

BETWEEN DEATH AND FUNERAL: MORTUARIES AND THE EXPLOITATION OF LIMINALITY IN KWAHU, GHANA

Sjaak van der Geest

The mortuary has changed the landscape of death and funerals in Ghana. When I began my research in Kwahu in 1969, mortuaries hardly existed. People did their utmost to prevent their relatives from dying in a hospital, for two good reasons. First, it was better to die at home in the company of dear ones than in the inhospitable space of a hospital surrounded by strangers (cf. van der Geest 2004). Second, transporting a dead body was a costly undertaking, so relatives rushed to bring the dying person home before he gasped his last. After his death at home, the person would be buried the next day. Seven days later, there would be a second funeral, attended by those who could not make it on the day of the burial because they were living a distance away.¹

The situation has changed completely. Today, relatives prefer to have a grand funeral *with* the dead body in their midst. The mortuary or 'fridge' makes this possible. Instead of rushing to get a dying patient out of the hospital, relatives now hurry to move him in the opposite direction. Patients who die in a hospital have easier access to its mortuary and pay less. Relatives, therefore try to get their dying parents admitted to the hospital before they expire to spare the costs of transporting the deceased body and to benefit from the reduced mortuary prices for ward patients.

In this essay I describe (1) how a technical apparatus revolutionized the Akan funeral culture and (2) how that development dovetailed with the interests of relatives and hospital managers. I will further argue (3) that this development would not have been possible without the money provided by well-to-do relatives staying abroad. In an overview of anthropological studies about the end of life, Kaufman and Morgan (2005: 326) complain about the dearth of ethnographic

SJAAK VAN DER GEEST is Professor of Medical Anthropology at the University of Amsterdam. He has carried out fieldwork on a variety of subjects in Ghana and Cameroon, including the use and distribution of medicines, popular song texts, meanings of growing old, and concepts of dirt and defecation.

¹ Some traditional techniques existed to preserve a body a few days, but I have never witnessed them. As soon as a person had died, people poured *akpeteshie* (local gin) into his mouth, laid the body on the cold floor and opened the windows of the room for some breeze. The stem of a plantain tree was pounded till it became soft like a sponge and spread over the whole body. After three or four days the *mmamma* (members of the father's family) washed the body and laid it in state (see also Rattray 1927: 147–66). The techniques for preserving the remains of a chief were more complicated (McCaskie 1989: 427).

work on the commercialisation of death. This essay *is* about death as business.

The observations are part of anthropological fieldwork about meanings of growing old in a rural town of the Kwahu area, about 150 km north of the capital, Accra. That fieldwork started among living older people and ended in the mortuaries of three local hospitals.

CONTINUITY AND CHANGE OF THE FUNERAL

When I compare my own observations from 1969–1973 in Kwahu to those of today I am struck by several changes in the management of death and funeral. In 1969 there was fasting during funerals and many women of the *abusua* (family) of the deceased had their heads shaven. The elders played a main role during the rituals: they had their traditional drumming and reigned on the dance floor. The young absconded to the beer bar where they listened to Highlife hits such as ‘Maame Adwoa’, ‘Julie’ and ‘Onipa nsè hwee’.²

Now shaving³ and fasting are no longer practised and Highlife music dominates at the funeral site. Funerals have become more professional and commercial (cf. Arhin 1994). New technical devices have increased the means to impress. Highlife music has taken over traditional drumming and dancing. Huge speakers blast the music throughout the town, interrupted by loud announcements of donations.⁴ ‘Jamborees’, best described as disc jockeys, are hired to play music and make announcements. They bring with them the technical equipment needed for a successful funeral, such as cassette recorders, turntables, speakers and a generator.

Filming the ceremony is another recent addition to Akan funerals. The most important feature of the films I have seen is the visitors as they come to pay their respects; these shots are interspersed with close-ups of the deceased lying in state (cf. de Witte 2001: 109; Miescher 1997: 531). The number, rank and dress of the visitors are an indication of the success of the funeral and support the idea of the deceased’s ‘good death’ (cf. van der Geest 2004). The film will be viewed at family reunions, for example during Easter, and sent to relatives abroad who were unable to attend.

‘Professionalization’ implies that tasks formerly carried out by members of the family are now delegated to outsiders. De Witte (2001: 103) speaks of a ‘funeral industry’. Hiring other people to perform funeral activities is in itself a prestigious thing to do. It proves that the

² For a discussion of the playing of Highlife songs at funerals, see van der Geest 1980 and 1984 and Yankah 1984.

³ Shaving is still practised at royal funerals, but (mainly female) relatives can avoid being shaven by paying a sum of money.

⁴ Visitors donate money for the organization of the funeral.

family can afford the expense.⁵ Funerals assume a 'potlach character'. The more money spent, the more the *abusua* is admired. Money, one could say, is a measure of social prestige. The growing number of relatives abroad plays a crucial role in this development. They are the ones who request that the burial be postponed until they can attend; they too are the ones who pay for the extra costs.

Funerals cause ambivalence. Their extravagance and high costs are frequently criticized in articles and letters in newspapers, in speeches by politicians and in pastors' sermons. An oft-levelled criticism is that families are more inclined to spend money on funerals than on care for sick and elderly people; that they take better care of the dead than of the living. As the proverb goes: *Abusua dɔ funu* (The family loves the corpse).

