Spirits of Dissent: Southeast Asian Memories and Disciplines of Death

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Lieutenant Somsy, a lowland Lao man in his sixties, was speaking to me about the protective words, the cham mon that had kept him alive during his term in the Royal Lao Army from the 1950s to the early 1970s.1 He had walked for six weeks to find the acan, the teacher, who gave him these powerful words. The acan had him jump into a pit of sharpened bamboo and grab a thorny vine that pierced his skin to the bone. Yet when the acan spoke some words and touched the wounds, they healed. Minutes later Somsy began to speak of another memory, a memory of near death from which his cham mon had protected him, a memory of another pit, other barbs, a hole in the ground, covered with barbed wire, where he was held captive in a Pathet Lao prison camp. “Sometimes late at night they took me blindfolded to the jungle, threatened to kill me, ordered me to dig my own grave. If I refused they hit me with the butt of an AK-47.” He sketched a diagram of the camp on a scrap of notepaper: the guard tower, the path of the patrols, the route he had crawled on a rainy night after he and his cell mates had managed to unravel a little of the barbed wire over the pit. “I was the first to get out. Two others came through the hole after me. I don’t know if they made it. The soldiers saw us then and fired. . . . After we talk about the past, I usually dream about it. I dream I am being shelled by mortars and then I wake up. I have tried to forget many times. I just cannot.”

When we met again I asked Somsy if he had had nightmares after our last conversation. He said yes: he had dreamed he was being shot at and suddenly realized he had forgotten his “buddha,” the protective amulet he wore around his neck.2 Somsy is one of about forty refugees from Laos and Cambodia who spoke with me about death, medicine, and war.3 I learned to worry about the nightmares our conversations could leave in their wake.4 One

1. All names are pseudonyms. In the rest of this essay lowland Lao (Lao Loum) are referred to simply as Lao.


3. These conversations took place in homes and community centers in a U.S. city during 1998–99. People were invited to participate through word of mouth.

4. On the potentially terrorizing effects of researching terror, see Monique Skidmore, “On Fear and State Violence,” American
month I had several talks with a Lao couple, the Thaos, who had each lost a first spouse to cancer. When I heard that they had suffered nightmares after my last visit, I imagined that they had relived the terrors of crossing the Mekong into Thailand at night. But no: they had dreamed of the deaths of their first spouses in U.S. hospitals.

In this article I consider how memories of the deaths of loved ones in U.S. hospitals and the aftermath of deaths in U.S. funeral homes can be as disturbing for certain refugees as memories of crossing borders under gunfire or of near death in a prison camp. I suggest that the terror of such memories is related both to the erosion in medical and mortuary institutions of specific spirit relationships and protections, and to experiences of haunting that are shaped by political exile. Stories told by survivors are peopled by the lost spirits of loved ones, the dangerous spirits of those who died by violence, the angry spirits of ancestors, and the adjudicating spirits of the land. How do we make sense of the ghostly figures in these stories without “anthropologizing” or “psychologizing” them, that is, without reducing them to examples of cultural belief or psychic symbols of trauma? If, as Avery Gordon argues, ghosts and spirits are social figures, how do we read their concerns for compassionate medical care, proper burials, and respect for spiritual practice? Stories of death in the United States reverberate in wartime memories of mercenary medicine, hauntings by restless dead, and the uncanny power of particular words and signs.

To take account of these memories is not so much to identify a field of cultural difference based on spirit beliefs as to trace the histories through which spirits become critical players. As absent presences linked to particular landscapes and traumas, spirits both signify and defy experiences of diaspora. Moreover, within U.S. medical and mortuary settings, spirits bear witness to violations of the dying and the dead that echo similar violations in wartime Asia. Spirits extend the mourning of violence and injustice beyond both the privacy of individual death rites and the political rationality of formal protest.

**Displaced Spirits**

In the midst of his story of the prison camp, Somsy said, “I almost died from those things. Maybe because I had the cham mon or maybe because I have done good deeds, I was protected.” Others also attributed their survival to spirit powers. Mrs. Thao’s first husband had also been an officer with the Royal Lao Army. When he was about to be arrested in the wake of the U.S. withdrawal, the family fled the country by night.

Talking about this, I still feel scared; my hair stands up. We almost died to get here; we almost died. I asked protection from the guardian spirit of the village, phi ban. We had not really paid homage to phi ban before. . . . The reason my hair stands up is because when we crossed the Mekong River a black log appeared and hit the boat. To us that was phi ban who had come to protect us on our way. It was Incredible.

If we begin to read this narrative as an illustration of Mrs. Thao’s belief in spirits, we must reconsider when she says, “We had not really paid homage to phi ban before.” This village spirit had not been, for her family, particularly important, or perhaps even particularly real. It is in light of this skepticism that “it was incredible” when the log hit the boat, thus speaking the presence of phi ban. As Dipesh Chakrabarty notes, it is “the disjunctions in the present” that make it possible to encounter spirits in the modern world. At the singular historical disjuncture of escape from Laos, phi ban is suddenly immediate and tangible in Mrs. Thao’s embodied
practice, her prayer for protection, her promise, and the spirit’s answer. *Phi ban*, a spirit connected to a particular Lao landscape, has become a key figure in her memory of leaving Laos. The log gliding through the dark water dividing Laos (site of Mrs. Thao’s abandoned home) from Thailand (where she would spend months in a refugee camp) marks both her exile from her homeland and her new relationship with this homeland from exile. The encounter with *phi ban* represents less a continuance of religious practice than a negotiation of dangerous political circumstances.

In the United States, stories of spirits continue to register experiences of dislocation and diaspora in complex ways. On the one hand, spirits are scarce and easily forgotten in a country regulated by apparently rational institutions such as courts, welfare agencies, and hospitals. On the other hand, spirits make their presences felt at times of crisis. From Thailand Mrs. Thao sent a message to her mother, asking her to keep her promise of an offering to *phi ban*. She knew of others who broke promises to *phi ban* or to *thevoda* (divine beings similar to angels) and became very ill. When their relatives in Laos consulted *mau du* (diviners), they were directed to make the promised offering. After they did so, they became well again.10

