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Article

Dead-baby dreams, transfiguration and recovery from infant death trauma in northeast Brazil

Marilyn Nations
University of Fortaleza

Abstract
Maternal reactions to infant death in Northeast Brazil have been at the epicenter of anthropological debate since the 1980s. This ethnographic study of 45 death narratives by bereaved mothers collected from 1979–1989 in Pacatuba, Ceará, Brazil, refutes existing claims of mothers' "selective neglect" and "indifference" towards sick babies and emotionally empty grief response. I argue that through dead-baby dreams—and their imaginary transfiguration—grieving mothers alleviate infant death trauma. Feelings of hopelessness, helplessness, definitive loss, and personal guilt—the social seeds of depression—are reframed to deny death's finality and exonerate mothers from crippling self-blame. By transfiguring lingering mental images of the tiny cold corpse, mothers remold the irreversibility and definitiveness of death, gaining a sense of control over its unpredictable "jolt." In the politically oppressive Northeast Brazil—where social justice remains "an illusion"—mothers dream to preserve their own mental sanity and to recover from death's cruel aftermath. Any interpretation of mourning behavior must be contextualized within the local moral world and its "assumed structure of reality" to avoid demoralizing grieving Brazilian mothers and compounding their suffering. "You see, the only thing a poor woman truly owns that no one can borrow, cheat, steal or rob from her . . . is her imagination!" (*Dona* Chiquinha grieving death of her 10 children, Pacatuba, Ceará, Brazil).

Keywords
depression, grief, infant death, interpretive violence, Northeast Brazil, trauma

Corresponding author:
Marilyn Nations, Health Sciences Center, Graduate Program in Public Health, University of Fortaleza, Av. Washington Soares, 1321, Bloco S, Sala 01, Fortaleza, Ceara 60811-341, Brazil.
Email: nations@unifor.br

"Sonhe com os anjinhos," a popular Brazilian proverb, innocently wishes loved ones to "dream of the little angels." The words take on a more tragic tone in Northeast Brazil, where dreaming becomes the sole escape from death's cruel grip, and the *anjinhos* are dead babies. While suffering, dying, and dreaming are universal human experiences (Kleinman & Kleinman, 1991), grieving parents must reconcile their child's traumatic death with a personal meaning. Only after the loss has been imbued with symbolic significance can the emotional pain be transcended and valued for the meaning it has been assigned; the fatality is no longer pointless. This is "the work of culture" (Obeyeskere, 1990, p. 134).

Where threats of death, killing, and genocide are ubiquitous, culturally embellished grief responses can be expected. Cambodian refugees, who survived the horrific Pol Pot genocide (1975–1979) and suffer posttraumatic stress disorder (PTSD) and complicated grief, experience deeply upsetting dreams. Spirits of deceased relatives plead with survivors to perform deeds in order to relieve their suffering (Hinton, Field, & Nickerson, Bryant, & Simon, in press). In Northeast Brazil with its staggering infant mortality rates (de Sousa & Nations, 2011), one can also expect elaborate local grief responses. Yet maternal[1] reactions to child death in this arid region have provoked debate amongst medical anthropologists for three decades (Lassalle & O'Dougherty, 1997; Nations, 2008, 2009; Nations & Rebhun, 1988; Rebhun, 1994; Sigaud, 1995).

Scheper-Hughes (1984, 1985, 1992, 1996), building on Piers (1978), has posited that mothers in Alto do Cruzeiro, Pernambuco, Brazil are emotionally "detached" and "estranged" from their dying infants, displaying "expressed disaffection," "indifferent commitment" (Scheper-Hughes, 1984, p. 539) and even "hostile rejection" (Scheper-Hughes, 1985, p. 314). A mother perceives a "basic strangeness" in her newborn signaling it is "an 'unnatural' child, an angel of death that was never meant to live" (Scheper-Hughes, 1985, p. 313). The "internalization and projection of a psychology of want and deprivation" (Scheper-Hughes, 1984, p. 544)—mixed with extreme poverty and reproductive pressures—has a pernicious effect on mothers' nurturing ability. Emotionally disengaged, she is said to perform "*maternal selective neglect*"—or survival triage. Mother's "mortal neglect" (Scheper-Hughes, 1992, p. 354) boldly, with simplicity, stands alone as the "final and definitive" cause of infant death (1992, p. 270), endangering family survival. Scheper-Hughes self-righteously claims that her own "glimpse into Nordestina society entails a descent into a Brazilian heart of darkness" (1992, pp. xii–xiii) where "profound" (1992, p. 355) and "radical" (1992, p. 354) maternal indifference results in "invisible genocides" (1996, pp. 889–900). This horrid reality provokes "some of our worst fears and unconscious dreads about 'human nature,' and about mothers and infants in particular" (1992, pp. xii–xiii). Ethnographic evidence of a mother's "everyday violence" (1992) and "*la belle indifférence* [sic]" (1985, p. 312) is ubiquitous: her stoic attitude, no tears, hasty disposal of the child's belongings and swift burial of tiny bodies in cardboard shoeboxes—an "inadequate" and "understated" burial (1992, p. 271). She claims, "Mothers are scolded by other women if they shed tears for an infant, and few do…emotions are

dismissed . . . symptomatic of a kind of insanity" (1985, p. 312), complacently accepting "death without weeping" (1992). Scheper-Hughes stigmatizes these oppressed Brazilian mothers as "childhood pathogens" who are "as dangerous as any microbe" (1985, p. 292). As sole agents of heinous acts, society "must start holding them accountable" (1992, p. 355)—a clearly victimizing discourse (Finerman, 1995).

Far from "insane" grief reactions, I will argue that mothers in Ceará, Brazil only endure infant death because they infuse it with cultural significance. Grief reactions—"resignation" (*conformação*) rituals—are largely sculpted by religious belief in folk-Catholicism and blended, eclectically, with Allen Kardec-inspired spiritism, Afro-Brazilian Umbanda and protestant religions (Nations & Rebhun, 1988). Within this local moral world (Kleinman, 2006), dead-baby dreams and their depression-defying transfiguration alleviate grieving mothers' trauma.