Saying that the Akan funeral is more social than religious, as I did in an earlier publication (van der Geest 2002) may be misleading, since social, political and religious sentiments are closely intertwined. Beliefs about the status of the dead, ancestorhood, life after death and reincarnation (van der Geest 2002) do not conflict with the commercialization of funeral rites. A church burial is prestigious today and converting to Christianity in old age is often a conscious step towards having a 'fine funeral', according to de Witte (2001: 139; see also Gilbert 1988). Money expresses religious success, particularly in Pentecostalist churches (Meyer 1998). Religion, in short, is a crucial factor in the politics of reputation that are at stake during funerals.

What I want to emphasize is that the deceased is used for a social purpose. His/her dead body, though apparently at the centre of the funeral, is primarily a symbol, a ritual object, which the family needs to perform a ceremony for itself. Funerals provide occasions for the living to demonstrate their social, political and economic excellence. Money indeed measures the quality of the funeral and the family.

The use of mortuaries plays a crucial role in the endeavour to make a funeral grand. The longer a corpse remains in the morgue, the more prestige is attached to the funeral. This is not only because a longer period allows the family to make more preparations for a successful funeral; the mere duration of the corpse's stay in the mortuary commands respect. People know the high prices of mortuaries and can estimate the amount of money the family spent.

THREE HOSPITALS, THREE MORTUARIES

There are three hospitals in Kwahu and each has a mortuary attached to it (independent mortuaries are not allowed in Ghana). One of the hospitals is public, one is private and non-profit, and one is private and for-profit. The first I visited was the hospital in Atobie, near the district capital Mpraeso.

⁵ Due to the new trend of contracting out tasks, the Akan funeral threatens to lose what some regard as its most 'wholesome' quality: the active involvement of close relatives in the ritual, which is believed to benefit the mourning process.

The Kwahu Government Hospital in Atibie was founded by Seventh Day Adventist missionaries and later on handed over to the Ghanaian state to become a public hospital. The mortuary is a building close to the road in front of the hospital. Its location serves a practical purpose, because the mortuary attracts a lot of visitors and cars on certain days, as we will soon see.

When Boamah and I arrive, we meet three people: two attendants and an engineer who has come to do some repairs. On stretchers are two corpses that have just arrived, waiting to be 'embalmed' before being put in the mortuary. One of the attendants explains to us the procedures. Corpses in the mortuary come both from the hospital wards and from outside of the hospital. When people bring corpses to the mortuary, their names and other particulars are entered in a book to prevent the acceptance of dead bodies that are not claimed afterwards (which in fact rarely happens).

The work of the attendants is to bring a dead body from the ward and arrange the preparation and storage of the body with the relatives. Both attendants are from Northern Ghana⁶ but they tell us that nowadays more and more local people are interested in doing the work because they see that it is lucrative.

What they call 'embalmmment' is injecting the entire body with formalin, a preservative. Relatives have to purchase the formalin and pay the attendants for their work. 'Embalmmment' is obligatory. The two men open the refrigerator to show us how the bodies have been stored. They are all naked and sometimes three or even four corpses are on top of each other.⁷ A recurrent lack of space, they explain, dictates the stacking of several bodies in a single compartment.⁸

To reduce the time 'spent' on funerals, Kwahu authorities have decided that funerals may only be held at forty-day intervals. Most corpses are, for that reason, kept in the mortuary until the next funeral occasion, which may vary from one to forty days. The average length of stay in the mortuary is about 20 days. A poster on the wall explains the prices:

Mortuary rehabilitation	40,000 cedis
Embalmmment	40,000 cedis
Post-mortem examination	50,000 cedis ⁹

'Rehabilitation' refers to administrative costs. Post-mortem examination is carried out when a corpse is brought in from outside and the

⁶ Migrants from the North of Ghana are often employed for unattractive and 'dirty' work in the South.

⁷ I asked several people why corpses had to be naked in the mortuary (the Catholic hospital in Nkawkaw was an exception). Most thought it was for practical reasons. All of them criticized the practice as it added to the dehumanizing effect of the storage.

⁸ The treatment of corpses at the Kwahu mortuaries has a striking resemblance to practices in morgues in South Bénin (Noret 2004).

⁹ In July 2002, 10,000 cedis was about US\$1.25. I have used that rate throughout the article, which, of course, is a simplification of the financial situation. The cedi had a higher value in 2000 and 2001.

authorities want to be sure that there was no criminal act involved. It is not clear how frequently a post-mortem examination takes place.

The prices for storage differ slightly for 'ward cases' and 'out cases':

Out cases

1–7 days	7,000 cedis per day
8–14 days	12,000 cedis per day
after 14 days	15,000 cedis per day

Ward cases

1–3 days	free
4–7 days	7,000 cedis per day
8–14 days	12,000 cedis per day
after 14 days	15,000 cedis per day

When the mortuary clerk arrives, we are able to consult the books. Between 17 October and 19 November (a randomly chosen timeframe), 21 out cases and 14 ward cases were 'admitted'. The longest stayed 37 days and paid 450,000 cedis (about US\$55); the shortest period was three days. The clerk explains that people working in the hospital and their relatives pay less.

