

Cultures of Death

Media, Religion, Bioethics

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It has become common among Western scholars, journalists, and media pundits in recent years to attribute the causes of contemporary acts of violence by Arab Muslims to tendencies inherent within the historical traditions of Islam. Thus, for some observers the recourse to violence by some Muslims owes to a “culture of death” said to be endemic to Islamic societies. The following comment, by the best-selling author and ex-Dutch parliamentarian Ayaan Hirsi Ali, is characteristic: “Violence is inherent in Islam—it’s a destructive nihilistic cult of death. It legitimates murder.”¹ This claim is most frequently made in discussions about suicide bombing, where the discourse of martyrdom and heavenly reward invoked by many of those who undertake such missions is taken as evidence of a religious fanaticism centered on death and blind to what is often called “the value of human life.”² The fact that the number of civilian deaths brought about in the Middle East during the last few years due to the U.S. policy of privileging aerial bombing so as to minimize American casualties vastly exceeds the numbers killed by suicide terrorism does not, of course, provoke such a concern and points to the complicated way in which different acts of killing are assigned value and meaning within modern society.³

My interest in this essay, however, is not in suicide bombing. Rather, I want to think about the popular discourses on death and dying that are of concern to ordinary Muslims in the Middle East and that are sometimes said to characterize the background culture from which more dramatic acts of self-annihilation emerge. Within the popular aural and print media produced by Muslim preachers and writers in Egypt, death is indeed a topic

of great concern and attention. The producers of this media draw on long-standing Islamic ethical traditions wherein the continual remembrance of human mortality and the events of the eschaton are understood not simply as a disincentive to impious behavior but as necessary to the formation of dispositions and sensibilities that undergird correct conduct in all avenues of human activity. Preachers mine a vast archive of eschatological imagery—the horrors that occur in the grave (*ayzeb al-qabr*), the terrifying encounter with the angel of death (*Azra'il*), the exuberant sensuality that awaits the pious in heaven—reworking this stock of highly visual narratives to both astound their audiences and enliven their moral affects. For both Western and Middle Eastern critics of this tradition, the continual reflection on what can only be seen as macabre or prurient fictions of the religious imaginary inhibits the development of the attitudes and attributes required of the modern citizen, leaving the Egyptian masses vulnerable to the social pathologies of traditionalism, fanaticism, and terrorism.

In what follows, I want to take issue with this vision of popular Islamic media on death and the afterlife as a necessarily destructive, negative force within Muslim societies. To do so, I will leave aside the question of political violence to focus instead on a different arena of political and ethical concern, one that garners far more attention within such popular media forms: the appropriate care and treatment to be given to those approaching the end of life. Many sermon tapes and books in Egypt today include discussions on how to provide support and assistance to the sick and terminally ill, how to wash and prepare the corpse for burial, as well as which styles of comportment, modes of speech, dress, and gesture are appropriate at funerals. In the course of addressing such issues, preachers and writers affiliated with the Islamic revival movement frequently criticize the style of care offered within the medical institutions that have increasingly come to oversee and regulate sickness and death. More generally, they criticize the manner in which contemporary Egyptian society responds to death and gives meaning to it within its moral and political life.

By exploring some of the dimensions of this discourse on the end of life, I hope to give us a better sense of the particular significance assigned to death within the Islamic revival movement and to think about some of the ethical and political implications that this orientation to death entails. What moral and medical responses does “living within the shadow of death” (a phrase often invoked by participants in this movement) require today? What ethics of palliative care are emerging today at the intersection of biomedicine and the discourses on death being elaborated in the context of the Islamic revival? To highlight some of the unique dimensions of these discourses, I want to contrast them with a few arguments put forward in the context of the contemporary ethical and legal debate in the United States on the rights of the terminally ill. Although these arguments

circulate within a very different context than the Egyptian media I will discuss, the two overlap in certain key areas. What particularly interests me here are the assumptions concerning the ethical significance of death that inform the respective arguments regarding end-of-life issues. The differences that emerge from these contrastive views, I want to argue, should not be understood in terms of an opposition between a “culture of death” and a “culture of life,” as some have crudely suggested, but as the product of distinct sensibilities for the place and meaning of death and its structuring significance for human life.

To make this argument, I give particular attention to how distinct conceptions of death inflect the way that the human body becomes an object of biomedical attention and management. In his later lectures, Michel Foucault argued that the political status of life and death are continually being produced and modified at the points of intersection, conflict, and exchange between the discourse on sovereignty and the mechanisms of biopower.⁴ Here I want to extend the scope of the inquiry initiated by Foucault by examining how the conceptual resources provided by a religious tradition may also stand in a dialectical relation to the biopolitical. The Islamic discourses I draw from presuppose certain aspects of a modern medicalized death, but assess them from the standpoint of a human subject whose existence does not terminate at the close of biological functioning. Rather, they trace the contours of a biomedical subject with an afterlife.

As should be clear, my analysis is not built around an opposition between religious and secular discourses on death, nor between the West and the Middle East. For one, both of the contexts of argument I describe have been powerfully configured by modern biomedical practice and expertise and, as a result, overlap in significant ways. Moreover, forms of religiosity play a constitutive role within both sets of discourses I explore—whether in the “sanctity of life” celebrated by both advocates and opponents of euthanasia in the U.S. context or in the doctrinal prescriptions that hospitals are called on to adhere to by Islamic orators in Egypt.⁵ In short, the liberal discourses explored here are not offered as an American counterpoint to debates on palliative care in Egypt (had this been my goal, I would have focused on the explicitly religious arguments of American Christian associations concerned with the politics of terminal illness).⁶ Rather, my claim is that the liberal arguments I examine here provide the normative standpoint from which judgments about Islam’s “unhealthy fascination” with death derive their force and therefore merit our careful attention if we are to begin to understand popular discourses on death in the Middle East today.