Entering ephemeral dream worlds

Penetrating into the sensitive world of ephemeral dreams required extensive time, tact and rapport. From 1979 to 1989, I conducted field research on infant survival in Northeast Brazil; the time period, cultural region, and anthropological approach I used were comparable to Scheper-Hughes' (1984, 1985, 1992). My data collection concentrated in Pacatuba, Ceará—a poor drought-stricken rural community—and extended to neighboring Guaiuba, Itaitinga and Itapebussú, Gonçavles Dias shantytown, Conjunto Palmeiras resettlement project, and Pecém fishing village, all located within 2 hours of the capital Fortaleza.

Specific historical and sociocultural factors shape local grief reactions. Owing to Pacatuba's strong indigenous (Pitaguary) heritage, the construction of reality spins around the axis of mysticism, surrealism, and supernatural writes José de Alencar (1865/1991, p. 87) in his classic novel *Iracema*. Time, space, events—and dreams—acquire nebulous dimensions; "reality" expands beyond the concrete. "Everything passes on the earth" he romanticized, to include tragically, the genocide and enslavement of Ceará's native peoples by Portuguese militia and proselytizing by zealous Jesuit priests during colonization (Cordeiro, 1989; Ribeiro, 1995).

During 10 years, I collected 316 ethnographic interviews from grieving families, traditional healers, midwives, coffin makers, gravediggers, village health workers, professionals, local authorities, and politicians. I participated in child wakes, processionals and burials, photographing dead babies to "immortalize their souls." I stopped to respect the photos of beloved deceased proudly displayed, as is custom, on entry walls of homes. To further rapport, I brought my Brazilian infants to trusted traditional healers to treat their sickening bouts of diarrhea.

This paper examines a subset of 45 death narratives of biological mothers (91.1%), grandmothers (6.7%), and adoptive mothers (2.2 %) describing in painful detail the fatal disease episode and deaths of their children (<5 years of age) occurring in the previous 12 months. Mothers experienced 56 deaths; 60.7% girls and 39.3% boys; 71.5% died within their first year of life. Most (77.8%) narrated a

single death; 22.2% described 2–3 children's deaths, to include three pairs of twins; calculations of dream event frequencies (Table 1) consider only mothers' most recent loss. I elicited narratives in the privacy of women's sleeping quarters. Napping in adjacent hammocks in the sweltering afternoon heat, I gently coaxed the mother to close her eyes, visualize her child-angel and describe the image in her mind's eye. Multiple (3–8) "relaxing and reminiscing" sessions—stretching up to 10 months—were necessary to reconstruct each child's death and maternal grief reaction. A 30-year follow-up study of mothers' dreamlife was begun in 2011; results to be published.

Table 1. Frequency that 45 bereaved Brazilian mothers narrated experiencing dead-baby dreams and transfiguration of deceased child's body image (Ceará, Brazil, 1979–1989; $N = 56$ deaths)

	n/total	%
Death in child <1 month of age	40/56	71.5
Death in child >1 month of age <5 years	16/56	28.6
Mother did not narrate dream/vision of deceased child*	5/45	11.1
Mother does not remember dream/vision of deceased child*	1/45	2.2
Mother dreamt/envisioned deceased child*	39/45	86.7
First dreamt/envisioned deceased child within first month after death	27/39	69.2
First dreamt/envisioned deceased child 2-3 months after death	9/39	23.1
First contacted by child-angel >3 months <1 year after death	3/39	7.7
First visualized deceased child in dream	33/39	84.6
First visualized deceased child in vision	6/39	15.4
Dreamt of/envisioned deceased child at least one time	39/39	100.0
Dreamt of/envisioned deceased child 2-6 times	26/39	66.7
Dreamt/envisioned deceased child "very often," "over and over again," "nightly"	13/39	33.3
Dreamt/envisioned deceased child and transfigured its image	30/39	76.9
Transfigured against definitive loss (deceased child continues to live, grow, develop)	16/30	53.3
Transfigured against blame and guilt (deceased child is "better off")	30/30	100.0
Transfigured against both loss and guilt	11/30	36.7
Mother "resigns" to child's death (stops crying, cries less, feels comforted, accepts loss, remembers fondly) *after* dreaming/transfiguring dead child's image	28/39	71.8
Mother still grieves child's death (cries, dwells on thoughts of death, suffers) *after* dreaming/transfiguring dead child's image	9/39	23.1

Note. *Within first year after death.

All narratives were tape-recorded and transcribed manually using a typewriter. Field observations were quickly sketched into a notebook and expanded into descriptive text that evening.

While Hall and van de Castle's (1966) classic quantitative analysis of dream content oriented the calculations of dream event frequencies (Table 1), the thrust of my inquiry was to capture the grief experience "through bereaved mothers' eyes"—a qualitative, phenomenological analytic framework. Varied synergistic methods were triangulated. First, I conducted a thematic content analysis (Bardin, 1979) of the >1,600 single-spaced transcribed pages. After repeated readings, I identified 63 themes—ethnoetiology of death, postmortem rituals, maternal grief reaction, dream transfiguration, etc.—emerging from the text. After hand-coding themes, I next assessed the traumatic nature of mothers' death discourse and experience by verifying the existence—or absence—of 13 trauma signals identified by BenEzer (1999), including repetitive recounting of events, long silences, losing oneself, and emotional displays. Next, inspired by Corin's (1995) "signs, meanings and practices" interpretive method, I then dissected each mother's reaction to her infant's death. I identified early signs of pending death, the significance the mother attributed to this sign, and her ensuing grief response. Fourthly, to contextualize the grief reaction within the local moral world (Kleinman, 2006), I identified structural factors (cultural taboos, hospital violence, poverty, etc.) favoring or suppressing the expression of emotions. My more than thirty years of living in Northeast Brazil deepened the analysis. Research Protocol #1 R03 HS04437-01 was approved in 1979 by the University of Virginia Medical School's Ethics Committee; it conforms to Brazil's National Council of Health Resolution 196/96. Informants' names are pseudonyms; town names are real.