Kampheang, a Kmhmu woman, told a similar story.11 Kmhmu in Laos (especially those not converted to Christianity) live in complex relationships with helpful and harmful spirits known as *róoy*. *Róoy miang*, like *phi ban*, is a guardian spirit connected to a place, in this case a district. When I asked Kampheang if anyone fed *róoy miang* in this country as they had in Laos, she said, “No, we don’t do that here. No more *róoy*.” “Not even *róoy kang*?” I asked, referring to the paternal ancestral spirit of a family. “No, they’re gone,” she said. Kampheang’s story also complicates the question of cultural belief. During her life she has paid homage through embodied practices to *róoy*, Buddha, and Christ, depending on where and with whom she was living. Her father lived in relation to *róoy*, while her mother’s family had converted to Catholicism, breaking off all connections with *róoy*. Her first husband also maintained (or, as appropriate, avoided) relationships with *róoy*, while her present boyfriend in the United States is a Buddhist. When she has tried to practice a relationship with both Buddha and Christ simultaneously, she has been upset by nightmares of being grabbed from two sides. “I realized that’s probably the Christians and Buddhists. They are fighting each other to get me to protect them. I decided I’d better keep up just one.” Thus Kampheang maintains a shrine to Buddha, making offerings of rice and water every morning. “Gods and spirits,” Chakrabarty reminds us, “are not dependent on human beliefs for their existence; what gives them presence are our practices.”12 In worshipping as a Buddhist, Kampheang has not concluded that Buddha is more real than Christ. Rather, she addresses her complex social location living with a Buddhist boyfriend in a Christian-dominated country.

Recently, however, Kampheang found it necessary to worship *róoy miang* to fulfill an old promise. In 1996 she was planning a trip back to Laos when her mother suffered a stroke. Her father then revealed that before he left Laos, he had promised to offer a pig to *róoy miang* when he arrived safely in a new country. Yet he had never fulfilled his promise. He told Kampheang: “It’s because you are going back home. They hurt your mother because of my promise.” The family was held accountable to this place-specific spirit only when Kampheang was traveling back into the spirit’s domain. If Buddha is important to Kampheang’s American household, *róoy* are no less important to her relationship with the land where she was raised. Kampheang told her father that she would arrange for the offering. To her mother she said, “I’m going home to do liang miang [feed *róoy miang*]. You have to get better. You have to talk.” In Laos Kampheang made arrangements for the offering. While she was away, her mother began talking again. “The doctor didn’t treat her. But now

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11. The Kmhmu are a language group of midland Laos. Many Kmhmu were recruited into the covert war in Laos.

she is almost like she was before the stroke.” Kampheang’s brother, a psychologist, was angry at her for leaving her mother while she was ill. “He just ignores ri Kmhmu [Kmhmu customs],” she said. “He tries to forget how we worshiped before. But not me. If you ignore it, you will receive it.” If, in conformity to new social environments, you give up the care of specific spirit powers, those spirits who seem to have vanished may reappear, reminding you of your connections to villages on the other side of the world.

People fall ill not only from broken promises to village and district spirits but also from inadequate care for dead parents. Major Thao told me that these days people can return to Laos to perform the ceremony for their dead parents that, among Lao and Khmer Buddhists, is usually performed a year or two after death. He added, “Of course, you can do it here also, but it is not as good as when you do it there. . . . Everything there is done correctly, the way our ancestors did it.” When I pressed him for the differences, he amended, “Actually, there is not really any difference. After all, we’re talking about spirits. We’re talking about invisible beings who can go around the world. If we call spirits from Laos they can be here right away.” Yet when it came to a particular austerity he planned to perform, fulfilling a promise to local spirits made in exchange for surviving the reeducation camp where he and his family had spent thirteen years, he intended to return to Laos. “I promised the guardians of the land I would take monk’s vows for three months. But I have not had a chance to fulfill my promise.”

Ceremonies in the United States are characterized by a certain ambiguous lack that everyone intuitively recognizes but is hard-pressed to explain. Douang, a mental health counselor, observed that people earn less bun (merit) performing offerings here because the proper ritual ingredients are not available and because monks in the United States are less austere than those in Laos. Somsy suggested that spirits are tolerant of inadequate ceremonies. “The dead person knows about the customs here. So it should not upset him or her very much. In my opinion, the spirits of people who were born and raised in Laos return there after they die, because they know there’s nothing here for them. No place for them to live with their family, no place where they can be comfortable.” The spirits are forgiving; they are aware of the law of the land. Yet working against the apparent complacency of the spirits about local customs is the strong sense that this is no place for a Lao soul.

Mrs. Thao mentioned that there is little need for mau phi (spirit mediators) in the United States. Conditions in this country are not favorable to spirits, she said. Spirits do not like it here. The dead members of the community vote with their ethereal bodies, remaining in Laos, reversing the exile of the living. In every instance of spirit illness of which Somsy is aware, the mau phi consulted in Laos found that the spirit had come from Laos. Just as Kampheang’s father suggested that r´ooy might anticipate the visit of a traveling Kmhmu American woman, so Somsy speculated that phi might follow a visiting Lao American back to the United States. In both instances spirits haunt persons residing in the United States only when they travel or think of traveling back to Laos, when they once again imagine themselves in a Lao landscape, under the jurisdiction of its spirit powers. Spirits work as reminders of relationships to places, as traces of yearning, intimations of a return without the political difficulties of repatriation, and signs of ongoing responsibility and belonging. In their disembodiment, they are perfectly shaped to embody diasporic experiences of absence.

Hmong also noted that there are few spirits in the United States to cause trouble. “In this country there are not many dab [spirits] around,” one man told me. But people do experience trouble from the souls of specific ancestors, referred to as plig, a word also used for the

soul of a living person. To promote the happiness of the dead and thereby the prosperity of descendants, it is important to choose good burial locations. It is crucial, for instance, not to place bodies on top of one another in one grave site, imposing a hierarchy on the dead. Mr. Lo, a Catholic Hmong, elaborated, “Many people are on public assistance. . . . The welfare rule is that you have to stack people in the grave. The ancestor may cause members of the family serious problems, like sickness or even death. He feels, ‘You put me in a hard position.’ So he takes someone back with him. There have been many cases like this in California.” Such circulating stories of spirit illness speak the consequences of an overrationalized world where cemetery grids hinder geomancy, and welfare rules obviate the wishes of the dead.14

Pheng, a mental health counselor, said that Hmong generally prefer to be buried with their head pointed uphill to improve their “view.”15 He relayed the story of one man who buried his mother in a Chicago cemetery with her head pointed downhill. When his father saw the grave site, he told his son, “Now your life will go downhill until you die.” The son subsequently became an alcoholic, was divorced by his wife, lost his house, and eventually sought refuge in a Thai monastery. His younger brother, who also divorced and lost his house, now wants to rebury their mother. He plans to hire a Buddhist monk to conduct the reburial, in hopes that the monk will prove powerful enough to appease the ancestors. Here, as in Kampheang’s story, deities and spirits of distinctive cosmologies enact the contested spiritual allegiances of the living.

