

DEATH SENTENCES:  
THE MODERN ORDERING OF MORTALITY

by

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## ABSTRACT

This project examines the introduction of death as a political-economic issue and its discursive problematization as a subject of sociological inquiry since the late seventeenth century. I draw from the works of Foucault, Baudrillard, Agamben, Bauman, and Parsons, among others, who argue that, in the past few centuries, the economy of death has been transformed from one that emphasizes the *symbolic* significance of death to one that treats death *discursively* as a medical and public health problem. This transformation (or tension, in my view) is underscored by the discovery of an interconnection between the way people die, on the one hand, and political order and economic prosperity, on the other hand.

By the ‘ordering of death’ I mean a social framework for defining, dealing with, and regulating mortality. The notion of ‘death sentences,’ in the title, refers to the four commandments (*orders*) of the discursively regulated death: thou shalt not die violently, thou shalt not die prematurely, thou shalt not kill thyself, thou shalt not die an undignified death, all of which are synthesized in the commandment: thou shalt not die an un-orderly death. The commandment to die an orderly death is the common denominator and the positive expression of the four negative commandments governing modern death. ‘Sentence’ implies that such ordering is discursive, carried through sentences, words, figures, texts, and statistical tabulations. It also indicates that as in the ritual of death penalty, the management of death has is still to some extent symbolic.

Hobbes’ problematization of *violent death* as a political-economic concern, rather than a metaphysical or existential issue, was central to this process. His instrumental approach to knowledge greatly influenced discursive problematizations of other forms of death such as *premature death* and *suicide* first and foremost through the works of his immediate followers, John Graunt and Sir William Petty. By quantifying the existential experience of mortality, these authors played a crucial role in the development of statistical techniques for the study of other subjective and/or social experiences widely used in sociology today.

Using evidence from England, France, Germany, and the Netherlands, I argue that the statistical problematization of suicide in the nineteenth century and the contemporary debate over policy approaches to euthanasia are in continuity with the logic of the positivist, objectivist, and instrumental approach to mortality pioneered by Hobbes and his followers. Therefore, how we die today can best be understood within the trajectory of an entire history of modern discourses that shape and define what it is to live or to die. In this sense, the history of modern forms of regulating death is a history of our present.

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## INTRODUCTION

### THE MODERN ORDERINGS OF MORTALITY

Just as many introductions are written after the whole work is finished, my research evolved in reverse order beginning from the last chapter and gradually leading to the ideas that shaped the first. The original object of my curiosity was the legalization of euthanasia in the Netherlands in the Spring of 2001. I was interested in the issue of rights and how they are mediated and negotiated between the state and its citizens in the West. The legalization of euthanasia seemed a perfect case study. My preliminary inquiry indicated that much of the already existing literature addresses euthanasia primarily from the point of view of moral philosophy, public policy, social movements, and public opinion trends. In contrast, as my research evolved, I became interested in the question of euthanasia in its most basic formulation, that is, euthanasia as a beneficent way of dying or a ‘good death,’ as the Greek etymology of the term indicates. But in the existing advocacy literature, euthanasia is often portrayed as a *dignified* death and the right to die movement is sometimes called the death with dignity movement. This raised the question “how has death become un-dignified” in modern Western (and “westernized”) societies? And “why has medically administered death become the epitome of a good or dignified death and, as such, considered a right?” Subsequently, it became clear that we cannot understand the construction of medically administered euthanasia as an individual right without first understanding the processes that have dramatically changed the meaning and value of life as well as the experience of living and dying in the past few centuries. Euthanasia therefore became interesting not as an individual right, but as the latest

incarnation of politically, economically, scientifically, and legally regulated death, the *raison d'être* of which can only be understood within the trajectory of a whole history of modern forms of living and dying. Tracing the genealogy of 'modern deaths,' as a history of our present, became my main focus.

What emerged from this initial investigation was my guiding hypothesis that at every given point in time one can identify a distinct social ordering of death. By the 'ordering of death' I mean a social framework for defining, dealing with, and regulating mortality. In the process of retrospectively examining the problematization of death—going from the twentieth to the nineteenth centuries, and then to the eighteenth and seventeenth centuries—it became evident to me that these centuries witnessed an increasingly stronger tendency toward treating death as a quantifiable political, economic, and personal risk. This trend is underscored by the discovery, in the late seventeenth century, of an interconnection between the way people die on the one hand, and political order and economic prosperity on the other hand. This revolutionary development seems to originate in Europe and in the political philosophy of Thomas Hobbes and then in the field of statistical political economy, which at the time encompassed social statistics and which attempted to subject death to statistical and financial methods of risk calculation. It appears as if the history of modern death is primarily a history of *discursive orderings* of mortality.

To state that the modern ordering of death is predominantly discursive implies that there was an ordering of a different kind that predominated in premodern times. However, instead of investigating the diachronic progression of the methods of ordering

death from one to another, I considered studying the internal synchronic dynamics of the discursive methods of ordering death in search of a *negative*—not in the sense of an *opposite* but perhaps in a sense closer to a *negative* in photography or of a *dialectical negative*: a different method of ordering death that at once contains and negates the predominant discursive ordering of death. In other words, in examining the emerging mode of discursive ordering of death, I not only searched for the signs of its own spread across Western intellectual and cultural fields but also for the signs of its dialectical opposite: that which the discursive ordering of death was trying to exclude, hide, reduce, or subvert. In the course of an investigation of scientific discourses of suicide in Europe in the nineteenth century, it appeared that this dialectical negative is nothing but the potential of death for having a symbolic meaning or for being absorbed by and governed through a *symbolic system of ordering*. Suicide best exemplifies the potency and the threat of this symbolic system because it is a subjective and irreversible act of defiance against the predominant life-affirming culture of modern societies. In contrast, the quantitative, discursive treatment of death as an avoidable risk (emerging in the eighteenth century) seemed to exclude any cultural approach that regards death as anything but a moment beyond which nothing exists: no meaning, no otherworldly powers, and no purpose. Or if there is any meaning, it must merely be a matter of personal conscience and not of public concern. As in the technological metaphor of a final beep and a flat line in the ICU, in Western (and “Westernized”) societies, death itself has become a dot at the end of a life lived and conceived as a linear process.

This analytical division should not be taken to imply a binary division of

historical time into two periods or of geography into two regions, one in which death has symbolic meaning and social significance and one in which it has been interpreted and managed by means of scientific discourses exclusively. Rather it implies the existence of a historical and conceptual tension between a death that is *symbolically* powerful and *ritually ordered* and a death that has become less meaningful and increasingly subjected to various modes of *discursive ordering*. Rather than pointing towards a linear historical evolution, this analytical division only refers to tendencies, tensions, and idealized visions of the place of death in social and personal life. Above all, it refers to the symbolic ordering of death as an ever-present potentiality—a threat or, better yet, a risk—within the modern ideal of discursively ordering death.

#### **Death sentences: commandments on how to live and die**

The phrase *death sentences* in my title refers to what I have formulated negatively as four quasi-biblical *commandments* or *orders* of discursively regulated death: thou shalt not die violently, thou shalt not die prematurely, thou shalt not kill thyself, thou shalt not die an undignified death, all of which come together in the positive commandment: thou shalt die an orderly death. What distinguishes these commandments from the biblical commandment “thou shalt not kill” is the fact that rather than primarily relying on cultural or religious prohibitions, modern Western commandments of death are oriented prescriptively toward a death that is medically and scientifically ordered. Such death is in a constant tension with any form of symbolic signification whose logic is rooted in a realm beyond the tangible here and now. Thus, my use of the notion of *sentence* implies the existence of various modes of *ordering* death, of dictating and governing how we live

and die, often in our own interest. It also implies that such ordering is discursive, carried through sentences, words, figures, and statistical tabulations. Above all, the expression ‘*death sentences*’ alludes, negatively, to the ultimate theoretical opposite of discursively ordered forms of death: capital punishment as the main prerogative of sovereignty and thus as a symbolically meaningful ritual and not just a rationality regulated procedure. In fact, one of the main objectives of this thesis is to argue that the discursive orderings of death have developed in a political milieu defined not by the insignia of the power over death, such as the sword, the scaffold, and blood—the symbolic signifiers of triumph—but rather by the benign art of governing life. In this regard, my work is informed by the contributions of Michel Foucault, Jean Baudrillard, and Giorgio Agamben to our understanding of the mechanism of power in modern Western societies.

A theory regarding the relative shift in the objective and methods of power is already anticipated in the crucial last chapter of the first volume of *The History of Sexuality* (1988 [1978]), where Foucault argues that modern western societies exhibit a shift from the right of sovereign power over death to the exercise of disciplinary and discursive powers over life. For him, these societies are more concerned with knowing, analyzing, and dissecting life processes as a mechanism for the management of populations than with using the threat of death as an instrument of power. This involves a shift, in his words, ‘from the symbolics of blood’—that is, the sword, punishment, and war—to the ‘analytics of sexuality’—that is, a detailed knowledge of demographic changes and life processes. In more general terms, this suggests a shift from the imposition of rule through the fear of death to the exercise of governance aimed at the

maximization of life potentials (ibid.: 136). For Foucault, the decrease in the instances of applying the death penalty, the waning of rituals around death, and the secrecy that now surrounds it can be attributed not to an awakening of humanitarian feelings, nor to a new anxiety that makes death unbearable to our societies, but to the fact that death is the limit of a power that sets itself the task of administering life (ibid.: 138).

My aim in reciting these often cited arguments is not to do a study of the relations between sovereignty and death on the model that Foucault has proposed, nor to apply his theory to a series of empirical cases in order to prove it right or wrong or to examine its limits. Rather, I wish to reflect more on what Foucault has not done or said than on what he has. In particular, the contrast between the ‘symbolics of blood’ and the ‘analytics of sexuality’ is worth both speculating on theoretically and examining empirically, especially in the context of Foucault’s views on the relations between death and (political) power expressed in several places: in *The History of Sexuality* (pp. 138-159), in *Discipline and Punish* (1977), and in his later political reflections on the return of a symbolic form of death, namely martyrdom, in the context of the Iranian revolution (1979) which he describes, using Marx’s words, as ‘the spirit of a world without spirit’ (Foucault, 1988b). Here, there is a hint that death is not merely an instrument of power or an object of knowledge but also a repressed symbol or a lost source of spiritual meaning in our world, which may be destined to return under particular circumstances. This passing allusion to the symbolics of death is one of the many implicit and elusive links between Foucault’s broad schematization of the relationship between death and political power and Baudrillard’s more specific concern with the symbolics of death.

While Foucault touches in passing on the potential *symbolics* of death in the context of his broader preoccupation with the *concrete mechanisms* of juridical and discursive powers, Baudrillard invites us to ‘forget Foucault’ (1988) in favor of contextualizing death against the background of the more fundamental distinction between ‘symbolic exchange’ and ‘political economy.’ Symbolic exchange is distinct from all forms of value, including the value that is attached to objects, commodities, and signs. It refers to a system in which consumption determines one’s social status: ‘Through objects, each individual and group searches out his or her place in an order, all the while trying to jostle this order according to a personal trajectory’ (Baudrillard, 1981: 38). An object such as a wedding ring has meaning only within a system of signifying relationships rather than solely as an ‘empirical object’ (ibid.: 63). By contrast, the age of political economy

[u]nder the cover of utility ... institutes a coherent logical system, a calculus of productivity in which all production is resolved into simple elements, in which all products are equivalent in their abstraction. This is the logic of the commodity and the system of exchange value (ibid.: 191).

Thus while the *gift* and its symbolic meaning (ritual offering = a blessed harvest) belong to the world of symbolic exchange, the *commodity* and what it is worth in the market (20 yards of linen = 1 coat) stand for the world of political economy.

Within this context, Baudrillard provides us with a vocabulary for and insight into the suppression of the symbolic meaning of death in modern Western societies. In *Symbolic Exchange and Death* (1993), he argues that the precondition of the possibility of the modern political economy and its logic of equivalences ‘is the separation between a group and its dead, or between each of us today and our own deaths’ (ibid.: 130). This

division emerges because the symbolic exchange between life and after life, between the living and the dead, is governed by the counter-logic of ambivalence. Worldly deeds, sacrifices, and rituals are reciprocated according to a unique, indiscernible, and ambivalent logic that is not reducible to the law of equivalence in the market. Consider the symbolic, ambiguous, and unquantifiable logic of exchange in

*ritual offerings to ancestors = a blessed harvest*

as compared to the exact and fixed logic of exchange of equivalent values as expressed in

*20 yards of linen = 1 coat.*

For Baudrillard, in the evolution from a world ruled by symbolic exchange to one ruled by political economy, 'little by little, *the dead cease to exist*' (ibid.: 126). This social non-existence results from the fact that the primary source of social control and the foundation of security as manifest in political and economic risk management each involve shattering the reciprocity between life and death, the living and the dead. For the market's logic of value to prevail it is necessary to exclude the dead from the group's 'symbolic circulation' and to terminate the reciprocity between death and life. This is evidenced by the abandonment of rituals, such as the dance of the dead, which previously functioned to bridge the world of the living and that of the dead by means of various forms of symbolic exchange and whose existence would challenge the logic of political economy. Central to this exclusion of death is the rational idea of a 'punctual death' as the terminal stage in life. At the heart of the idea and ideal of punctual death is a linear conception of life and death in which death is defined as an end, a point of no return beyond which any exchange or contact between the living and the dead is no longer possible.

As in the work of Foucault, Baudrillard also draws an analytical contrast between the symbolics of death and the political-economic mechanisms of security on which the power over life is based. For the latter to be realized, death must be experienced as a linear series of events that can be 'punctuated.' This would presumably make it possible to co-opt, silence, prohibit, and objectively study any subversive or symbolic form of death whose logic of exchange transcends political economy's mechanisms of risk management. Such risky deaths include suicide, self-sacrifice, or martyrdom. For instance, suicide can be an escape from or resistance to the punctual system of death-management. However, as Baudrillard points out, medicalized euthanasia seeks to co-opt and neutralize this potential challenge to the modern punctual order of death, paving the way for its integration into the risk free 'culture of death' (ibid.: 175-7). Suicide, euthanasia, the death penalty, and to some degree even death in war find their proper place in capitalism's ordering of death in so far as they are carefully calculated, managed, and thereby emptied of any symbolic and subversive potential.