Results and Discussion

On June 17, 1985 I first perceived the existence—although not the theoretical significance—of an inner depression-defying defense originated by poor *Cearense* mothers who mostly suffer death's consequences. I traversed to distant São Bento to interview 44-year-old *Dona* Chiquinha. All 10 of her children had died in infancy. She sat alone in a drab mud-walled hovel. Dumbfounded, I somehow managed to click on my tape recorder. Murmuring to myself, I pondered: "How has this woman survived such human tragedy without going mad or committing suicide?" The frail woman opened a dusty cardboard box and removed 10 keepsakes, precious reminders of each dead child: a pair of blue baby booties, a pink plastic pacifier, a lock of curly hair, and more. Fighting back tears, I queried: "Tell me, *Dona* Chiquinha, where does your strength come from?" "My daughter," she insightfully replied, "It comes from my faith in God and my imagination. You see, the only thing a poor woman truly owns that no one can borrow, cheat, steal or rob from her is her imagination!" Local grief reactions like *Dona* Chiquinha's reveal trauma, loss, and sorrow, heretofore undocumented in this setting. Death narratives are a patchwork of painful stories of siblings' deaths suggesting a cumulative

emotional toll in a single woman's life. The "jolt" (*Oabalo*) of witnessing life being sapped from fragile bodies is so gut-wrenching it "escapes words" (*fogem as palavras*). The subjective experiences I will describe refute easy-labeling with standardized psychiatric diagnoses or social labels. Grief shakes the very core of these women's existence. Infant death for these poor Brazilian mothers is a traumatic experience. I detected all 13 of BenEzer's (1999) trauma signals in mothers' death narratives. As well, I happened upon possibly three overlooked signals (i.e., suicidal ideation, passionate embracing of the victim's memory/possessions, and close relative/friend intervening to speak for the distraught interviewee). In this local moral world of deep religiosity and fervent faith, the weight of child loss is experienced, metaphorically, as "the cross Jesus lugged on his shoulder"—a *Via Crucis* of excruciating emotional pain.

Facing constant infant death (de Sousa & Nations, 2011)—yet powerless to combat its social root causes (Bezerra, Kerr, Miná, & Barreto, 2007)—mothers must rely on culture to relieve their suffering. With an inventive "sleight of mind," they magically transfigure lingering images of cold corpses into whimsical angels. Drawing on perceptual plasticity (Gilbert, 2006) or capacity for transformation (Katz & Alegria, 2009), mothers reframe feelings of hopelessness, helplessness, definitive loss, and personal guilt—the social seeds of depression (Brown & Harris, 1978; Kleinman & Good, 1985). In their minds, dead babies continue to live, grow, and thrive in the Afterlife. Depression-inducing sentiments are surrealistically rememorized (Ricouer, 1994; Silva, 2002) to deny death's finality and to squelch any trace of maternal self-blame. Countering Scheper-Hughes (1984, 1985, 1992), I assert that imaginary transfiguration heals internally, rekindles hope and fuels life's passion. Dead-baby dreams rescue distressed mothers from the brink of clinical depression thereby healing their death trauma.

Cold corpses as whimsical angels

Of the 39 of 45 (86.7%) informants who dreamt of or envisioned their deceased child after its untimely death, the majority (84.6%) first visualized him/her in the form of a child-angel while sound asleep and dreaming; 15.4% were awake and "saw" a vision. Far from gazing upon some sinister "angel of death" (Scheper-Hughes, 1985, p. 306), they envisioned an "*anjinho*"—a delightful little angel under seven years of age who appeared naked, chubby, winged and innocent-faced. The *anjinho* mothers "saw" is a replica of the whimsical cherub painted on the cathedral's ceiling in Pacatuba, the white-winged costumes that virgin girls wear at Sunday church processionals and the *Monica and Her Gang* (*Turmo de Monica*) comic book character, "*Anjinho*" (Figure 1b). An engrained cultural motif, the deceased child now dressed in a pair of feathery wings is easily recognizable to its mother:

> I believe that he is now a little angel . . . with wings . . . in Heaven praying for us! In my dream, he looked like those little angels at church! . . . He stripped off his clothes and

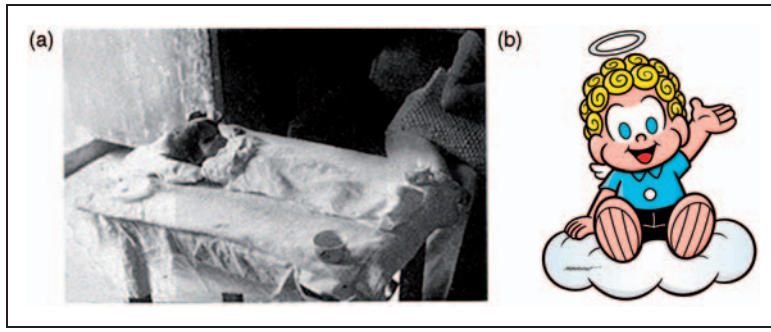

Figure 1. Grieving Brazilian mothers' imaginary transfiguration of (a) deceased child's corpse in Pacatuba, Ceará, Brazil (1979) into (b) a whimsical comic book character, *Anjinho*.

> was nude . . . fatter . . . a rosy, pink complexion. He didn't say a word. Just looked and smiled.

