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Mother's Love: Death without Weeping

Nancy Scheper-Hughes

Kinship systems are based on marriage and birth. Both, anthropologists assume, create ties that can link kin into close, cooperative, enduring structures. What happens to such ties, however, in the face of severe hardship imposed by grinding poverty and urban migration? Can we continue to assume, for example, that there will be a close bond between mother and child? This is the question pursued by Nancy Scheper-Hughes in the following article about the mother–infant relationship among poor women in a Brazilian shantytown. The author became interested in the question following a “baby die-off” in the town of Bom Jesus in 1965. She noticed that mothers seemed to take these events casually. After twenty-five years of research in the Alto do Cruzeiro shantytown there, she has come to see such indifference as a cultural response to high rates of infant death due to poverty and malnutrition. Mothers, and surrounding social institutions such as the Catholic church, expect babies to die easily. Mothers concentrate their support on babies who are “fighters” and let themselves grow attached to their children only when they are reasonably sure that the offspring will survive. The article also provides an excellent illustration of what happens to kinship systems in the face of poverty and social dislocation. Such conditions may easily result in the formation of woman-headed families and in a lack of the extended kinship networks so often found in more stable, rural societies.

In a current epilogue to this article, Scheper-Hughes notes that political changes in Brazil since the 1980s have led to improved health for mothers and babies. Mothers have

*fewer babies and no longer give up on offspring who in the past would have seemed destined to die. Unfortunately, the rise of drugs and gangs along with vigilante death squads have become a major threat to survival and social life in Bom Jesus.**

*I have seen death without weeping
The destiny of the Northeast is death
Cattle they kill
To the people they do something worse*
—Anonymous Brazilian singer (1965)

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“Why do the church bells ring so often?” I asked Nailza de Arruda soon after I moved into a corner of her tiny mud-walled hut near the top of the shantytown called the Alto do Cruzeiro (Crucifix Hill). I was then a Peace Corps volunteer and a community development/health worker. It was the dry and blazing hot summer of 1965, the months following the military coup in Brazil, and save for the rusty, clanging bells of N.S. das Dores Church, an eerie quiet had settled over the market town that I call Bom Jesus da Mata. Beneath the quiet, however, there was chaos and panic. “It’s nothing,” replied Nailza, “just another little angel gone to heaven.”

Nailza had sent more than her share of little angels to heaven, and sometimes at night I could hear her engaged in a muffled but passionate discourse with one of them, two-year-old Joana. Joana’s photograph, taken as she lay propped up in her tiny cardboard coffin, her eyes open, hung on a wall next to one of Nailza and Ze Antonio taken on the day they eloped.

Nailza could barely remember the other infants and babies who came and went in close succession. Most had died unnamed and were hastily baptized in their coffins. Few lived more than a month or two. Only Joana, properly baptized in church at the close of her first year and placed under the protection of a powerful saint, Joan of Arc, had been expected to live. And Nailza had dangerously allowed herself to love the little girl.

In addressing the dead child, Nailza’s voice would range from tearful imploring to angry recrimination: “Why did you leave me? Was your patron saint so greedy that she could not allow me one child on this earth?” Ze Antonio advised me to ignore Nailza’s odd behavior, which he understood as a kind of madness that, like the birth and death of children, came and went. Indeed, the premature birth of a stillborn son some months later “cured” Nailza of her “inappropriate” grief, and the day came when she removed Joana’s photo and carefully packed it away.

More than fifteen years elapsed before I returned to the Alto do Cruzeiro, and it was anthropology that provided the vehicle of my return. Since 1982 I have returned several times in order to pursue a problem that first attracted my attention in the 1960s. My involvement with the people of the Alto do Cruzeiro now spans a quarter of a century and three generations of parenting in a community where mothers and daughters are often simultaneously pregnant.

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The Alto do Cruzeiro is one of three shantytowns surrounding the large market town of Bom Jesus in the sugar plantation zone of Pernambuco in Northeast Brazil, one of the many zones of neglect that have emerged in the shadow of the now tarnished economic miracle of Brazil. For the women and children of the Alto do Cruzeiro the only miracle is that some of them have managed to stay alive at all.

The Northeast is a region of vast proportions (approximately twice the size of Texas) and of equally vast social and developmental problems. The nine states that make up the region are the poorest in the country and are representative of the Third World within a dynamic and rapidly industrializing nation. Despite waves of migrations from the interior to the teeming shantytowns of coastal cities, the majority still live in rural areas on farms and ranches, sugar plantations and mills.