While my focus here is on a set of arguments concerning the needs of the dying, the specific media form within which those arguments take place—in Egypt, the cassette sermon—is also significant to my analysis.

As I have described elsewhere, for many Egyptians today, cassette sermons are listened to as a means of ethical self-cultivation, as a practice through which the affects and sensibilities that enable virtuous conduct are honed and deepened.⁷ These affective dispositions find expression in the ethics of care extended to those approaching death that I describe here, as well as in the critiques of medicalized death proffered by the preachers of the Islamic movement. In their modes of circulation and use, such tapes provide the acoustic background through which an awareness of mortality and its demand on human passions are built into the fabric of everyday life. At the end of the essay, I want to take up the central theme of this special issue of *Social Text* by raising some questions about the media forms and practices through which such discourses on death and dying circulate in the different contexts of Egypt and the United States.

Death as Life

I want to begin by examining some of the ethical assumptions that underlie contemporary arguments around euthanasia and medically assisted suicide in the American context. In the United States, legal and political debate on this issue is highly contentious and embraces a wide divergence of opinions and arguments, including some that make explicit reference to religious traditions.⁸ Given my purpose in this essay, I will restrict my discussion to the arguments of a few influential commentators on the topic so as to highlight some common presuppositions regarding the ethical and existential significance of death.

The legal scholar Ronald Dworkin, one of the more influential contributors to this debate, has addressed the moral and legal dimensions of euthanasia legislation in a succinct and useful manner. A leading voice for the legalization of medically assisted suicide, Dworkin suggests that the starting point for any examination of this issue must be a recognition of American society's commitment to what he calls "ethical individualism"—a view that "each human being has a life to make something of—a responsibility to create a life such that he or she can look back on that life with pride rather than misery and take pride in it rather than account it a waste."⁹ Dworkin's view has clear filiations both with the Hobbesian notion of the individual as owner of his own person¹⁰ and with the nineteenth-century romantic idea of *Bildung*, of life as a project of (aesthetic) self-creation.¹¹ From the ethical individualist standpoint, the value of one's actions derive from the fact that one has chosen them oneself, as well as by the shape they impart to an individual life grasped as a whole, a shape worthy of pride. At the core of this moral tradition, according to Dworkin, are the values of autonomy and self-respect, values which entail that life-defining decisions, including those pertaining to the medical care one

receives during the final stages of one's life, be made by individuals without pressure or imposition by the state or social collective.¹²

Dworkin finds the constitutional fabric supporting this vision of "life as self-making" in such principles as freedom of conscience and freedom of speech, as well as in the concern for freedom of choice regarding decisions about marriage, reproduction, and education. As he argues: "So far as decisions are to be made with the aim of making my life better, and so far as these are decisions for my life . . . these decisions are to be made by me out of my special responsibility for my own life."¹³ When the state intervenes at the end of a life to enforce a decision based on its own criteria of what gives value to life, then it necessarily mars the narrative one has created of one's life, thereby violating the fundamental notion of ethical responsibility at the core of our social life. Importantly, Dworkin's argument is not that the state has no interest in "the protection and preservation of human life." There are many instances when liberty interests must be weighed against countervailing state concerns for the protection of life and where the state may be entirely justified in its decisions to prevent recourse to medically assisted suicide, as in cases where the patient's own wishes cannot be known or where the patient is either too young or too mentally unstable to reason competently about such an issue. Rather, Dworkin is arguing that for the state to act *in every case* to prohibit the taking of one's own life denies a human right that is fundamental to our ethical commitments and the traditions of legal reasoning that embed them.

What I find most interesting and useful here in regard to Dworkin's argument is its adumbration of the ethical assumptions informing the "right to privacy as the right to die" argument. The principle of ethical individualism that Dworkin identifies as the moral foundation of American constitutional law is extended to the context of death, construed as a context of individual decision making similar to the others (marriage, education, and so on) that together give shape to a life. Possessing no value in and of itself, death's only contribution to defining a life, and thus of endowing it with ethical significance, can be as an opportunity for making a choice, as one final addition to one's narrative of personal decisions. The notion of human life invoked here, in other words, derives its meaning by reference to a particular concept of a good life, one defined not in terms of a specific content (as in an Aristotelian idea of virtue or community standards of excellence) but in a purely formal manner, a delineation of the procedural requirements for a life well lived. In sum, within the standpoint Dworkin provides, death must find its place within the space circumscribed by a concept of human life, a concept forged at the intersection of liberal ethics and the regimes of biomedical practice that shape the limits and possibilities of the terminally ill.

Shai Lavi has recently argued that the transformation of the problem

of dying into a problem of living (one version of which we find in Dworkin) owes in large part to the way death has been subsumed under what Lavi calls the “rule of technique.”¹⁴ Lavi understands technique not as the use of technical or scientific means to achieve a given end but as a form of rationality wherein mastery, control, and regulation become ends in themselves (Max Weber’s “instrumental rationality” being one well-known aspect of technique). Viewed from the standpoint of technique, human practice and experience are stripped of all particularities save those that facilitate and enable their regulation and control. Subject to this desire for technical mastery, death loses all of those features that previously framed its significance as a transitional period between this life and another to become, instead, purely a question of living. Death, we might say, does not disappear but becomes a support appendage for living, or—in the terms offered by a liberal ethics—an opportunity for a choice.

What does the adoption of the understanding of death we find in Dworkin do in regard to practices of care for the terminally ill? I would tentatively suggest the following: once the problem death presents is telescoped down to the question of choice, it becomes difficult to thematize in ethical terms the unique psychological and physical demands that accompany death, with the result that those demands are left entirely to the managerial purview of biomedical institutions. The anthropologist Margaret Lock has explored some of the implications of this abandonment of the ethical in regard to the politics of organ transplantation in the American context. She writes: “The heroics of transplant surgery and the idea of the ‘gift of life’ have captured the collective imagination in North America to such an extent that virtually all public inquiry about the necessity of reconceptualizing death in order to procure ‘vital’ organs has been repressed. . . . Mortality—victorious nature, in the form of the dying patient—is hidden, made anonymous, so that immortality—the triumph of culture—can take center stage.”¹⁵ This brutality toward the old and dying that is part and parcel of the celebration of life in the United States is, of course, not limited to the context of organ transplantation. Any visit to those institutions where the broadest swath of the American middle class send their old to die will confirm the vast routine cruelty that passes beneath the radar of sanctified, dignified, celebrated life.