Images conjured up in mothers' minds are inspired by a rich cultural repertoire of funerary symbols, rituals, and traditions; they provide a script which guides mothers' mourning behavior. Besides folkloric stories of "angels with wet wings" (Nations & Rebhun, 1988), elaborate "*anjinho*" funerals were tradition amongst Brazil's colonial ruling elite as described by 19th century travelers (Vailati, 2002). In the Northeast, "*carpideiras*," ("professional" women mourners) interpret, until today, the family's pain, crying copiously and singing prayers (*incelências*) at funerals, aiding the deceased's passage into the spiritual world (Morais, 2011).

In Heaven, *anjinhos* serve as celestial attendants and holy messengers of God, mediating between the spiritual and sacred worlds. Flying across the boundless limits of outer space, child-angels "visit" their inconsolable mothers who anxiously await their arrival back to earth—particularly the initial return flight. Having made contact, nervous mothers can now verify their beloved child's immortality and quench their gnawing pangs of "intense longing" (*saudades*) for their precious one. Most (69.2%) mothers were first "visited" by their angels within the first month after the traumatic death; 23.1% were contacted 2–3 months later. A few (7.7%) agonized for nearly a year before they "were blessed with the holy presence" of their dear baby. In this first and ensuing visit, mothers dramatically transfigure the painful sight of her dead infant stretched-out on a wooden table at its wake—emaciated body, withered bruised skin, shaved and needle-punctured scalp, or perhaps with a crushed skull. What she envisions instead is an "adorable," "precious" and "marvelous little angel" who has sprouted wings and sports a halo (see Figure 1).

If the infant suckled its mother's breasts before death, the child-angel must pass through purgatory to vomit up breastmilk tainted by her sin. Gradually, the dead-baby divests itself from all its worldly possessions. Blue death shrouds gradually bleach out, becoming snow white. Cotton embroidered shirts, diapers, booties, socks and shoes—adorning the child's corpse at burial—are slowly

untied, unbuttoned and unbuckled, drifting off into space. With its nude body unburdened by earthly sin, the "innocent one" flies unencumbered directly to Heaven. Despite its startling metamorphosis, the child-angel retains its essential humanoid form allowing mothers to unmistakably recognize it as their own dead child; it has the same familiar smile, calls out "Mommy" or is "seen" in a known place: "His features were all the same . . . But he looked just like an angel . . . it was my baby boy!" Thus, the personalized mother–child bond is reestablished. The potency and impact of the transfiguration processes on the mother's well-being is enhanced because she can now identify with her "own beloved." This individualizes the healing process.

Without exception, every mother dreamt of their deceased as if still alive (*vivos*). They "resuscitate" the tot by, metaphorically, breathing life back into its rigid body. It lives again! In the spiritual world, life continues as usual. Mothers share tender moments: playing, embracing, kissing, and putting her child-angel to bed.

> I dreamt of him alive! I never dreamt of him being dead! And I would say, "My son, you've come back!" I always dreamt he was right here . . . living together with us . . . I was very happy just seeing he was really together with us again! And that's when I woke up!

Six of *Dona* Rosário's 12 children died in infancy. The long-suffering woman is relieved "seeing" her half-dozen dead babies "in Heaven . . . a good place!" Yet she is anxious knowing it takes seven deceased infants to complete a "chorus of little angels," so folklore says, and her sick baby may be destined to become the seventh. She prays that her child remains alive at her side:

> I'm certain they are in a good place. And who knows? Maybe they are even saving a place for me, no? Nobody knows for sure . . . only God. I pray I don't reach seven [dead children] to make chorus of little angels! . . . Our own children—good or bad—well, we want to always keep them right here, close to us, no?

Dream symbolism can foreshadow events which negate the irreversibility of death. If funerary symbols (i.e., flickering votive candles, corpse, or casket) are mentally "undone" it mitigates the possibility of the death having ever occurred. One mother, Socorro, told me that after the tragic death of her "perfect little," full-term newborn girl from a botched forceps delivery, she dreamt of two angels blowing out the candles, her casket being emptied and the funeral procession being locked out of the cemetery. By symbolically snuffing out candles lighting the pathway to Heaven, emptying the casket of its corpse, and locking the cemetery gates, there can be no funeral. In dreams, Socorro denies her daughter's death:

> I dreamt I saw the funeral procession arriving at the cemetery . . . But, then, two grown-up angels blew out the candles that were supposed to light her way in that

> darkness . . . so she could fly up to Heaven, understand? When I looked into the coffin, it was empty! My little girl was gone! Nothing but an empty coffin . . . And I knew she was with God . . . alive!

Dream projections refute death's immediacy—the shock and sting of loss. Transfiguring the child's corpse into a living angel reframes life as infinite, imperishable, and everlasting. It negates the finality of separation at death and engenders expectations of reencounters with the celestial messenger, thereby assuaging feelings of hopelessness.

Dream deeds denying helplessness

During initial dreams, mothers are shocked to witness their beloved child "drenching-wet," "sad," "lonesome," "dirty," and "unkempt," and wandering aimlessly in darkness. The angel's fluffy wings are drenched in her tears anchoring it to earth; she "sees" her suffering baby trailing far behind a band of joyful little angels who are playfully tumbling and frolicking together on a white, puffy cloud. Unlike her soaking-wet child, free-floating angels are unshackled from weighty maternal teardrops (Nations & Rebhun, 1988)! *Dona* Dilma dreamt she "saw" a shiny gold chain of precious little angels attached to a bare light socket hanging from above her bed. The brilliance from the light bulb refracted off the metal chain causing a glittery effect: "It glowed so intensely, it blinded my [eye] sight!" she exclaimed. "It was a band of little angels, so happy and fair [skinned]," she continued. Gazing down at the last link on the chain, she was horrified when she "saw" her own dead son:

> Poor little thing (*bichim*), he was so sad and dark . . . dark . . . very dark [skinned] (*morenim*). I couldn't believe my eyes! I stopped and stared really hard. It was him! But I noticed that the little cord tied around his waist [on the death robe] was dirty and soaking wet . . . water dripping . . . dripping . . . dripping! All the other little angels appeared so happy together . . . singing Glory to God! But mine was very, very sad . . . trailing far behind, alone.