Life expectancy in the Northeast is only forty years, largely because of the appallingly high rate of infant and child mortality. Approximately one million children in Brazil under the age of five die each year. The children of the Northeast, especially those born in shantytowns on the periphery of urban life, are at a very high risk of death. In these areas, children are born without the traditional protection of breast-feeding, subsistence gardens, stable marriages, and multiple adult caretakers that exists in the interior. In the hillside shantytowns that spring up around cities or, in this case, interior market towns, marriages are brittle, single parenting is the norm, and women are frequently forced into the shadow economy of domestic work in the homes of the rich or into unprotected and oftentimes "scab" wage labor on the surrounding sugar plantations, where they clear land for planting and weed for a pittance, sometimes less than a dollar a day. The women of the Alto may not bring their babies with them into the homes of the wealthy, where the often-sick infants are considered sources of contamination, and they cannot carry the little ones to the riverbanks where they wash clothes because the river is heavily infested with schistosomes and other deadly parasites. Nor can they carry their young children to the plantations, which are often several miles away. At wages of a dollar a day, the women of the Alto cannot hire baby sitters. Older children who are not in school will sometimes serve as somewhat indifferent caretakers. But any child not in school is also expected to find wage work. In most cases, babies are simply left at home alone, the door securely fastened. And so many also die alone and unattended.

Bom Jesus da Mata, centrally located in the plantation zone of Pernambuco, is within commuting distance of several sugar plantations and mills. Consequently, Bom Jesus has been a magnet for rural workers forced off their small subsistence plots by large landowners wanting to use every available piece of land for sugar cultivation. Initially, the rural migrants to Bom Jesus were squatters who were given tacit approval by the mayor to put up temporary straw huts on each of the three hills overlooking the town. The Alto do Cruzeiro is the oldest, the largest, and the poorest of the shantytowns. Over the past three decades many of the original migrants have become permanent residents, and the primitive and temporary straw huts have been replaced by small homes (usually of two rooms) made of wattle and daub, sometimes covered with plaster. The more affluent residents use bricks and tiles. In most Alto homes, dangerous kerosene lamps have been replaced by light bulbs. The once tattered rural garb, often fashioned from used sugar sacking, has likewise been replaced by store-bought clothes, often castoffs from a wealthy *patrão* (boss). The trappings are modern, but the hunger, sickness, and death that they conceal are traditional, deeply rooted in a history of feudalism, exploitation, and institutionalized dependency.

My research agenda never wavered. The questions I addressed first crystallized during a veritable "die-off" of Alto babies during a severe drought in 1965. The food

and water shortages and the political and economic chaos occasioned by the military coup were reflected in the handwritten entries of births and deaths in the dusty, yellowed pages of the ledger books kept at the public registry office in Bom Jesus. More than 350 babies died in the Alto during 1965 alone—this from a shantytown population of little more than 5,000. But that wasn't what surprised me. There were reasons enough for the deaths in the miserable conditions of shantytown life. What puzzled me was the seeming indifference of Alto women to the death of their infants, and their willingness to attribute to their own tiny offspring an aversion to life that made their death seem wholly natural, indeed all but anticipated.

Although I found that it was possible, and hardly difficult, to rescue infants and toddlers from death by diarrhea and dehydration with a simple sugar, salt, and water solution (even bottled Coca-Cola worked fine), it was more difficult to enlist a mother herself in the rescue of a child she perceived as ill-fated for life or better off dead, or to convince her to take back into her threatened and besieged home a baby she had already come to think of as an angel rather than as a son or daughter.

I learned that the high expectancy of death, and the ability to face child death with stoicism and equanimity, produced patterns of nurturing that differentiated between those infants thought of as thrivers and survivors and those thought of as born already "wanting to die." The survivors were nurtured, while stigmatized, doomed infants were left to die, as mothers say, *a mingua*, "of neglect." Mothers stepped back and allowed nature to take its course. This pattern, which I call mortal selective neglect, is called passive infanticide by anthropologist Marvin Harris. The Alto situation, although culturally specific in the form that it takes, is not unique to Third World shantytown communities and may have its correlates in our own impoverished urban communities in some cases of "failure to thrive" infants.

