baby and the bereaved mother. In the following, I will discuss how the mother’s silence aids two different transitions: for the baby’s return to the world of the dead and for the mother’s return to the world of living.

Silence and the Babies Return to the Dead

When asked why the funeral of Brenda’s baby was so short and quiet, Brenda’s grandmother replied; “he was still in the house . . . not yet ours.” In a similar vein, Brenda explained that she did not feel like crying as she “did not get to know him”; “God took him before he became ours.” Brenda and her grandmother indicated that the baby was not classified as a full member of the living community; he was, to use Turner’s (1987) classification, still in a state of being “in between and betwixt.” Similar to many other African communities, people in Ng’ombe are of the opinion that every person has both a spirit and corporal body (Gottlieb 2004; Mtonga 2012; Sangree 1974). When a person dies, the spirit is believed to leave the body and join the spirit world of the ancestors. This ancestral spirit may later rejoin the living by entering the body of an unborn baby. The child is strongly identified with this

spirit and takes on particular traits of the ancestor, such as physical appearances, flaws, and temperaments. The newborn baby is particularly close to the spirit world of the ancestors, constantly communicating with them, and also longing for the very afterworld it came from. It is therefore also vulnerable and may make an easy return to where it came from (Mtonga 2012). This perception is reflected in Brenda's grandmother and Ana's comments on how these babies "come and leave" . . . "just like that."

To protect the baby's health and well-being, the baby and the mother will be, as in Brenda's case, secluded in a house, and they will have restricted contact with the rest of the community. The only exchange of food and fluids will be between the mother and the baby; the mother does not share food with others, and she is expected to make her own fire and cook her own food. The baby is still considered "part of the mother"—not yet a member of the wider family and community. Life and death are seen as two different stages of a continuous cyclic process, and the transition between them is gradual. While being secluded in the house, the baby will begin to gradually move from a state of spiritual existence to become a social person who is part of a network of relations of care and nurture (Nsamenang 1992). The babies coming into being can thus be seen as a process of becoming a social person where personhood is not a state of being, but a state of becoming (Comaroff and Comaroff 2004). Similar observations have been made in the region; Silva (2009) has shown that amongst the Luvale of northwestern Zambia, personhood is a sociocultural process, gradually unfolding during the life course, constantly produced and reproduced in social relations. For babies in Ng'ombe, the sharing of food and substances with the mother, and later also the rest of the family and the community, is a vital component in this process of becoming a social person. As the baby becomes physically stronger, it starts communicating with others: making eye contact, smiling, laughing, and crying. This is interpreted as a sign that it has begun appreciating life and that it recognizes and accepts its kinship with the living. It is now ready to be ritually marked as a community member through a rite of passage that symbolizes the baby being born out of seclusion, entering the community of the living. The first time the baby is brought out of the house, family, friends, and fellow church members assemble outside of the house to welcome the baby into the community. They will ululate, dance, and sing songs of joy when the baby is brought out of the house, and they pass the baby around for everybody to hold. During the ceremony, people often comment that the baby has become *wakula* (strong/firm/grown); "he is now part of us" some would add.

Scheper-Hughes describes how mother's in the Brazilian township see their young babies as "less human" than older children and adults, something that enables mothers to see their babies as strangers, preventing them from getting emotionally attached to them. A baby in Ng'ombe who is secluded with the mother is considered to be more of a spiritual being than a communal member. At the same time, the baby is also considered to be more a part of the mother than a stranger. A senior woman related that "The baby and the mother will be sharing flesh and blood before the baby is born, so they will know each other even before they get to meet face to face." I often heard mothers affectionately calling their newly born baby "*mwana wanga*" (my baby); occasionally they would also call them *mbuya*;