One finds a similar approach to end-of-life legislation in the field of human rights law. The human rights lawyer Jordan Paust, for example, argues that the recognition of “the dignity and worth of the human person” enshrined in the UN Charter embraces the right to die with dignity and thus to choose to end one’s life in a manner consonant with one’s notion of dignity. As he notes: “What I find most relevant with respect to choice about the timing of death and dying, however, is the general and pivotal right of human dignity. Such a right contains within it the need to respect

personal choice, the dignity and worth or value of choice.”¹⁶ Paust’s manner of connecting dignity to individual choice and both to a particular conception of the value of human life resembles Dworkin’s own position. In referring to the wish of some terminally ill patients to forgo lifesaving measures, Paust notes: “It is in such cases that one can recognize more clearly a necessary interface between the right to die with human dignity and the right to life. In context, many of the claims to a right to die with dignity actually reaffirm a more general commitment to life (including life shared, love, humanity) and to the ending of one’s life in dignity. In this sense, an affirmation of human dignity, its strength and grandeur, is an affirmation of the eternity of life.”¹⁷ That which gives value to life also gives value to death. The challenge of confronting death, in this view, is to be met by sustaining, in as pristine and unperturbed form as possible, and until the very last breath, all of the qualities that gave value (“dignity”) to one’s life. Life’s ability to hold onto its own conditions of value, its *dignity*, in the face of the adversity of death, to reduce death’s presence and effect to nothing more than nonexistence, endows life with transcendental validation, as we see in Paust’s lyrical invocation of “the eternity of life.” By rendering it an object of human mastery and choice, death is obliterated in all but its life-affirming aspects, an overcoming that simultaneously sanctifies life.¹⁸

The viewpoint on death and its significance within human life outlined by these authors is, of course, only one of a large number—both secular and religious—that Americans subscribe to. But inasmuch as it is one that finds sustenance and confirmation in our legal and political institutions, it has great purchase within U.S. public discourse. Moreover, when pundits contrast the Western emphasis on life with an Islamic “culture of death,” it is this understanding, I would suggest, that gives force to this claim. It is not simply the invisibility of death in Western society, as underscored by Phillippe Ariès, that produces such a judgment, but the sensibilities that are part of what it means to construe the process of dying as one of living well.¹⁹

Dying in Egypt

Let me now turn to the Egyptian context, where one also finds a vigorous discussion among activists of the Islamic revival movement about the kind of palliative care to be given to the dying. The arguments I will draw on come from a few popular preachers whose cassette-recorded sermons circulate widely in Egypt and the Middle East. Let me first say a few words on the medium of this discussion. Over the last thirty years, sermon tapes have become the paradigmatic media form for the Islamic revival movement, especially among the lower and lower-middle classes

of Egyptian society. The recorded voices of well-known preachers define the soundscape of popular neighborhoods of Cairo. As I have discussed elsewhere, these tapes are used by many in Egypt as a convenient and enjoyable means of both entertainment and ethical self-improvement.²⁰ Through repeated acts of listening, tape users seek both to increase their knowledge of Islamic traditions and doctrines and to cultivate the sensibilities and affects understood to enable pious forms of speech, gesture, and practice.

One of the most important ethical affects that listeners aim to acquire through the use of such tapes is fear (*khawf*; *taqwa*), and it is the Islamic admonitory traditions on human mortality and its consequences in the Hereafter that they see as best enabling the achievement of this goal. Skilled preachers in Egypt possess a vast archive of eschatological narratives capable of eliciting and honing the ethical affects of *khawf* and *taqwa* among sensitive listeners. While I will have more to say about the link between fear and death within this tradition below, let me note here that, as understood within this tradition, fear does not simply function as a psychological barrier to impious behavior. Fear (as with humility or patience) is a cultivated virtue that colors all of one's actions, a dimension of one's passional makeup that allows one to achieve excellence in all domains of practice. I will return to this below.

As addressed within much of the Islamic media in Egypt today, the ethical demand constituted by the fact of human mortality is particularly pronounced in regard to contexts of sickness, death, and burial. The most popular tape in Egypt during the late 1990s, during the period of my fieldwork, was a narration of the death of the prophet Muhammad by the preacher Muhammad Hassan, an event whose exemplary status makes it a common reference point in many sermons on ethical themes. In order to illustrate some features of the discourse on death and dying currently being articulated by the preachers of the Islamic movement within such media, I will draw on another taped sermon, also widely copied, this one by the Egyptian preacher Ismail Humaidi and titled "The Calamity of the Death Throes" ("Shiddat sakarat al-maut"). My aim here, I should emphasize, is not to highlight the Islamic doctrinal requirements regarding death that Humaidi invokes, but to explore how the notions of death, life, and the trajectory of the soul invoked on the tape bear on the care and treatment of the terminally ill.