In contrast to Foucault and Baudrillard who often elaborate these points by making an apparently arbitrary division between "pre-modern" and "modern" forms of managing death, I would like to reassert that symbolically ordered death is not the pre-modern opposite of the discursively ordered death. Rather, the symbolics of death are the always-present subversive forces that negatively reflect and resist the discursive ordering of death by the culture of political economy. Table 1 (below) illustrates a theoretical mapping of the symbolic and discursive problematizations of death in the realms of economy, politics, and culture. It implies that death functions in a predominantly

symbolic way within the context of an economic system that is founded in symbolic exchange and a culture that has a set of provisions for accommodating and giving meaning to life. Such a culture can also coexist with a political system that is primarily oriented toward sovereignty. In the economic realm, symbolically ordered death can become a vehicle of exchange between the world of the dead and that of the living. On the political level, it can play a role in the operation and counter-operations of power as exemplified by capital punishment, rebellion, and suicide bombing. Finally, in the realm of culture, symbolically ordered death might be regarded as the beginning of a new life that will redeem the sufferings and sacrifices or punish the sins of this-worldly life. In contrast, the discursive problematization of death has a largely negative relationship to the economy, politics, and culture. Economically, death is a loss (Chapters I and II), politically it is a limit to the reach of bio-power (Chapter II), and culturally it threatens the value of longevity and the highly regarded sacredness of life (Chapters III and IV).

Table 1-Intro.: Death and Economic, Political, Cultural and Social Orders

| <b>Social orderings</b> | <b>Symbolically ordered death</b>  | <b>Discursively problematized death</b>   |
|-------------------------|--|---|
| <b>Economic</b>         | A system of symbolic exchange between life and after-life<br>-otherworldly reward and punishment for thisworldly conduct | Death a value (negative) within the existing political economy<br>-divide between life and after-life as a basis for peace and prosperity |
| <b>Political</b>        | Sovereignty<br>-power over death<br>-self-sacrifice a form of resistance   | Governmentality (biopower)<br>-life: primary personal good<br>-peace: primary public good   |
| <b>Cultural</b>         | Acceptance of super/natural death.<br>-values: meaning of life and death   | Stress on life, longevity<br>-facts: statistical and medical dynamics of mortality  |

The question remains whether the works of Foucault and Baudrillard imply a total

abandonment of the symbolics of blood and the power over death in modern Western societies, and if so, how do we make sense of the persistent or even escalating bloodshed throughout the world without resorting to an arbitrary division between those areas relying on the barbaric politics of blood and those utilizing the benign power over life? Much of the literature written in the wake of Foucault's famous essay on 'Governmentality' tends to overemphasize the transition from the politics of blood to biopolitics. However, an essential contribution of Foucault and Baudrillard, as well as the much less acknowledged contributions of Althusser (1971) and Marcuse (1964), to the field of analysis of the history of modern deaths lies in their insight into the double-sided relationship between modern power and death. We need to avoid taking this apparently binary division in the modes of exercising power in the works of Foucault and Baudrillard to mean a historical or geographical division of societies into those governed by sophisticated micro-mechanisms of the power over life and those still appealing to a medieval symbolics of blood. Rather, the work of these thinkers forces us to confront the continuing presence of both modalities of power within the social and political systems of the past and the present. In a sense, if refraining from the use of force in politics is the main criterion of political modernity, one can say with some degree of certainty, with Latour (1993), that 'we have never been modern.' Capital punishment is an interesting case in point. Its brutal premodern rituals—as described by Foucault (1977: 3-7) and Durkheim (1978 [1889-1900]: 158-163)—, its abolishment in many countries in recent decades, as well as its medically ritualized and carefully concealed presence in the United States, all speak to the precarious and persistent relationship of death and political power

in premodern as well as modern Western societies. Death has never been exclusively treated as either a symbolic event or a discursive problem. Ancient kings had an interest in minimizing the number of their war casualties and modern politicians use the symbolism of sacrifice anytime they need to justify putting soldiers in harm's way. An interesting feature of the 2004 presidential debates in the United States was the frequency at which the word "kill" and the declaration 'I will kill the terrorists' were used by one of the candidates in order to prove his own leadership qualities while the other side used the menace of terrorism to define the key issue in the election.

Much of Giorgio Agamben's work has been devoted to elaborating specifically on this aspect of modern Western power's relationship with death. Starting from Carl Schmitt's theory of sovereignty, Agamben argues that the fundamental act of sovereignty as well as its reason of existence is defining *homo sacer*: life that can be taken with impunity. Such a conception implies that modern states have succeeded in reducing their reliance on physical repression—to the extent of even renouncing their power over death, as in the abolition of the death penalty—in favour of adopting the role of the providers and protectors of life. On the other hand, as some postcolonial writers have recently suggested, within the unequal global relations of power and violence, the mechanisms of the ritual power over death and of the administrative power over life have at times overlapped, existed side by side, or even reinforced one another, often at the expense of the world's weakest (see Mbembe, 2003, Balibar, 2001). Thus as Foucault's studies have shown, and as we still witness today, wars are no longer waged in the name of the sovereign but rather in the name of the protection of the life of citizen-subjects and 'on

behalf of the existence of everyone' (Foucault, 1988 [1978]: 137). Not surprisingly, such wars and the executions, torture, and war crimes that go with them are more acceptable when they only happen at the margins or the hidden interiors of the affluent world. Hence in our time a double-standard of citizenship, or more precisely a category of non-citizenship, has emerged in a world divided between those whose life has to be protected from a potential 'mushroom cloud' and those whose life can be taken unceremoniously and with impunity to prevent the 'mushroom cloud' from ever forming (cf. Agamben, 1998: 82). The existence of such overlaps between the administrative power over life and the ritual power over death must at least be acknowledged so as to avoid a crudely ahistorical and ethnocentric division of societies and countries in terms of how they manage life and death.

In this connection, it is important to have in mind the limits of the binary divisions between the symbolic and discursive modes of treating and understanding death, especially in light of the fact that this binary division is often presumed to overlap with a historical division between so-called modern and premodern societies or a cultural apposition between Western and non-Western societies. My argument is limited to a discussion of the treatment of death in Western Europe since the late seventeenth century. This historical and geographical field encompasses what is thought to be the modern era and also overlaps with what is often taken to be part of pre-modern times (if we accept the eighteenth century as the conventional breaking point that demarcates the advent of Western modernity). My central argument is that, within this historical and geographical span, one can identify the emergence of a persistent and systematic effort to problematize

death as an aspect of political and economic order and to bring the process of dying under the disciplinary apparatus of social statistics.

Foucault's framing of historical arguments in terms of a genealogy of often-unrelated but converging events functions as a model upon which much of my argument is constructed. Similarly, Baudrillard's insight into the fundamental disjunction between social orders operating through symbolic exchange and those operating on the basis of political economy's law of value informs my central argument regarding the theoretical distinction between two basic forms of ordering death. It is true that in academia nothing is said that has not been said before. As Elias (1991: 91-119; cf. 1993) would put it, creativity and thought are not the personal attributes of 'thinking statues' but rather the products of actual people who are themselves shaped by social and historical processes. Hence, many aspects of Foucault, Agamben, and Baudrillard's theories are found in other works on the history of the modern West, including in Mann (1986), Eugene Weber (1976), and Elias (2000), among many others. However, the latter group often explain changes in the relationship between political power and the citizenry in the West in terms of the increasing 'civility,' democratization, and the centralization or rationalization of power—theories that often stem from or reinforce ethnocentric points of view. What distinguishes the work of Foucault, Baudrillard, and Agamben is that they highlight the existence of a problematic relationship between power, subjectivity, and the body that has survived revolutions and political transformations and still persists, albeit in a constantly evolving form, at the heart of modern Western societies.

## **Death as a sociological problem**

The works of Foucault and Baudrillard have been both a cornerstone and a point of departure for my research. They help reveal a hidden anxiety in modern societies around the symbolics of death which can potentially present a threat to the risk-free ordering of death as fantasized by the apparatuses of modern bio-power (Foucault) and the processes of modern political economy (Baudrillard). Yet none of these theories presents a history of either the de-symbolization of death or a detailed account of the specific role of sociology and the *social sciences* in the normalization of a risk free and punctual ordering of death. My investigation into the genealogy of the modern conditions of death and dying indicates that the history of the modern concept of death and the history of modern sociology have developed in surprisingly close connection. The relationship between sociology and death is far from a simple or direct one. In fact, it can be shown that sociology cannot take death as its topic. We can study mortality rates, causes of death, the ritual handling of death, or the funeral industry but death itself eludes sociological analysis. We cannot make sociology speak about death, but one of the first discoveries of sociology was that it could make death speak about the experience of living in society. This potential of death-speech is explored in the works of Durkheim (1951 [1897]), Marx (1999 [1846]), Simmel (1957 [1906]), and Weber (2004 [1919]) among others, each of whom treats the modern modes of dying—egoistic suicide (Durkheim), suicide under the irrational social pressures (Marx), the detachment of life and death (Simmel), meaningless death (Weber)—as symptomatic of the modern modes of social life. My work follows this sociological tradition: it accepts our limitations as sociologists to speak about death while

acknowledging the ability of death to speak to us and about us through numbers, tales, tables, drawings, and texts. The analysis of the conditions of death, of how, why, and when we die—and of what we are told about how, why, and when we die—inductively and retrospectively illuminates the present-day conditions of living. The history of the many forms of modern death is inevitably the history of modern life itself. For as Simmel argues (1957 [1906]), there is a dialectical unity between life and death: the living process is at the same time a dying process. The moment of death presents a limit to the *process* of life and so defines life and gives it its meaning and shape:

as little as we are already present at the moment of birth, rather as something in us always is coming to birth, so also do we not just die only in our last moment. This is what reveals the formgiving and determining significance of death. Death limits, that is, it does not just give form to life in the hour of death, but it continually colors all of life's contents (ibid.: 31).

To study how we die is to study how the boundaries between death and life are constituted, by whom they are constituted, and what purpose their constitution serves for the living. For the postulate of a boundary between life and death is itself more a social fact deserving of analysis than a definite natural reality.

My work asks of death not only to speak about the conditions of our social life but more importantly to speak about sociology itself. My research suggests that a line of inquiry about mortality from an “objective” and “quantitative” point of view, dating back to the late seventeenth century, has provided us with a discursive and institutional legacy in which the question of how, why, and when we die is closely interconnected with the political question of how a society may best be managed to preserve peace and prosperity. As such, the question of death turns out to be closely connected with the question of order, which is arguably sociology's most fundamental and most persistent question (O'Neill,

1972; van Krieken, 2002). Thomas Hobbes (1651), the first modern philosopher to pose the question of how social order is possible, is also the first to point out that a society's cultural approach to death has a central role in determining whether such order is possible. A "callous" approach to violent death and a general disregard for the value of life, in his view, were impediments to social order and political stability (Chapter I below). Soon after, John Graunt, the English merchant who pioneered the application of mathematical methods in the study of the human social condition (1662), took mortality rates as his main problematic, creating along the way the discipline of statistics. In Graunt's work we can also see the first signs of the emergence of the category of 'population' as a new object of analysis, regulation, and management. This formulation proved to be central to the development of sociology as a discipline concerned with statistically discernible facts in the collective domain (Chapter II). Emile Durkheim, the first academically established *sociologist*, used the case study of suicide rates both to demonstrate the scientific potential of the 'sociological method' and to point out the moral hazards of living in a society plagued with anomie and/or egoism, a subject that also interested Karl Marx (1999 [1846]), albeit in a marginal work (Chapter III). And finally, Max Weber takes the loss of the meaning of death as one of the main indicators of the scientific disenchantment of the world of the living and of the loss of meaning in life more generally, a point that was further explored by Talcott Parsons (1999 [1972], 1967) and Zygmunt Bauman (1992) (Chapter IV). Reflecting retrospectively on this sociological heritage, some of the most prominent contemporary social thinkers, such as Foucault, Baudrillard, and Agamben have taken the handling, management, and mode of regulation of death, especially in

relation to politics, as the characteristic indicator of the paradigmatic mode of social, political, and economic order in our times (Conclusion).

### **From martyrdom to euthanasia: the outline of a research project**

The following four chapters document the historical progression of the modern orderings of death as developed in a parallel manner with the modern history of social thought and investigation. This process of double progression starts with the problematization of *violent death* by Hobbes in the seventeenth century and continues with the problematization of *avoidable death* by Western European social statisticians throughout the eighteenth century. In the nineteenth century, *suicide* becomes a prime subject of sociological scrutiny, and finally, in the twentieth century *un-dignified death* is problematized by statistically minded policy researchers in many affluent countries where advancements in medical technology have made the dying process painful and prolonged. The main thrust of my argument is that these sociologically and statistically constructed figures of mortality (violent death, premature death, suicide, and undignified death) represent progressive stages in the rise of the modern discursive ordering of death which develops in a state of increasing tension with the symbolic ordering of death—that is, with the ritual meaning and symbolic significance of the process of dying. This sequence does not merely indicate a historical “progression” but also a geographical diffusion. As a reflection of the latter observation, my investigation starts with England in Chapter I, focuses on England and Germany in Chapter II, moves on to France and England in Chapter III, and finally covers developments in England, Canada, and the United States, with a specific focus on the Netherlands in Chapter IV. My focus on these areas does not

reflect a rigid geographical distribution of particular discourses but rather illuminates the fact that, over time, the thematic and geographic locus of the debate has shifted while the terms of the debate have remained largely similar. Although many of the debates have been conducted in various places simultaneously, my decision to focus on these countries partly stems from the fact that they contributed more significantly and earlier to the debate and partly reflects the availability of historical material. I have made extensive use of the Goldsmiths'-Kress Collection and Thomason Collection for material in English (or translated to English) and have consulted recent re-publications of historical material.

The study of Hobbes' *Leviathan* will occupy a central place in Chapter I. It is often argued that Hobbes based his notion of political order on the fear of death: the sovereign had to be obeyed out of fear of his absolute and unconditional power over death. However, what is often overlooked is the fact that Hobbes introduced a new economy of blood in which the prevention and avoidance of *violent death* was the ultimate goal. Central to his conception of politics is an ideal of a peace-oriented order in which the risk of death and violence can be minimized. For Hobbes, a peaceful or civil society would be achieved if ordinary people forfeit their power over the life and death of themselves and others to a central authority that would in turn resort to violence or threat thereof only in the interests of peace. With Hobbes, politics is reconceived as bio-politics, that is, as power for which life is an ultimate value and not an instrument, and which therefore distances itself from the vocabulary, laws, and the culture of blood. In addition, with Hobbes, politics is conceived as political economy, resting on the twin foundations of a politics oriented not only to preserve security but also to promote prosperity, and an

economy that is not merely seduced by gain but also aligned with political order. This hybrid foundation of social order calls for and warrants an unprecedented suppression of the symbolics of death: having lived with the experience of sectarian violence, political mutiny, and civil wars, Hobbes was fully aware that human aspirations to salvation, honour, and glory run the risk of fostering a life he famously describes as ‘solitary, poor, nasty, brutish, and short.’ The symbolic gift economy of death in which life (one’s own or another’s) could be exchanged for otherworldly or posthumous rewards no longer has a place in civilization. Instead, Hobbes posits the priority of peace, order, and prosperity over truth and salvation. For this to happen, one must exclude the notion of life after death, or in Baudrillard’s words, the possibility of a symbolic exchange between life and death, from the context of politics. All that matters is peace and the opportunity to enjoy life here and now. Already we see the first signs of an attempt to institutionalize the separation of life from death, the life beyond from the life here and now, and to exclude death in the interests of political order and the pursuit of mundane pleasures.