In dead-baby dreams, sobbing, wailing, weeping mothers are staunchly warned by their own dead child to stop this "nonsense" of crying and to dry their teary eyes! I discovered this the day I conversed with a mother who had lost her only child, a 4-month-old boy:

> Mother: "I went crazy, wanting to move from my house. I cried night and day . . . then I heard that voice warning me not to cry!"
> *Author*: "What voice was that?"
> Mother: "That voice . . . his voice saying . . . 'Mommy, don't cry 'cuz I will suffer (*penar*)!' He begged me not to cry. The proof is that . . . I stopped crying and in my next dream, he was already happy! So it was a signal that his suffering was 'cuz of my crying!"

An *anjinho* sternly warns his weeping mom that her tears will soak his death robe or wet his feathery wings, weighing him down to earth and delaying his flight to Heaven. *Dona* Dilma's boy-angel berated her for weeping:

> *Dona* Dilma: "Oh, my goodness . . . My dear little one . . . How are you?"
> Boy-angel: "How am I? Can't you see for yourself, mother? The others are all so happy, dolled-up [*enfeitado*] . . . so pretty . . . and happily singing! And then, there's me, the saddest little thing, because of all the tears you shed for me . . . they are wetting my death shroud and soaking my belt . . . dripping wet with your tears!

Child-angels employ an arsenal of psychological tactics to persuade mothers to stop crying. He pleads, in the name of Jesus, for her to have mercy, seducing her with terms of endearment. He vows his eternal love, tenderness and affection, promising to care for dead siblings in Heaven. He coerces her to cease weeping and "accept" his death, vowing to "reserve a place for her" in the Celestial Kingdom:

> Mommy, my dear mommy, for the love of Jesus, stop this nonsense! Dry your tears so I can float freely up to Heaven . . . to be together with the other angels in God's presence! If you don't stop shedding tears, I'll be lost forever . . . I'll never find my pathway to Heaven!

In other narratives, child-angels yell, berate and threaten mothers who do not heed their "stop-weeping" warning:

> I dreamt my daughter's coffin was perched on top of a pretty rock in the middle of the sea. I was trying frantically to save her from drowning. But as I grabbed onto her coffin, it just floated further away! When I finally did succeed, she looked up at me and pleaded: "Mommy, don't cry for me anymore because I can't fly up to Heaven. I'm suffering so much because you cry too much, woman! Look, my shroud is all wet!" To tell the truth, I could see inside her coffin and it was overflowing with water . . . almost covering her head! I was fighting so desperately to save my daughter from drowning in my tears . . . when I woke-up screaming!

The *anjinho* may coerce his heartbroken mother into relieving his suffering by unbuttoning his shirt and unbuckling his shoes. The mother, feeling desperate to assuage his suffering, unlocks the front door and invites her son inside the home; or she may guide him on horseback across a raging river to keep him from drowning in her stream of tears. The child-angel leaves no room to bargain. She must comply with his demands—and stop crying—if he is to find Heaven's gate, enter inside, and live eternally. No mother, "in her right mind," would dare disobey her *anjinho*, my informants insist. Since most do want the best for their child—dead or alive—they reluctantly acquiesce to his demands (not without tantrums and feet dragging), dry their tears and stop mourning his loss. There is no more weeping, not because of

any kind of "emotional underinvestment" or "indifference" towards her child, as Scheper-Hughes (1984, 1985, 1992) alleges, but because performing a dream deed is "doing the right thing," informants insist. Fighting back tears is a heroic act—a mother's last sacrifice. It's a small price to pay for her child's eternal well-being. In so doing, bereaved mothers experience some control over death's uncertainty. Their souls are infused with a renewing sense of purpose, countering crippling feelings of helplessness.

Denying definitive loss of life

Of the 39 dreamers, 30 (76.9%) transfigured the angel's body image; of these, 16 (53.3%) transformed their mental picture to extend the deceased child's longevity, deconstructing the absoluteness and finitude of death. As the unsettling realization sinks in that her child has perished forever, waves of distress crash over mothers. "Concrete" evidence of the irreversibility and definitiveness of the loss of life must be reframed, in her mind. In a cognitive time-capsule, she "fast-forwards" the child into future time and a more advanced developmental stage. She "tricks her mind" into believing it continues to exist, live, grow, and mature—at the same rate—as its living siblings and playmates. Child-angels have grown taller, older, and stronger, partaking in activities appropriate for much older-aged kids. Girl-angels have grown longer hair, thicker eyelashes, and bigger breasts! Astute mothers compare easily recognizable developmental milestones (crawling at 5 months, cutting baby teeth at 6 months, and walking at 1 year) before and after death. "When he died, he only sat when I propped him up with pillows. But in my dream, he was so different, so grown-up. He was already walking!"

Young infants who made only cooing and "da-da-da" sounds when alive now speak, enunciating the word "mommy." Deceased babies of preschool age now can count to 10 and read Bible verses. Five-month-old Euzimaria died in her father's arms weakened by hunger and diarrhea. Her mother, *Dona* Lucia, envisioned her dead girl talking, playing, and sitting by herself:

> She was only 5 months when she died . . . She didn't walk, no way! She couldn't even drag herself across the floor . . . This girl was too sick . . . no strength left in her skinny legs to stand up by herself—even clinging to my legs! But I dreamt of the poor, little thing (*bichinha*), calling out very clearly "mother" and "father!" At only 5 months, she spoke and sat by herself playing!

One of Isabel's 3-month-old twin boys died from pneumonia in a Fortaleza hospital. Doctors quarantined him in a separate ward fearing he would contaminate his healthy brother. The traumatized mother dreamt of her two boys "growing-up together," sharing toys and losing baby teeth at the same age:

> I dreamt of him playing tag with his twin brother. . . . He was so smart and mischievous (*sabidinho*). He would run up to me—holding out his arms—and we would hug!