Early into his sermon, Humaidi begins an extended critique of the current administration of death within medical institutions:

A man died in a hospital in a Muslim country with no one there to attend to him. His family abandoned him and the hospital left him on his own, for there was nothing there by the name of *qiblat al-Islam* [the niche marking

the direction to which Muslims turn in prayer], even though it was a Muslim country. And when his soul was extracted, his right arm was left extended outward, and his left leg was bent. They left him in that condition for about an hour, and then, with his arm still outward and his leg bent, put him in the [morgue] refrigerator, though it was difficult to fit him in like that. Later, he was washed [*ghusal*] and wrapped in a shroud [*kafn*], you can only imagine how. And then we come to the time to put him in the grave, but it is impossible given his extended arm is now fixed, frozen in place. So we tried to bury him on his right side, [without] breaking his arm. For, when he meets God, he will complain about all of us. The grave was narrow and short, and we had to widen it to fit him in. . . . We placed him in the grave on his back, even though according to the *sunna* he should be placed on his right side, facing the *qibla*. . . . Those in charge of the burial were unable to bury him correctly because of the extended arm. So they bury him on his back, and the angels will say to him: didn't you have your family around, who feared God on your behalf?²¹

Humaidi's critique of the care administered to the dying in contemporary hospitals is informed by a conception of death as a transitory period of human existence between earthly life and the afterlife. In the view of many contemporary interpreters of the Koran, the soul (*nafs* or *ruh*) leaves the body at death, briefly ascending to heaven before taking up residence in the grave where it will remain until the day of resurrection (*yum al-qiyama*).²² Although the soul leaves the body at death, the physical body continues to mediate, in either a positive or negative manner, one's entrance to the Hereafter, one's encounter with God, and one's experience in the grave. For this reason, the question of the body's care does not end at the moment of death but continues after this threshold has been crossed. The terrible predicament that death presents to human life, the pains both physical and psychological that accompany it, circumscribe a phase of human existence that encompasses both sides of death. For Humaidi, to ease the discomforts (*sa'ubat*), horrors (*r'ub*), and profound desolation of those confronting this predicament demands a unique kind of sustenance and care, one consonant with the moral and physical suffering that death—as a transitory phase—imposes on human existence.

It would be wrong, in this light, to understand Humaidi as saying that it is the soul rather than the body that demands attention and care, for indeed the correct treatment of the physical body both before and after death is continually emphasized throughout his sermon. His point, rather, is that the dying person—as a moral being of both physical (*jasadi*) and spiritual (*ruhi*) dimensions—exceeds the subject of medical concern as addressed within current hospital practice, and thus his needs are routinely misrecognized by the medical institution.²³

Notably, this critique makes no recourse to the discourse of liberal

sovereignty invoked by Dworkin and Paust. Nothing could be more foreign to Humaidi's argument than the idea of death as a decision-making opportunity. Not only is such a view rejected on doctrinal grounds, it runs counter to the entire phenomenology of death as addressed in the Islamic ethical and homiletic traditions that Humaidi and so many other preachers of the Islamic revival movement regularly draw from. To approach the end of life, within this tradition, is to suffer an accelerating process of self-dissolution, characterized by increasing vulnerability and helplessness. Nothing captures this sense of one's total abandonment to the forces of death as powerfully as the figure of the death throes (*sakarāt al-maut*), when the body, now lost to the workings of the human will, is seized and violently shaken at the approach of death. This stage of the thanatological drama is foregrounded in much of the audio and print media put out by revival writers and preachers.²⁴ In addition to the death throes, the encounter with the hideous angel of death—again, an immensely common sermon topic—is another source of intense fear and anxiety for those close to death, and Humaidi refers to this encounter as one of the principal causes of terror (*r'ub*) that those attending to the dying person must seek to alleviate.

Death marks the human subject's subsumption within an eschatological process that exceeds human knowledge and mastery. This existential predicament, I want to suggest, is the ground from which Humaidi approaches the question of palliative care and from which he elaborates his critique of contemporary medical practice. Whereas for Dworkin and Paust the legal and ethical questions raised by death have to be answered by reference to an image of a life well lived, for Humaidi care for the sick and dying must be consonant with the significance of death as framed within a broader conception of human existence, one embracing both life and afterlife. Not only does life give meaning to death within this ethical vision; death also illuminates life and makes it available for human comprehension and action.

Note that the neglect of the deceased's body is attributed to an absence of fear of God on the part of those responsible for the dying man's condition. The ethical affect of pious fear not only concerns one's own moral condition and inclines one toward right action; one also fears for others and the terrifying transition they face at death, and this compassionate fear ensures a proper care of others as they die.²⁵ The quality of this attention has repercussions, not only in the final moments of life, but also for the soul of the deceased after death. As Humaidi notes, the question of the care one was given will be raised by the angels or may be brought to the attention of God by the deceased in the form of a complaint. The fate of both the one who dies and those who survive him or her is therefore at stake: failure to correctly succor the ill or, once they have died, to

treat their remains in accord with divine dictates, may have unpleasant consequences for all.

In a second vignette, Humaidi draws attention to the way certain life-sustaining technologies—in this case, a respirator tube—interfere with the provision of care to the dying person:

The last sad vignette, one I have on good evidence, [concerns] a woman in a hospital [who] became deathly ill. So they put an apparatus in her mouth. Her daughter was with her . . . and her daughter knew of her religious duties, so she said to those around her: “My mother is dying. Align her with the *qibla* [prayer niche].” But they refused to listen. And they refused to give the woman water to drink, and told the daughter she could not enter the mother’s room and must remain silent. The daughter begged them to align the mother with the *qibla*, but they told her she must leave. And God will testify from this letter that [I have received], the woman died without her daughter being able to give her water to drink. The daughter said, “I want to prompt her [*u-laqinu*] to pronounce the testimony of faith [*al-shahada*],” but she was not allowed to. And the soul of the woman left not in the direction of the *qibla*, and both her mouth and eyes were left open.

The drink of cool water, understood through prophetic example to soothe the pains of approaching death,²⁶ or the elicitation of the testimony of faith that, when uttered just before death, paves the way for one’s acceptance into heaven—these key aspects of proper ministering to the dying are denied, both by the subordination of the process to technological imperatives (i.e., the respirator tube placed in the mouth) and by the monopolization of authority in the hands of a medical staff insensitive to the requirements of Islam. Humaidi’s insistence on these practices reflects far more than a concern with doctrinal rigor. They point to a particular ethic of care surrounding death, one geared to comforting and bolstering the dying person.