grandmother/grandfather, expressing familiarity and respect. Most mothers expect their baby to become, as expressed by Brenda, “a companion for life,” and their mother’s love is not replaced by feelings of the “watchful waiting” for their death as described by Scheper-Hughes (1985:312). Scheper-Hughes (1985) argues that the mother’s lack of attachment is evidenced by the hastened funerals, the mother’s absence at the burial site, as well as the cheap cardboard coffins in which they are buried. But as stated by Rosaldo (1989:2), rituals do not necessarily reflect the complexity and “force” of emotions experienced by the bereaved. Strong emotions might be present without dense symbolic and cultural expressions. In their evaluation of Scheper-Hughes theories on mother’s emotional detachment, Nations and Rebhun (1988) argues that the Brazilian mothers’ apparently stoic reaction to the death of the baby is part of a conscious effort; it is believed that if a mother cries, her tears will wet its small angel wings and prevent it from reaching heaven where it will live happily and later be reunited with the mother. It is therefore necessary for the mother to “break temporary the emotional tie that binds them to their dead, to let the dead continue to their place” (1988:163).

Nations and Rebhun’s (1988) descriptions of how controlling emotional expressions are considered to aid the mother and the baby to go their separate ways resemble my findings from Ng’ombe. If a baby in Ng’ombe passes away during the time of seclusion, it is the responsibility of the community to ensure that the process of making the baby into a social person by incorporating it into the community is quickly terminated. Intense and prolonged bereavement can be harmful as it draws the spirit of the late baby closer to the mother, preventing it from returning to the world of the dead to linger between the community of the living and dead. Being an outsider of both communities, the spirit will be miserable and might become a *ciwanda* (malignant spirit) who brings misfortune to the living. This includes making the mother barren and causing the death of siblings. Of central importance is therefore the mother’s withdrawal or detachment from the emotional bonds she had established with the baby. To achieve this, the mother should not let the memories of her late baby occupy her mind, and she should not linger on the memories verbally. For the baby, the mother’s silence will aid its spiritual transition across domains of the living and the dead, securing a smooth transition to where it came from.

Babies like Matthew who have been taken out of the house, and by this, become community members, are buried and mourned in a very different manner. A fire is made to announce their death, relatives will come from afar to participate in the funeral, and he was buried at the common graveyard. The mother’s crying and verbal expression is considered necessary as the spirit of the deceased baby feels unappreciated and becomes upset if there is no crying. The baby’s spirit will linger amongst the living while the mother’s “heart is still paining,” and it will then gradually go back to where it came from as the mother’s bereavement becomes less intensive. It is therefore important that the mother quickly recovers from the loss after the funeral. Similar to the case of a baby who has not been taken out of the house, the mother is encouraged not to think about the dead but rather to focus on the living. This will help her to become emotionally calm.

Silence and the Mother's Return to the Living

Lucy's narration of how family and community members advised her to throw away tangible objects such as photos and clothes stands out as an example of how the cultural norm of silence guides the bereaved and is central in the creation of meaning for all individuals involved. Following many scholarly epistemologies that originated in other cultural contexts, such as the European or North American, Lucy's family and community members' encouragements of silence may be seen as an impediment to her healing and rather prescribe memorization and public verbal expression as keys to Lucy's emotional healing. But in Ng'ombe, silence and speech do not seem to be ordered in an oppositional hierarchical manner where verbal expressions and crying is valued at the expense of silence. Family and community members were worried about Lucy: "how can her heart relax when she keeps on looking at the baby's pictures and clothes?" a neighbor asked. For them, Lucy's struggle to detach herself from the memories of her daughter did not relate to a lack of opportunities to express bereavement but rather to her unwillingness to let go of memories and tangible objects such as the dress and pictures of her late daughter.

According to Schepher-Hughes (1985:312), since Brazilian mothers are not expected to be emotionally attached to their babies, neighbors and relatives consider the mother's crying as a sign of insanity rather than mother love and attachment. People in Ng'ombe, on the contrary, emphasized how painful it is for a mother to lose her baby, and for them, the bereaved mother's silence is indicative of the loving bond they used to share. If they had not established any attachment, there would be no need for the mother to control her bereavement and to dry her tears, and there would be no need for others to guide her expressions of bereavement. The memorization and verbal dwelling on suffering is regarded as unhealthy as it not only jeopardizes the baby's smooth transition to the afterlife, but also the mother's ability to heal. As the mother returns to the community after birth, seclusion, and loss, her mind is expected to be with the living: "her thoughts should now be with us, not stay with her baby" people would explain. The mother's silence therefore aids transitions not only in the ritual and liminal sense, but also in the psychosocial sense in that it releases the mother and the baby from the close loving attachment bond they used to share, helping her to focus on the here and now. Moreover, a mother who does not linger on the death verbally but resumes her everyday tasks of caring and providing may create a sense of continuity and normality for her children and the rest of the family. These findings seem to support Jackson's argument that expressions of bereavement are managed, controlled, and interpreted "for the purposes of resolving problems and effecting transformations" (1977:295).