Statistics show that in 1999 the Atibie mortuary stored 1,031 corpses. The next year that number dropped to 496 and remained stable (493 in 2001). The drop was due to the fact that in that year the private (for profit) Agyarkwa Hospital (see below) opened its mortuary.

The first Atibie mortuary was built around 1975 and contained six compartments; a second with nine compartments was added in 1992. The clerk tells us that some years ago there were more attendants, who competed over corpses because of the money that could be earned by taking good care of them. Such competition even led to some using 'juju'¹⁰ to make the bodies in the care of their rivals decompose. Those practices, he assures us, no longer take place. Other criminal practices, for example stealing body parts to practise 'juju', are also out of the question. They 'only happen in the big towns'.

A visit to the financial manager of the hospital gives us an insight into the sources of revenue from the hospital and the mortuary in particular. The latest figures show that in March 2002 the mortuary earned the hospital 8.4 million cedis (US\$1,050), 7.5 per cent per cent of the hospital's total income of 113 million cedis. In April 2002 the earnings from the mortuary doubled (16.7 million cedis/US\$2,090) and amounted to 10.5 per cent of the total proceeds (160 million cedis).¹¹

The Holy Family Hospital, the private non-profit hospital, is situated in Nkawkaw, a busy town of almost 45,000 people. It is the largest hospital in Kwahu with 227 beds, 5 doctors and 60 nurses. The hospital has a more restrictive policy on mortuary use. The Catholic sisters who run the hospital disapprove of the funeral industry. They regard it as a waste of money and do not normally allow corpses from

¹⁰ Popular term for bad magic.

¹¹ All figures about income in this article are based on information provided by the hospitals. We were not able to confirm them with outside sources.

outside to be stored in the mortuary. The mortuary is only meant for patients who die in the hospital.

This mortuary is also built close to the main gate. It has nine compartments and can accommodate 18 corpses at most. Both attendants are men from the North. One of them shows us around and explains the procedures. Relatives pay 5,000 cedis per day (US\$0.65) during the first week, and 10,000 during the second week. All bodies are wrapped in a cloth. When we ask him whether he feels any fear, he answers with a biblical quotation that people turn to dust after death so there is no reason to be fearful. When asked about 'juju', he points at a crucifix on the wall: 'That's my medicine.' We took this to mean that religion was his protection.

The attendant does not have hospital financial information at his immediate disposal, and it takes a few days before we receive a note from the bursar with information on the proceeds of the mortuary compared to the total earnings. In 1999, the mortuary generated 25 million cedis (US\$3,125), or 3.5 per cent of the hospital's total income (717 million cedis/almost US\$90,000). In 2000, income from the mortuary was 31 million cedis, almost US\$4,000 (3.2 per cent of the total income of 956 million cedi), and in 2001 the mortuary's income was 46 million cedis (US\$5,750), 4.3 per cent of the total income of 1,069 million.

The third hospital, Agyarkwa, is a private, for-profit hospital with twenty beds situated about five km outside the town of Nkawkaw. Most people take a taxi to get there. The location is spacious, with lawns, flowers and trees. The hospital was built by and is now run by a Ghanaian doctor who spent many years in Germany before he returned to Ghana. He receives us in his house just behind the hospital and is very helpful in providing information. He directs us to hospital staff for further details.

The hospital has a very different policy towards mortuary use. It benefits from the growing demand for storage and has invested in a large mortuary of 15 compartments with room for 45 corpses. If necessary, space for 60 corpses can be found. The hospital can accommodate two to three times as many dead bodies as living patients. Storing corpses proves to be a far more lucrative business than treating patients.

Four workers at the mortuary, all Akan, 'embalm' the corpses. They also take care of them while they are stored and deliver them to the relatives when they come to collect them for the funeral. About five hours before relatives arrive, the frozen corpse is put outside the fridge on a rafter (or on the floor when there are many) to 'defrost'.

Prices are similar to the ones in Nkawkaw: 5,000 cedis in the first week; 10,000 in the second, 15,000 in the third and fourth and 20,000 after the fourth week. Usually bodies are stored till the next funeral occasion. Occasionally, a corpse stays much longer so that a relative can attend the funeral (and pay the morgue bill). Christmas is an exceptionally busy time for funerals because that is the time that emigrant sons and daughters return to Ghana to visit their relatives. Congestion during the Christmas period is so hectic that the hospital is planning to expand the mortuary.

Family conflicts are another reason for long storage; these are usually related to chieftaincy disputes. One such case was the body of a man who had been refused a burial in the royal cemetery and had then been taken back to the mortuary to await the outcome of the dispute. The body had been in the mortuary for one and a half years when we visited Agyarkwa Hospital, and the amount to be paid had risen to 40 million cedis. The hospital had begun to wonder if it would ever receive its money.¹²

In 1999, the mortuary at Agyarkwa stored 337 corpses; in 2000 that number rose to 423 and in 2001 to 466. On 5 July 2002, the figure was 289, forecasting a total of about 550 at the end of the year. The mortuary earned almost 139 million cedis (US\$16,375) in 2000, which was 38 per cent of the hospital's total income of 342 million cedis (US\$42,750). In 2001, that figure was almost 200 million (US\$25,000) which constituted 34 per cent of the hospital's total proceeds of 587 million (US\$73,375).