Lieutenant Phanha, a Kmhmu elder, is unusual among Kmhmu in his city in that he has not yet converted to Christianity. Rýoy kang, the paternal ancestor spirit, has been the central spirit power in his life since he was a soldier. When I asked how he had protected himself during battle, he replied, “I just believed in rýoy kang. Whenever there was danger ahead I always had a dream.” In prison camp a woman wearing white clothes appeared in a dream to warn him he was about to be killed. The next day he escaped. When a guard shot at him, the gun misfired. Although he contemplates converting to Christianity, he does not want to abandon rýoy kang until he can make arrangements for his ancestors’ well-being. “If I ever have the opportunity to go back to Laos I will have a big Buddhist ceremony for my parents, and tell them, ‘If you want to find me, look for me at the church.’ I want to inform them in a kind way. Otherwise they will be waiting for me to make an offering every so often.” When I asked why he would choose to do a Buddhist rather than a Kmhmu ceremony for rýoy kang, he answered, “Kmhmu don’t have a place for our ancestors. We just bury them anywhere. In my family we used to say the dead went to a particular lake. But now I see that some people have a place where they keep their ancestors. For instance, Buddhists keep the ashes in a temple. I want my ancestors to have a place to stay. That’s why I have been keeping two rit rit Kmhmu and Buddhism.” Phanha’s commitment to gods or spirits is forged through the historical exigencies of his practice. His greatest debt is to the dead who protected him during war. In Laos this debt could have been paid by dressing and acting in specific ways—handling the rice pot gently, for instance—on the anniversary of the day that rýoy kang had died. In the United States such practices to honor rýoy kang have been replaced among Kmhmu Catholics by monetary church offerings in the name of the dead. Once Phanha envisioned rýoy kang living at a specific lake in the Lao mountains. That landscape was remapped for him by the war operations in which he spent much of his adult life. For years he has not crossed the distance to that place of dead ancestors, whether in imagination or funeral songs. No one in his community today chants the soul of the deceased along such


a route. He has only the vaguest memory now of where the dead were told to go. The displacement of his ancestors mirrors his own displacement.

Disciplines of Death
As referenced above, a litany of lacks hovers around efforts to honor spirits and ancestors in the United States—a lack of correct ingredients, properly positioned grave sites, strict enough monks. Spirits—whether dab, róoy, phi, or ancestors—bear witness to the inhospitality of North America as experienced by many refugees who live as political minorities, often without the ability to care for their families, both living and dead, as they would wish. Spirits have often been observed to enact protests during violent rearrangements of social life. As crucial sites for the mediation of death, the regulation of bodily practices, and the enforcement of regimes of rational truth, medical and mortuary institutions have become focal points of spirit unrest and censure. Troubled memories of managed death in the United States cast hospitals and funeral homes as hostile environments for the very spirits and spirit powers who were powerful protective forces in wartime Cambodia and Laos. Spirits implicitly interrogate modern techniques of biopower and the cultural-historical logic that sustains them. They speak to the violence of minority status in the United States even as they speak to the remembered violence of war and terror in Southeast Asia. Here I examine these spirit-driven critiques in the context of two key procedures in the contemporary management of death: first, the disclosure of a terminal prognosis, or “truth telling”; and second, the sequence of postmortem practices that culminate in cremation or burial.

As Chakrabarty writes, “Gods and spirits . . . are parts of different ways of being . . . These other ways of being are not without questions of power or justice, but these questions are raised—to the extent that modern public institutions allow them space . . . on terms other than those of the political-modern.” Among the people with whom I spoke, opposition to modern disciplines of death rarely finds voice in instruments of rational choice such as advance directives, legal recourse, or even appeals to cultural liberalism. Rather, it frequently finds voice through accounts of the unhappiness of the spirits of the dying or the dead. The body of a patient may be weakened when the spirit is driven out by the shock of a terminal prognosis. Mourners may be uneasy with postmortem practices that deprive the spirit of clothes, organs, money, and other possessions in the next life.

Of truth telling then. One afternoon I accompanied a hospice nurse on a visit to a Lao home. The patient, who had been diagnosed with pancreatic cancer, was being cared for primarily by her daughter and granddaughter. The family was reluctant to give the patient the prescribed pain medication. When we entered the house, she was lying on a hospital bed just inside the front door. Her daughter was giving her a sponge bath. The nurse took the patient’s temperature, listened to her lungs, and then offered to wash her back. The patient’s granddaughter arrived. As the only English speaker in the family, she was the one who negotiated the terms of her grandmother’s life as a “terminal” patient. The patient was moaning or cooing softly. When the nurse asked the granddaughter if the grandmother was in pain, the granddaughter replied that the sounds were her grandmother’s way of soothing herself. The nurse asked if the granddaughter had told the patient her diagnosis. Tactfully but firmly the nurse asked if the granddaughter had told the patient her diagnosis. Both traditionally and emotionally, it would kill her.”

This family sometimes subtly and sometimes overtly refused not only the biomedical painkillers and the practice of “truth telling”
but the idea of a dignified death as one that is self-conscious, painless, and free of “denial.” By invoking Lao “tradition,” the granddaughter engages the presumed multiculturalist sympathies of her white nurse, making use of an ambivalence within a medical ethics that is simultaneously committed to “cultural competence” and “patient autonomy.” Personal autonomy, along with an emphasis on contractual relationships, and a view of humans as rational actors form the philosophical bases of contemporary Euro-American bioethics. Recent histories of Southeast Asian refugees, on the other hand, have tended to accentuate community loyalties to the living and the dead over personal autonomy and contractual dyads, and respect for spirit interventions over bureaucratic rationalities. Such contrasting historical perspectives are framed within medicine as cultural differences that health care professionals are increasingly called on to acknowledge and, to a limited extent, accommodate. Indeed, the nurse on this occasion did not press the point, although a half hour later the hospice social worker arrived to explain do-not-resuscitate orders.