I use as an example the story of Zezinho, the thirteen-month-old toddler of one of my neighbors, Lourdes. I became involved with Zezinho when I was called in to help Lourdes in the delivery of another child, this one a fair and robust little tyke with a lusty cry. I noted that while Lourdes showed great interest in the newborn, she totally ignored Zezinho who, wasted and severely malnourished, was curled up in a fetal position on a piece of urine- and feces-soaked cardboard placed under his mother's hammock. Eyes open and vacant, mouth slack, the little boy seemed doomed.

When I carried Zezinho up to the community day-care center at the top of the hill, the Alto women who took turns caring for one another's children (in order to free themselves for part-time work in the cane fields or washing clothes) laughed at my efforts to save Ze, agreeing with Lourdes that here was a baby without a ghost of a chance. Leave him alone, they cautioned. It makes no sense to fight with death. But I did do battle with Ze, and after several weeks of force-feeding (malnourished babies lose their interest in food), Ze began to succumb to my ministrations. He acquired some flesh across his taut chest bones, learned to sit up, and even tried to smile. When he seemed well enough, I returned him to Lourdes in her miserable scrap-material lean-to, but not without guilt about what I had done. I wondered whether returning Ze was at all fair to Lourdes and to his little brother. But I was busy and washed my hands of the matter. And Lourdes did seem more interested in Ze now that he was looking more human.

When I returned in 1982, there was Lourdes among the women who formed my sample of Alto mothers—still struggling to put together some semblance of life for a now grown Ze and her five other surviving children. Much was made of my reunion with Ze in 1982, and everyone enjoyed retelling the story of Ze's rescue and of how his mother had given him up for dead. Ze would laugh the loudest when told how

I had had to force-feed him like a fiesta turkey. There was no hint of guilt on the part of Lourdes and no resentment on the part of Ze. In fact, when questioned in private as to who was the best friend he ever had in life, Ze took a long drag on his cigarette and answered without a trace of irony, "Why my mother, of course!" "But of course," I replied.

Part of learning how to mother in the Alto do Cruzeiro is learning when to let go of a child who shows that it "wants" to die or that it has no "knack" or no "taste" for life. Another part is learning when it is safe to let oneself love a child. Frequent child death remains a powerful shaper of maternal thinking and practice. In the absence of firm expectation that a child will survive, mother love as we conceptualize it (whether in popular terms or in the psychobiological notion of maternal bonding) is attenuated and delayed with consequences for infant survival. In an environment already precarious to young life, the emotional detachment of mothers toward some of their babies contributes even further to the spiral of high mortality–high fertility in a kind of macabre lock-step dance of death.

The average woman of the Alto experiences 9.5 pregnancies, 3.5 child deaths, and 1.5 stillbirths. Seventy percent of all child deaths in the Alto occur in the first six months of life, and 82 percent by the end of the first year. Of all deaths in the community each year, about 45 percent are of children under the age of five.

Women of the Alto distinguish between child deaths understood as natural (caused by diarrhea and communicable diseases) and those resulting from sorcery, the evil eye, or other magical or supernatural afflictions. They also recognize a large category of infant deaths seen as fated and inevitable. These hopeless cases are classified by mothers under the folk terminology "child sickness" or "child attack." Women say that there are at least fourteen different types of hopeless child sickness, but most can be subsumed under two categories—chronic and acute. The chronic cases refer to infants who are born small and wasted. They are deathly pale, mothers say, as well as weak and passive. They demonstrate no vital force, no liveliness. They do not suck vigorously; they hardly cry. Such babies can be this way at birth or they can be born sound but soon show no resistance, no "fight" against the common crises of infancy: diarrhea, respiratory infections, tropical fevers.

The acute cases are those doomed infants who die suddenly and violently. They are taken by stealth overnight, often following convulsions that bring on head banging, shaking, grimacing, and shrieking. Women say it is horrible to look at such a baby. If the infant begins to foam at the mouth or gnash its teeth or go rigid with its eyes turned back inside its head, there is absolutely no hope. The infant is "put aside"—left alone—often on the floor in a back room, and allowed to die. These symptoms (which accompany high fevers, dehydration, third-stage malnutrition, and encephalitis) are equated by Alto women with madness, epilepsy, and worst of all, rabies, which is greatly feared and highly stigmatized.