A DAY AT THE MORTUARY

On Friday 19 July 2002 my co-researcher Anthony Boamah spent the whole day, from 7.20 a.m. to 6.40 p.m., at the mortuary of the Atibie hospital. That day was selected because the next day, Saturday, would be a funeral day in most of the surrounding Kwahu towns: he therefore expected to see a lot of activity. The mortuary has an open veranda; many activities taking place in it can be seen from outside. I follow his report from hour to hour.

When he arrived, some men from the town of Bepong were waiting for the attendants to see them about the 'embalmmment' of a relative who had just died. The attendants arrived at 8 a.m. One of them directed the Bepong people to the pharmacy to buy 5 litres of formalin. Some people from Kwahu-Tafo arrived to prepare for the collection of a body later in the day. A woman and some relatives from Mpraeso came to check on the condition of their corpse and gave some money to one of the attendants to ensure extra care for their dead relative.

Those around the mortuary were conversing about the way bodies had been stored in the fridges ('as meat'). The discussion turned towards the case of the man whose body had been in the fridge of Agyarkwa for one and a half years. The woman from Mpraeso praised the workers at the mortuary and said that the situation in Atibie was much better than in Korle Bu and Police Hospital (two hospitals in the capital, Accra). 'There was no bad smell in Atibie.'

At 9 a.m., two men from Kwahu-Tafo came to see whether the body of their grandfather was in good condition. They too gave some money to the workers to make sure they would take good care of the dead body.

¹² In March 2003 the body was finally removed from the morgue. The family only paid 12 million, whereas the hospital claimed 68 million.

At 9.30 a.m. the main caretaker of the mortuary arrived and switched off the machine for a couple of minutes, perhaps to defrost the bodies a little. About ten minutes later, one of the attendants drew out some bodies and hit them hard with a stick to separate them. He removed five bodies from the fridge and placed four of them on a slab and one on the ground. On the opposite side were four bodies waiting to be embalmed. On each body was a tag with a number, the same number as on the receipt.

Those who had come to collect a corpse were asked to present their receipts and other documents. A man and a woman gave money and asked the attendants to wash the body before they came to collect it in the evening.

Around 10.30 a.m. a table was placed in front of the fridges. Three attendants put a naked corpse on it and began to inject formalin into it with a huge needle. They wore masks, big gloves and rubber boots. After they had finished, they continued with the other three corpses.

A corpse arrived on a stretcher from one of the wards in the hospital. A man brought a new singlet and a pair of pants to have their deceased's body dressed in before they came to collect it in the evening. A woman looking at the work of the attendants – how they exposed the dead bodies and carelessly injected them, everywhere, even in the face – commented: 'Man is nothing. As soon as the mouth is shut, he is finished.' Another replied: 'Yes, man is useless' (*Onipa yè fo*). A man who had gone to the hospital to settle the bill for a relative, who had died only 30 minutes after admission, complained that he had to pay 132,000 cedis.

It started raining and people ran for shelter. They began to discuss the impending district election. A woman told the others about her worries; no one in the family helped her when a relative died. One of the others reacted with a popular proverb that the family looks like a forest (*abusua te sè kwae*): from a distance it seems unified but from close up, one sees the individual trees. Another woman remarked about one of the corpses in the mortuary: 'Is that Akua Dansoa?'¹³ When she was alive, she told the family she did not want to be put in the fridge.' Another replied: 'If you are not a Muslim, no one will take you seriously when you say that.'

A man brought new clothes for a dead relative. When the attendants had finished the embalming, they went out to play cards on the veranda. Most people left. Those who stayed continued their conversation about all kinds of subjects, from house affairs and politics to the procedures at the mortuary. One person remembered that, once, someone had collected the wrong corpse. One person brought three tins of Peak (condensed milk) and asked the attendants to pour the milk over the dead body of their relative. This method was believed to help the body defrost more quickly.

¹³ Her name has been changed.

Around 1 p.m. three men came to check on the body of their relative. They gave the attendants 10,000 cedis. One of them said that the attendants would take better care of their body if they gave them some extra money. He explained that there were special places in the fridge where the bodies were better preserved. Even if the machine was shut down by a technical failure, those places would still be okay. Around 2 p.m. the attendants left for their break.

At 3.30 p.m. a few men arrived by car to collect a body. The attendants were called and opened the gate for the car to enter. Two more cars arrived. A woman was carrying a mat. They were very calm. More cars arrived loaded with people. At about 5 p.m. there was a crowd around the mortuary. Some were shouting loudly. A young man told a story about his sister who had died at the age of 26. The place had turned into a funeral ground. Almost all who had gathered there were in mourning clothes, red or black. They were wearing red bands around their heads or wrists. Cars had parked everywhere. Some people had brought bottles of schnapps and were pouring libations, inviting those who had died to receive those who were coming. If someone had killed the deceased, they (the ancestors) should stand up and kill that person, etc.