In resisting truth telling, the granddaughter resists a modern confessionalism that has structured modern psychotherapy, social work, autobiographies, and ethnographic interviews, and that has recently been introduced to the deathbed. Foucault traces confessionalism to the “pastoral power” exercised originally by Christian pastors who focused attention on the interior states of their parishioners out of an interest in their salvation. “This form of power,” Foucault observed, “cannot be exercised without knowing the inside of people’s minds, without exploring their souls, without making them reveal their innermost secrets.” As it spread into family relations, medicine, psychiatry, education, and the workplace, pastoral power became “an individualizing tactic” productive of “truth—the truth of the individual himself.” Medical confessionalism implies that the gaze which has long been dedicated to “opening up corpses” is now also dedicated to opening up subjectivities. In contemporary management of death, the thoughts and feelings of the patient (and her friends and family) are charted in relation to normative psychological stages such as those outlined by Elizabeth Kubler-Ross.

The hospice nurse implicitly evoked this model when she commented that this or that family who wanted more aggressive treatment for their loved one was “in denial.” The “truth” of the individual who has been diagnosed with “terminal” illness is the “truth” that she is dying.

Denial is framed not only as a crucial psychological state in Kubler-Ross’s programmatic approach to dying but also as a pivotal shift in the history of European attitudes toward death. Phillipe Aries argues that from the mid-nineteenth to mid-twentieth century talk of death became taboo. In his argument, disclosure becomes a liberating moment in which the patient is encouraged to confront “the truth” of her death. Aries’ history can be retrospectively situated as a part of the “death with dignity” movement of the 1970s. A historical account of a return to a repressed truth of death works to ideologically enforce a deathbed confessionalism. Yet the narrative of an institutionalization of denial that is resolved by a turn to “dignity” obscures another historical narrative, the development of modern disciplines of death, from terminal diagnoses and biological definitions of death to death certification and the treatment of bodies as sanitation concerns or anatomical sources of information or organs.

Within these disciplines, talk of death becomes not taboo but public, official, and scientific. Contemporary emphasis on “truth telling” then appears less as a liberating moment than as an expansion of discipline from mapping the dead corpse and its causes of death to mapping the dying patient’s subjectivity and her anticipation.  


of death. Truth telling institutionalizes a Judeo-Christian ideal of an expressivist, introspective, and autonomous self, confronting itself in its final moments.

David Armstrong suggests that the focus on the subjective truth of death has intensified as the scientific truth of death—its exact causes and precise timing—has become more ambiguous. “As the secret of death . . . no longer resided with such assuredness in the depths of the body, the court of judgment demanded less the body as evidence and more the person as witness.” The use of a judicial metaphor is apt, since pastoral power is linked to a discourse of citizen rights that informs the medical ethic of patient self-determination. Over the last few decades the biomedical model of care has shifted from paternalism to legal covenant, emphasizing not patient trust and physician reliability but patient autonomy and physician liability. Death has become so contractual that an estimated 70 percent of U.S. deaths are “timed and negotiated” with an agreement by concerned parties about the use or nonuse of life-prolonging technology. During a hospital ethics meeting I attended in 1999, staff were discussing a conflict with an immigrant family over telling their father his terminal diagnosis. One doctor remarked that if he went along with the family, he could tell himself, “I’m great; I’m going with the cultural flow,” resting in a multiculturalist self-satisfaction. On the other hand, he worried that “hiding the truth” from the patient would foreclose an opportunity for spiritual growth. The patient should have the chance to reflect on his life, sound his depths, confront his death. Here the pastoralist past of confessionalism comes full circle in a modern medicospiritual agenda.

Yet the “truth” of impending death that in the doctor’s view was an important spiritual step was, for the first-generation immigrants with whom I spoke, a physical and spiritual danger. Somsy argued, “The doctor should not tell the patient that he or she is going to die. He should let the family members know in secret. If the patient knows, he will be discouraged and heartbroken. He will think too much.” He told me of a man who was asked if he had made arrangements for his burial. After many sleepless nights he eventually fell ill and died. Mrs. Thao agreed: “It is not a good idea to tell someone. If I received this kind of news I would be upset, frustrated and sad.” Douang noted, “It shocks people, the way the doctor says it. . . . The danger of telling the person directly is that it could exacerbate the symptoms or shorten the person’s life.” Kampheang told of a woman who was diagnosed with breast cancer. “From that day she was down. Down and down and down and down. In only six months she was gone. She got too disappointed. . . . Why let the patient know? Just let it go. And they will not be counting the days until they are going to die.” Pheng of a Hmong man who died within one week of being diagnosed with AIDS. “I have had AIDS training. Usually people don’t die of AIDS right away. . . . He had no more hope.” Mr. Lo said, “Most people don’t want the sick person to know his or her condition. They feel that could make the person even worse.” Sotheung, a Khmer health professional, offered, “I know the doctor has an ethic that they have to tell the patient. . . . And sometimes it makes it worse. If they are supposed to live two years, and you tell them, they will probably just live one year or six months. . . . It makes the patient afraid. . . . They don’t want to talk to anyone and they become depressed and isolated.” As the granddaughter commented during the hospice visit described above, “If I tell grandmother now, she will give up hope.”

A Lao monk spelled out a spiritual risk of truth telling. “Telling the truth to the patient will discourage him and weaken his khwan [spirit]. A hospital patient has already lost some khwan. And when the doctor tells him, ‘You have this kind of illness,’ that scares him into losing more khwan.” Cheuang, a Kmhmu healer, also thought that soul loss was a possible consequence of disclosure. “If you hear that, your hanmal [soul] will leave right away. The hanmal

28. Ibid., 656.
30. Studies suggest that AIDS patients who accept their death may live a shorter time than those who do not (Webb, Good Death, 65).
will go out of your body.” To talk about a person’s death in advance can be precisely the wrong combination of powerful words, a dangerous linguistic performance with the power to weaken the spirit or jolt it out of the body. Just as certain words, like Somsy’s *cham mon*, have the power to protect or heal, so other words have the power to harm.

The wariness of powerful language wielded within U.S. hospitals need not be framed as “denial.” Many families confront death silently. Pheng noted, “Deep inside their minds, they are preparing where to bury the person, or what kind of ceremony to plan. But they don’t say it out loud. . . . They say, ‘Try to save her. I don’t believe she is going to die.’ But inside they already have clear thinking. They just don’t want to mention it. It would hurt her. She would feel like, ‘I’m not even dead yet and you are already preparing.’” Of her first husband’s death in the United States, Mrs. Thao said, “He could feel it, he could sense that he would not make it. . . . He did not say much to me. He just tried to make sure that everything was in order. I knew he was dying from the doctors’ reports, so I didn’t ask him. . . . We just understood each other.” For families who communicate nonverbally when death is close, truth telling can be overkill, sometimes literally. As Sodoeung said, “People know. They are sick day and night, in and out of the hospital all the time. . . . They don’t want to hear someone tell them, ‘You are going to die from this and that.’ It shocks them. We know it and we just keep it inside.”