Most of the infants presented to me as suffering from chronic child sickness were tiny, wasted famine victims, while those labeled as victims of acute child attack seemed to be infants suffering from the deliriums of high fever or the convulsions that can accompany electrolyte imbalance in dehydrated babies.

Local midwives and traditional healers, praying women, as they are called, advise Alto women on when to allow a baby to die. One midwife explained: "If I can see that a baby was born unfortunatously, I tell the mother that she need not wash the infant or give it a cleansing tea. I tell her just to dust the infant with baby powder and wait for it to die." Allowing nature to take its course is not seen as sinful by these often very devout Catholic women. Rather, it is understood as cooperating with God's plan.

Often I have been asked how consciously women of the Alto behave in this regard. I would have to say that consciousness is always shifting between allowed and disallowed levels of awareness. For example, I was awakened early one morning in 1987 by two neighborhood children who had been sent to fetch me to a hastily organized wake for a two-month-old infant whose mother I had unsuccessfully urged to breast-feed. The infant was being sustained on sugar water, which the mother referred to as *soro* (serum), using a medical term for the infant's starvation regime in light of his chronic diarrhea. I had cautioned the mother that an infant could not live on *soro* forever.

The two girls urged me to console the young mother by telling her that it was "too bad" that her infant was so weak that Jesus had to take him. They were coaching me in proper Alto etiquette. I agreed, of course, but asked, "And what do *you* think?" Xoxa, the eleven-year-old, looked down at her dusty flip-flops and blurted out, "Oh, Dona Nanci, that baby never got enough to eat, but you must never say that!" And so the death of hungry babies remains one of the best kept secrets of life in Bom Jesus da Mata.

Most victims are waked quickly and with a minimum of ceremony. No tears are shed, and the neighborhood children form a tiny procession, carrying the baby to the town graveyard where it will join a multitude of others. Although a few fresh flowers may be scattered over the tiny grave, no stone or wooden cross will mark the place, and the same spot will be reused within a few months' time. The mother will never visit the grave, which soon becomes an anonymous one.

What, then, can be said of these women? What emotions, what sentiments motivate them? How are they able to do what, in fact, must be done? What does mother love mean in this inhospitable context? Are grief, mourning, and melancholia present, although deeply repressed? If so, where shall we look for them? And if not, how are we to understand the moral visions and moral sensibilities that guide their actions?

I have been criticized more than once for presenting an unflattering portrait of poor Brazilian women, women who are, after all, themselves the victims of severe social and institutional neglect. I have described these women as allowing some of their children to die, as if this were an unnatural and inhuman act rather than, as I would assert, the way any one of us might act, reasonably and rationally, under similarly desperate conditions. Perhaps I have not emphasized enough the real pathogens in this environment of high risk: poverty, deprivation, sexism, chronic hunger, and economic exploitation. If mother love is, as many psychologists and some feminists believe, a seemingly natural and universal maternal script, what does it mean to women for whom scarcity, loss, sickness, and deprivation have made that love frantic and robbed them of their grief, seeming to turn their hearts to stone?

Throughout much of human history—as in a great deal of the impoverished Third World today—women have had to give birth and to nurture children under ecological conditions and social arrangements hostile to child survival, as well as to their own well-being. Under circumstances of high childhood mortality, patterns of selective neglect and passive infanticide may be seen as active survival strategies.

They also seem to be fairly common practices historically and across cultures. In societies characterized by high childhood mortality and by a correspondingly high (replacement) fertility, cultural practices of infant and child care tend to be organized primarily around survival goals. But what this means is a pragmatic recognition that not all of one's children can be expected to live. The nervousness about child survival in areas of northeast Brazil, northern India, or Bangladesh, where a 30 percent or 40 percent mortality rate in the first years of life is common, can lead to forms of

delayed attachment and a casual or benign neglect that serves to weed out the worst bets so as to enhance the life chances of healthier siblings, including those yet to be born. Practices similar to those that I am describing have been recorded for parts of Africa, India, and Central America.

Life in the Alto do Cruzeiro resembles nothing so much as a battlefield or an emergency room in an overcrowded inner-city public hospital. Consequently, morality is guided by a kind of "lifeboat ethics," the morality of triage. The seemingly studied indifference toward the suffering of some of their infants, conveyed in such sayings as "little critters have no feelings," is understandable in light of these women's obligation to carry on with their reproductive and nurturing lives.