This articulation of the problem of violent death in the context of a theoretical exploration of the preconditions of a peaceful social order led many social thinkers working in the wake of Hobbes to the question of *avoidable death*, the subject of Chapter II. In the immediate aftermath of the English Civil Wars, many forms of death were discovered as both politically and economically costly yet avoidable. Death is now pushed further away from its religious and cultural symbolics: rather than a fate, a predestined moment around which one could prospectively build one’s whole life, death became, in theory at least, an avoidable risk, and thereby measurable in quantitative

terms. There is a rich literature addressing the way in which the problematization of poverty, illness, mortality, suicide, and hygiene has systematically tied the question of the health and life span of the population to the question of political security and economic utility (Foucault, 1984; Porter, 1995; Rusnock, 2002; Johansson, 2003; Crawford, 1980; Fielding, 1987). However, this literature only dates as far back as the eighteenth century and largely ignores the cultural revolution of the late seventeenth century, which put in place a notion of life as calculable and manageable economic capital. This cultural revolution originates in the works of Hobbes' immediate followers, John Graunt, the author of *Observations on London Bills of Mortality* (1662), and William Petty, author of several essays in political arithmetic in the late seventeenth century. The originality of these often-overlooked authors lies in the fact that, by breaking with tradition and applying methods common among merchants, such as double-entry bookkeeping, to the human experience of mortality, they subjected death, for the first time in Western history, to quantitative and positivist sociological methods in order to estimate the health, productivity, and size of the nation. According to his own account, for several years Graunt was torn between his religious beliefs prohibiting him from the enumeration of the people and his awareness of the political, economical, and personal utility of the study of mortality statistics. By transcending this cultural dilemma and by quantifying the existential experience of mortality, Graunt and his friend Petty played a crucial role in the development of statistical techniques for the study of other subjective and/or social experiences widely used in quantitative sociology today.

In the century that followed, it became clear that the establishment of mortality as

a quantifiable fact had major political and economic implications. Rusnock (2002) and Johansson (2003) have already detailed the policy implications of mortality statistics in the eighteenth century. By contrast, my analysis of the developments in the eighteenth century focuses on the reception and application of mortality statistics in life insurance calculations as well as in public health advocacy, both of which were premised on the construction of life as a form of economic capital and death as a waste of this capital (Clark, 1999; Zelizer, 1985; 1979; Davis, 1944; Doran, 1994). I will argue that the enormous legal and medical value attached to life in modern Western societies, especially as reflected in the fact that the right to life was the first modern right, stems partly from the discovery of life as a calculable form of political and economic capital that can be invested in waging war, production, consumption, life insurance, marketing, and so on. The protection of individual life as a unique personal project thus coincides with the larger scale projects of security, political stability, economic profit making, and population management.

*Suicide*, the subject of Chapter III, is a significant subject in this context. It is a form of death that combines the two previously problematized forms of dying, namely, *violent* death and *avoidable* death. Socio-statistical literature from the nineteenth century indicates that suicide was regarded as disturbing precisely because it was conceived of as an *avoidable* form of *violent* death. Previously, suicide was perceived to be either a result of diabolic inspiration or free will, and in any case it could only be dealt with (punished) *ex post facto*. For nineteenth century social and medical statisticians, such as Morselli and Quetelet, these beliefs presented a fascinating and challenging “myth” to debunk. If it

could be shown that suicide followed certain statistical patterns, two objectives could be achieved simultaneously: one could find ways to prevent it and, more importantly, the “myth” of free will would be seriously challenged. Demonstrating that suicide, the most private and subjective of all acts, follows objective laws would constitute a major victory for social statisticians (then referred to as ‘moral statisticians’) against the old-fashioned moralists. With the problematization of suicide as an act that follows objective and mathematically discernible rules, another step is taken toward further diminishing the subjective and symbolic meaning of death.

Chapter IV analyzes the recent emergence of the notion of *dignified death* in light of the above processes. From the late seventeenth century to the beginning of the twentieth century, the notions of the sanctity of life and the right to life, as well as the practical transformation of life into a form of capital, provided cultural and institutional justification for a medico-legal culture in which the preservation of life at any cost becomes an end in itself (Bauman, 1998, 1992; van der Berg, 1978 [1969]; Illich, 1975). The culture and language of medicine, epidemiology and the life insurance industry transforms death into a risk that must be avoided or minimized. In medicine, the Hippocratic oath that demands that the physician may not cause the death of a patient has been re-interpreted to mean that the physician should prevent death by any means necessary. As a result, medicine now seems to manifest its power in depriving the dying patient of a respectful or dignified death (Skolbekken, 1995; Barsky, 1988; Crawford, 1980; Fielding, 1987). What is sometimes referred to as ‘medical paternalism’ is attributed to the obsession with *curing* and control prevalent in the traditionally male-dominant culture of medicine as opposed to the ‘female’

concern with *caring* most strongly reflected in the Hospice Movement (McNamara, 1998; Zima, 1996).

This obsession with curing and with control over the moment of death has created its own backlash in the form of the right to die movement. While the notion of the sanctity of life has traditionally been used to argue for the protection of life under all circumstances, a new literature is emerging in which the sanctity of life is re-interpreted to incorporate the dignity of the dying person and of the dying process itself. Dworkin (1993: 216-17) for instance argues that keeping people alive as long as possible is not necessarily compatible with a secular notion of the sanctity of life. Along these lines, I shall discuss the deconstruction of the notion of the sanctity of life as defined in terms of longevity and its reconstruction in terms of the dignity and autonomy of the dying person. A comparison can be made between Durkheim's (1951 [1897]) notion of death as a taboo against which the individual—the totem of modern societies—has to be protected and the emerging notion of pain and dependence as new taboos that now threaten the dignity of the individual.

Relying on a case study of the Netherlands, I will argue that despite the moral rhetoric underlying the arguments of the right to die movement, the eventual legalization of euthanasia as a right was a result of its increasing quantification and medicalization of the question and of the language in which it was addressed (Griffiths, 2000). The legalization of euthanasia in the Netherlands is remarkable for how prominently statistical arguments have been employed to justify it. For many years, proponents of euthanasia argued that decriminalization or legalization are the only ways of effectively regulating 'end of life decision making' and of protecting the life of patients. Statistics have been invoked to

argue that by refusing to legalize or decriminalize euthanasia, the state is missing a chance to make medical practice more transparent and to reduce the likelihood of abuse. From this perspective, while the demand for euthanasia might be an attempt to restore meaning to death, its legalization seems to be the latest stage in a whole history of efforts to reduce death to a medicalized and symbolically meaningless event. By treating euthanasia as a question of medicine and of law and order, and by excluding the subjective meanings and symbolic intentions behind the decision to end a life, the medico-legal culture of euthanasia appropriates and totalizes the logic of voluntary death.

In tracing the genealogy of the modern sociological, as well as socio-political and socio-economic, problematizations of death from *violent death* to *avoidable death*, *suicide*, and *undignified death*, I am struck by the notion that what has been problematized is not death as such, but death in its symbolically significant and subjectively meaningful forms. Hence, as I suggest in the Conclusion, the logic of medicalized euthanasia is in continuity with the same logic that underlies Hobbes' problematization of violent death. I do not wish to imply that all symbolic meanings of death have been suppressed or that the modern Western world has produced a death that is *mainly* void of symbolism and ritual meaning. Rather, scientifically and rationally ordered death has been an unintended but persistent outcome of certain discursive practices over the past three centuries. My arguments regarding the discursive ordering of death often primarily apply to the modes of sociologically problematizing *death* and only secondarily to the actual modes of *dying*. In addition, throughout this work, I will point out many cases of resistance to this trend, including the overuse of the rhetoric of sacrifice in the most recent American presidential

elections, the persistence of suicide as a form of self-assertion and social protest, as well as the resurfacing of ritual practices within the medicalized context of euthanasia. It is also worth mentioning Parsons and Lidz's (1967: 144-5) argument that in the United States funeral practices and the rituals surrounding them are often designed to symbolize the family's membership in religious, ethnic, national, occupational, status, and kin groups. These rituals, for instance, indicate the desire of the deceased person's family to create or maintain economic status and display respect for the deceased (cf. Mitford, 1963).

### **Notes on method**

My archival method of data gathering and analysis is as much a genealogical account of sociological discourses of death as it is a hermeneutical study of images of death and dying. Life tables, statistical graphs, data maps, metaphorical personifications of death as a speaking figure or as a final beep in the ICU all provide an opportunity to piece together a history of death that is otherwise absent from abstract philosophical or ethical discourse. Throughout this work I have been guided by powerful visual images that help locate death within the socio-psychological terrain of myths, meaning, and spirituality or the socio-scientific terrain of analysis and prevention. The four main figures of death—violent, premature, suicide, and undignified—are developed within the visual boundaries delimited by the standing figure of the Leviathan (the personification of life, health, and security) and the person lying on a hospital bed (the embodiment of the power to make live). These visual boundaries are captured in the legal metaphor of 'dead man walking,' which is rooted in a political culture that gives power the right to define life and death beyond its biological signs as well as the authority to determine bare life. Traditionally, 'dead man

walking' announces the arrival of the condemned to the place of execution but the inherent logic of this pronouncement applies as much to the juridico-legal power of the sovereign over death as it does to the medico-legal power to keep a dying person alive or declare dead a biologically living person (as in cases of persistent vegetative state).

A multiplicity of reasons underlie my decision to focus on the aforementioned forms of death—that is, violent death in civil wars, premature death, suicide, and undignified death—at the expense of a close examination of other forms of dying such as death by capital punishment, abortion, and death caused by natural disasters, epidemics, and terrorist attacks. Some forms of death such as death caused by natural disasters and epidemics are often considered to fall under the general category of premature death. The status of abortion as a form of death is still legally and morally unclear and depends on whether we consider fetuses living persons or not. The debate over the death penalty and terrorist attacks in large part overlaps with and underlies the debate over the nature of the relationship between security and state power, on the one hand, and violent death, on the other, as discussed in Chapter 1. The four forms of death that are discussed in this work have the advantage of being broad enough to overlap with or incorporate most forms of death. They also have a logical and historical continuity: premature death was problematized in the wake of Hobbes' problematization of violent death; suicide was problematized with the use of the techniques first developed in the study of premature death; and finally, dignified death in the form of euthanasia is the medically sanctioned incarnation of premature death and suicide.

The decision to focus on the modern Western ordering of death and leave out the

rest also requires qualification. As mentioned above, “modern” in this work is an arbitrary word, which I have often tried to avoid where it has been possible to delimit the historical boundaries of my research in other ways. The following four chapters relate to a span of history that encompass “premodern,” “modern,” and “postmodern” times, but fall for the most part within what conventionally is accepted to be “modern” times as opposed to the Middle Ages or Antiquity. More importantly, my work is limited to developments in the “West.” I do not mean to imply that such “developments” originated in or took place only in the “West,” although such may well be the case. Undertaking a comparative history is beyond the confines of this work; however, it is often easy to find parallels in other parts of the world to some of the developments in the “West.” Yet similar developments have not led to similar results across cultures and societies. For instance, Hobbes’ discovery of a link between civil life, death, and political order is preceded by the work of the North African Moslem social historian, Mohammad Ibn Khaldun (1332-1406). In his *Introduction to History*, Ibn Khaldun argues that history is a stage on which the nomadic and the urbanized take turns. The former’s attitude toward war and death gives them an edge over the urbanized and their love of life and its comforts. However, as the nomads take over and adopt an urban lifestyle themselves, history is set to repeat itself in a cyclical fashion. As a more sophisticated social thinker, Ibn Khaldun attributes the unending cycle of violence to social causes (urban versus nomadic cultural attitudes toward life and death) rather than to natural laws, as Hobbes had done. Yet, unlike Hobbes, Ibn Khaldun’s work was not produced in the right time and place. As he finished his *Introduction*, the whole Moslem civilization of Northern Africa was set on a path toward destruction by internal turmoil,

external attacks, and the subsequent European colonial rule. Similarly, while the invention of mathematical and statistical methods necessary for actuarial calculations of the “risk” of death for each age group (a significant development discussed in Chapter II) is attributed to European thinkers, such as Pascal, De Moivre, and most importantly—in the area of life tables—to Graunt, Omar Khayyam (~1050-1130), Iranian mathematician and a founding father of Algebra, developed methods later used by Pascal. In 1303 Chu Shih-chie of China further refined Khayyam’s method (see Bernstein, 1996: 34, 64). Again, these developments failed to produce a systematic science of risk management. Bernstein (1996), who has compiled an impressive history of risk calculations, attributes this failure to fatalistic cultural views of the time (ibid.: 35). Yet it is significant that, unlike Graunt who accomplished his study at the end of English Civil Wars and at a time when the plague was disappearing, Khayyam’s life and time was defined by religious factionalism (leading to the assassination of Khayyam’s patron by one of his own friends and old classmates) and followed by a plague epidemic and the Mongol Invasion (starting 1237). Such aberrant developments further highlight the importance of the intertwined histories of science, politics, and death, a major theme in this work.

My line of inquiry leaves out or merely touches briefly or indirectly on many discourses on death, most notably medical discourse. In choosing to concentrate on the socio-statistical and sociological discourses, my aim is to address sociology’s unacknowledged role in the networks of power/knowledge in contributing to the quantification and objectification of life and death in the modern world. Social theorists have often criticized modern conditions of dying and lamented the loss of a world in which

death had meaning and symbolic significance. Such arguments can be found, most notably, in the work of Weber (1958 [1917b]), Bauman (1998, 1992), Baudrillard (1993), and Foucault (2003, 1988 [1978], 1977), and to some extent Elias (1985). However, we have yet to reflect critically and systematically on the contributions of our own discipline to the dominance of a medical cultural approach to death and of a quantitative discourse of death that ignores the questions of meaning as well as the continuity of life and death as a totality. I hope that my work is a step in this direction.

The analysis of the history of death from this perspective requires reconfiguring the history of sociology itself so as to broaden the scope of what we, as students of sociology, consider to be our tradition. Rather than starting with Marx we need to start with Hobbes. Rather than tracing the beginnings of statistical and positivist sociological analysis to Comte and Durkheim we need to go further back and rediscover the roots of social-statistics in the late seventeenth century works of John Graunt and William Petty. Instead of dealing with the core and canon of sociological investigation, we need to bring to light liminal texts of our sociological tradition, texts which have been pushed to the margins not because we have negated their findings and insights but indeed because we have perfected their objectives and methods. The return to Hobbes (instead of Rousseau) in search of the genealogy of the modern Western conception of the social contract, the emphasis on Graunt (instead of Malthus) in the debates on population, and the focus on Morselli (instead of Durkheim) in the study of suicide should not be taken as appeals to the lost ghosts of the pre-history of social thought. Rather, my work seeks to illuminate a history of the present, a genealogy of the modes of dying and of the modes of problematization of

dying in the Western traditions of sociological investigation. Likewise, when dealing with the contemporary discursive treatments of euthanasia in the twentieth century, I am invoking the works of the foot-soldiers of sociological investigation, some of whom would not even identify themselves as sociologists, but who have nonetheless weighed in significantly on the current euthanasia debates by applying the quantitative traditions of social statistics to the question of whether or not euthanasia should be legalized.