According to elderly women in Ng'ombe, the practice of silence has long been recognized as an important part of healing after loss so that pain can subside and the "heart to heal and become strong." In Chichewa, "mourning" is often referred to as *kuwawa wa mtima* (pain of the heart). Intelligence and thoughts (*nzeru*) are associated with the upper part of the body, particularly the head. Even though intelligence and emotions seem to be separate categories, they are closely interconnected; a person's thoughts are believed to influence and manage the "things of the heart"; "Messages received from the head or 'inner mind'"

stimulate the heart to display the desired temperament” (Mtonga 2012:22). The gesture of crying and verbally expressing pain is called *kukungu maliro* (to make fire/to boil during the funeral). For the Luvale in northwest Zambia, this expression is known as *kulishona* (to bring one’s self into mourning) (Silva 2009). All these terms reflect how the mothers’ thoughts and verbal expressions influence her emotions by producing and reinforcing painful experiences of grief and loss. According to this understanding, emotions such as bereavement can be shaped and managed by a person’s thinking, and silencing emotions demands the same emotional control as expressing them in laments. Similar to what Wikan (1990) describes in Bali, the act of managing emotions is mainly considered to be the responsibility of the individual. This pertains not only to how emotions are expressed in public, but also the inner experiences. To avoid the potential devastating effects of bereavement, the mother should strive to manage her memories, avoiding objects and situations that remind her of the late baby and disallowing memories of the baby to occupy her mind. These efforts are termed “*iwala*,” a term that in this context best translated as “letting go.” *Iwala* can also be translated “to forget,” but the term is problematic as it is often associated with a loss of something that cannot be recalled (Connerton 2008). People in Ng’ombe referred to *iwala* in positive ways, explaining that this would help the bereaved mother to “relax her heart,” help her accept and endure grief, and focus on the here and now. *Iwala* may therefore be categorized as the type of forgetting that Connerton describes as more of a gain than a loss, enabling mothers to manage things of “negative significance” so that other images “can come to the fore” (2008:63). Silence is here subject to control, just as expressions are. Brenda and Lucy were encouraged not to express their loss verbally and in cries. For them, silence was considered as crucial for their ability to endure and let go of their loss. In the case of Kristin, however, the intense yet brief expression of loss during Matthew’s funeral enabled her to “let go,” paving the way for salutogenic silence. This suggests that silence and verbal expressions are not necessarily considered contradictory ways of dealing with loss. They are rather acknowledged as two different, but equally important, strategies to loosen the emotional ties between the mother and the late baby and for the mother to cope with the loss.

The cases of Brenda and Lucy shows that it is not assumed that one expression depends on the other and that silence only comes after the “liberating” work of expression. These cases thus support the anthropological claim that we must see both silence and talk as socially imposed and that handling difficult emotions with silence is just as “natural” and “healthy” as coping with them through speech (Walter 1999). Such notions have also been expressed by Scheper-Hughes who writes “. . . just as there is no immediate display of grief or mourning amongst many Alto mothers, I have not found any evidence of “delayed” or “displaced” grief in the days, weeks and months to following the death of an infant . . . ” (1992:425).