In their slowness to anthropomorphize and personalize their infants, everything is mobilized so as to prevent maternal overattachment and, therefore, grief at death. The bereaved mother is told not to cry, that her tears will dampen the wings of her little angel so that she cannot fly up to her heavenly home. Grief at the death of an angel is not only inappropriate, it is a symptom of madness and of a profound lack of faith.

Infant death becomes routine in an environment in which death is anticipated and bets are hedged. While the routinization of death in the context of shantytown life is not hard to understand, and quite possible to empathize with, its routinization in the formal institutions of public life in Bom Jesus is not as easy to accept uncritically. Here the social production of indifference takes on a different, even a malevolent, cast.

In a society where triplicates of every form are required for the most banal events (registering a car, for example), the registration of infant and child death is informal, incomplete, and rapid. It requires no documentation, takes less than five minutes, and demands no witnesses other than office clerks. No questions are asked concerning the circumstances of the death, and the cause of death is left blank, unquestioned and unexamined. A neighbor, grandmother, older sibling, or common-law husband may register the death. Since most infants die at home, there is no question of a medical record.

From the registry office, the parent proceeds to the town hall, where the mayor will give him or her a voucher for a free baby coffin. The full-time municipal coffin-maker cannot tell you exactly how many baby coffins are dispatched each week. It varies, he says, with the seasons. There are more needed during the drought months and during the big festivals of Carnaval and Christmas and São Joao's Day because people are too busy, he supposes, to take their babies to the clinic. Record keeping is sloppy.

Similarly, there is a failure on the part of city-employed doctors working at two free clinics to recognize the malnutrition of babies who are weighed, measured, and immunized without comment and as if they were not, in fact, anemic, stunted, fussy, and irritated starvation babies. At best the mothers are told to pick up free vitamins or a health "tonic" at the municipal chambers. At worst, clinic personnel will give tranquilizers and sleeping pills to quiet the hungry cries of "sick-to-death" Alto babies.

The church, too, contributes to the routinization of, and indifference toward, child death. Traditionally, the local Catholic church taught patience and resignation to domestic tragedies that were said to reveal the imponderable workings of God's will. If an infant died suddenly, it was because a particular saint had claimed the child. The infant would be an angel in the service of his or her heavenly patron. It would be wrong, a sign of a lack of faith, to weep for a child with such good fortune. The infant funeral was, in the past, an event celebrated with joy. Today, however, under the new regime of "liberation theology," the bells of N.S. das Dores parish church no longer

peal for the death of Alto babies, and no priest accompanies the procession of angels to the cemetery where their bodies are disposed of casually and without ceremony. Children bury children in Bom Jesus da Mata. In this most Catholic of communities, the coffin is handed to the disabled and irritable municipal gravedigger, who often chides the children for one reason or another. It may be that the coffin is larger than expected and the gravedigger can find no appropriate space. The children do not wait for the gravedigger to complete his task. No prayers are recited and no sign of the cross made as the tiny coffin goes into its shallow grave.

When I asked the local priest, Padre Marcos, about the lack of church ceremony surrounding infant and childhood death today in Bom Jesus, he replied: "In the old days, child death was richly celebrated. But those were the baroque customs of a conservative church that wallowed in death and misery. The new church is a church of hope and joy. We no longer celebrate the death of child angels. We try to tell mothers that Jesus doesn't want all the dead babies they send him." Similarly, the new church has changed its baptismal customs, now often refusing to baptize dying babies brought to the back door of a church or rectory. The mothers are scolded by the church attendants and told to go home and take care of their sick babies. Baptism, they are told, is for the living; it is not to be confused with the sacrament of extreme unction, which is the anointing of the dying. And so it appears to the women of the Alto that even the church has turned away from them, denying the traditional comfort of folk Catholicism.

The contemporary Catholic church is caught in the clutches of a double bind. The new theology of liberation imagines a kingdom of God on earth based on justice and equality, a world without hunger, sickness, or childhood mortality. At the same time, the church has not changed its official position on sexuality and reproduction, including its sanctions against birth control, abortion, and sterilization. The padre of Bom Jesus da Mata recognizes this contradiction intuitively, although he shies away from discussions on the topic, saying that he prefers to leave questions of family planning to the discretion and the "good consciences" of his impoverished parishioners. But this, of course, sidesteps the extent to which those good consciences have been shaped by traditional church teachings in Bom Jesus, especially by his recent predecessors. Hence, we can begin to see that the seeming indifference of Alto mothers toward the death of some of their infants is but a pale reflection of the official indifference of church and state to the plight of poor women and children.