The silver lining in this account of the history of involvement in quantifying mortality is the consolation that sociologists and social statisticians can claim a share of the credit for the increased lifespan of the population in the West in the past three centuries. From early on, social statistics was invoked to expose the unjust distribution of longevity across social classes, resulting from the poverty, hunger, and lack of access to medical care common among the army of the working class living in urban slums. While marginalizing a host of 'life-style choices' that were identified as irresponsible, such as drinking and smoking, and throwing in the meantime the life of the poor in the spotlight, the Western socio-medical and socio-statistical tradition has helped to increase the longevity and living standards of these sections of the population. That it has also assisted in making the dying process less meaningful is nevertheless a hard fact we have to acknowledge and deal with.

What Weber said about medical attitudes to death, early in the twentieth century, seems to apply to much of our own sociological tradition:

All natural sciences give us the answer to the question: what should we do, if we wish to control life technically? Whether we should control it technically or indeed wish to, and whether that in the end has any meaning, are questions which science does not go into or which it prejudices for its own ends (Weber, 2004 [1919]: 278).

## CHAPTER I

### THOU SHALT NOT DIE VIOLENTLY: DEATH AND THE MODERN PROBLEMATIC OF ORDER

#### **Prologue: death and politics**

The objective of this chapter is to reflect on the political theory of Hobbes in order to assess its centrality to the emergence of new forms of the discursive problematization of death since the seventeenth century. I shall argue that, despite much misinterpretation, Thomas Hobbes's canonical work, *The Leviathan*, is central to the genealogy of the modern, Western inter-relation between death and (political) power. In fact, as Hannah Arendt (1970: 68) has argued, Hobbes has the distinction of being 'the only political philosopher in whose work death ... plays a crucial role.' Yet in Arendt's work, as in other standard interpretations of Hobbes, the Hobbesian conception of the relationship between death and politics is perceived only in negative terms: the menace of death is the instrument of politics. Accordingly, the Leviathan is seen as a figure of absolute sovereignty who exercises authority over subjects through a monopoly over the means of violence. This misinterpretation, or narrow interpretation, is particularly characteristic of the work of Foucault, whose legacy has revolutionized contemporary thinking about the operational mechanisms of power. While Foucault (1988 [1978], 2003, 1984, 1988a, 1991) has at times located the emergence of the new dynamics between politics, life, and death in the post-Hobbesian, post-Absolutist 'beheading of the king,' I will argue that, on the contrary, the legacy of Hobbes contains the nucleus of the modern Western approach to death in that, for the first time, it identified death as a foundational concern for political stability and offered a blueprint for a political economy founded on the minimization of

the chaotic threat of death, the neutralization of the symbolic power of death, a radical separation of the world of the living from that of the dead, and the maximization of life potentials. In doing so, Hobbes' path breaking work opened a space for thought that made it possible to treat death not as a subject of metaphysical or existential contemplation, but as an object of measurement, control, and regulation, that is, as an object of scientific and quantitative problematization. This Hobbesian insight is reinforced in contemporary sociology in the work of Norbert Elias (2000: volume II) who sees a direct link between the monopolization of power, the minimization of the threat of violence, and the increasing degree of socio-economic complexity as exemplified by the growing sophistication of the division of labour. While succeeding generations of liberal political theorists, such as John Locke, denounced Hobbes' absolutist theory, they retained and even expanded his emphasis on the value of life as an ultimate end in itself. This is evident from the fact that, in keeping with Hobbes' political philosophy, liberal thought has used the point of view of the living (in Rawls' words 'the original position'), rather than that of the dead (the after-life), as its primary point of reference for determining "the good" (Seery, 1996: 162-167).

Before elaborating further on Hobbes' contributions to the conceptualisation of a modern interrelation between death and politics, it is worth contemplating the significance of such connection. The interrelation of politics and death first and foremost implies a mutual relationship in which politics gives death meaning and significance while it is itself defined by the way it relates to death. On the one hand, as Arendt (1958: 96-7) has pointed out, death can only be properly understood within a political context.

Death and birth are uniquely human events and can only occur in the common world of the polis: the political world of speech and action into which humans are born and from which they depart.<sup>1</sup> Outside this world, life and death are reduced to animalistic, cyclical, and repetitive recurrence: not birth and death but mere appearance and disappearance. The common political world from which we depart gives meaning, uniqueness, and dignity to death: every death will be mourned and remembered as the loss of a unique person (Arendt, *ibid.*; also see Seery, 1996: 13; Hertz, 1960; van Gennep, 1960). On the other hand, political sovereignty itself is defined and delimited by its relations to death. Among theorists of sovereignty from Hobbes to Schmitt, among moral philosophers from Benjamin to Derrida, and among sociologists from Weber to Agamben, the originary act of sovereignty and the foundation and the guarantee of sovereign power has been defined in terms of its ability to establish an exclusive right to kill or to make live. The nature of the relationship between death and politics is said to have undergone a fundamental transformation in modern times, one that has tilted the balance of the forces guaranteeing sovereignty from the power over death to the management of life, which in turn presupposes the exclusion of death from the realm of the living.

While this shift in the relationship of death and power has only recently been clearly formulated by Foucault (2003, 1991, 1988 [1978]), Rose (1999), and Agamben (1998), it is often implied in the writings of major figures in sociology including Durkheim (1893), Elias (2000), Marcuse (1964), and Althusser (1971). Most significantly, and despite much misinterpretation, such a shift is already present in

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<sup>1</sup> Following Aristotle, Arendt holds that “the political,” rather than “the social” is the central defining category of human communities (Arendt, 1958: chapter 4).

Thomas Hobbes' political philosophy. For Hobbes' political thought is entirely premised on the assumption that for any form of political order to be established and for economic prosperity to be expected, it is imperative that individuals give up their "natural right" over the life of others or over their own death and that they abandon any value system outside the law that might incite them to commit violence or endanger their own lives. Instead they must commit themselves to the service of making their own lives more peaceful and that of the 'commonwealth' more prosperous. Whereas ancient and medieval political philosophers had founded politics on the ethical requirements of a "good life," which would guarantee peace, prosperity and order, Hobbes finds this guarantee in the "natural" fear of death, and specially the fear of unpredictable, violent death at the hands of one's own fellow citizens. Hence, the value of peace and order is determined externally by the fact that they each help avoid or postpone death. This major shift defines the modern problematic of order and constitutes sociology's foundational question: "how is society possible?" or, in other words, "how is social order possible?" (more on this in the conclusion; see van Krieken, 2002). Moreover, this shift from the question of ethics to that of natural instincts and the close interconnection that Hobbes establishes between death and politics distinguishes his writings from other works on the nature of absolutism and sovereignty written roughly around the same time. This includes Jean Bodin's seminal work, *The Six Books of a Commonweale* (1962 [1606, 1586, 1576]), which was praised for having 'gathered the fruits of ... two thousand years of political experience' since Aristotle and for reaching 'conclusions more in keeping with the structures of sixteenth-century society' (Editor's Introduction in Bodin, 1962: A28).

By contrast, Hobbes can be credited with an attempting to provide comprehensive deconstruction of the basic premises of the two-thousand-year legacy of Western political thought, which Bodin sought to synthesize. This fundamental difference is best demonstrated by the fact that where Bodin starts with a theory of the state or commonwealth as ‘a lawful government of many families’ (*Six Books*, Book I, para. C), Hobbes, in contrast, starts with a theory of “Man” (*The Leviathan*, Part I).

My selective reading of Hobbes is focused on a number of key paragraphs, mainly from *The Leviathan* but occasionally from his other writings, that illuminate the philosophical roots of his approach to death and to politics. These passages also contain the nucleus of the enduring Hobbesian themes that have since resurfaced in much of the modern Western discursive problematization of death by political economy, statistics, medicine, and sociology by way of Hobbes’ early British disciples. These themes include an approach to death that attempts to empty it of symbolic significance, a view of political order and economic prosperity founded on the exclusion of death and the maximization of life potentials, and an approach to knowledge (especially knowledge of bio-demographic dynamics) as closely connected with the mechanisms of power.

### **The crisis of governability**

An anonymous tale published in 1643 in the heat of the English Civil Wars features a dialogue between a war-horse and a mill-horse pointing out that ‘the content and safety of an humble and painfull life, is preferred above all the *noyse*, the *Tumults*, and *Trophies* of the *Warre*’ (*A Dialogue* 1643, title page; italics in the original). The conversation begins with the war-horse boasting about the glories of his life:

Well met old mill horse or indeed an asse,  
I must instruct thee before we doe passe  
How to live bravely, look on me and view  
My Bridle and my Saddle faire and new;  
Warre doth exalt me, and by it I get  
Honour, while that my picture is forth set  
Cut out in Brasse, while on my back I beare  
Some Noble Earle or valiant Cavallier (para. 1)

Unimpressed, the mill-horse replies:

Despise me not thou Cavallier War-horse  
For though to live I take an idle course,  
Yet for the common-wealth I always stand;  
and am employ'd for it, though I am nam'd  
A Mill-Horse, I am free and seem not under  
Malignants that doe townes and houses plunder,  
Transported on thy back, while thou must be  
Halfe guilty of their wrong, and injurie (para. 2).



Figure I-1: Front-piece of *The Dialogue*

The political intentions of the author are hard to discern: was he a pacifist, a royalist, or merely a poet without a cause? Nor is it clear whether he sensed the coming of a new moral philosophy rising from the ashes of the English Civil Wars. Yet his writing resonates with the underlying logic of a series of works in political philosophy written in Paris by one of his exiled compatriots, Thomas Hobbes. The choice of horses, who chatter while their masters are gone, and the author's apparent intention to show the superiority of a life of hard work over a glorious life of fighting are significant here. It could have been the owners of the horses doing the talking as well, one bragging about his life of chivalry, fighting in battle for honour and glory, while the other taking pride in contributing to the long-term welfare of the common-wealth and declaring himself free and content with his predictable, albeit hard, routine of everyday life away from the noise and unpredictability of the war. The choice of a warhorse and a millhorse anticipates the passage from a military society to an industrial society (Spencer, 1875 [1862]: para. 134; Elias, 2000, vol. II) as well as the accompanying shift from might to right (Durkheim,

1957: 65-76, esp. 71-3). The horses are each an instrument—of living and fighting—separated from, speaking on behalf of, or in fact substituting for, their human owners. They represent life at its barest and most basic form, a life transformed into labour power, into the instrument of work and welfare. The life of each horse, its meaning, value, social significance, and achievements are solely measured in terms of its function and contributions: while the warhorse is primarily driven by the glory of war, the millhorse has the advantage of contributing to the welfare of many others beyond himself.

The articulation of a metaphor for civil order that would explain the chaos of the Civil Wars by reducing man to his most basic, logically discernible, animalistic instincts appealed to Hobbes, who believed that the only viable solution to the Civil Wars—and more generally, to the possibility, threat, and will to war—was an instrumentally rational system of politics and ethics in which a life of hard work in the service of one's own needs and of the common-wealth is held superior to the 'vainglorious' pursuit of truth and pride. Yet the English Civil Wars were only a manifestation of a more profound threat to civil order and prosperity. For Hobbes, 'Warre consisteth not in Battel only, or in the act of fighting; but in a tract of time, wherein the Will to content by Battel is sufficiently known' (*Leviathan*: 88). As Foucault (2003: 92) has argued, Hobbes' fundamental problem is not limited to the English Civil Wars, or with any particular war per se but with the ever-present possibility of war within the *civilized* world. He is, in other words, concerned with the theatrics of war, with the 'unending diplomacy between rivals... in a relationship of fear in which there are no time limits.' These diplomatic theatrics are manifested as 'signs, emphatic expressions, wiles, and deceitful expressions,

... traps, intentions disguised as their opposite, and worries disguised as certainties.’ Therefore, the significance of the Leviathan is not in his power over death but in the civilizing effects of the monopolization of the legitimate use of such power. By monopolizing the legitimate use of violence and by minimizing the threat of violent death, the sovereign provides a peaceful social space within which industry can grow and life can prosper.

Therefore the English Civil Wars, which forced Hobbes into exile in Paris (1640-1651), only acted as an actual manifestation of a state of relationships between people driven by the fear of one another. The Civil Wars highlighted for Hobbes the urgency of creating a *science* of politics in which peace and order were regarded as the ultimate goals. To do so, he had to rid political thought of ‘useless’ fancies of the ancient philosophies of Aristotle, Seneca, Plato, Cicero, and Plutarch who, in his view, preached vanity in the name of happiness and whose misguided notions of justice undermined political security, order and the obedience owed to a legitimate sovereign by his subjects (*Leviathan*, II: 31: 407). In place of these notions, Hobbes sought to base his political philosophy on the rational laws of nature whose end was peace and which defined happiness in terms of personal security and economic prosperity. The fruit of this project is his *Elements of Law* (1994 [1640]), which was republished in 1650 in two parts as *Human Nature* and *De Corpore Politico*, as well as *De Cive* (1642), and the latter’s reworking, *The Leviathan* (1651).

Hobbes’ distaste for Greek philosophy stems in large part from his apprehensions toward the latter’s role in perpetuating a culture that glorified self-sacrifice in the

interests of personal and national pride. Underlying the Greek approach to self-sacrifice was perhaps what Arendt (1958: 96-7) describes as an inherently political understanding of life characteristic of the Greek ideal of citizenship, whereby natality and mortality find their uniquely human meaning only within a political context. Accordingly, death and finitude are redeemed in the immortality of the polis. Hobbes' apprehensions were confirmed by Thucydides' cool-headed account of *The Peloponnesian Wars* (1975 [1629]), which he had translated from Greek to English as his first scholarly project and which is said to be the only Greek work that exerted a lasting influence on him (ibid.: 3-9; cf. Schlatter, 1975: xx-xxviii). Thucydides' text contains several powerful passages analyzing how the wars had given rise to a new moral code which legitimized and glorified this willingness to suffer death for a "just cause" as perceived through the lenses of nationalistic feelings and political affiliations. As illustrated in the 'Melian Dialogue' (Thucydides, V: 100-104), both Athenians and their enemies responded to the ever-present threat of death by seeking to become immortal through their city and its glory, or in the afterlife by proving their nobility, piety, or justice in civic life and in war. Athens, as Pericles famously declared, was so noble and so superior that any sacrifice of human life for it was justified:

Such is the Athens for which these men, in the assertion of their resolve not to lose her, nobly fought and died; and well may every one of their survivors be ready to suffer in her cause. And surely, to a man of spirit, the degradation of cowardice must be immeasurably more grievous than the unfelt death which strikes him in the midst of his strength and patriotism! (Thucydides, II: 6).