Some aspects of this ethic of care bear considerable resemblance to practices promoted by the hospice movement in the United States. Note Humaidi’s suggestions in the following passage:

Why isn’t there in every hospital within Muslim countries—and I want every Muslim to carry this suggestion to his country—why isn’t there in every Muslim hospital a room called the room for the dying [*ghurfa al-intidhar*] where one can die by oneself. Why do we leave the sick to die in a place where they are surrounded by others who are ill. This is a very sensitive issue: the sick are in the company of their families and someone next to them is dying. Also, the apparatus placed in the mouth of the dying person disturbs him. Why don’t we set up a room for the dying in every hospital? Then the family and close kin of the dying person can be with him.

The hospice movement also emerged out of a critique of the bureaucratic and medical management of death within modern hospitals, though much of the movement's ideology has now been adopted by mainstream medical institutions. It is in the particular notion of what constitutes a "good death," however, that we see the limits of this comparison with Humaidi. For Elisabeth Kübler-Ross, whose trenchant critiques of the modern management of death had a profound influence in shaping the hospice movement in the United States, terminally ill patients go through a series of stages as they approach death; under proper conditions of care, the sixth and final stage is characterized by a sense of acceptance, peacefulness, and awareness on the part of the dying person, by a feeling that she has attended to all of her "unfinished business" and said her farewells.²⁷ In a "dignified" and "humane" death, one is not abandoned to human mortality but actively accepts it on the condition that, prior to this, she has been able to "put her life in order."²⁸ Notably, Kübler-Ross's characterization of death displays two liberal concerns also emphasized by Dworkin: the importance of endowing one's life, at its end, with integrity and completeness—as an ethical project—and the necessity of securing a space for human agency within the process of self-dissolution.

Humaidi's vision of palliative care departs from that expressed by the liberal scholars discussed above, with their image of a dignified death of one's own choosing, in another way as well. Humaidi's argument does not presuppose an opposition between state power, on one hand, and, on the other, the rights of individuals to decide for themselves what is best for them until the very last moment of their lives. In other words, he is not concerned with bolstering a private domain of individual immunity where subjects can extend their narrative of life-defining choices to the end and thereby sustain the project of self-making to the point of death. His concern instead is with a collective duty toward those close to death, a duty grounded in a passionate recognition of a common fate.

Furthermore, it would also be wrong to see Humaidi's invocation of an eschatological ethics as simply a defense of religious tradition against the increasing biopolitical regulation of life and death in Egypt or as a critique tout court of the medicalization of death. Humaidi takes for granted that many people now end their lives under the care of state-administered medical institutions, at times without the presence of family members. For this reason, he advocates the adjustment of hospital procedures to allow for the practices dictated by Islamic conceptions of death. Humaidi believes that the tasks of healing and protecting human life must incorporate a recognition of life's inclusion of death and its beyond, in order to address the particular needs that people face in dying. This requires, on one hand, special facilities where the ill may face death undisturbed by the presence of other patients or technical lifesaving apparatuses, and on the other, a

medical staff trained in the Islamic prescriptions concerning death (*fiqh al-mawt*), capable of ensuring the conditions of speech and silence that enable a smooth transition to the Hereafter.²⁹ In this sense, Humaidi's reference to the disturbance caused by the respirator tube to the dying person is not a blanket critique of modern technology or medical expertise. Rather, the rationale informing this argument, I want to suggest, reflects a range of what I'll call eschatological sensibilities for the sick and dying. The stance he adopts, in other words, involves neither a rejection of the biopolitical nor simply an extension of it. The practical issues that death raises in his discourse presuppose and have been shaped by institutions of medical expertise and knowledge, by a biopolitical field. What is at stake in Humaidi's discourse is a call to replace the notion of human life (i.e., life as biomedically defined) that undergirds the current medicalization of death with one that recognizes both life and afterlife as co-constitutive elements of human existence.

What difference does the understanding of human mortality I have described make in relation to the increasingly biopolitical regulation of death in Egypt or elsewhere in the Middle East? One arena where we find an ongoing dialectical exchange between biomedical expertise, on one hand, and Islamic discourses on life, death, and the afterlife, on the other, is in the field of bioethics, and particularly around the issue of organ transplants. In Egypt, as elsewhere in the Muslim world, there is a wide variety of views concerning the practice of organ transplantation. While most of the state-affiliated religious scholars have expressed approval for the harvesting of organs from those either recently deceased or declared to be brain-dead, a number of prominent thinkers allied with the Islamic revival movement have come out opposing the practice. According to Sherine Hamdy, who conducted a study of Egyptian attitudes toward the practice, many ordinary Egyptians view organ transplantation as unethical on the grounds that (a) the human body belongs to God and cannot therefore be turned into a commodity of exchange; and (b) to cut open a corpse and remove organs from it constitutes a desecration of the dead.³⁰ Dr. Safwat Lotfy, chairman of the Egyptian Society for Medical Ethics, and one of Egypt's most vocal opponents of the practice of procuring organs from either brain-dead or cadaveric donors, put the argument as follows: "The Prophet of God, may God's blessings and peace be upon him, has left us with instructions for our duty of dealing with the dead in utmost detail, even specifying that the temperature that we use to [ritually] bathe the dead be neither too cold nor too hot, so as not to abuse the dead. The Prophet specified that we shroud the dead, pray for them and bury them properly, and the Prophet warned us against any mistreatment of the dead body as in his noble *hadith* 'Breaking bones of the dead is like breaking bones of the living.'"³¹ Such views, by a respected medical doctor in Egypt, exemplify

the same reasoning and the same underlying sensibilities toward death and dying that inform Humaidi's argument.