> One night, he walked towards me, with his arm slung around his brother's shoulder. When they waved and smiled at me, both boys were missing their two front baby teeth!

Dona Sonia's infant daughter died from diarrheal dehydration. Within the first month after death, she dreamt of her baby girl as a maturing adolescent. Through her white translucent cotton gown, Sonia could "see" her tiny protruding breasts, signaling her "coming of age:"

> She was just a baby when she died . . . still suckling my breast! . . . I dreamt with her many times all grown-up! . . . Through her gown, I could see her little breasts budding . . . Oh, my goodness, I was so happy to see my baby girl growing into a beautiful, young woman!

When dreaming mothers catapult their children through temporal space beyond death and into future time, there is no abrupt rupture in the life cycle. Mothers marvel at kids' "growth spurts" between angel visits. Dead-baby dreams defy the sense of definitive loss and depression.

Squelching maternal self-blame

All 30 (100%) mothers who dreamt and transfigured their angels reworked features in order to deny guilt and self-blame for the death. Mothers mentally alter stigmatizing "diacritical signs," indicative of one's social status (Merton, 1968), by blotting out indicators judged to be pejorative and denigrating by locals (e.g., poor, hungry, sickly, ethnically/racially inferior, unattractive, abandoned, deformed). They substitute "better" or "preferred" traits instead (e.g., opulence, flashy wealth, abundance, corpulence, health, vitality, noble European descent, beauty, "refined" facial features). Impoverished mothers attribute to the child-angel status symbols denied to it in life. A single mother of nine living children—abandoned by her husband during pregnancy—struggled arduously to purchase food, milk, and medicines to keep her 3-month-old daughter alive; she dreamt of a wealthy woman pampering her girl:

> I dreamt of her at a Christmas party . . . A rich lady gave her a present wrapped in shiny gold paper and tied with a red bow . . . My girl was so very, very happy! She sat on the rich lady's lap, hugging and kissing her! My sweet Jesus, I could see for myself . . . well, that she was so much better-off with that rich lady . . . she has everything I could never afford to buy! I felt so happy knowing she would never want or suffer again!

Satinha, 16, buried her son's emaciated body after succumbing to chronic enteric infections and malnutrition. The boy's incessant crying from hunger pains still resonated in her mind. Six months later, she dreamt of him as a "very chubby cupid," abounding with protein-enriched milk and high-caloric food.

In Heaven—unlike on earth—her son's frail frame was filled-out with fatty flesh. In her dream, Satinha tells her mother:

> Satinha: "I can't believe my own eyes! Mother, look! My little kid (*bichinho*) is so chubby (*bem gordinha*)!"
> Mother: "Praise God! Didn't I say you would raise this boy!"
> Satinha: "When I look at him . . . so chubby and cute . . . I just feel so pleased! It makes me so proud just to see him!"
> Mother: "Glory to God!"

Dead-baby dreams reframe racial, ethnic, and class discrimination—entrenched in Brazil's grossly inequitable social structure (Ribeiro, 1995)—thereby avoiding social suffering (Kleinman, Das, & Lock, 1997). Poor, dark-skinned (*moreno*), dark-haired, and dark-eyed phenotypes—common in this indigenous region—are often stigmatized by ruling elites of European descent. To avert perceived prejudices recurring in Heaven—where "All God's children are created equal"—dreamers visually lighten skin tones, bleach out hair, and lighten eye colors. The death photographs of child corpses I clicked held little, or no, resemblance to the fair skin (*alvinho*), blue-eyed, blond-headed Baroque-like cupids mothers describe in dreams: "When he died he was a little darkie (*pretinho*). But I dreamt of him being just a little bit dark . . . half light-skinned (*moreninho meio claro*)." My informants pinpoint a shocking discrepancy in physical attributes in life versus the Afterlife: "He was still *moreno* [dark-skinned] but it was a much lighter shade of dark skin. His hair was all curly . . . blondish . . . and his eyes were now blue- . . . blue . . . blue!" Another affirms: "He was darker before [death]." The imaginary makeover of dead babies is tailored to existing folk-Catholic iconographic patterns:

> He was still skinny but now his skin was very clean, very fair-skinned . . . His hair was now very blonde (*loirinho*). My son told me he was on his way to church. And I just admired him so . . . he looked like a sweet little cupid!

Dona Vicente, 48, gave birth to 17 children, to include two sets of twins; she was devastated when one died. Curiously, she describes the skin tone of the surviving brother as "very dark, very black" (*bem pretinho*) whereas the dead twin's epidermis appears "very white" (*bem branquinho*).

In their illusory world, mothers transform traumatic damage inflicted upon their gravely ill infant by institutional violence in Fortaleza's public hospitals (Gomes, Nations, & Luz, 2008; Nations & Gomes, 2007). Telltale traces of "bad care" (*maus-tratos*), "abuses" (*abusos*), and "badgering" (*judiação*) by medical personnel are "cognitively cured" to assuage their outrage. In dreams, damaged skin is healed. Deep gashes, ghastly physical traumas, and deforming congenital abnormalities are camouflaged or vanish altogether. Deceased child-angels are rushed to the hospital emergency room in sparkling new ambulances, vaccinated against common childhood killers, hugged by affectionate nurses and thoroughly examined

by friendly doctors. In her illusory world, her dying child is never uncaringly denied quality medical attention.

During a tragic birth accident, Graça's baby's skull was crushed when the obstetrician applied too much pressure with forceps: "Oh, my dear God in Heaven . . . who could do such a horrible thing to such an innocent, little one?" she bemoaned. Eight months later, the inconsolable mother dreamt of her dead, deformed daughter:

> She was grown-up . . . so beautiful dressed-up in a pretty pink party dress. Her hair was long and tied up in curls. A big, white satin-ribbon bow was tied to the side of her head . . . hiding that awful caved-in part [of her skull]! I looked and looked to see if it was still crushed-in . . . but all that I could see was the big bow covering-up the hole . . . then I woke up!