For the Greeks, as Arendt (1958) argues, speech and action together constituted the essence of life in the polis, where speech itself gave direction to action. This by itself gave a grave weight to rhetoric and to motivational speeches such as that of Pericles. In

contrast, for Hobbes and his disciple John Graunt, action as reflected in humble, productive work took precedent over speech. This is reflected in Hobbes' life-long preoccupation with ridding philosophy of the vain notions of Ancient Greeks and in Graunt's (1964 [1662]): 397-8) condemnation of "unintelligible" philosophical, literary, and intellectual discourse in favour of the struggle of the individual to provide concrete means of survival in the interest of common welfare or the pragmatic study of *facts* regarding 'Nature and Things' (see Chapter II). Hobbes commended Thucydides for noting 'the emulation and contention of the demagogues for reputation and glory of wit' and for pointing out that the inconsistency of resolutions put forward during the war was due partly to 'the power of rhetoric in the orators; and the desperate actions undertaken upon the flattering advice of such as desired to attain, or to hold what they had attained, of authority and sway among the people' (Hobbes, 1975 [1629]): 13).

Hobbes took it upon himself, as Thucydides had done, to expose the irrationality of the passions for glory, vanity, and truth that unfolded during the English Civil Wars. What had made the unleashing of violent passions in the English Civil Wars especially dangerous was the ease with which, perhaps thanks to technological advances in the means of war making, personal and sectarian convictions legitimized violence as virtue:

It seemed to many among both the Roman Catholics and the reformers, to the increasingly large number of persons who held strong convictions on behalf of their religious beliefs, that there was nothing to do but settle their differences by force. Some men persuaded themselves, or let others persuade them, that any means of persecution and killing, no matter how frightful, were justified by the purpose of bringing all to adopt *their* worship, *their* recipe for eternal life (Nef, 1963 [1950]: 115).

The path to truth and salvation was bloody: it created a reign of personal insecurity and economic stagnation which was felt especially in England where the Civil Wars were

preceded by a period of relative peace, technological advancement, and economic growth under the long and relatively peaceful rule of Elizabeth and Henry I (ibid.: 10-12, 116). It is therefore likely that the economic costs of the wars were comparatively more devastating and profound in England. Yet Hobbes' project to deconstruct the 'vainglorious' passions for pride and truth and to re-emphasize the moral value of dedication to hard, productive work was not merely an attempt to re-channel energies back toward the economic sphere, as Sheldon Wolin (1960) has claimed. Rather, he had a more ambitious project to lay the conceptual ground for an entire system of politics and a whole political economy of security and prosperity built on the foundations of the fear of violent death. Hobbes' work articulated a political economy of life and death in which peace and order had priority over truth (religious or otherwise), and where the quest for this-worldly happiness, prosperity, and pleasures took precedence over the pursuit of eternal bliss. The result was a body of work, which, as we will see below, not only gave us what Latour (1993: 24-25) calls the 'modern constitution'—that is, the concepts of rights, citizenship, sovereignty, and representation—but also offered a new understanding and a new political economy of life and death.

What follows is a close reading of selected paragraphs from *The Leviathan* with the purpose of reconstructing Hobbes' political economy of life and death in terms of three persistent and original themes in his work: the establishment of life as the primary good and death as the primary evil (Part I: 'Of Man'); the reconceptualization of politics as a project to minimize the *chaotic* threat of death and to maximize life prospects (Part II: 'Of Commonwealth'); and a re-interpretation of religion that diminishes the fear of

otherworldly punishments in favour of emphasizing worldly pleasures and corporal punishments (Parts III and IV: 'Of a Christian Common-Wealth' and 'Of the Kingdom of Darkness').

### **Death and the prudent man**

So that every man, especially those that are over provident, are in an estate like to that of *Prometheus*. For as *Prometheus*, (which interpreted, is, *The prudent man*,) was bound to the hill *Caucasus*, a place of large prospect, where, an Eagle feeding on his liver, devoured in the day, as much as was repayed in the night: So that man, which looks too far before him, in the care of future time, hath his heart all the day long, gnawed on by feare of death, poverty, or other calamity; and has no repose, nor pause of his anxiety, but in sleep (*Leviathan*, xii: 169).

Despite Hobbes' reputation as a pro-absolutist, anti-bourgeois philosopher, a charge that finds support in his *Behemoth*—where he blamed the urban bourgeoisie and the Protestant clergy for their role in the English Civil Wars—notable philosophers have considered his work to be central to the understanding of the intellectual origins of bourgeois morality and political philosophy (Rousseau, *The Social Contract*; Strauss, 1936; Arendt, 1966; MacPherson, 1962; cf. Hayes, 1998). Hannah Arendt, for instance, regards Hobbes as 'the only great philosopher to whom the bourgeoisie can rightly and exclusively lay claim' (Arendt, 1966: 139). This partly stems from the fact that Hobbes' most enduring legacy seems to be his theoretical formulation of a prudential civic order that can exist independently of absolutism and act as a limit to anarchy and ruthless competition (Strauss, 1936: 72; Hayes, 1998). From this point of view, prudence demarcates civilized man from the "brute of the nature": 'civil man is ... the man who has found a reasonable means to express (if not to satisfy thoroughly) the passions that he self-destructively exhibits in the natural condition: he ceases to be self-destructive' (Herbert, 1989: 22). As Leo Strauss has pointed out, the lynchpin of this prudential order

is fear, and in particular, fear of death, which alone constitutes the 'chiefest of natural evils' (*De Cive*: 1:7, p: 47). This fear arises from being over provident in the search for the causes of things:

For being assured that there be causes of all things that have arrived hitherto, or shall arrive hereafter; it is impossible for a man, who continually endeavoureth to secure himselfe against the evill he feares, and procure the good he desireth, not to be in a perpetuall solicitude of the time to come (*Leviathan*, 169).

For Hobbes, the death-anxiety should be inflamed rather than quenched because death is the most primordial and, as we will see, the most moral fear in men. It is, in fact, the source of all morality. Hobbes' entire political and moral philosophy is founded on the assumption that there is something virtuous in the prudent fear of death because it rationally inclines men to peace (*Leviathan*, xiii: 88). As such, it is the source of security and prosperity and therefore should serve as the ultimate moral goal.

What makes the fear of death a powerful moral force is the fact that it is a natural reality that follows not from learning or culture but from the material laws of nature:

for every man is desirous of what is good for him, and shuns what is evill, but chiefly the chiefest of naturall evils, which is death; and this he doth, by a certain impulsion of nature, no lesse then that whereby a Stone moves downward (*De Cive*: 1:7, p: 47).

The use of *impulsions* instead of *motives*, as well as the elaboration of a theory of human behaviour in terms of the physical laws of motion that govern everything in nature, are politically significant. These aspects of Hobbes' writing emphasize what is rationally discernable from the material laws of nature and is therefore likely to result in consensus, peace, and order as opposed to that which originates in human subjectivity and therefore leads to dispute, discord, and war. Man's impulsion to dodge an incoming peril and a stone's impulsion to move down a hill can be explained in terms of the same mechanical

laws of motion, and so can the movement and development of all organic and non-organic bodies as well as of the social, political, and moral worlds. The human body, the body politic, and a stone placed upon a hill are all *bodies* that seek to be in constant motion. The prudent man is a *machine man*, to use the expression of the eighteenth century mechanist, La Mettrie (1748), working according to the physical laws of mechanics.

Yet, the natural desire to preserve life has tragic consequences as it necessarily contradicts the desire to avoid death: the same physical laws of nature that impel men to avoid death also impel them to commit violence. The unending fetal need for life and felicity, which underlies the fear of death and which persists in the heart of every grown person, has fatal consequences: out of each person's unlimited desire for life and felicity arises egoistic competition and the potential for violence. The pursuit of welfare thus naturally leads to warfare (*Leviathan*, chap. xiii). Put in the language of the mechanical laws of motion, since life is nothing but motion and motion is the result of an attempt by one body to replace another one, the desire to keep in motion (i.e., to preserve life) necessarily results in violence as each body (an atom, a person, or a country) tries to replace another body. Therefore, the *natural* tendency to preserve life implies the equally *natural* tendency towards competition, violence, and death. In a key passage of *The Leviathan*, Hobbes finds three major causes of violence 'in the nature of man' in general (and not merely in the state of nature): 'First, Competition; Secondly, Diffidence; Thirdly, Glory' (*Leviathan*, xiii: 185). From this arises a state of constant war (or threat of war) because '[T]he first, maketh men invade for Gain; the second, for Safety; and the

third, for Reputation. The first use violence, to make themselves Masters of other mens persons, wives, children, and cattell; the second, to defend them; the third, for trifles' (ibid.). Therefore, without a common power to keep men in awe, 'there is always Warre of every one against every one' (ibid.), which does not imply the actual existence of a war but a 'known disposition' toward war during 'a tract of time, wherein the Will to contend by Battell is sufficiently known' while 'there is no assurance to the contrary' (ibid.: 186). During this time,

there is no place for Industry; because the fruit thereof is uncertain: and consequently no Culture of the Earth; no Navigation, nor use of the commodities that may be imported by Sea; no commodious Building; no Instruments of moving, and moving such things as require much force; no Knowledge of the face of the Earth; no account of Time; no Arts; no Letters; no Society; and which is worst of all, continuall feare, and danger of violent death; And the life of man, solitary, poore, nasty, brutish, and short (*Leviathan*, xiii: 186).

The last sentence of the above quotation is a significant one not only because of its tragic elegance, which alone could be responsible for its long standing currency in the English language, but also because it contains the most fundamental aspect of Hobbes' contribution to the understanding of the problematic relationship of life with death and of the latter two with political power. Here Hobbes ties the conditions of life outside civil society ('solitary, poor, nasty, brutish, and short') to the circumstances of death (violent and chaotic) and both of these to the absence of a political will, the covenant, to ensure peace and security. That life may be short and poor is explained in terms of the existence of circumstances in which the threat of death is ubiquitous and unpredictable. In the condition of war of all against all, there is no guarantee that men would be able to live out the life span granted to them by nature (*Leviathan*, xiv: 190) and, related to that, no assurance that they would enjoy prosperity and other fruits of 'propriety.' As I will

discuss in the following chapter, at the end of the Civil Wars Hobbes' disciples, John Graunt and William Petty, pick up on this aspect of Hobbesian thought and develop a new mathematical science that ties together the art of governing and the art of living and which links the security and prosperity of the body politic with individual longevity.

Here we see one of the first signs of a rising tension between a moral-political philosophy founded on the possibility of a symbolic exchange between life and death, the dead and the living, and one founded on political economy's vision of a separation of the realms of life and death and the establishment a peaceful social system based on the principle of contract (the covenant) rather than symbolic gift exchange (cf. Table 1 in Introduction). Anthropologists such as Mauss and Levi-Strauss argue that gift-exchange constitutes the original method of peace-making in human societies, rendering the formal structures of the state redundant or their functions minimal. Hobbes' model, in contrast, excludes or ignores the possibility of peace based on such a model. His vision of a peaceful and prosperous society presupposes egoistic aggressiveness as a natural fact and, consequently, calls for the establishment of the state and of contract as necessary institutions to introduce and preserve peace (see O'Neill, 2002: 44).

The class and gender ideologies underlying Hobbes rational, mechanical depiction of life and death did not stay hidden from his early critics. Rousseau (*Social Contract*: 200, 211) famously argued that Hobbes' 'state of nature' is nothing but a depiction of the state of the emerging bourgeois society in which ruthless and egoistic competition is the only law. Less known is the criticism of Margaret Cavendish, who portrays Hobbes' understanding of human nature as crude and devoid of finer human qualities. It

represented nothing but the 'Opinion of some wise and Learned Men ... that all Exterior Motions, or Local Actions or Accidents proceed from one Motion pressing upon another and so one thing Driving and Shoving Another to get each other's place.' She was particularly discouraged by the implication that motion is created by stronger bodies exerting force on weaker ones 'as a man doth a wheel-barrow, or a whip a horse' or 'by reactions, as if men were at foot-ball or Cuffs' (Cavendish, 1664: 95; 1655, quoted in Rogers, 1996: 188). The above criticisms notwithstanding, what is at stake in my reading of Hobbes is to decipher the socio-political implications of his mechanical perspective on life and death.

### **Death and the sovereign: the 'Hobbesian problem of order'**

The genealogy of the development of the above mentioned ideas within the mechanistic circles in the seventeenth century scientific community illuminates the interesting bio-political dimensions of early modern physics, especially as pertaining to the concepts of peace, order, violence, and the meaning of death. As Rogers (1996), Latour (1993), and Shapin (1996) have all pointed out, the scientific disputes of the seventeenth century, especially disputes between vitalists and mechanists in which Hobbes took an active role, had a distinctly political edge. Mechanism and vitalism were both homologized and homologizing models that explained all facets of life and existence (organic as well as non-organic) in terms of the "universal laws of nature" and served as two dominant figurations for the organization of agency in the seventeenth century (Rogers, 1996: 2-3). Questions regarding chaos and order, justice and injustice, and the right resolution to the civil wars were closely tied into questions of optics, motion, light, and generally of

matter, each of which was hotly disputed between the vitalist and the mechanist circles. Without attempting to re-narrate this familiar episode in the history of science, I would like to point out two basic aspects of the mechanistic theory of motion which will help us to better understand Hobbes' treatment of the fear of death as the main factor in the political-moral dynamics of human action. In contrast to vitalism's Aristotelian belief that matter is governed by essence, an essential feature of all mechanistic views was the idea that to understand the properties of natural bodies it is necessary to understand the causes of their motions. Motion itself was considered as nothing but a change of place that is caused by the competition between bodies to replace one another. This definition implied that ruthless and blind competition, rather than volition and sympathy, among atomistic entities is the law of nature ruling over the behaviour of atoms, non-organic matter, animals, humans, as well as the social and political worlds alike. From this assumption Hobbes concluded that humans are doomed, by their nature, to be destructive, to create chaos, and to undermine peace and order. Unless lifted onto the sphere of civil society, death and destruction would govern human life, and 'the life of man,' as he famously put it, would be 'solitary, poore, nasty, brutish, and short' (*Leviathan*, xiii: 186).