Nonetheless, the women of Bom Jesus are survivors. One woman, Biu, told me her life history, returning again and again to the themes of child death, her first husband's suicide, abandonment by her father and later by her second husband, and all the other losses and disappointments she had suffered in her long forty-five years. She concluded with great force, reflecting on the days of Carnaval '88 that were fast approaching:

No, Dona Nanci, I won't cry, and I won't waste my life thinking about it from morning to night. . . . Can I argue with God for the state that I'm in? No! And so I'll dance and I'll jump and I'll play Carnaval! And yes, I'll laugh and people will wonder at a *pobre* like me who can have such a good time.

And no one did blame Biu for dancing in the streets during the four days of Carnaval—not even on Ash Wednesday, the day following Carnaval '88 when we all

assembled hurriedly to assist in the burial of Mercea, Biu's beloved *casula*, her last-born daughter who had died at home of pneumonia during the festivities. The rest of the family barely had time to change out of their costumes. Severino, the child's uncle and godfather, sprinkled holy water over the little angel while he prayed: "Mercea, I don't know whether you were called, taken, or thrown out of this world. But look down at us from your heavenly home with tenderness, with pity, and with mercy." So be it.

Brief Epilogue

Many students write after reading this article asking me whether the situation has changed in the Alto do Cruzeiro. Is life better or worse for mothers and newborn babies? One of the advantages of long-term ethnographic research is seeing history in the making. I began my engagements with the people of the Alto in 1964 at the start of twenty years of military rule, a ruthless regime that produced deep impoverishment among those living in urban *favelas* and in rural areas. The scarcities and insecurities of that era contributed to the death of infants and small babies. By the time I completed my study of mother love and child death in the early 1990s Brazil was well on its way to democratization which ushered in many important changes, most notably a free, public, national health care system (SUS) which guaranteed poor women adequate pre- and post-natal care.

The decade of the 1990s witnessed what population experts call the demographic or epidemiologic transition. As both births and infant deaths declined, mothers began to treat their infants as potentially capable of survival and the old stance of maternal "watchful waiting" accompanied by "letting go" of infants thought of as having no "taste" or "talent" for life, was replaced by a maternal ethos of "holding on" and "holding dear" each infant. Today, young women of the Alto can expect to give birth to three or fewer babies and to see all of them live to adolescence. Many factors produced this reproductive transition: the "modernization" of Catholic beliefs about infant death; the under-the-counter availability of Cytotec, a risky "morning after" pill; the implementation under the national health care system (Serviço Único de Saúde) of local "health agents" who went door to door in poor communities, identifying and rescuing vulnerable infants, toddlers, and old people. The primary cause of the decline in infant mortality on the Alto do Cruzeiro, however, was the "simple" installation of water pipes reaching virtually all the homes in the shantytown with sufficient, clean water. Water = life! It is painful to consider how "culture," "belief," and even "maternal sentiments" follow basic changes in the material conditions—and therefore the possibilities—of everyday life.

Motherhood is not only a social and a cultural construction, but a constellation of embodied practices responding to the requirements and limitations of the political and economic conditions that determine the resilience or vulnerability of infants and their mothers. Today, new problems have beset the people of the Alto do Cruzeiro. Since the publication of "Death without Weeping" drugs and gangs have made their ugly mark on the community and death squads have sprung up to impose a kind of vigilante justice. These anti-social features of life in "Bom Jesus" take some of the pleasure away, as one sees the young men of the Alto who survived that dangerous first year of life, felled by bullets and knife wounds at the hands of gang leaders, *bandidos*, and local police in almost equal measure.

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Review Questions

1. What did Scheper-Hughes notice about mothers' reactions during the baby die-off of 1965 in Bom Jesus, Brazil?
2. How do poor Brazilian mothers react to their infants' illnesses and death? How do other institutions, such as the church, clinic, and civil authorities respond? Give examples.
3. How does Scheper-Hughes explain the apparent indifference of mothers to the death of their infants?
4. What does the indifference of mothers to the deaths of their children say about basic human nature, especially the mother-child bond?