Natália died of pneumonia in a pediatric hospital in Fortaleza after her premature birth, extended hospitalization, and emergency surgery. What traumatized her mother, Claudenir, was being pressured by the emergency room doctor to "give-up her child to him;" she flatly refused. Indignantly, this illiterate mom accused doctors of retaliation when they wrongly operated on her daughter's heart, falsely pronounced the girl "dead" (while still alive), and withheld an officially signed death certificate verifying the exact time and cause of her death. Back in Pacatuba, the girl's "warm" corpse was unwrapped to prepare it for burial, when suddenly her lifeless body "let out a loud belch!" The belching noise was a startling signal to Claudenir who agonized thinking she was mistakenly guilty of burying her own daughter alive! In her dreams, Claudenir "rewrites" her traumatic hospital experience with a happier ending: Natália recuperates, is released by the doctor and arrives home alive! The dream is infused with a positive, purposeful and far more palatable meaning:

> I dreamt many times with Natália. I dreamt she was in the hospital for a month and fattened-up. I stayed there watching her, checking on her . . . I lived in the hospital with her, rocking her to sleep in my arms! I asked her doctor if he would release her and he said "yes!" . . . Then, I took her home with me! . . . One night, I also dreamt she was dead. But the nurses promised me she would live if I only brought her Godmother to the hospital to visit Natália! What a crazy idea, no? But in my dream, I brought her Godmother to visit and to pray . . . and she lived!

If unbaptized at death, the pagan child's fate is unfathomable: her baby will flounder alone in darkness for all eternity. According to local customs, a grieving mother has three opportunities to save her pagan child's soul. She must listen to hear its faint whimper from the grave during the next 7 years—on the seventh day, seventh month, or seventh year after its death—to hastily baptize the infant, permitting its entry into Heaven. Mothers short-cut 7 long years of useless fretting over her

child's fate dreaming of her beloved already inside Heaven's gates and in the protective company of saints, the Christ Child, or God:

> I dreamt she was holding hands with a perfect-looking little boy. He was a little bit older and so perfect! And, a neighbor asked me, "Do you know who he is? It's the Christ Child (*o menino Jesus*)," they rejoiced! ... I can only give a thousand thanks to God because my daughter is in a safe place and didn't lose her way to Heaven!

Besides seeking holy company and spiritual caretakers for her dead baby, mothers visualize their lonely child-angels happily reunited with departed parents, siblings and others: "I saw my little girls with their school teacher who had died in a car accident several years ago . . . The teacher told me not to worry about my daughters . . . they were just fine!"

Imaginary transfiguration projects deceased children into a "better world," thus denouncing social injustices. Mothers insist that their poor, sick, and hungry babies are "better off in Heaven" than on earth: "While alive, my girl only suffered! She was more dead than alive!" Politically powerless to confront entrenched social inequalities—the root causes of infant mortality—mothers diligently reengineer the everyday violence and uncertainty of survival in Northeast Brazil. Surrealistically, they sculpt a socially just world where child-angels survive and thrive—a powerful depression-defying defense.

Dreaming reaffirms mothers' concern for sick and dying children, reestablishing an eternal link to her "lost" baby. Her self-image as a "good and caring mother (*mãe cuidadosa*) who has done the very best for my child" is reinforced. Acting in the child's best interest, and in accordance with God's plan, she avoids internalizing crippling guilt and self-blame. Village women are remoralized as competent caregivers and righteous devotees of God. By transfiguring dead babies, mothers benefit their own recovery from infant death trauma and depression.

Dreamworks: Healing grief by a stretch-of-the-imagination

Given mothers' indigenous Pitaguary roots, the importance of dreamworks (Domhoff, 2003) in healing, especially amongst Native North Americans (i.e., Yuma, Mohave, Navajo, Crow, Blackfoot, Ojibway, Ottawa; Devereux, 1951; Lincoln, 1935; Wallis, 1947) and aboriginal peoples (Domhoff, 2003; Elkin, 1937; Hollan, 1989) is relevant. Early ethnographers described the cultural patterning of visionary experience—embellished with vision quests (Irwin, 1944), dream doctors (Toffelmier & Luomala, 1936), guardian spirits (Benedict, 1923) and dream catchers (Black, 1999; Jenkins, 2005). These dreamworks not only contest non-Native rational constructions of reality (Irwin, 1992), but also reflect "unfulfilled wishes" (Freud, 1913) and life's conditions (Foster, 1973) as well as promoting holistic healing (Sandner, 1991). That metamorphic and power-bestowing dreamworks

exist amongst diverse peoples (i.e., peasants in Tzintuntzan, Mexico [Foster, 1973]; Toraja villagers in Highland Indonesia [Hollan, 1989]; Gê-speaking Xavante in Central Brazil [Graham, 1995]), justifies Foster's (1973) call for a new "ethnography of dreaming"—an encultured work of memory and imagination.

Brazilian dreamworks, like those found in Native and aboriginal cultures, heal mothers' grieving. Over two thirds (71.8%) of mothers report "resigning" to the child's death—crying less; drying tears altogether; feeling comforted; accepting loss; having fond memories not frantic ones—within the 12 months after first dreaming/transfiguring their dead child's image. *Anjinho* dreams heal by expanding reality beyond rational limits. By stretching a mother's imagination, appalling mental snapshots of lifeless corpses become blurry and out-of-focus; new healthier prisms of perception emerge in their place. *Anjinhos* relink sorrowful mothers with their dead infants, lessening deep longing. Dreaming melts away a mother's emotional frozenness and she intervenes in defense of her suffering child. Her heroic, last-ditch effort to stop weeping rescues herself from drowning in a sea of self-pity and helplessness. *Anjinho* dreams soothe postmortem torment by stretching "reality" to extend beyond death's finitude. With elastic time boundaries, deceased children not only continue to live but grow, thrive, and mature! Dreams perform a magical makeover of downtrodden tots into "better" babies, blocking mothers from internalizing guilt and lightening "the burden of the cross she must lug" in life. Tears are harnessed. Vivid dead-baby dreams—impregnated with meaning—deny maternal feelings of hopelessness, helplessness, definitive loss, and guilt.