The application of mechanistic metaphors to human societies, seen as inherently oriented toward destruction and chaos, called for innovations both in the content of political and moral philosophy and in its structure of presentation. As for the content, scholastic ethical theories had to be discarded because they held a romanticized view of human nature and subordinated ethical-political judgment to metaphysical questions of the end of life, life beyond death, morality, and justice. As Strauss has pointed out, a

comparison between Aristotle's theories regarding good and bad and Hobbes's *Leviathan* demonstrates that Hobbes made significant revisions in order to promote virtues that are driven from 'rationalistic,' 'objective,' and presumably undisputable forces within human nature, and to demote or renounce aspirations toward 'idealistic' and 'subjective' notions of truth or happiness. For instance, where in his list of good things, Aristotle puts happiness first and 'life only in the penultimate place' (Strauss, 1936: 132), Hobbes puts life first and avoids attributing any merit to 'vanity' (such as the pursuit of honour). These changes to the Aristotelian scale of virtues reflect Hobbes' view that the fear of death makes men clear-sighted while vanity renders them blind (ibid). As for the structure of presenting his political and moral philosophy, Hobbes sought a framework that would make his arguments immune from the influence of destructive impulses and of vain, romanticized views of human nature. To this end, he found the Euclidian geometry extremely useful, a model that he applied in *De Cive* and later in *The Leviathan*:

For were the nature of human actions as distinctly known as the nature of *quantity* in geometrical figures, the strength of *avarice* and *ambition*, which is sustained by the erroneous opinions of the vulgar as touching the nature of *right* and *wrong*, would presently faint and languish; and mankind should enjoy such an immortal peace, that ... there would hardly be left any pretense for war (Hobbes, *De Cive*, Epistle Dedicatory, 25).

These revisions entailed a major rethinking of the role of knowledge with respect to political power so as to make the preservation of life and of peace the ultimate ethical duty in science and politics. As Heidegger (1997: 10-11) has pointed out, in Ancient Greek thought, philosophy was seen as an art of living, of contemplating the meaning and purpose of life and death. As such it opposed putting knowledge in the service of strictly utilitarian purposes (cf. Kemple, 1997: 12, 1995: 174). In contrast, Hobbes announced that 'the end of knowledge is power' (Hobbes, *De Corpore*, 1.6; cf. Ahrens Dorf, 2000:

586). More specifically, ethical and political philosophy had to serve the end of peace by reminding the sovereign and his subjects of their absolute duties of sovereignty and obedience, respectively. Power, in turn, was no longer a mere instrument of exerting force but an art of living or a technology of life premised on the natural value of peace and order and of the equally natural necessity to avoid and exclude anything that negates life, including death, chaos, discord, and civil wars. Therefore, the articulation of a theory of power as an art of governing life or as 'bio-politics' is not rooted in the renunciation of the supposedly Hobbesian concept of absolutism, as Foucault (2003: 34; cf. 1988 [1978]: 91) implies by suggesting that there is a need to 'abandon the model of Leviathan' as a precondition for making an analytical separation between a juridical model of power that is represented in the sovereign's power over death and a discursive model of power that is invested in the management of life. On the contrary, the theory of power as an art of governing life or as bio-politics is rooted in Hobbes' highly original articulation of a life-oriented system of civic order. This theory calls for prudentialism towards the conduct of life as an ultimate end in itself that has to be protected from death, violence, and anarchy. Hobbes made it his calling, his life project, to clarify how achieving enduring peace and prosperity (political and economic order) is predicated on the valuation of life as the highest good and on the renunciation of deathly impulses. From this perspective, the originary act of covenant commits the Leviathan, the benevolent giant, to the protection of life and to minimizing the chaotic threat of death in the interests of peace and prosperity. The "good" is, therefore, decided from the point of view of the living, of life, rather than from the metaphysical point of view of what lies beyond death.

This close interrelation between life and politics, or rather, between the human body and the body politic is illustrated in the image of the Leviathan: a giant-king who embodies his subjects. The emblematic literature of the period presented the Leviathan as



Figure I. 2: original front-piece of *The Leviathan*

a sea monster, taken from the *Book of Job*, to stand for the orderly and benevolent aspect of the state. By the mid seventeenth century, around the same time as the publication of *The Leviathan*, the myth underwent a radical transformation and came to stand for a ‘monstrous beast, the savage embodiment of political evil’ (Farreti, 2001: 366-7). In the former interpretation, Leviathan is represented as a whale, symbolizing life, food, and protection, while in the latter it is depicted as a monstrous serpent. The front-piece of

the original edition of *The Leviathan* (Figure I-2) depicts the Leviathan towering over a peaceful and seemingly prosperous land (with rivers, roads, and farms) and a fortified citadel. As a reminder of the myth of the biblical whale, the Leviathan standing in the background resembles an enormous sea animal surfacing above the water. The hills in the foreground likewise resemble the waves. The body of the Leviathan is comprised of

many subjects all facing him, with his face being the only one that can be seen from the reader's vantage point. With outstretched arms and what seems to be a smile on his face, he reflects the benevolent and protective aspect of sovereignty (cf. Gorski, 2003: 1-2 and 157). Leviathan as a serpent (Figure I-3) at once bears a striking resemblance and poses a dramatic contrast to the figure of the benevolent



Figure I-3 Tommy Castillo online gallery

Leviathan engraved on cover of Hobbes' work. It portrays the Leviathan as a fierce dragon whose monstrous body is composed of many corpses and skeletons. In contrast to Hobbes' benevolent giant-king overseeing a prosperous land and a unified people, the dragon-Leviathan symbolizes death and destruction. Hobbes' Leviathan, in contrast, is equivalent to those who compose it: a people unified in life and not piled up together in death.

It is evident that, for Hobbes, the mythical icon was something more (or less) than a benevolent sea monster or a symbol of collective unity and peace. The Leviathan was above all a *machine*, a metaphor Hobbes uses for explaining the work of all complex bodies, including the human body and the body politic (the Leviathan). As a first step toward the mechanical reconstruction of the body-politic, Hobbes equates the human body with a machine or *Automaton*: a self-moving, self-governing body that follows its own internal laws and whose life originates in the motion of limbs governed from within:

Nature (that Art whereby God hath made and governes the World) is by the *Art* of man, as in many other things, so in this also imitated, that it can make an Artificiall Animal. For seeing life is but a motion of Limbs, the beginning whereof is in some principall part within; why may we not say, that all *Automata* (engines that move themselves by springs and wheeles as doth a watch) have an artificiall life? For what is the *Hearth*, but a *Spring*; and the *Joynts*, but so any *Wheeles*,

giving motion to the whole Body, such as was intended by the Artificer (*Leviathan*, Introduction: 81).

Having thus taken the machine as a metaphor by which the work of body parts can be explained, Hobbes is only one step away from logically concluding, according to the laws of the science of physics, that the ultimate goal of *everybody* and of every life is to avoid death because death is nothing but lack of motion.

Hobbes goes on to argue in the Introduction that just as an artificial machine (*Automaton*) is an imitation of the natural machine (the human body), so is the state (the Leviathan) an artificial machine made on the model of the human body. The Leviathan is an ‘*Artificiall Man,*’ for whom ‘the *Sovereignty* is an *Artificiall Soul*, as giving life and motion to the whole body; The magistrates ... artificiall joints; *Reward* and *Punishment* ... are the *Nerves*...; The *Wealth* and *riches* of all the particular members, are the *strength*; *Salus Populi* (the peoples safety) its *Business*; ... *Concord*, *Health*; *Sedition*, *Sickness*; and *Civil War*, *Death*’ (*Leviathan*, Introduction: 81). The *Automata*, the human body, and the body-politic are therefore all defined as machines comprised of body parts designed to operate harmoniously toward one end: keeping in motion which requires avoiding death (at the individual level) and avoiding civil wars (at the level of the body-politic). As illustrated in Figure I-4, the laws of motion in nature govern both the individual body and the body politic. The human *Body* represents the primary unit through which the force of nature works, an indication of the central status of the individual within liberal thought as founded in Hobbes’ political philosophy. The *citizen*, *civil society*, and *Leviathan* represent the onward direction of the forces of nature. The laws of motion compel the individual body to become and act like a *Citizen* in order to

keep in motion (stay alive). The same laws also compel the whole body of individuals to come together in the body politic, or in the body of the Leviathan as illustrated in the front-piece, in order to ensure the common survival (peace and prosperity). All human bodies naturally strive to avoid death and all bodies politic should strive to avoid wars (especially civil wars) because the alternative is a state of war of all against all with no other consequence than death and destruction both for individual bodies and for the body politic (*Leviathan*, xiii: 185 and xiv: 190). Death is thus conceived as a personal and a political nemesis.

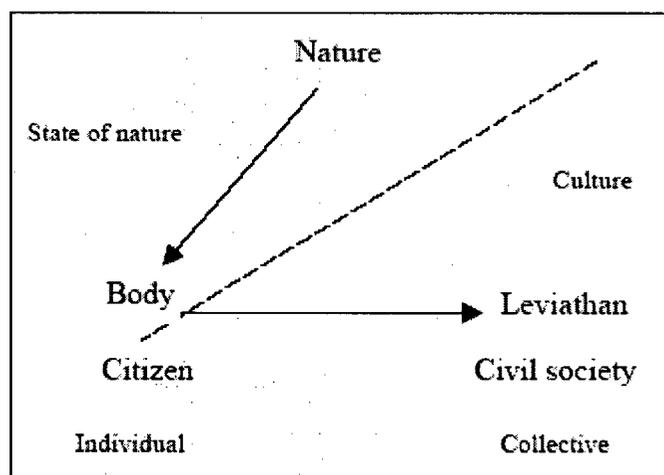


Figure I. 4: Continuity of natural and social dynamics in Hobbes' theory of motion

The congruity of Hobbes' political philosophy with the emerging bourgeois political economy of the time stems in large part from his understanding of the mutual interdependence of political stability and economic prosperity. It is not sufficient for the sovereign to invoke the natural fear of death in his subjects. He also has to appeal to their passion for life, that is, to their 'desire of such things as are necessary for commodious living' and 'a hope by their industry to obtain them' (*Leviathan*, xiii: 188). Safety does

not imply 'a bare Preservation, but also all other Contentments of life, which every man by lawful industry, without danger, or hurt to the Commonwealth, shall acquire to himself' (ibid. xxx: 376, also xxiv). Wisely channelled, these natural passions and fears can be used as means to stave off other equally natural but deadly human passions that lead to war. The goal of the Leviathan is, therefore, not only to guarantee the security of the person but also that of private property through a sustained effort to protect order and prevent civil wars. In the thought of Hobbes, life and private property forge an alliance with one another against death and poverty, all the while enlisting the power of the Leviathan for their own protection.

*The Leviathan* provides two avenues to the genealogy of modern Western sovereignty: the covenant and the 'state of exception.' Foucault (2003: 96), for instance, argues that sovereignty is founded in the decision to surrender the right to resist out of the fear of death. The subject realizes that obedience is a path to a long life. On the other hand, many political and moral theorists—from Benjamin to Kierkegaard, Schmitt, Derrida, and to Agamben (1998)—have argued that sovereignty is ultimately founded in 'the state of exception.' That is, the authority of the sovereign is rooted not in the covenant per se but the chaotic moment that precedes the covenant and which remains a persistent potentiality within the civil state. The chaotic state, both as a reality and as a potentiality, can only be reigned in by the use or the threat of violence. Even outside of civil war, the sovereign retains the authority to decide the exceptional cases in which the use of violence is justified for the greater collective good. More specifically, Agamben (1998: 83) locates the foundation of sovereignty in the power over bare life, that is, the

exceptional power to kill with impunity or to make live. In any case, the establishment of sovereign power over (bare) life and the act of the covenant, which constitute the repressive and ideological aspects of sovereignty, together function as limitations on the possibility of violent death in favour of the expansion of life's potentials. The two aspects of sovereignty amount to a subordination of death, of truth, and of conscience to fear, to peace, and to life.

### **The denial of immortality**

Hobbes's project to entrust common peace and order in the hands of the state encountered a major obstacle. The fear of this-worldly death and the desire for this-worldly life, the ultimate guarantors of peace and order, could be, and all too often were, dwarfed by the fear of damnation and the yearning for immortality by means of divine salvation. Hobbes finds it problematic that the power of God should dwarf the power of the secular sovereign and that eternal life should appear as a greater reward than a prolonged earthly life, and likewise that eternal damnation and torments should constitute a greater punishment than violent or premature earthly death (*Leviathan*, xxx: 384; xxxi: 407-8; and xlvi). The belief in the immortality of the soul points beyond the objective laws and necessities of nature and awakens unearthly yearning in men that cannot be satisfied or controlled by any earthly means. It thus offers incentives to embrace anarchy in the name of truth and salvation:

The maintenance of Civill Society, depending on Justice; and Justice on the power of Life and Death, and other lesse Rewards and Punishments, residing in them that have the Sovereignty of the Common-wealth; It is impossible a Common-wealth should stand, where any other than the Sovereign, hath a power of giving greater rewards than Life; and of inflicting greater punishments, than Death (*Leviathan*, xlii: 478-9).

In Hobbes's thought there is always a possibility that the pursuit of truth (as advocated by religion and philosophy) and the pursuit of peace could come to a clash with one another. To resolve this conflict, he not only subordinates truth to peace but goes so far as to claim that there can be no truth that is contrary to peace:

And though in matter of Doctrine, nothing ought to be regarded but the Truth; yet this is not repugnant to regulating of the same by Peace. For Doctrine repugnant to Peace, can no more be True, than Peace and Concord can be against the Law of Nature (*Leviathan*, xviii: 233).

For the failure to bring the pursuit of truth in line with the requirements of peace results in nothing but civil war:

For those men that are so remissely governed, that they dare take up Armes, to defend, or introduce an Opinion, are still in Warre; and their condition not Peace, but only a Cessation of Armes for feare of one another (ibid.).

Hobbes also reinterprets the Bible so as to deny the possibility of eternal damnation and to demonstrate that divine punishment is not necessarily graver than this-worldly punishments and not much worse than the sovereign's power of death or than the chaotic threat of death in civil wars. He maintains that biblical notions of hell, hellfire, and eternal physical torments cannot be taken literally. Relying on parts of the *Book of Job*, Hobbes argues that the immortality of man's soul is not 'of Nature, but of Grace' (ibid. xlv: 644), that is, reserved for the faithful who are saved and for the sinners who are redeemed. For the rest, there is eternal death, and only that. Hell and hell fire, accordingly, are to be taken metaphorically to signify everlasting death and should not to be taken to mean everlasting agony and burning (ibid.: xxxviii, esp. 483-4; xlv: 644). This interpretation of the Bible, which infuriated the Church, implies that obeying the rules of a secular monarch in the interests of peace and order, even against one's

conscience, would not necessarily have grave consequences for the soul: at worst, one can expect eternal death but not hellfire.