An assumption of modern medical discourse is that language is transparent: when we speak, we communicate the information behind the words, rather than the attitude or intent woven into the words. If “ritual” language such as Somsy’s *cham mon* is often understood to be performative, effecting changes in the social world, scientific language is presumed to be constative, in Austin’s sense, conveying content.31 I suggest, however, that the fact-laden language of medicine is fully performative, designed to maintain professional distance, manage patients’ and families’ emotions, offer reassurance, and encourage compliance. Moreover, many patients do hear emotional subtext, even if they have been trained by a modern education to disregard it. Patients who are especially unused to the constative communication of medical scientists, or more attuned to the performative power of words, may interpret truth telling not as an offer of information but as a gesture of abandonment or indifference. Mrs. Prachitham, an elderly Khmu woman, faulted one doctor for telling her friend she would die within a month. “Back in Laos,” she said, “when you visit someone who is really sick, you always say, ‘Oh you’ll get better soon, don’t worry.’ . . . We feel compassion for the person’s spirit.” By implication, truth telling communicates an absence of compassion.32

Truth telling is part of a larger field of medical performance that may seem to recent immigrants to contribute to their marginalization or early deaths. On one visit to the family on hospice, the granddaughter mentioned that she felt that her family had been hurried out of the hospital because of being on Medicaid. The oncologist only spoke to them for five minutes. The hospice nurse interjected that doctors have no time for patients, no matter what their insurance plan. The granddaughter went on to say that one doctor frightened her by implying that her grandmother was dying. Another doctor failed to explain why her grandmother was taking a certain drug. Threaded into the granddaughter’s comments is the sense that truth telling is simply one of a complex of life-threatening practices forced on her family.

Memories of Violence

It is not only recent immigrants who are suspicious of medicine. Truth telling originated not simply from a Christian confessionalism but also from an ambivalence about scientific medicine and its sometimes uncanny technological magic. Like other instruments in the contemporary bioethics of death, such as do-not-resuscitate orders and advance directives, the practice of truth telling developed in the

32. Nonresuscitation is sometimes similarly understood. Relatives may regret a decision not to resuscitate, if the dead communicate a sense of abandonment by haunting the relatives in recurrent dreams.
wake of court battles between families and hospitals over the right to end the life of persistently unconscious patients. Modern disciplines of death are therefore haunted and sustained by collective memories of hospital deaths, “persistent vegetative states,” and “brain-dead” lives prolonged by technological excess. Such memories underlie the contemporary ideology of death “on our own terms” and “natural” death. These memories evoke a different set of nightmares of a different kind of terror, from those of my Southeast Asian–American interlocutors. These nightmares are structured around a cyborgian death (or uncanny afterlife) hooked up to machines. Such scenarios invoke a particularly modern type of restless ghost, a Judeo-Christian soul locked inside a body kept alive by mechanical devices. In this “zone of indetermination,” as Giorgio Agamben terms persistent vegetative states, a person slips close to “bare life,” an existence seemingly stripped of political and social value. In the popular imagination such lives carry a grotesque ambiguity. These nightmares are structured around a cyborgian death (or uncanny afterlife) hooked up to machines. Such scenarios invoke a particularly modern type of restless ghost, a Judeo-Christian soul locked inside a body kept alive by mechanical devices. In this “zone of indetermination,” as Giorgio Agamben terms persistent vegetative states, a person slips close to “bare life,” an existence seemingly stripped of political and social value. In the popular imagination such lives carry a grotesque ambiguity.

The 1960s and 1970s, when battles raged over the right to die, yielded vastly different memories for Southeast Asians, where bare life was found not so much on hospital wards as at the borders of combat zones. These are memories in which the remote wonders and horrors of life-sustaining technologies are overshadowed by wartime violations of the dead, desecration of spiritual sites, and an acute awareness of how medicine can be directed to political ends. Refugees of Laos and Cambodia remember stepping over dead bodies, giving away children, and watching as wats were made over into “hospital”-cum–torture chambers. Memories such as these foreground less the danger of lingering mechanized death than the danger of violent death among strangers.

Medical settings themselves, in the wartime environment, were locations of violent death. Phanha recalled: “[My superiors] didn’t want me to go to the hospital in Laos, because I might be killed there. To protect me, they sent me to Thailand, where nobody would know me.” Many described medical abuses in refugee camps. Julie Prachitham knew of women who were given tubal ligations against their will. Rumors traveled through the camps about children who were sent to the hospital for minor ailments, underwent surgery, and died. It was widely suspected that the doctors were using the children in experiments. In these memories, the fear of scientific excess that prompted the call for “natural death” in the United States generates a different imaginary, not the body connected to life-prolonging machinery but the body dismantled for its mechanical parts and biological secrets. When hospitals were not sinister, they were simply inadequate. When a mau du was unable to help Julie’s ill sister, her parents took her to a hospital a day’s walk away. After the girl died, the family was forced to bury her in the hospital plot.

In our village we could have made a coffin or bamboo covering to wrap her body. But because we were away from home, we just wrapped her in some white cloth. . . . The funeral didn’t have a very good appearance. It happened so fast. . . . When we went home I had a dream in which my sister was saying, “I’m not dead yet. I don’t know why you buried me.” I interpret that to mean that we did a poor job of burying her. . . . Twenty years later I still feel bad about what happened.

Knhmu village cemeteries were described as frightening places, full of buffalo skulls, where no one wanted to linger. In this story, however, the city hospital is an even more frightening burial site. For it is in this institutional milieu that the family most acutely confronts their poverty and helplessness. Memories like this echo the frustrating lack of control over postmortem practices that immigrants frequently experience in the United States.

If trust in medicine was eroded, reliance on spiritual healing intensified. Wartime, with its unpredictable episodes of death and


disappearance, accentuated people’s dependence on those intangible agents—whether magical words or spiritual agents—that might powerfully influence well-being. Sodeung told me of an elderly monk who had healed her eye infection by blowing on it and repeating sacred words. “The Khmer Rouge tried to kill him several times. Each time they ended up going down on their knees in front of him. I think he had some kind of power.” Mrs. Sann, another Khmer woman, felt she owed her daughter’s life to neak ta (Khmer village guardian spirit). “One night I saw a person with long hair to her breasts, dressed in white. She shook my toe and said, ‘Why are you sleeping? Your child is very sick.’” Mrs. Sann went to her group leaders to ask permission to visit her child. Although such requests were rarely granted, the leaders let her go. She found her daughter very ill and without medicine. Yet she recovered. “I kept praying to neak ta and to Buddha. Neak ta has very great power. It is considered a superstitious belief. But I think neak ta took care of my daughter.” The numerous stories told of healings or extensions of life in this country, accomplished by powerful words and practices performed against a doctor’s terminal prognosis, resonate in such memories of the lives owed to spirits in wartime.