In this politically and socially oppressive context, mothers' perceptual plasticity (Gilbert, 2006) and flexibility (Katz & Alegria, 2009) allow them to remold the harsh reality into a fairer and more decent one. A sense of control over the unpredictable "jolt" of death is instilled in traumatized mothers. Dead-baby dreams—and their creative transfiguration—are "weapons of the weak" (Scott, 1990). *Cearense* women use this cultural armament to, ironically, preserve their mental sanity and to recover from death's traumatic aftermath.

Final reflections

If it is indeed true that Brazilian mothers feel no emotional attachment to their dying and dead babies, there would be no weeping mothers to comfort and no distressing angels to transfigure. Popular culture would have no motivation for evolving a depression-defying grief response at all. Ethnographic evidence I present from Ceará, Brazil—narrated by women who have borne the brunt of race and class oppressions—strongly refutes existing claims of maternal grief response as tearless and devoid of human compassion. Interpretations of mourning behavior must be contextualized within a given culture's "assumed structure of reality" (Geertz, 1973, p. 129) to avoid demoralizing poor Brazilian mothers while compounding their suffering. For "just as our eyes can trick us, our imaginations can lead us to project what does not exist" (Gilbert, 2006, p. 22)

Given my ethnographic descriptions of maternal mourning in Ceará, Scheper-Hughes' (1985) assertion that Brazilian "mothers are scolded by other women if they shed tears for an infant, and few do . . . emotions are dismissed. . . symptomatic of a kind of insanity" (Scheper-Hughes, 1985, p. 312) appears grossly inaccurate and, perhaps, recklessly immoral—an "interpretive violence" (Bibeau & Corin, 1995; Nations, 2008). The truth is mothers confirm, time and again, that the loss of a child is a terribly painful event. Mothers grieve, not only for "particular infants" in a "deviant" and socially unacceptable response (Scheper-Hughes, 1985, p. 313) but, for all their dead infants. Rather than being "indifferent," they suffer PTSD and acute—even complicated—grief. They exhibit the shell shock of survivors of tragedies: numbness, anxiety, denial, confusion, sadness, feelings of emptiness, and waves of distress (van der Kolk, 2000).

Rosaldo (1980) argues that emotional responses are "embodied thought." Through the manifestation of a sentiment—stoic blankness, silent suffering, or contained weeping—poor Brazilian mothers enact a whole moral order and world-view. In the arid Brazilian backlands (*Sertão*), a severe and solemn attitude toward life and death underlies the dominant Catholic religious code and modes of human suffering (Campos, 2001); local culture also shapes the expression of grief (Nordanger, 2007). Ritualized mourning behavior, as culturally performed and dramatized in Ceará, presents an impressive mystical surrealism buried beneath a stoic façade. Indeed, Victor Turner (1969) cites Brazil and its fanciful transfigurations during Carnival as being exemplary of social "anti-structure." During festivities, society's rigid rules are inverted: poor dress as rich in lavish gold costumes, grown men parade as cute little girls (e.g. Minnie Mouse, Little Red Riding Hood, Fairy Princess, etc.) and the faithfully married seduce as if unattached. Analogously, grief is lived and relived—projected symbolically and transfigured—in mothers' thoughts, dreams, and visions. Any wall of apparent "indifference" is a barrier against the unbearable. The very blankness on these women's faces is evidence of the depth of their sorrow and steadfast will to stop shedding tears.

The true tragedy is that the most downtrodden and dispossessed mothers in Ceará must create depression-defying dreams at all. Morally outraged, I still observe today poor families burying infants in disproportionately higher numbers than other parts of Brazil and the world (de Sousa & Nations, 2011). While Brazil's 1988 Federal Constitution (Senado Federal, 1988) defends health and human rights for all citizens—hungry, sick, and vulnerable infants included—the sorely needed political "transfiguration" of Brazil's unjust social reality remains, ironically, an illusory dream.

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Note

1. I use the words "maternal" and "mother" to be consistent with Scheper-Hughes' use of the terms and because child caretaking is primarily a female role in rural communities in Ceará, Brazil. Dream transfiguration, however, is also reported by fathers, siblings of both sexes, grandparents, adopted parents, and others. The terms "parental," "caretaker," or some yet-to-be-invented word seems, to me, preferable.

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Marilyn Nations has a BA in Cultural Anthropology and Latin American Studies, from the University of California Santa Barbara (UCSB). She earned a joint PhD in Medical Anthropology from the University of California Berkeley (UCB) and University of California San Francisco Medical Center (UCSF). Her Post-Doctorate in Global Health and Social Medicine was completed at Harvard University Medical School. Dr. Nations began her academic career at the University of Virginia, Department of Internal Medicine, Divisions of Geographic Medicine and Primary Health Care. As a W. K. Kellogg National Fellow, she returned to Brazil to co-direct a Kellogg-USAID Child Survival Project, implementing her innovative "Prayers & ORT" intervention to empower village women and traditional healers to reduce infant mortality. UNICEF awarded the group its prestigious Michael Pate Award. She then founded a Brazilian NGO, Culture Concepts & Medicine Institute while as a visiting professor at the Federal University of Ceará Medical School and Faculty Research Associate at Harvard University Medical School. Today, Dr. Nations is a full professor and CNPq researcher at the University of Fortaleza, Graduate Program in Public Health.