Moreover, Lotfy's viewpoint is not a rare one. In spite of the fact that many state-affiliated religious scholars, both in Egypt and elsewhere in the Middle East, have come out in favor of organ harvesting, rates of organ donation remain very low throughout the region.³² A number of recent surveys on attitudes toward postmortem autopsy and organ procurement in the Middle East confirm that the perception that even after death one will suffer from the treatment given to one's body continues to be widespread.³³ Moreover, and as many scholars have noted, this opposition to such practices as organ transplantation cannot be seen as the result of a blanket rejection of medical technology. A wide variety of medical technologies have been introduced into the Middle East without objection. Many of Hamdy's Egyptian informants expressed positive views on advances in medical science.

As mentioned, studies on bioethics in Egypt and elsewhere in the Middle East confirm a wide divergence of opinions and attitudes. Governments in the region have tended to push through the adoption of new medical techniques and technologies, often with the endorsement of compliant religious bureaucracies, and with little or no public debate on the ethical and political implications of these innovations.³⁴ It is in the attempts to implement such new procedures for the care and treatment of the dying, however, that such state efforts encounter a barrier in the form of popular perceptions and sensibilities for the ethical significance of death. This affective attunement to death finds expression in the critique of contemporary medical institutions articulated by Humaidi and other leaders of the Islamic revival movement. While these preachers and writers remain distant from centers of medical innovation and expertise, they seek nonetheless to put forward a vision of biomedical practice and palliative care consonant with their understanding of an Islamic ethics of the deathbed.

Media and the Macabre

As I mentioned above, the popular media on death and the afterlife that circulate within Egypt do not simply describe an ethical paradigm but, rather, enable the cultivation of the virtues that sustain practices of care and generosity for the dying. Cassette sermons, like the one by Humaidi discussed here, provide the rhetorical resources for honing the sensibilities and affects that structure one's relation to death. Listeners frequently discuss the value of a given tape on the basis of its ability to awaken and deepen such ethical dispositions within them.³⁵ Thus, the macabre scenes that Humaidi describes, scenes of both medicalized death and eschato-

logical torment, are simultaneously geared to both political critique and ethical pedagogy. The sense of pious fear that such scenes enliven in the hearts of sensitive listeners gives purpose, direction, and force to acts of compassion and care for those on either side of the border of death. Through the continual repetition of acts of cassette audition—in the car or bus, while at work in a store, at home in the evening with one’s spouse or children—these dispositions become sedimented in one’s emotional equipment. In this regard, the popularity of death themes within Egyptian media, far from imparting a destructive impulse into social life, is a condition for those practices geared to easing the suffering of the terminally ill. Critique itself, in this context, is an ethical practice, one oriented toward a moral collective fashioned in the image of a public and enabled by the circulatory modes of such modern media forms as the cassette sermon.

This brief description of the ethical practices that mediate the distribution and use of much of the popular media on death and the afterlife in Egypt today should caution us against the assumption that all media texts and images inhabit the same circulatory regimes or articulate with the same practices of consumption, interpretation, social commentary, and so on. Scholars and journalists who write about the necessarily harmful social and psychological effects of popular Islamic eschatological narratives frequently seem to neglect this point, drawing conclusions from media texts without exploring the specific contexts of discipline and practice wherein such texts (or images) acquire meaning. To inhabit an eschatological tradition today may mean a variety of different things for different religious subjects, but it certainly means something other than the fact that one has a fascination for mass-mediated images of horror. And here it is interesting to note that, in contrast to Hollywood, Bollywood, as well as many other third-world film industries, Egyptian film has very rarely involved the explicit thematization of blood, horror, and violent death.³⁶ A culture of death? Yes, but clearly not in the sense usually implied by anti-Muslim pundits like Ayaan Hirsi Ali.

Fear and death, of course, are salient themes within Western popular entertainment. According to one study conducted over a decade ago, the average American child will witness forty-four thousand on-screen murders by the time she reaches the age of eighteen, and the figure has most likely increased since then.³⁷ While the impact of violent media entertainment on its consumers remains a subject of intense debate and disagreement, to suggest that this continual subjection to images of death, killing, and gore has no impact on attitudes and behaviors, or on the sensibilities that allow one to recognize what is called the “value of life,” is hardly a tenable claim. The aestheticization of violence and murder in such films as *Silence of the Lambs*, *Kill Bill*, and countless others renders bloodshed an

expressive performance of beauty and grace, opening up new possibilities for conceptualizing and experiencing depictions of pain, suffering, and death. While death is stripped of its materiality and particularity within liberal ethics, it is forcefully reembodyed within mass popular entertainment, its blood, horror, and angels of death intact.

How are we to understand the fascination with blood and the macabre, so pronounced within American cinema and television, in light of the liberal discourses on death I explore above? Given the immense complexity of the issues involved here, I can only venture a minimal and tentative answer in the form of some possible lines of inquiry. Within popular American media, the experiential dimensions of death and violence are harnessed and directed toward the production of a variety of aesthetic effects.³⁸ While at times such effects create ripples within public discourses on the political and ethical (e.g., Columbine), for the most part the dramatic renderings of life destroyed that sustain the film industry remain within the protective shelter of “entertainment.” Here, one might want to explore how the kinds of cruelty that American society imposes upon the sick and dying and that remain unthematized within liberal public discourse become, by this fact, a rich theme for aesthetic appropriation and exploration. Another, related, line of investigation might explore the idea that the highly disembodied and detached figure of death that reigns within liberal discourses on euthanasia, organ transplantation, and brain death secures its reasonableness and authority precisely through its contrast with the passionality of death within popular media culture. Rather than view this as a functional interrelation, it could be explored as a particular discursive organization of death, a “culture of death” that we might see as characteristic of a modern liberal society.