In the United States, memories of war are medicalized as post-traumatic stress. While this diagnosis acknowledges the horror of such memories, it also allows that horror to be contained in the clinic, leaving intact heroic images of war in the popular media. Discussing public responses to 9/11, Veena Das has suggested that U.S. society has trouble acknowledging the extreme vulnerability exposed in war. Indeed, “the vulnerability and powerlessness to which we, as embodied beings, are subject, is recast in terms of strength. And thereby the representations of the American nation manage to obscure from view the experiences of those within its body politics who were never safe even before September 11.” Thus the memories of war veterans, refugees, and others whose lives have been touched by violence, while they are acknowledged medically, are not integrated into popular discourse on death, in which concerns about technocracy continue to overshadow concerns about inequity and lack of access to care.

Caring for the Dead

The comments of the doctor at the ethics meeting recounted above suggest that truth telling owes some of its cultural logic to an assumption that the dying person is facing a last opportunity to acknowledge his or her death. One Khmer family on hospice refused to tell their twelve-year-old son that he was dying of a brain tumor, continuing to seek out all treatment options from acupuncture and Chinese herbs to emergency resuscitations. When the boy died, his hospice nurse regretted that he had never been able to talk with his family about his fear. The family, on the other hand, declined the hospice’s offer of bereavement counseling and dedicated themselves instead to preparations for a seven-day funeral ceremony.

Lao, Kmhmu, Hmong, and Khmer funeral practices demonstrate an acceptance of death that is less a matter of private soul-searching before death than a matter of community teachings and practices after death. Lao say that the winyan (spirit) hovers around after death, observing the funeral ceremony. Listening to the chants on the transience of life recited by Buddhist monks at Lao and Khmer funerals, the dead, like the living, come to accept death. In Laos, after the body was taken to be cremated, the house was encircled with a string to keep the spirit from returning home and bothering the family. Khmer place a coin in the mouth of the deceased, to show that no one can take material things with them into the afterlife (a reason in line with Buddhist doctrine) or to assure that

35. Under the Khmer Rouge, families were separated into work groups by age.
37. While calling 911 can be grounds for removal from hospice care, exceptions, called “alternative pathways” were made for children at this particular hospice.
38. The term winjan or winyan refers to the spirit of the person as it passes from one life to the next. The term khwan refers to the spirit of the living person, which is vulnerable to being separated from the body. (Tambiah, *Buddhism and the Spirit Cults in North-East Thailand*; Charles F. Keyes, “Death of Two Buddhist Saints in Thailand,” in “Charisma and Sacred Biography,” ed. M. A. Williams, special issue, *Journal of the American Academy of Religion* 48, nos. 3-4 [1982]: 149–80).
the deceased has money to bribe the guards of the other world. Stories circulate about people who died and then returned to life. In Laos, Lao open the coffin just before cremation and wash the face of the deceased with coconut water to make sure he or she is truly dead. According to Douang’s father, many people come back to life at this time. Douang heard of one dead man, later revived, who tried to return home and saw a string of fire around his house. Such stories reinforce the idea that acceptance of death is a task for the deceased rather than for the dying.

In Laos, non-Christian Kmhmu funerals contained explicit instructions for the deceased on how to find the land of the ancestors, naming each cliff, valley, and river to be encountered along the way. Similar instructions to the dead are embedded in the Hmong funeral song called “Showing [or Opening] the Way.” The purpose of the song is to guide the spirit of the deceased back through all the habitations of its life to the place where it was born and then to the place of its ancestors. At one point in a Green Hmong version the deceased is told of the sighting of its own spirit:

Now, ah, your ghost, my brother, a brother richly dressed
Appears on the other slope—tall like you, your spitting image
Is it you or not? . . .
You can no longer talk with men
You have gilded into the Beyond, you can talk with spirits.

Here the lyrics trace the transformation of living person into spirit, persuading both mourners and deceased that the person is dead or, perhaps more accurately, in the process of dying, of journeying from this world to another. In leading the deceased back to the village of its birth and the home of its ancestors, Hmong funeral songs often trace a history of migration. In one family’s ceremony, the mourners must “fight” the Chinese to help the deceased cross the border into China. Of funerals in the United States, Mr. Vangay said, “The person who points the way explains to the dead person that the country was at war and we were brought over here. He shows him each place, each doorway, each city or town, until he gets back to where he was born.” In Pheng’s patriline the person who shows the way deceives the deceased by making nonsensical assertions, such as that the man who showed the way came today but left yesterday. These phrases are designed to disorient the spirit so that it cannot track the guide back to the world of the living. Unlike deathbed confessionalism, these acknowledgments of death are a matter not of confronting the interior self but of joining the ancestral community.

As the song continues, the deceased meets spirit guards who block its path, or (in another version) ask it why it is so well-dressed and where it intends to go. The deceased is instructed: “You must say: It’s because the medicine stayed with the plant in the cleft of the rock. / My mother went in to call in the plant, but the plant didn’t answer. / The helping spirit stayed in the crevice of the cliff. / The shaman went to call it but the spirit was slow to come.” Such acknowledgments of the failure of healing remain unspoken in most Euro-American funerals, having been articulated earlier, if at all, in practices of medical disclosure.

Another Hmong funeral song, the “Cutting off of the Breath,” is played on the qeej (reed pipes). Pao Chang, himself a qeej player, told me, “This music is for the moment of the last breath.” This song, in which each musical phrase has a verbal translation, is thick with corporeal details. In lingering over the embodied

39. Northeastern Thai say that the face is washed with coconut water to cleanse the deceased for the new world (Tambiah, Homicidism and the Spirit Cults in North-East Thailand).
41. Kenneth White and Jacques Lemoine, Kr’ua Ke (Showing the Way): A Hmong Initiation of the Dead (Bangkok: Pandora, 1982), 12.
42. Hmong migrated from China into Southeast Asia during the nineteenth century following decades of rebellion against repressive policies of the Chinese state (Tapp, Sovereignty and Rebellion; Jane Hamilton-Merritt, Tragic Mountains: The Hmong, the Americans, and the Secret Wars for Laos, 1942–1992 [Bloomington: University of Indiana Press, 1992]).
43. The soul is not released for rebirth until a later ceremony, tso plig, which can take place up to a year later. See Patricia Symonds, Calling in the Soul: Gender and the Cycle of Life in a Hmong Village (Seattle: University of Washington Press, 2004).
44. White’s and Chindarsi’s translations of “Showing the Way” are from Green Hmong and Blue Hmong, respectively (White and Lemoine, Kr’ua Ke; Nusit Chindarsi, The Religion of the Hmong Njua [Bangkok: Siam Society, 1976]). Though differing in some details, they contain roughly the same stories and instructions.
45. White and Lemoine, Kr’ua Ke, 28.
details of dying, the melody forces an acceptance of death.