One after another, parties entered the mortuary to show their papers. After checking them, the man in charge told the attendants which corpse to bring. Some corpses had been lying naked on the floor to defrost; others were taken straight from the fridge. The attendants were wearing their mouth masks, gloves and boots. The relatives spread a mat on the floor and covered this with a bed sheet. The attendants laid the corpse on the sheet and the relatives folded the mat around the corpse and carried it into the car. The bodies that had been defrosted would be readied to lie in state during the wake to be held that same night. The other bodies would lie in state the next day. People were wailing, singing, beating on pans and clapping their hands while the collection of corpses went on. The funeral had started, one could say.

There were five ambulances; from one of them loud music blared.¹⁴ Six men were filming the events with a video camera. When the cars left, they blew their horns and the passengers were drumming on the cars in which they were sitting. Ambulances turned on their sirens. By about 6.30 p.m. all had left. The clerk went into the office to do some administrative work and the attendants cleaned the place.

It was not possible at that moment to get more information about the corpses that had been collected but the supervisor promised he would provide a written report within a few days. About a week later, Boamah received a note containing the names of 19 people whose corpses had

¹⁴ Ambulances play an important role in the transportation of corpses. A taxi or any car used for passengers needs to be purified after it has been used to transport a dead body, a costly affair. Ambulances, which are often purchased second-hand from Europe, are only used for transportation of corpses and do not need purification. Running an ambulance service for dead bodies has thus become a lucrative business. Interestingly, sick bodies travel by taxi and dead bodies by ambulance.

been collected that Friday. They were from twelve different towns and villages within a radius of about 25 km. Their ages ranged from 30 to 104 (old people's ages are often exaggerated to add to their respect and prestige) and the length of time they had been in the fridge ranged from 4 to 53 days. The lowest amount paid was 28,000 cedis (US\$3.5), the highest (53 days) was 718,000 cedis (US\$90).

THE HOSPITAL: COMMERCIAL INTERESTS

The two main interested parties in mortuary use are the hospitals and the families. The hospitals are offered a chance to make enormous profits from a facility that is designed to have only a fringe function. The three hospitals react differently, however, to that opportunity.

Fiscal reports show that the private hospital, Agyarkwa, and the Catholic Hospital in Nkawkaw find themselves at opposite ends of the spectrum. Agyarkwa clearly takes advantage of the popular demand for body storage while the Catholic hospital refuses to do so. The table below summarizes the data on mortuary earnings in the two hospitals in the years 2000 and 2001.

TABLE 1 *Mortuary earnings in 2000 and 2001 (in millions of cedis)*

	<i>Mortuary proceeds</i>		<i>Total hospital proceeds</i>		<i>Mortuary's percentage</i>	
	<i>2000</i>	<i>2001</i>	<i>2000</i>	<i>2001</i>	<i>2000</i>	<i>2001</i>
Nkawkaw	31	46	956	1096	3.2	4.3
Agyarkwa	130	200	342	587	38	34

Comparable figures from Atibie Hospital were not collected for these two years but, as we have seen, during two months in the year 2002 the proceeds from the mortuary constituted 7.5 per cent and 10.5 per cent of the hospital's total income. Atibie is somewhere between the two. In relative figures, the private, for-profit hospital makes three to four times more profit from its mortuary than does the public hospital, and about ten times more than the private, non-profit hospital.

The profits made by Agyarkwa are extreme, but those made by the other two hospitals are still considerable, and constitute an attractive additional source of income. The popularity of the 'fridge' demonstrates how the hospital has come to play a crucial role in a cultural process that has little or no relationship to its original hospital function. By accepting that role, eagerly or grudgingly, the hospital both enhances its financial position and changes society by keeping dead bodies in limbo. In doing so, it enables families to magnify the grandeur of their funerals and to augment their own prestige.

Such involvement of hospitals in an 'extra-mural' cultural development is not unique. Biomedicine and its hospitals are not clones of

a universal science model, a supra-cultural phenomenon unrelated to its own cultural context. Hospitals are themselves cultural institutions that both reflect and reshape the society they belong to (cf. van der Geest and Finkler 2004; Zaman 2005). One may add that hospitals represent and contribute to the basic values of the culture in which they are located. The Kwahu hospitals' hospitality to corpses which society wants to store until everything is ready for the rite of burial is a case in point.

Moreover, storing dead bodies helps the hospital to survive economically. When the storage business is executed well, the profits can be enormous, as the accounts of the Agyarkwa Hospital demonstrate: the contribution of the four mortuary attendants to the hospital's proceeds was about one third of what twenty nurses, two doctors and other personnel together earned for the hospital. A rough calculation suggests that the untrained attendants produced about two to three times as much profit for the hospital as the medical professionals.

THE FAMILY: EXTENDING LIMBO¹⁵

Van Gennep's (1960) concept of liminality, revitalized by Turner's (1967: 93–111) 'betwixt and between', applies to what happens in Ghanaian mortuaries. The dead person is physically removed from the community; his body stays invisible in a hidden place taken care of by some 'ritual' agents. Only a few selected people are able to see the dead body during its stay in the mortuary. It is 'nowhere' for some time. The person has died, but not yet socially. Almost secretly his body has been transferred to a technological limbo, where it waits its 'rise' to death, the social recognition of having died.