Silent Grief, Silent Compassion

In contrast to Lucy, Brenda didn’t seem to find it too difficult not to cry and to follow the norms of silence. During the first month after the death of her daughter, Brenda spent most of her time at home, but she made visitors feel welcome and would sit and chat for hours. They talked about everything except the death of her baby. But after leaving her

house, visitors would often comment on how hard it had been for her to lose her baby and how she was still missing him. “Did you see her eyes?” A common friend once told me “she still look so sad, so tired.” Grief can be expressed in many ways such as through the “voices of silence” described by Merleau-Ponty where the “indirect language” of what remains unsaid becomes meaningful through shared experiences and meanings (1964:39–84). Motsemme (2004) uses the term “the languages of silence” (2004:910) in reference to South African women’s expressions of grief and struggle under the apartheid system and acknowledges silence as a meaningful way of dealing with difficult experiences and emotions. Brenda’s visitors saw her bereavement in her face, in her movements, and in her silence. She was not seen as emotionally fractured, and she was not seen as detached from her loss or indifferent. On the contrary, her silence expressed to them her suffering as well as her strength and perseverance. Mothers’ silence can therefore not merely be seen as a sign of a lack of expression described by Scheper-Hughes (1992) or of emotional “blankness” or “indifference,” and it is not a matter of suppressing, denying, or ignoring difficult emotions. Just like verbal expression, silence can be a matter of coming to terms with loss. Moreover, a mother who bears her loss and bereavement with composed silence is not acknowledged as a victim but as “strong at heart.” Despite the hardships she is facing, she is resourceful.

The cases of Lucy, Brenda, and Kristin also illustrate how the mother’s grief is not only managed by the mother herself—it is a communal responsibility to make sure that the mother is “mourning nicely.” This has also been noticed by Scheper-Hughes who writes that “the local culture is organized to defend women against the psychological ravagings of grief” (1992:430). In Brenda’s case, her friends would come for frequent visits, and after a couple of weeks, they would ask her to join them on walks around the townships and to the market. “We have to make her feel nice” they explained, and their slow strolls were accompanied by entertaining and light-hearted conversations. In the case of a baby like Matthew, who has become a community member, family and community members will assist the mother in moving in and out of painful emotions—“stirring up” and “relaxing” her heart. If the mother becomes withdrawn and apathetic during the funeral, they may try to encourage her to express her bereavement by crying together with her and uttering words that move her to tears. In the funeral of Matthew, visitors would encourage his mother to talk about his illness and death and to remember him. “He was such a nice boy,” they would say, and they would tell her “he really loved his mother and sisters.” The moving lyrics and melody of songs sung at the funeral also supported the mother in her bereavement. The lyrics of these songs often reflect concrete, everyday acts and experiences that demark the baby as a member of the living community: “The plate is full, but who will I feed?” was sung during Matthew’s funeral. Kristin also drew the other mourners into her bereavement, uttering “My *chitenge* is empty!” “Who will I cook for?” “Who will my children play with?”

If the mother’s bereavement is considered too intense, her crying too exaggerated and her body movements uncontrollable, family and community members will try to calm her down. This is often done by stopping her from attending body viewing, bringing her out of places where others express their bereavement such as the funeral house or the church, or they might try to calm her down by the gravesite. For this reason, the person who has

the main responsibility for supporting the mother during the funeral should not be a close family member as she might not manage to keep her own emotions under control. Kristin's case also illustrates how visitors at the end of the funeral helped her to "change focus" by narrating humorous stories from everyday life and encouraging her not to dwell on difficult memories. For instance, Kristin's remark on how she would find it difficult to put the memory of Matthew behind her was met with silence—not because it was ignored but because it was, as people in Ng'ombe say, time for Kristin to "relax her heart." From now on, she was expected to control her emotions—not cry or talk about Matthew too much, but "let go" of her loss by focusing on her living children and the future.

The practice of protecting the bereaved from the harmful effects of exaggerated and prolonged bereavement is referred to as *usa*. This word translates "to shelter" and connotes care and nourishment. This is mainly done by avoiding topics, words, images, or material objects that remind her about the baby. In addition, as emotions are considered to be highly contagious, people also try to "relax and relieve the mother's heart" by keeping a cheerful social ambience. This involves introducing conversational topics that distract the mother from her loss and relieving her from heavy household chores and preparing food for her so that she is free to do activities she enjoys. Care and empathy is not expressed verbally, but in silence and in the acts of everyday life. Many bereaved mothers told me that they appreciated the visitors' efforts to distract them from their loss. Brenda, for example, explained that it helped her to "make the pain in my heart go away." She also felt that her grandmother had been of great support, cooking for her and making sure she had everything she needed. Similar to her friends, Brenda's grandmother did not talk about the loss that Brenda had gone through. But there are multiple ways of expressing care and empathy, and the grandmother's help in everyday life and their shared silence indicates intersubjective connection and understanding. Silence here seems to create a sense of connectedness between those who share similar experiences of loss and suffering, forming "invisible links" (Motsemme 2004:922) or an "intersubjective bond" (Silva 2009:194). It is a silence that opens up a space where meanings can be made and common understanding and empathy can be expressed, without the actual sharing of verbal, subjective details. According to Pagis, this type of silence therefore allows for a more "general and inclusive form of intersubjectivity, a form that is not obsessed with content, with exact comparison of one mind to another" (2010:324).