Now [the deceased] is about to die for good, die a complete death
Die with his life-thread cut and saliva flooding his mouth
Die with his life-breath stopped.
At this time the younger and the elder brothers
Will go fetch cold water, fresh water
And heat water to wash his black-beshitten body.46

The power of this song to finalize death is implicit in the caution that it should be played only at funerals. Of the qeej funeral repertoire Catherine Falk writes, “Its content is regarded as being extremely powerful. If it is performed or learned in a private dwelling not at the time of a funeral, a living soul may be sent inadvertently into the next world.”47 One does not play lightly with the idioms of death.

There is more to contemplate here than the difference between a dying that is negotiated through bedside confessionalism versus a dying negotiated through funeral songs and practices. There is also a disjuncture between the physical intimacy with the corpse suggested by references to washing skin smeared with feces and the scientific contact with the corpse manifest in the detection of death through sophisticated machinery or the hygienic concerns of embalming. Dying involves not only specific language but also specific bodily care. If the language of contemporary disciplines of death is the language of confessionalism, an interior admission of impending death, the bodily care within these disciplines is the treatment of the body as an asocial entity, an anatomical specimen or sanitation problem. The immigrants with whom I spoke, on the other hand, recall and still improvise a care of the corpse that is a continuation of their relationship with the living person. In Asia, people prepared the bodies of their own family members for burial or cremation, not only speaking and singing to these bodies but washing them, wrapping or dressing them, arranging their limbs, supplying them with money and household goods, carrying them, burying or burning them, sometimes raking through their ashes, sometimes disinterring and cleaning their bones.

This tending of the dead body was severely disrupted in wartime Laos and Cambodia. In Laos, soldiers were hastily buried or burned by their comrades in the places where they had died. In Cambodia, fabric was so scarce that grave sites were raided for the cloth wrapping the bodies.48 With monks killed or in hiding, wats converted to military purposes, and devotion to Buddha or spirits a grounds for punishment, the dead received scant mourning. Those who were clandestinely executed by the Khmer Rouge were simply thrown into mass graves. Even the ashes of those who had been cremated earlier were lost during the destruction of the wats. Sodoeung told me, “When the Khmer Rouge took over we didn’t know where [my grandmother’s] ashes went. The temple was destroyed. . . . They took a lot of people to that temple to kill and bury them there. People told me that it was just like a ghost town.” A wat that was a place of harmonious relations with the dead had become an abode of dangerous ghosts. As Phanha’s narrative of his displaced ancestors speaks of his own displacement, so the stories of the loss of parents’ and grandparents’ ashes speak of the loss of an entire social world.

With so many dying violent deaths, the forests of Cambodia were crowded with restless ghosts.49 Once Sodoeung ventured into Thailand to buy rice for her family. Her way back led through minefields, where she stepped over bodies of men, women, and children. Meanwhile, her parents had heard that a girl her age had been killed in a landmine explosion.

They thought I was dead. They had even done some ceremonies. When I got there, my face was muddy and they thought that it was my ghost coming back. They threw rice on me [to ward

46. Ibid., 7.
48. Khmer of some regions prefer burial over cremation. Victims of violent death are almost always buried.
off the ghost] and I said, “What for? I’m here, Mom. I’m here, Dad.” . . . My youngest sister is always quicker than anybody else. She said, “She’s still alive. If she had died she would never have come back.” . . . By this time my dad was no longer scared. My dad said, “It must be her. Help her carry her stuff.”

Such stories mark encounters with the ghosts of wartime as palpable everyday events. The excessive violence during those years made hauntings by restless dead not only more possible but ubiquitous and eerily concrete. In escaping her Khmer Rouge work assignment and crossing and recrossing the border between Laos and Thailand, Sodoeung slid toward bare life, becoming more killable by bandits or the Khmer Rouge. Her journey over the landmines overdetermined her as not only killable and likely killed, but as one of those dangerous dead who have suffered violent and untended deaths. As she seems to no longer belong to the world of the living, she can only be apprehended as a ghost, even by her own family. It takes her sister’s keenness to reinterpret her as a social person. Michael Taussig suggests that the dead become ghosts as the incompleteness of their lives drives them to spill over into afterlives of spectral continuance. The lives of soldiers, refugees torn from their homes, or missing persons possess a radical form of incompleteness that makes them especially active spirits. Spirits in the United States, though appearing in nightmares rather than forests, are still restless, as memories of violence, displacement, and desecrated graves are aggravated by experiences of political marginality, welfare indignities, and the alienating routines of hospitals, morgues, and funeral homes.

If the contractual death of contemporary bioethics can startle the spirits out of the living, the secularism of contemporary postmortem procedures can upset the spirits of the dead. In the first instance, the spirit is driven from the body through the invocation of an interior self who must confess to its own death. In the second instance the spirit is threatened in its afterlife by the treatment of its body as a scientific object. The funeral practices described above presuppose that the spirit of the deceased tangibly receives the care given to the body. Once contiguous, body and spirit remain connected, still participating in one another’s substance. Modern Christian funerals are not so much practical means of sending the spirit on its way and providing for its new life, as cathartic enactments of farewell. The link between the corpse and the departed soul is symbolic rather than material. Not so for Southeast-Asian Americans with whom I spoke. Douang knew a woman who put a pack of favorite cigarettes on her dead husband’s bed and was assured of his happiness when she saw him smoking contentedly in her dreams. Major Thao placed cash, ID cards, and a passport on his wife’s hospital bed for her journey into death. Khmer and Lao who are visited in dreams by dead relatives requesting clothing or other goods take the goods to the wat where monks deliver them in ethereal form to the spirit. Hmong warn that metal in the grave can lead to stiffness in the next life or an inability to reincarnate at all. Many recent immigrants are wary of autopsy and organ donation that may deprive the spirit or future incarnation of essential body parts.