The stay in the mortuary resembles – and contrasts with – the intermediary period between the first and second burial in Borneo and other societies around the turn of the nineteenth century as described by Hertz (1960). That intermediate period presents the transition to final death, for death is not seen as instantaneous. In Borneo, according to Hertz, people conceived a period in which a person was neither alive nor fully dead. The end of that period was marked by a feast during which the remains of the person were recovered from their temporary grave, ritually addressed and then moved to a new location. The length of the intermediary period depended on various factors, including the community's ability to accumulate sufficient means for the ritual. An absolute condition, however, was that the bones were dry and free from decaying flesh. During that intermediate period, while the bones were not yet dry and the flesh had not yet gone, the soul of the person was homeless and dangerous. The second burial put an end to this.

¹⁵ In his description of the morgue in South Bénin, Noret (2004) also focuses on the extension of the period between death and burial as the most crucial effect of mortuary use on funeral celebration.

Huntington and Metcalf (1979: 14) write: 'The "great feast" terminates this miserable period by honoring the now dry bones of the deceased, confirming the soul's arrival in the land of ancestors, and marking the reestablishment of normal relations among the survivors.'

Hertz added that at the occasion of the second burial, objects were destroyed to let them pass to the next world. Here the first significant difference appears between Hertz's transitional period and the hiding of corpses in the Kwahu mortuaries. In the latter case, the period is not used to prepare for the destruction of property but rather for the construction of it. Two examples:

Mr Mensah (his real name) a retired head teacher in Kwahu-Tafo, died in 1995 in Accra, where he was receiving medical treatment. His body was deposited in a mortuary for about a month. During that period, his children organized a full facelift of the house to prepare it for a worthy funeral: the roof and other parts of the house were repaired, the large courtyard was cemented, the house was painted, electricity was brought to the house and the road leading to the house was improved. Many of the things the old man had wanted to do during his life were done for him after his life, while his body was waiting in limbo. His children, one of whom lived in the USA, took care of the (re)construction work.

Another example is Mr George Adu Asare (real name), another important elder of Kwahu-Tafo and father of eleven children, all of whom attended several schools and were able to acquire good positions in life. Three of them lived abroad, a clear sign of their father's success. Mr Asare died in 2001. His corpse remained in Agyarkwa's mortuary for three months. This storage allowed his children enough time to organize a grand farewell feast for their respected father. During those three months they managed to erect an entire new building next to their father's house, which served during the funeral as an 'exhibition hall' with pictures and stories about their father's life. The achievement reaped widespread admiration and praise in the town.

These two examples confirm what I emphasized at the outset of this article: that funerals are celebrations for the living, using the corpse and curriculum vitae of the deceased as a means to achieve glory for themselves. Van Gennep (1960: 182) calls the liminal period 'a point of inertia', but the temporary seclusion in the mortuary is a period of feverish activity by the living.

The quality of the corpse constitutes an important element in the success of the funeral, and here lies another significant difference between Hertz's and the Kwahu liminal period. In the former case the body should be completely decomposed, with nothing but dry bones left, while in the latter case, the sole intention of refrigeration is to preserve the body as perfectly as possible. The *mmamma* (members of the father's family; literally, 'children of children') collect the corpse from the morgue and bring it home to the seclusion of a family room.¹⁶ They bathe the body or rub it with a towel. They dress and perfume it

¹⁶ Nowadays this task is increasingly carried out by professional 'body decorators' (de Witte 2001: 107–8).

and carry it to the bed that takes a central position in the celebration. A screen is placed in front of the bed to prevent those present from seeing these activities. Once the body had been laid out, the screen is removed and the visitors flock around the bed. The more lavish the decoration of the bed and its surroundings, the more admiration the family reaps.

In short, after its reappearance from the morgue, the corpse is dressed, decorated, perfumed and laid out to be admired by large crowds of mourners. It will be filmed, if the family's finances permit, and the camera will zoom in, revealing the smallest details of the dead face. It is no wonder that relatives do their utmost to assure that their corpses are well maintained, and tip the attendants at the mortuary for that purpose. Van Gennepe (1960: 184) refers to the custom in some societies to bury the dead in a crouching position as 'an expression of the idea of rebirth in a world beyond the grave'. The Kwahu mortuary corpses are not put in a position to be reborn in another world, but to reappear undamaged in this world and contribute to a memorable funeral.

Godelier (1986) in his classic on initiation rituals 'to make great men' in a Papua New Guinean society, argues that the length of the initiation period is a measure of its outcome. Great things need a long time of preparation. The fact that female initiation can be completed within a fortnight whereas that of men takes ten years demonstrates that men have a much higher value than women. The same idea is behind the length of stay in the mortuary. The longer the body is kept in limbo, the greater the funeral, and the greater the deceased person and – most of all – the family. It is a matter of *reculer pour mieux sauter*, the longer the run-up, the further the jump.

THE FINANCIERS

Above, we saw that children abroad absorbed most of the cost of preparing and staging the funerals of two prominent citizens of Kwahu-Tafo. For them, postponement of the burial was essential if they wanted to see their deceased father. But delaying the burial was also imperative to allow these children time to prepare for a successful funeral, with activities like enhancing the house and its surroundings to host a large number of funeral guests. A stay in the mortuary is an absolute condition for realizing these preparations. Paying the mortuary fees is, therefore, only a part of the expenses that will be incurred. What is the viewpoint of those staying abroad on this matter?