For Hobbes, the reconfiguration of mortality vis-à-vis political order and peace has a bearing on the relation of power to knowledge as well. Socrates defined the difference between philosophers and non-philosophers in terms of their attitude toward death. The former ‘practice nothing but dying and being dead: they do nothing but contemplate their mortal nature and urge others to do the same’ (Ahrensdorf, 2000: 586). Stoic and Epicurean traditions also tended to diminish the fear of death in favour of an attitude of acceptance or resignation toward fate. By contrast, it seemed to Hobbes that the contemplation or acceptance of death could potentially unleash the chaotic threat of death. The state must implement educational reforms and introduce readings that would remind everybody of the perils of war. The leisurely world of philosophy, which often produced nothing but ‘absurdities,’ had to be denounced in favour of science, that is, in favour of ‘the knowledge of Consequences’ and of facts (*Leviathan*, v: 113-15, xlvi: 683), and the awareness of death had to be replaced by the sheer fear of death. As Ahrensdorf (ibid.: 582-583) puts it, the purpose of education ‘is to make human beings who are secure feel insecure, so that they may properly appreciate their security and thereby continue to be secure.’ The prudent man is not only a machine man but also a fearful one. He attains objective security (of his body and property) but only at the price of subjective insecurity induced in him by the state and by educational institutions, which enhance the constant fear of death and provide constant reminders of the horrors of past wars. Anarchy could be overcome ‘through political institutions that ensure that the

rational fear of death will control destabilizing hopes and longings' (Ahrens Dorf, 2000: 579 and 583).

The modern state was based not on humans' hope for salvation or their desire to fulfill their political natures, but on their fear of death and desire for self-preservation. The thesis of Hobbes in particular is that this desire for security is the most reliable and rational desire of our nature, and any state based on satisfying that desire is, unlike pre-modern forms of political organization, fully in harmony with human nature and hence fully capable of solving the problem of anarchy (ibid.: 579).

The need to found a state transforms the moral alternatives of good and evil into the political alternatives of peace and war. Left on its own, human will leads not to peace but to its opposite: a war of action against action and of intent against intent. Similarly, conscience is not, as Hobbes had already argued in 1640, 'a judge of good and evil,' rather, 'it is the source of evil itself' (Hobbes, *Elements of Law*, II, 7, 2, cf. Koselleck, 1988: 27). In any case, the result is the production of an earthly domain of sovereignty that can neither be challenged by God nor justifiably be resisted by its subjects.

As the tale of the dialogue between the two horses cited earlier in this chapter suggests, Hobbes' work was not an isolated effort, even though it was denounced vehemently during and after his life. He drew the outlines of a newly emerging political economy of blood in which the prevention and avoidance of the threat of death, especially of violent death, was to become the ultimate goal to which man's brute physical force, as well as his desire for glory, truth, and salvation, had to be subordinated (*Leviathan*, xv: 216). Central to his conception of politics is an ideal of a social order oriented to peace in which the risk of death and violence can be minimized. In this new order, the aristocratic principle of honour is replaced with what Strauss (1936: 112-3, 129) calls the bourgeois notion of prudence, the pursuit of immortality with the pursuit of

mundane pleasures, the yearning for glory with hard work, the habit of excess with rational moderation, the philosophical contemplation of death with the fear of death: all in the hopes of attaining security, prosperity, and longevity. The Leviathan gives the absolute gift of life: a gift that can neither be refused nor taken back without the expectation of resistance. The modern state becomes a life-giving and death-defying state, or as Foucault has put it, a state less defined by its power to take life than by its power to 'make live' (2003: 247). In Hobbes we already see the early signs of an attempt to institutionalize the separation of life from death, the life beyond from the life here and now. Here lies a possible origin of an attempt to exclude the possibility of a symbolic exchange between life and death that Baudrillard (1993) has tried to point out. No other doctrine should be taught than that which inspires fear of death, no other law should be imposed than what the civil sovereign sees as necessary for the protection of order, and no other truth may be sought by means of worldly violence.

### **'Death and us': the ever-present threat of death**

There is a contradiction or ambiguity in Hobbes' writing that frustrates any attempt at a straightforward interpretation of his political thought in terms of a binary opposition between the civilized state of peace and the brutish and nasty state of the war of all against all in nature. For it turns out that the civilized man of the polis is no less inclined to violence than is the brutish man of the 'state of nature' after all: if the latter kills for life's necessities, the former kills for fame, glory, truth, meaning, and salvation. As Agamben (1998: 105) has noted, 'the state of nature is not a real epoch chronologically prior to the foundation of the City but a principle internal to the City;' it is a state of

exception always looming as a possibility. Nevertheless, standard readings of Hobbes often ascribe to him the binary opposition between a state of nature, which is presumably riddled with violence and fear, and the state of civilization, of sovereignty, which is presumably orderly. This also underlies the standard sociological interpretation of Hobbes, especially since the publication of Parsons' *The Structure of Social Action*, where the 'Hobbesian problem of order' is introduced as the fundamental problematic of sociology and articulated in terms of this binary opposition (see van Krieken, 2002, 258-261; Macpherson, 1962: 22; Flathman, 1993: chapter 5; cf. Foucault, 2003: 94-97; Agamben, 1998: 105).

Perhaps by overlooking Hobbes' view that the inclinations of the man of civilization are at least as deathly as those of the brute of nature, these commentators sought to salvage some coherency out of Hobbes thought at the expense of attending to its nuances. At the same time, this practice seems to deny the presence of deathly and violent impulses in "civilized" societies. After the end of the Civil Wars and the gradual establishment of nation-states in Western Europe, this denial increasingly manifests itself negatively in the form of the suppression, medievalization, and exoticization of death, that is, in the form of banishing and externalizing deathly impulses to another world (the state of nature, the medieval period, the non-civilized). Norbert Elias' seminal work, *The Civilizing Process* (2000), illustrates this tendency. The manuscript originally prepared during the years leading up to World War II is nevertheless premised on the supposed Hobbesian assumption that the public display of uninhibited, violent impulses is a characteristic of the less civilized world of medieval warriors when war and violence was

supposedly rampant, and by extension, of contemporary societies in earlier stages of the civilizing process.

Sigmund Freud, in a talk to the Jewish Community in 1915 titled 'Death and Us' (1985), stands against this trend by reminding his audience, as he later reminded Einstein, that the tendency toward death and destruction is latent in the socio-psychological conditions of modern life. He might not have accepted the Hobbesian assumption that civil society can rein in deathly impulses but he would probably accept Hobbes' assumption that the propensity to kill is as "human" as the desire to live.

### **The new prudential order: the sanctity of life and the right to live**

If sovereignty has an absolute duty to protect life, what do we make of the power of the state to impose death lawfully, as in the death penalty and in waging wars? Interestingly, Hobbes allows the individual the right to resist the state and disobey the sovereign when this is necessary to protect his own life: even though the sovereign's authority is absolute, he does not have an irresistible power over death. Even if a person seems to transfer this power voluntarily to the sovereign by his words or actions, 'he is not to be understood as if he meant it, or that it was his will; but that he was ignorant of how such words and actions were to be interpreted' (*Leviathan*, xiv: 192). So although the power of the sovereign is almost arbitrary and unlimited in many ways, he is explicitly restricted in one respect: he cannot order anyone, even if justly condemned, to kill or wound or maim himself or to abstain from food or other necessities of life: 'for by allowing him [the sovereign] to *kill me*, I am not bound to kill my selfe when he commands me' (ibid. xxi: 269). Following the same logic, a person cannot be expected to confess against himself

nor can he be expected to submit to the executioner without resistance. The right to resist assault on one's life also includes the right to resist lawful punishment, since although committing crimes is a breach of the covenant and therefore unjust, defending one's own life is not unjust (*Leviathan*, xxi: 270). And finally, when one is commanded to go to battle, it is dishonourable but not unjust to desert the army out of fear of death because 'there is allowance to be made for natural timorousness, not onely to women ... but also to men of feminine courage' (ibid.: 269-70).

This discrepancy between the individual right to defend one's own life, even against the sovereign and the sovereign's absolute power over death, has been attributed to the influence of Grotius on Hobbes and specifically to a confusion in Grotius's work between private and public warfare (Baumgold, 1993). However, it is also possible to see this discrepancy as a necessary outcome of the belief that life is the primary moral good. The right to resist the lawfully imposed threat of violent death and the right to self-preservation at any cost may be interpreted as the outcome of a newfound appreciation for life as the most absolute value in the dawn of the modern era where preservation takes precedence, time and again, over all other social, political, spiritual, and rational considerations. The primacy given to life as an absolute value on its own becomes evident when comparing Pericles' glorification of those who preferred death to cowardice with Hobbes' argument that allowance must be made for those of 'timorous character' to desert the army. This discussion of the place of resistance to war or execution explains in part why the capital punishment and death in wars are not primary subjects of analysis in this dissertation. From the beginning, but more so today, the state's power over death has

been articulated as an exception, an aberration of the law of nature, which commands the preservation, rather than the intentional and consensual destruction of life.

As Strauss (1936: xii) has pointed out, the originality of Hobbes lies in the fact that he was the first modern natural law theorist to redefine natural laws in order to deduce from them not duty or obligation (as all classical philosophers from Aristotle and Plato to Grotius had done) but rights. Among all rights, the right to life, and by extension to property, were taken to be given and self-evident and as having primacy over law, virtue, and social convention. Hobbes' placement of life at the heart of political morality demarcates the dawn of an era in Western political life in which the gravitational centre of the sanctity of life is displaced from the community to the concrete individuality of each human person creating what Durkheim memorably called 'the cult of the individual', as I will discuss in Chapter III (Durkheim, 1965 [1897]; 1984). The life of each person is regarded as a sacred project whose prolongation becomes a personal and public commitment and whose safety and preservation intertwines the personal, the medical, the legal, and the political regimes of governing life and death. This "natural" right was the outcome of an intellectual history at the end of which the meaning of personal autonomy shifted from the autonomy to express oneself through one's own honourable death (as exemplified by Seneca or Socrates) to the more basic, animalistic and instinctual struggle for the preservation of one's own life. With the birth of the modern right to life, life became an individual project and the individual is given formal legal autonomy to possess and master this project (MacPherson, 1962). Yet as I hope to show in the following three chapters, from the moment death was recognized as the

‘chiefest of natural evils,’ life is only one step away from becoming not just our most precious right but indeed our obligation, a duty which we owe ourselves. The right to life becomes a life sentence: Thou shalt not sacrifice thyself. In the wake of Hobbes’ secular interpretation of the value of life, the commandment ‘thou shalt not kill’ takes a double meaning: we become subject to a negative sentence that forbids us from both killing and dying violently and a positive one, a life sentence, which condemns us to life, that is, to the care, preservation, and prolongation of our own lives. In Hegelian terms this amounts to a master and slave relationship towards one’s own death, a notion which underlies Baudrillard’s rereading of the Marxian view of worker-capitalist relationships not merely in terms of mental and physical exploitation but in terms of the symbolic denial of death: the master is privileged in that he can gamble with his life while the slave has to live and labour. By being condemned to live, each person becomes a slave, one who is sheltered and overprotected but is nevertheless in a slavelike relationship towards his or her own life and death (see Baudrillard, 2003: 70; cf. Kemple, 1995: 91-102).

Hobbes’s *Leviathan* announced the beginning of a shift in the discursive and scientific, but not necessarily cultural and everyday, treatment of death. New sciences emerged that treat death as an instrumental and quantifiable *problem*. For this line of scholarly pursuit, which became increasingly dominant over the following three centuries, *The Leviathan* marks the end of death as a moral, supra-individual event, the end of death in so far as it has a supra-natural meaning, a symbolism beyond nothingness, beyond the physical reality of a biological ‘stoppage’ and of decomposition. There have been attempts to revive death, the symbolism of death, and its extraordinarily potential as

a source of morality (Kierkegaard, 1939), as the ultimate symbolic gift (Levinas, 2000; Derrida, 1995), and as a path towards the discovery of one's identity and uniqueness (Heidegger, 1996; Freud, 1922; Simmel, 1957). In another context, Marx (1994 [1849]) has also established a fundamental relationship between death and capitalism by arguing that capital is nothing but the accumulation of dead labour power exerted in the past by the living worker and accumulated in the present by the capitalist. Labour power, he argued, is nothing but part of the life, the flesh and blood of the worker, which he gives in exchange for wages. Along the same lines, Marcel Mauss (1967: 67) argues that work is the sacrificial gift of life that the worker gives to the society. Yet liberal political economy and morality had already been firmly established on the basis of the principle that life as such is the primary value.

The concept of the sanctity of life is a philosophical and religious notion that predates modernity. But the modern notion of the sanctity of life originates less in sacred religious beliefs than in the secular Hobbesian problematic of order which was tied, on the one hand, to the particular necessities of law and order at the dawn of the modern era and, on the other hand, to a mechanical understanding of the body and of the body-politic, thus bringing together the existential question of survival and the political question of security under one comprehensive conception of political order. This secular notion of the sanctity of life is the connecting tissue that links our first modern right, the right to life, to our latest right, the right to die. Hobbes took the first path-breaking step in this area by problematizing violent death in strictly secular terms. His legacy was carried on in the immediate aftermath of the English Civil Wars and into the twentieth century as

other forms of death, including “premature and accidental death” (Chapter II), “suicide” (Chapter III), and “undignified death” (Chapter IV) were each problematized as unnecessary, irrational, wasteful, and avoidable. Each of these successive forms of the problematization of death applied and perfected the main Hobbesian principles of taking a secular approach toward life and death, of debasing death’s social-symbolic significance as a repository of meaning, identity, and salvation, of treating the knowledge of life and death as an instrument of power rather than as a means of existential contemplation, and of addressing the question of life and death within the context of security and order.

## CHAPTER II

### THOU SHALT NOT DIE PREMATURELY: THE POLITICAL ECONOMY OF DEATH

#### **Prologue: the post-Hobbesian quantification of mortality**

In the previous chapter, I discussed an aspect of Hobbes' political theory that is often either ignored or misconstrued in sociological debates. I argued that far from making the threat of death the primary instrument of power, Hobbes aspired to construct an entire philosophical system in which respect for the value of earthly life was the foundation of all personal and political ethics. For Hobbes, violent death had to be reined in because it posed a threat to the political and economic order leading to chaos and impoverishment. In addition, Hobbes broke with the well-established tradition of contemplation concerning human life and death as metaphysical or existential questions and, instead, treated them in strictly instrumental terms as factors in the rational and operational mechanisms of politics and economy. The challenge for the following generations of political economists, most of whom lived and produced their works during times of peace, was to extend this instrumental logic beyond the problem of *violent death*, which had been Hobbes' main pre-occupation, and apply it to other forms of death. This was first accomplished in the late seventeenth century by two disciples of Hobbes, Captain John Graunt and Sir William Petty, who constructed premature death as a problem for socio-economic and political order.<sup>1</sup> On a more direct level, they expanded on Hobbes' notion that in the state of nature life is short and poor. More fundamentally, they not only argued, with Hobbes, that the lack of political order is responsible for the "problem" of

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<sup>1</sup> For the influence of Hobbes on Graunt and Petty see Skinner, 1966)

short life but that short life itself might in turn lead to political and economic insecurity. Graunt and Petty also articulated a series of techniques for measuring *mortality rates*, making it possible to bring a degree of analytical certainty to the seemingly unpredictable and arbitrarily predestined reality of death. The idea of measuring mortality, hitherto inconceivable, became popular among both scientific and political authorities, especially in England. Within the span of a century and despite resistance, it expanded into the discipline of statistics and became an instrument of economic profit making, most notably by introducing actuarial studies into the business of life insurance, helping it through its transition from a form of gambling on lives into a calculated investment in ‘uncertainty’ (cf. Ericson and Doyle, 2004: chap. 2). Measuring mortality was also used as a criterion for the evaluation of the success or failure of social and political reforms.