Conclusion

The main focus of this article has been how mothers' bereavement in Ng'ombe is guided by norms of silence and how this silence is experienced and interpreted by the mothers themselves and those who care for them. Understanding the mother's silence must, I suggest, be grounded in comprehensive insights in local perceptions of health and well-being and also of life and death, spirituality and personhood. This study's findings thus support statements made by researchers such as Lutz and White (1986) and Wikan (1989) that understandings people's emotional experiences and expressions must be based in a "fuller view of what is at stake for people in everyday life" (Lutz and White 1986:431) and in "how the person is conceived as in large" (Wikan 1989:299). What is at stake when babies pass away for people

in Ng'ombe relates to transitions both in an existential sense in that it supports the late babies' return to the afterlife and the mother's return to the living and in an emotional sense as it supports the mothers' emotional health and well-being.

At the same time, we must be aware that anthropological representations will always be partial, and an ethnography of silence can never grasp the full complexity of individual experiences and expressions. We may assume that experiences of poverty, and feelings of being inadequate, are a painful part of the mother's experiences of loss and grief. Their silence may even reflect emotional numbness and states of denial and confusion. However, even though the infant mortality rate is high, and many parents do not expect to see all their children grow up, life is not considered to be cheap. The mother's silence does not indicate that they never became emotionally attached to their babies and that the death was less of a psychological shock than it would be for mother's in wealthier communities. Such assumptions would be a great distortion of a complex human reality. In Ng'ombe, the death of a baby is always considered as a tragedy, and rather than indicating indifference, a mother's silence indicates to community members care and compassion for the late baby. In her silence they also see the pain of losing and of letting go, as well as emotional strength and her ability to endure.

SESILIE SMØRHOLM is Research Fellow and Ph.D candidate at the Norwegian University of Science and Technology (NTNU).

Notes

Acknowledgements. Research for this study has been funded by the Norwegian University of Science and Technology. I am particular grateful for the all the support and thoughtful comments from my supervisors Anne Trine Kjørholt and Jan Ketil Simonsen and my colleges at Norwegian Center for child Research (NOSEB). I would particularly like to thank Marit Ursin for her clarifying comments and suggestions on earlier drafts of this article. I would also like to express my deep appreciation to Ester Mkadawere, who, in addition to being a dear friend, has been an invaluable research assistant, door opener, and informant. The ideas and insights that Mapopa Mtonga shared in conversations also found their way into the analysis. Finally, Ted Lowe and anonymous reviewers for *Ethos* offered helpful and constructive comments that considerably improved and guided the final version.

1. Fabric similar to sarong, worn by women wrapped around the waist or chest, or as Kristin refers to it as a baby sling and blanket.

2. In the classical works of Durkheim (2001[1915]) and Turner (1987[1964]), rituals and expressions of mourning were seen to potentially enhance solidarity and strengthen the social ties within groups. Several anthropologists have, however, questioned the assumption that rituals reinforce social harmony and equilibrium, describing how rituals might be dominated by ambiguity, and thus sites for generational, political, and religious conflict (Geertz 1957; Rosaldo 1989). It should be noticed that a few, particularly younger, community members in Ng'ombe, as well as some nurses and doctors at the hospital, would object to the "old ways" of not allowing the mother to participate in the funeral and silence bereavement. These community members and hospital staff were often inspired by psychological theories that emphasize the importance of expressing bereavement. As suggested by Rosaldo (1989) and Geertz (1957), such differences might ultimately lead to conflicts as well as change.

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