Arhinful's (2001: 69–95) study of twenty Ghanaian immigrants in Amsterdam and their assistance to relatives at home is instructive. Arhinful lists several purposes of assistance: sickness of relatives, care of old parents, education of younger relatives, funerals, helping others to travel, building a house and setting up a business. Interestingly, helping relatives with funeral costs does not rank high in the priorities of the migrants; it is only ranked fourth, after caring for elderly parents, sick relatives and education. In conversation, however, they admitted

that, although they do not regard funerals as very important, they find it extremely hard to ignore them (p. 93). The imperative claim that funerals hold over the family in Ghana travels with Ghanaians when they go abroad, and proves to be just as coercive to migrated members. Some fragments of conversations about funerals are enlightening.

One man emphasized that there were four areas where he was willing to help: 'preventing sickness, prolonging life, ensuring education and supporting business'. When the author asked him about funeral support, he replied:

I am against it. I have even written an article against that . . . in the *Mirror* [Ghanaian weekly]. Even though I am against that, I still have to respect custom because if I do not do that, there is a social control in our system and the whole world will talk about it. 'When his father died, when his sister died, when his mother died, he disregarded the tradition, he could not do anything and did not buy a beautiful coffin and he says he is living abroad.' . . . I will be compelled to do it [finance the funeral] in an extreme way. (p. 80)

Another Ghanaian immigrant, who also expressed his disapproval of spending money on funerals, told Arhinful that he had to go to the extent of buying a ticket for his brother to return to Ghana from the United States to attend his mother's funeral:

We had to go home because I cannot live here while my mother was being buried. If I do not have access and means to go, that is a different story. In fact, at that time one brother in America did not have enough money to go to Ghana so I had to send him money to buy the ticket. Because he was saying if he was not able to see the old lady while she was lying on her deathbed, then he would not go to Ghana again. (p. 81)

These two examples illustrate the moral and financial dilemma Ghanaians abroad find themselves in. They cannot ignore the claims of relatives at home (who may have helped *them* to travel abroad) when a funeral has to be organized. The pressure of culture and society forces them to become the main financiers of the funeral event, whether they like it or not. Their contribution makes the stretching of the liminal period in the mortuary possible and thus feeds the lucrative alliance between the hospital and the mourning family.

But relatives who have migrated also have their personal interests. Bearing the brunt of the funeral costs brings them prestige and praise both at home and in the community of Ghanaians abroad. Moreover, funeral celebrations are now being exported to the countries where the relatives have settled, allowing them to reap admiration and respect from their fellow expatriate community and recover the costs they made at home. One can only organize a funeral overseas, therefore, if one has attended the funeral at home. This built-in condition adds pressure on Ghanaian migrants to travel home for the funeral and contribute to the costs, including those of the mortuary, because without the mortuary they would not be able to make it in time for the celebration.

CONCLUSION

Technical change has the capacity of bringing about profound change in society. The mortuary in Kwahu – and, to varying degrees, in the whole of southern Ghana – has opened up new ways to manage, ritualize and commercialize death. The arrival of the large milk tank in the Netherlands transformed the world of dairy farmers (van der Ploeg 1999), mechanization of rice harvesting destroyed the moral order in Malaysian villages (Scott 1985), snowmobiles changed life in Skolt Lapp society in Northern Finland (Pelto 1973) and the invention of the electric water boiler meant the beginning of the end for communal living in the Israeli kibbutz (Selier 1976).

As in the medical world, technological innovations take on an imperative character. Moreover, they turn from tools into masters; they use those who use them, making society adjust to their demands. Mortuaries thus impose their presence on those mourning their dead and seduce them into making use of their services. Families competing for social prestige cannot afford to turn a blind eye to the opportunities offered by the mortuary. Only Muslim families, whose faith commands immediate burial, remain – up to now – unaffected by this new device.

Three parties in particular profit from the presence of mortuaries: hospitals, families and emigrants. Hospitals can derive substantial extra income from their mortuaries and families benefit because the ‘fridge’ enables them to enhance the grandeur of the funeral festivity. The money to make this possible often comes from well-to-do relatives abroad who have their own interests in financing the occasion. Funerals enable them to shine, both at home and abroad.

Liminality is expanded by technical means and creates new ritual, social and commercial opportunities. Both hospitals and families exploit the new liminal time and space to their own advantage. The net effect of this procedure is a spiralling increase of material costs and social obligations in the celebration of funerals.

ACKNOWLEDGEMENTS

During the mortuary research I was accompanied by Anthony Obeng Boamah, who also revisited one of the mortuaries after I had left. Kodjo Senah and Takyiwaa Manuh provided additional information on the world of funerals, mortuaries and ambulances. Colleagues at the Institute of African Studies in Legon, members of the Amsterdam PhD club and three anonymous reviewers gave me excellent comments on earlier versions of this text. Sera Young edited the article. Many more people assisted me during my research among older people in the town of Kwahu-Tafo. I am particularly grateful to Kwame Fosu, Samuel Sarkodie, Patrick Atuobi, Benjamin Dei Boadu and Yaw Darko Anshah.