In this country, dead bodies are rarely tended by mourners but must be surrendered to funeral homes where ceremonial incompleteness leaves the survivors unsure if the spirit will find rest. When his wife died, Somsy asked the funeral home to put her clothes on backward. They obliged him with the underwear but put her other clothes on the usual way. “They said they had to do it according to their own rules. They could not do it exactly according to my wish. That means she will be in two cultures.” Even as he imagines that Lao souls want to return to Laos, he notes that his deceased wife, like he himself, is caught between two worlds, her forward-facing blouse a sign of persistent diaspora. Douang had not heard of

51. Tapp, Sovereignty and Rebellion.
52. For an account of a contested death practice in Thailand with serious consequences, see Ryoko Nishii, “Social Memory as It Emerges: A Consideration of the Death of a Young Convert on the West Coast in Southern Thailand,” in Tanabe and Keyes, Cultural Crisis and Social Memory, 231–42.
any hauntings in North America outside of dreams. “Back home it is a big deal,” he said. “The spirit will come back and haunt you if you don’t do [the funeral] right.” Nonetheless, he faulted some funeral homes for their rigid protocol. “Death is a very important event,” he said. “If they do not let a family put the shirt on backwards, there are some who will feel very bitter. They will worry that the spirit will not go away and will still be roaming around the house. If you don’t put the clothing on in the reverse way, they say that the spirit still knows how to come back home.”

Major Thao noted that some funeral homes refuse to allow the family members to start the cremation themselves. “We want to witness the cremation with our five senses,” he said, “to touch the button, to see the burning. When we don’t get to do that, we don’t feel good. We want to see the body going in the oven, and see the smoke going up.” In Cambodia, those Khmer who bury their dead hold a second ceremony a year or more later in which they disinter the bones, wash them, and cremate them. Those who cremate their dead wash the remains in coconut juice and then store them in an urn in the wat where they can be cared for in an ongoing way. People who still remember washing their deceased loved ones, wrapping them in cloth, carrying them to the pyres or cemetery, splashing coconut juice on their faces to allow them one last chance at life, or cleaning their bones, want now, at the very least, to touch the cremation switch. Thao went on: “There are times when you cannot help it, you cannot do the funeral properly, like for soldiers in a war, and you just have to let it be. But in this case, when there is something that you can do, you really must do your best. . . . A funeral is the biggest ceremony of all.” In war, then, when the forests were crowded with dangerous spirits, an incomplete funeral was nonetheless understandable, while, in North America, where no spirits want to linger, it is not. This is one way, I argue, that a funeral home comes to be the locus of nightmare: by evoking through memory the horrors of war to index a still more unforgivable violation. It is as if the desecrations of war are repeated, but in a social world where mortuary practices are ordered and freedom of worship supposedly prevails.

When Sodoeung’s father died, she planned to dress him in a new suit she had bought for him. Because the funeral home would not allow the fabric of that suit to be burned, her father had to be dressed in an older suit. “I got so upset. I just said ‘okay.’ But it was not okay.” Before the cremation, funeral home personnel routinely remove candles and flowers that have been placed on the dead body for the journey. Khmer families are sometimes disturbed when they are not permitted to leave coins in the mouth during cremation. Later they argue about whether the deceased will have enough money in the spirit realm. Sodoeung told me, “Sometimes younger people think it’s just symbolic. ‘Just put it on and then take it off. He’s not going to know.’ But my mom said, ‘No, if you take it off that means you’ve lied. You didn’t do it honestly.’” Those educated in the United States think of the objects used in death rites as symbols, in accordance with contemporary Christian theology and anthropology. Older relatives consider these objects as instruments to accomplish pragmatic ends: the comfort of the deceased and the prosperity of the family.

Hmong in the United States have struck many compromises with the bureaucracies of death. Since sanitation laws do not allow the cow sent with the deceased to be killed while connected by a tether to the corpse, Hmong now slaughter the cow elsewhere. Mr. Vangay said, “The elderly don’t like it. They feel so sorry about not being able to sacrifice the animal with the body.” Mrs. Vangay added, “All we can do is offer the head. We tie the rope from the head to the body. . . . There was one case in California where they gave the head to the body, and the dead person went back to Laos and came in

53. There are many ceremonial provisions to prevent the spirit of the dead from returning home (cf. Charles Archaimbault, Structures religieuses: Lao rites et mythes [Religious Structures: Lao Rites and Myths] [Vientiane, Laos: Vithagna, 1973]).

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a dream to the relatives, and said, ‘The Hmong in America only offer the head. There are no feet, no arms or legs, so the animal has a very hard time walking. It is hard for me to get the animal to go with me.’” Telling this story, Mrs. Vangay laughed a little, conscious of the disjunction between the United States, where spirits are mostly absent, and Laos, where spirits are everywhere present. Her laughter registers the irony of encounters with the uncanny in an ambivalently enchanted modern world. Her own “belief” or lack of belief in the possibility of sending a spirit cow with the deceased does not diminish the power of her story. Images of plig dragging legless cows across a spirit landscape convey the disconnectedness of extended families scattered between the mountains of Laos and urban North America. Pao Chang compared inadequate performance of death rites to leaving the trail in a dangerous jungle. The consequences of losing your way in the jungle of mortuary rules are sickness, death, and the shortening of the family line.

John Pemberton writes of Javanese who do not deny spirits exist but say they have left a place that has grown too noisy and crowded. Offerings once made for particular spirits are now made simply on behalf of “tradition.” With the loss of specificity people are never certain whether the offerings are complete. Similarly, Phanha’s sword dance might once have warded off spirits but now, performed in a church basement at the Kmhmu New Year, serves to celebrate Kmhmu “culture.” He and others do not deny that spirits exist but tell stories of their alienation in U.S. hospitals and funeral homes.

Douang once tried to articulate why grief was more prolonged in the United States than in Laos. “In Laos people talk about their dreams. People here have gotten too sophisticated. If you believe in dreams, it’s kind of backward. Back home people ask you, ‘Have you had any dreams about your husband? Did he come and tell you the lottery number?’ And you laugh together.” In Laos spirits were acknowledged members of the social world, suggesting lottery numbers, occasioning a joke. In the United States, displaced spirits make their (absent) presence felt in other ways. Spirits of the living threaten to desert the body at clinical talk of death, while spirits of the dead trouble the mourners with a sense of incompleteness, as the sanitized space of the funeral home prevents them from seizing death with all their senses. In these ways troubled spirits haunt the sites of biopower, enacting a silent but insistent dissent from modern disciplines of death.