Let me emphasize: my point here is not to condemn the fascination with death and blood within American media. Rather, I want to suggest that what is at stake here is not an opposition between a religious society that gives death prominence and visibility within its public discourse and one that keeps it concealed from public view (as Ariès has characterized the historical shift that took place in modern European society). What we find instead are distinct institutions of knowledge and practice that construct death differently as an object of reflection, appropriation, and experience, and hence as a feature of ethical and political life. It is interesting to note that while a religious concern with death among Muslims is thought to be indicative of social morbidity leading to destructive and self-destructive behavior, the secular practice of viewing depictions of violence and death within Western media raises relatively few objections, despite the numerous studies linking the ubiquity of media violence with the extremely high levels of violent crime in the United States, levels well over those found in all other industrialized nations.³⁹

Rather than view the great popularity of death themes within contemporary Egyptian media as evidence of a “culture of death,” a destructive impetus rooted in Muslim societies, I have tried to point to some of the ways this concern for death is a condition for an ethics of care and generosity toward those who face the predicament that death—within some Islamic traditions—represents within a broader conception of human existence. My analysis of an example from the Islamic revival movement’s popular media discourse on death has not been predicated on an opposition between a religious tradition and the biopolitical imperatives of the modernizing state. Arguments like Humaidi’s, I have suggested, are best seen as attempts to reformulate the notion of life that Foucault identified as crucial to the development and operation of modern biopower in accord with an eschatological vision wherein life and death are profoundly entwined.

Notes

I wish to thank Hussein Agrama, Saba Mahmood, and Brian Larkin for their valuable feedback on an earlier draft of this essay.

1. Ayaan Hirsi Ali, “Violence Is Inherent in Islam—It Is a Cult of Death,” interview, *Evening Standard* (London), 7 February 2007.

2. In his study of the use of suicide bombing during the twentieth century by militant movements, the political scientist Robert Pape observed that the recourse to this strategy has very little to do with religious beliefs. The practice of suicide bombing, Pape found, is taken up by those of little or no religious commitment as often as by those with intense religious commitment. The one variable common to those who engage in suicide terrorism is the perception of foreign territorial occupation. See Robert Pape, *Dying to Win: The Strategic Logic of Suicide Terrorism* (New York: Random House, 2006).

3. A number of the conceptual and historical dimensions of the contemporary politics of giving value to death are brilliantly unpacked in Talal Asad’s recent book, *On Suicide Bombing* (New York: Columbia University Press, 2007).

4. For Foucault, medical practices played a pivotal role in mediating the relations between sovereignty and discipline: “And it is precisely in the expansion of medicine that we are seeing—I wouldn’t call it a combination of, a reduction of—but a perpetual exchange or confrontation between the mechanics of discipline and the principle of right.” See Michel Foucault, “*Society Must Be Defended*”: *Lectures at the Collège de France, 1975–1976* (New York: Picador, 2003).

5. On the contribution of religious traditions to shaping debates about bioethics in the United States, see Carla M. Messikomer, Renee C. Fox, and Judith P. Swazey, “The Presence and Influence of Religion in American Bioethics,” *Perspectives in Biology and Medicine* 44 (2001): 485–508.

6. For a thoughtful critique of medicalized death in Western society by a prominent Christian theologian, see Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering* (London: Clark International, 2004).

7. Charles Hirschkind, *The Ethical Soundscape: Cassette Sermons and Islamic Counterpublics* (New York: Columbia University Press, 2006).

8. For a useful exploration of the different positions structuring this debate,

see Margaret P. Battin, Rosamond Rhodes, and Anita Silvers, *Physician-Assisted Suicide: Expanding the Debate* (New York: Routledge, 1998).

9. Ronald Dworkin, "Euthanasia, Morality, and Law," *Loyola of Los Angeles Law Review* 31 (1998): 1149.

10. C. B. Macpherson refers to the liberal idea of self-ownership as "the theory of possessive individualism" whose origins he traces to Hobbes. Within this tradition of thought, Macpherson suggests, the individual is understood as "the proprietor of his own person or capacities, owing nothing to society for them. The individual was seen neither as a moral whole, nor a part of a larger social whole, but an owner of himself." C. B. Macpherson, *The Political Theory of Possessive Individualism: Hobbes to Locke* (Oxford: Oxford University Press, 1962), 3.

11. Wilhelm von Humboldt's elaboration of the concept of *Bildung* played a key role in shaping this tradition of German romanticism. See W. H. Bruford, *The German Tradition of Self-Cultivation: "Bildung" from Humboldt to Thomas Mann* (Cambridge: Cambridge University Press, 1976).

12. Many critics of euthanasia legislation attack the "autonomy argument" propounded by Dworkin and others on the grounds that the legalization of physician-assisted suicide would put undue pressure on vulnerable patients, who would be pushed to end their lives even when that was not their preference (the so-called slippery-slope argument). That is, despite their contrastive viewpoints, both advocates and opponents of legalization often find common ground in their emphasis on individual choice and its necessary conditions.

13. Dworkin, "Euthanasia, Morality, and Law," 1149. The key legal precedent in arguments over the right to refuse lifesaving measures is *Cruzan v. Missouri* (1990), in which the Supreme Court justices "assume that the United States Constitution would grant a competent person a constitutionally protected right to refuse lifesaving hydration and nutrition" (497 U.S. at 279).

14. Shai Lavi, *The Modern Art of Dying: A History of Euthanasia in the United States* (Princeton, NJ: Princeton University Press, 2005), 8. Lavi locates one of the factors producing this transformation in the practice of dying in the Methodist deathbed, wherein the art of dying, now governed by the Protestant ethic, became a this-worldly accomplishment, whereupon "the uniqueness of dying as a transitional moment was overcome and dying became a problem of holy living" (8).

15. Margaret Lock, "Transcending Mortality: Organ Transplants and the Practice of Contradictions," *Medical Anthropological Quarterly* 9 (1995): 391. Commenting on organ procurement and transplantation, Talal Asad notes: "The use of this expression [giving life] suppresses two horrifying elements in the whole business of organ transplants: first, there is the market for body parts, in which the transfer of life is dependent on the circulation of money; second, and connected with this, is the incitement to violence on the bodies of individuals ironically called 'donors'" (Asad, *On Suicide Bombing*, 88–89).