REFERENCES

- Arhin, K. 1994. ‘The economic implications of transformations in Akan funeral rites’, *Africa* 64 (3): 307–22.

- Arhinful, D. K. 2001. *'We Think of Them'. How Ghanaian migrants in Amsterdam assist relatives at home.* Leiden: African Studies Centre.
- de Witte, M. 2001. *Long Live the Dead! Changing funeral celebrations in Asante, Ghana.* Amsterdam: Aksant.
- Gilbert, M. 1988. 'The sudden death of a millionaire: conversion and consensus in a Ghanaian kingdom', *Africa* 58 (3): 291–314.
- Godelier, M. [1982] 1986. *The Making of Great Men. Male domination and power among the New Guinea Baruya.* Cambridge: Cambridge University Press.
- Hertz, R. [1907] 1960. *Death and the Right Hand.* New York: Free Press.
- Huntington, R. and P. Metcalf. 1979. *Celebrations of Death: the anthropology of mortuary ritual.* Cambridge: Cambridge University Press.
- Kaufman, S. R. and L. M. Morgan 2005. 'The anthropology of the beginnings and ends of life', *Annual Review of Anthropology* 34: 317–41.
- McCaskie, T. M. 1989. 'Death and the Asantehene: a historical meditation', *Journal of African History* 30 (3): 417–44.
- Meyer, B. 1998. 'The power of money: politics, occult forces and Pentecostalism in Ghana', *African Studies Review* 41 (3): 15–37.
- Miescher, S. F. 1997. 'Becoming a Man in Kwawu: gender, law, personhood and the construction of masculinities in colonial Ghana, 1875–1957'. PhD dissertation, Northwestern University, Evanston.
- Noret, J. 2004. 'Morgues et prise en charge de la mort au Sud-Bénin', *Cahiers d'Études Africaines* 44 (4): 745–68.
- Pelto, P. J. 1973. *The Snowmobile Revolution: technology and social change in the Arctic.* Menlo Park, CA: Cummings.
- Rattray, R. S. 1927. *Religion and Art in Ashanti.* London: Clarendon.
- Scott, J. C. 1985. *Weapons of the Weak. Everyday forms of peasant resistance.* New Haven/London: Yale University Press.
- Selier, F. J. M. 1976. *Kiboets, Gezin en Gelijkheidsideaal. Een sociaal-wetenschappelijke bijdrage tot kennis van het gezin in een communale samenleving.* Assen: Van Gorcum.
- Turner, V. 1967. *The Forest of Symbols. Aspects of Ndembu ritual.* Ithaca/London: Cornell University Press.
- van Gennep, A. [1918] 1960. *The Rites of Passage.* London: Routledge and Kegan Paul.
- van der Geest, S. 1980. 'The image of death in Akan Highlife songs', *Research in African Literatures* 11 (2): 145–74.
- 1984. 'Death, chaos and Highlife songs: a reply', *Research in African Literatures* 15 (4): 583–8.
- 2000. 'Funerals for the living: conversations with elderly people in Kwahu, Ghana', *African Studies Review* 43 (3): 103–29.
- 2002. "'I want to go!' How older people in Ghana look forward to death', *Ageing and Society* 22 (1): 7–28.
- 2004. 'Dying peacefully: considering good death and bad death in Kwahu-Tafo, Ghana', *Social Science and Medicine* 58 (5): 899–911.
- van der Geest, S. and K. Finkler 2004. 'Hospital ethnography: introduction', *Social Science and Medicine* 59 (10): 1995–2001.
- van der Ploeg, J. D. 1999. *De Virtuele Boer.* Assen: Van Gorcum.
- Yankah, K. 1984. 'The Akan highlife song: a medium of cultural reflection or deflection?', *Research in African Literatures* 15 (4): 568–82.
- Zaman, S. 2005. *Broken Limbs, Broken Lives: ethnography of a hospital ward in Bangladesh.* Amsterdam: Het Spinhuis.

ABSTRACT

This essay describes (1) how mortuaries changed the Akan funeral culture of Ghana and (2) how that converged with the interests of relatives and hospital managers. Such a development would not have been possible, however, (3) without the money provided by well-to-do relatives staying abroad. Mortuaries enable relatives to stretch the liminal period between death and funeral as long as they want to while they prepare everything for a grand funeral. For hospitals, this new fashion means an attractive extra source of income, as the mortuary is more lucrative than its medical services. My observations derive from anthropological fieldwork in Kwahu, Ghana.

RÉSUMÉ

Cet essai décrit (1) comment les morgues ont changé la culture funéraire akan au Ghana et (2) comment cette évolution a convergé avec les intérêts des familles et des directeurs d'hôpitaux. Une telle évolution n'aurait cependant pas été possible (3) sans l'argent fourni par les membres aisés de la famille résidant à l'étranger. Les morgues permettent aux familles d'étendre la période liminale entre le décès et les obsèques le temps nécessaire pour préparer des obsèques grandioses. Pour les hôpitaux, cette nouvelle mode est synonyme de source appréciable de revenus supplémentaires, la morgue étant plus lucrative que les services médicaux. L'article tire ses observations de travaux de recherche menés à Kwahu (Ghana).