16. Jordan Paust, "The Human Right to Die with Dignity: A Policy-Oriented Essay," *Human Rights Quarterly* 17 (1995): 6.

17. *Ibid.*, 7.

18. An obvious limit or exception to this argument can be found in the case of suicide bombing. What renders this practice so disturbing to liberal sensibilities may indeed owe to the way it is a chosen death but one that does not seem to affirm life.

19. Phillippe Ariès's influential account of the disappearance of death from public life within the modern West is found in his *Western Attitudes toward Death: From the Middle Ages to the Present*, trans. Patricia Ranum (Baltimore: Johns Hopkins University Press, 1974).

20. See Hirschkind, *Ethical Soundscape*; Hirschkind, “The Ethics of Listening: Cassette-Sermon Audition in Contemporary Cairo,” *American Ethnologist* 28 (2001): 623–649; Hirschkind, “Religious Reason and Civic Virtue: An Islamic Counter-Public,” *Cultural Anthropology* 16 (2001): 3–34.

21. All translations of Ismail Humaidi in this essay are the author’s own.

22. An excellent treatment of Islamic conceptions of death and the afterlife is found in Jane I. Smith and Yvonne Y. Haddad, “Afterlife Themes in Modern Quranic Commentary,” *Journal of the American Academy of Religion*, 4th ser., 47 (1979): 699–720. See also Jane I. Smith and Yvonne Y. Haddad, *The Islamic Understanding of Death and Resurrection* (Albany: State University of New York Press, 1981).

23. In another sermon-tape, Humaidi notes that in preparing the body for burial, the preparer must handle it “softly and gently” (*bi rifq wa lin*), and must care for it with the “correct intention” (*bi niyya*) of ensuring its successful transition to the Hereafter. A failure to treat the corpse in this manner will lead the deceased to complain to God about his or her survivors, inasmuch as the deceased remains aware, and sees and hears those who wash and enshroud him or her.

24. Sermons on the Prophet’s death, a very common sermon topic, routinely emphasize the Prophet’s own helplessness in the face of the death throes and his petition to God to lessen his agony.

25. For a more in-depth discussion of fear as an ethical affect, see Hirschkind, *Ethical Soundscape*, chap. 6.

26. The provisioning of water shortly before death also appears in prophetic traditions (*ahadith*) on the Prophet’s death, where it is said that Aisha, one of the Prophet’s wives, gave him water in his final moments of life.

27. Elisabeth Kübler-Ross, *On Death and Dying* (New York: Macmillan, 1969).

28. Another highly influential text in the development of the modern ideology of the “good death” was Ariès’s *Western Attitudes toward Death*. Ariès’s claim that, during the Middle Ages, the dying played a far more active role in orchestrating their life’s end than they do today within modern hospitals resonated forcefully with emerging critiques of medicalized death as well as with liberal concerns for individual autonomy. For a critical discussion of the modern notion of a “good death,” see Bethne Hart, Peter Sainsbury, and Stephanie Short, “Whose Dying? A Sociological Critique of the ‘Good Death,’” *Mortality* 3 (1998): 66–77.

29. As Humaidi comments later in the sermon notes: “We need to teach our Muslim nurses the prescribed acts to be performed at death [*fiqh al-mawt*], how to attend to the dying, how to align them with the *qibla*, how to prompt them to utter the testimony of faith [*shahada*] before death, how to remind them of God [*kaifa nudhakirahu bi allah*], how to induce them to place themselves in a favorable standing with God [*kaifa najalahu yahsan al-zunn bi allah*], how to take the dying person’s will and reckon what he owes and what he owns, how to close his eyes and seal his mouth.”

30. Recently, the Mufti of Egypt, Shaykh Ali Guma’a, rejected his predecessor’s approval for the practice of organ donation and has come out strongly opposed to it. See Sherine Hamdy, “Our Bodies Belong to God: Islam, Medical Science, and Ethical Reasoning in Egyptian Life” (PhD diss., Columbia University, 2007).

31. Cited in Hamdy, “Our Bodies Belong to God,” chaps. 5, 14.

32. A recent study of organ donation rates conducted in Saudi Arabia found that positive consent for donation was only 3 percent among Saudis and a much higher 40 percent for non-Saudis. Abdulaziz Aldawood et al., “Organ Donation after

Brain-Death: Experience over Five Years in a Tertiary Hospital,” *Saudi Journal of Kidney Diseases and Transplantation* 18 (2007): 60–64.

33. Dariush Atighethci, *Islamic Bioethics: Problems and Perspectives* (Philadelphia: Springer, 2007).

34. The one exception to this pattern is Iran, where a vigorous dialogue between medical policy makers and Muslim religious scholars has been under way for some time. For a discussion of these exchanges, see Abdulaziz Sachedina, “Brain Death in Islamic Jurisprudence,” people.virginia.edu/~aas/article/article6.htm (accessed 28 February 2008).

35. Hirschkind, *Ethical Soundscape*.

36. For an insightful analysis of horror within Ghana’s Pentecostal film industry, see Birgit Meyer, “Impossible Representations: Pentecostalism, Vision, and Video Technology in Ghana,” in *Religion, Media, and the Public Sphere*, ed. Birgit Meyer and Annelies Moors (Indianapolis: University of Indiana Press, 2005), 290–311.

37. See Scott Stossel, “The Man Who Counts the Killings,” *Atlantic Monthly*, May 1997, 86–104.

38. There are, of course, also popular religious media in the United States that treat the matter of death very differently than does Hollywood. Susan Harding’s work on evangelical Christians in the United States provides some interesting examples of this. See her *Book of Jerry Falwell: Fundamentalist Language and Politics* (Princeton, NJ: Princeton University Press, 2000).

39. See Cynthia Carter, *Violence and the Media* (Philadelphia: Open University Press, 2003). Most of the participants in the Islamic revival movement in Egypt that I interviewed during the period of my fieldwork were sharply critical of the depiction of violence in films. See Hirschkind, *Ethical Soundscape*, chap. 3.