A number of major scholars, including Hacking (1990), Porter (1986), Poovey (1998), Foucault (1984), and Rusnock (2002), have addressed the origins of mathematical and statistical approaches to understanding modern social life. Yet their work has mainly, though not exclusively, focused on the developments in the late eighteenth and the nineteenth centuries. This period, however, is one in which the value of quantitative methods had already been acknowledged and accepted both by the scientific community and by political administrations. Before any of this could happen, a cultural battle had to be fought over the legitimacy of any attempts to quantify life experiences (especially mortality and longevity), which were regarded as subjects of divine providence. This chapter studies the genealogy of the quantification of mortality in the late seventeenth century and eighteenth century disciplines of political arithmetic (which later evolved

into the separate fields of statistics and political economy), public health, and the actuarial techniques of the life insurance industry. I shall argue that in the context of these studies the predominant cultural understanding of death as an inevitable *fate* one had to accept was replaced by a discursive approach that problematizes death as a manageable *risk*.

Ulrich Beck (1992) has used the term *risk society* to refer to societies in which, under the conditions of 'late modernity,' numerous *real* risks are actually produced beyond the measures of human calculation and management. Arguably, early modern societies were also risk societies of a sort, not because they created numerous real risks, which they undoubtedly did, but because they constructed new risks out of the previously taken-for-granted, even if undesirable, aspects of life with the purpose of managing, controlling, and governing those aspects. Mortality presents the prime example of an aspect of life that had for a long time been regarded as an unavoidable or predestined reality but, beginning with the late seventeenth century, began to be treated as a form of risk, that is, as an avoidable, indeterminate, and manageable contingency. As Dean (1999: 182) has argued, a distinction needs to be made between *realistic* and *discursive* assumptions regarding risk. While the former assumes that "real riskiness" has increased, the latter analyses forms of risk among the ways in which we are required to know and to act upon ourselves and others in a range of moral and political programmes and social technologies (cf. Lupton, 1999: 28-33). Along these lines, I will argue that our discursive conceptualization of death as a manageable *risk* has a normative bearing on how we live our lives or require and expect others to live their lives.

The arguments of this chapter will be situated within the two overall themes of this dissertation: the relationship between death and order, on the one hand, and the role of mortality studies in the shaping of key sociological concepts and methods, on the other. Regarding the former, I will elaborate on the way in which mortality rates were tied into concerns with national security and stability within the context of rivalries between early modern European powers. Regarding the latter, I will examine the development of statistical methods along with the more general formation of a *quantitative culture* in the social studies of the late seventeenth and eighteenth century.

### **Death speech: from the juridical to the discursive**

#### The Gardener and Death<sup>2</sup>

A Persian Nobleman:  
This morning my gardener, discolored with unease,  
Entered my residence: 'Lord, Lord, a moment please!  
Off in the rose-garden I trimmed branch on branch  
I glanced behind and there stood Death.  
Startled, I hurried to the other side  
Yet still just to see his threatening hand  
Lord, your horse, to say at once our journey began  
Before nightfall I will have reached Isfahan!'

This aft (long since had he departed)  
In the cedarpark 't was Death I regarded.  
'Why,' asked I, as he in his patient silence more deaden,  
'did you this morning my servant so threaten?'  
Smiling he replied: 't'was no threat  
before which your gardener fled. I was startled,  
when this morn I saw here still at work to my regret  
him whom at dusk in Isfahan I was to get.'

P.N. van Eyck (1887-1954)

The story of the 'Gardner and Death' seems to have traveled East to West and found its place in the modern Western imagination within the context of a cultural obsession with

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<sup>2</sup> This poem is strikingly similar to a story I had heard from my father in Iran. I received a copy of this poem in Dutch from Winni Borgsma, a librarian at the Department of Legal Theory, University of Groningen, the Netherlands. I owe the translation from Dutch to English to Alexander Harmsen.

the conflict between fatalism and the free will (see Sobel, 1998: 55). It portrays death as a speaking figure who can be seen in one's private garden or, in another version of the story, in the marketplace in Baghdad. The story alludes to a time when *death speech*, that is, talking about death publicly and without inhibition, was supposedly common and when death was present in the midst of everyday life or in the hustle and bustle of the market. By contrast, our time is often characterized as a time in which our death, like our sexuality, has apparently been silenced. We are told that "Occidental" death, unlike its "Oriental" counterpart, has been muted. There is a wide consensus emerging from various corners of social-thanthological studies suggesting that, in modern Western societies, loneliness surrounds death; that there is a taboo on speaking about death, most notably in the presence of children; that we have become accustomed to denying death at any cost to the point of inventing sophisticated cultural strategies for forgetting death (e.g., Bauman, 1992, 1998; Baudrillard, 1993; Elias, 1985; Kübler-Ross, 1971). Accordingly, we are invited to liberate death, to break the silence that shrouds death, and to fight taboos against public mourning (Freud, 1985 [1918]; Leviton, 1995; Walter, et al, 1995; cf. Árnason and Hafsteinsson, 2003).

Yet this only amounts to a story half told since, from the late seventeenth but especially from the eighteenth century, death has been made to speak systematically about itself and about life. Death has been asked to unveil the mysteries of life hidden in 'life tables' of demographers as well as in the filthy deathbeds of the paupers' children, in coroners' offices and surgery rooms, in the anatomy and autopsy classes of medical schools, and in the physiologist's lab. Hence, we encounter a sudden multiplication in

statistical and medical writings on death since the late seventeenth century (cf. Ackerknecht, 1968). The Hobbesian concern with *violent death* as a political-economic problem was only the first step in a series of modern problematizations of death. Shortly after the end of the English Civil Wars, it became increasingly evident that violent death, so common throughout the seventeenth century, had only been one among a whole series of problematic forms of death. Although no specific term was used to designate this category, what all these problematized forms of death had in common was that they were ultimately avoidable and therefore in a sense “premature.” They included any form of death that could be considered avoidable, depending on the state of medical knowledge and public health as well as on the extant cultural expectations of longevity.

Beginning with John Graunt and Sir William Petty, who were among Hobbes’ immediate disciples and admirers, early political economists problematized a whole category of deaths resulting from accidents, lack of hygiene, malnutrition, ‘immoral’ lifestyle choices, and suicide. *Premature death* soon became a subject of concern in medical circles as well as in the wider public as reflected in a wave of how-to manuals on the secrets of longevity. The discovery of resuscitation techniques challenged long-held views on the precise moment, anatomical site, and somatic signs of death. It also created the new category of *apparent death*, leading to a sense of panic, especially among the higher classes, over being buried alive (Albury, 1993). Suicide also became a subject of public fantasy, philosophical deliberation, legal reform, and psychiatric intervention (Dublin, 1933; Fedden, 1938; Williams, 1957). The notion of *un-natural death* was gradually re-invented, defined and expanded to include not only accidents, but also

epidemics and diseases in general. *Un-natural death* was implicitly contrasted to the notion of a timely death that happened at the end of a fulfilled life and resulted from “natural” causes, which meant from conditions associated with old age. At the same time, however, the limits of old age were pushed by medicine, science, and technology. Ultimately, the existence of *natural death* itself was questioned. Within the course of the eighteenth and nineteenth centuries, biologists, botanists, and zoologists discovered evidence showing that all death, even death from old age, is ultimately a *violent* and *premature* contingency caused by the intervention of external organisms (see, for instance, Metchnikoff, 1904). Thus, a process that started with the problematization of violent death by Hobbes (death at the hands of a hostile person) led to the categorization of all deaths as violent and therefore as premature or avoidable.

As mentioned earlier, the transition from a cultural outlook that regarded mortality as a predestined fate to a statistical view that made life and death an object of instrumental calculations did not take place easily or decisively. Age-old beliefs among theologians and natural law theorists regarding the length of human life were still influential, hindering any attempt to quantify life and death experiences. According to these views the length of human life followed immutable divine and/or natural laws. Natural death would happen when all dangers to life are avoided and the individual reaches seventy to eighty years of age (three scores and ten or four scores at most) as predetermined by God (*Psalms* 90: 10, cf. Le Bras, 1983: 32). More significantly, the biblical story of King David (*Samuel* 2: 24), whose decision to count the people of Israel and Judah is presented as a sin provoking the wrath of God, had issued a taboo on

empirical investigations into the numerical size of population. John Graunt (1662), the London merchant widely credited with the creation of the first 'life table' in the Western world, recounts how for many years he had been frightened 'with that mis-understood Example of David' and had, therefore, avoided studying the demographic dynamics of London until he was finally convinced of the 'lawfulness,' under God, of doing so and was certain that the benefits of doing so outweighed its possible harms (Graunt, 1964 [1676, 1662]: 383-4).

It was becoming increasingly difficult to turn a blind eye to the emerging evidence suggesting that individual and social, rather than natural or divine, factors contributed to mortality *rates*. Hobbes' moral philosophy of life, in which the maximization of this-worldly life potentials were emphasized, already carried the seeds of the idea that human progress is without limit and that by means of science we will eventually be able to bring death under control. This is illustrated by Condorcet's *Outlines of an Historical View of the Progress of the Human Mind*, which appeared over a century after Hobbes and which, as Schmitt (1996: 35) argues, bears resemblance to the basic constructs of Hobbes. Written in hiding during the Terror, *The Outline* (1795) depicts a paradise brought about by reason and education in which death can be indefinitely postponed, resulting in worldly immortality. This was echoed by Condorcet's English contemporary, Godwin, who believed that at least premature death would disappear with social progress.

In political economic writings of the late seventeenth and eighteenth centuries, death ceased to be a *verdict* or *to give a verdict*, as in the Persian tale. Little by little it

became less fatal and more avoidable, treated less as a predestined fate and increasingly as a manageable contingency. But as death gave up its menace of the *judicial sentence* (an irresistible divine verdict), it became capable of exerting a *discursive* presence that dominated the early modern political economy and shifted expert and lay perceptions of human mortality. The problematization of *avoidable death* entailed not only medical, but also moral, political, and economic concerns. Graunt and Petty not only *discovered* 'avoidable death' as a subject of systematic, scientific problematization but, following the example of Hobbes' instrumental approach to knowledge, also took it as their civic, political, and moral duty to suggest methods of combating it. Similarly, for Peter Frank (1844: 262), the renowned founder of social medicine and an advocate of public health in the first half of the nineteenth century, the contemplation of our 'natural end' was useful in improving not only the physical well-being but also the 'moral state of man.' For Frank, such contemplation was also of utmost political concern in that it involved the interests of the state in the numbers and health of its citizens. Thus, while actual mortality rates were on the decline, leading to the gradual disappearance of death from everyday life, discussions about death proliferated from every corner. That scientists, physicians, philosophers, and politicians were concerned with the problem of death is neither surprising nor novel. What is striking is that such concerns reached historical highs at a time when plagues had been more or less tamed, the population growth rate was increasing, and mortality rates were taking a downward turn. It appears that as death was becoming increasingly less common, the battle against it was becoming more intense. The public, political, and medical concern with death became so characteristic of the

eighteenth century that Dorothy George, the author of *London Life in the Eighteenth Century* (1925), saw it fit to start her book with a chapter titled 'Life and Death in London,' which illustrates advancements in hygiene, public health, and medical services, and elaborates on the effects of "moral reform" on the health of the lower classes.

It is within this context that the European fascination with the encounter of the Persian gardener with Death becomes comprehensible: the Oriental tale has the exotic intrigue of an *imagined* time and place where death still made its own irresistible and fatalistic laws. Since the eighteenth century the speaking figure of death that arrived when it had to and took a persons' life according to a predestined divine sentence (fate) had started to lose ground in the modern Western imagination. It is significant that in some English versions of the tale, the encounter is described as an *appointment* between a person and death, as in W. Somerset Maugham's play *Sheppey* (1933), which inspired John O'Hara's novel *Appointment in Samarra* (1934). The shift from an encounter to an 'appointment' seems to correspond well with the emerging Western European conception of the linear time of life and death and the discursive construction of timely death as opposed to "premature," "accidental," and "avoidable" deaths in statistical, medical, and public health literature. It is also significant that this version of the story anticipates a notion of a peaceful death in an economic context (the marketplace). As such, it corresponds with the emerging trend of tying economic productivity and prosperity with peaceful death, already present in Hobbes. Even in van Eyck's version, Death insists that it did not *threaten* the Gardner and that it was merely surprised to encounter him outside of the pre-planned time and space. This notion already anticipates the new statistical

death-speech of mortality tables in which, as I will demonstrate below, individual cases of death are brought under a certain spatial and temporal regularity.

The statistical problematization of avoidable death, its causes, cures, and costs gradually led to an ontological change in attitudes towards mortality. Death was discursively transformed, in scientific texts but also already in the realm of culture, from a destined *fate* into a manageable contingency or, into what amounts to the same thing, a *risk*. This entailed an overt ‘instrumentalization’ of the knowledge of morality, perhaps surpassing Hobbes’ wildest imagination, so that it could be used for the purpose of the better management, surveillance, regulation, and prevention of *avoidable death*. The continuing implications of the use of risk in reference to mortality is best captured in Parsons and Lidz’s (1967: 138) assertion that the modern (American) attitude towards death is defined by its concern not with natural or inevitable death (that is, the fact that we are all biologically mortal), but with the “uncertainty” of death: that aspect of death that can be controlled and prevented, and the effects of which can be minimized. This instrumental approach to mortality is concerned with “premature death,” deliberately imposed death, and the physical suffering that dying might entail. Based on this distinction, death is either seen as natural and inevitable or un-natural and even “irrational” (ibid). The transformation of mortality from a fate into a risk entails a new method of managing death, one that is certainly bent on preventing and containing these “un-natural” and “irrational” forms of death but that does so discursively within the disciplinary boundaries of the science of political economy and its offsprings: demography, epidemiology, actuarial tables, census, and so on. These scientific

discourses have taken part in a process of risk information-gathering through which death is now studied in order to be postponed, regulated, managed, and ideally prevented. As this chapter will show, preventing unnecessary death and staying healthy gradually became a political necessity, a public duty, a sign of moral health, and a measure of progress and strength within national borders.

The following three sections explore the discursive construction of death as a risk within the framework of the problematization of “premature” and “accidental” death by early statistics, public health, and actuarial calculations of the life insurance industry, all of which originated in the late seventeenth century and gained the status of a legitimate and institutionally recognized subject of inquiry in the eighteenth century. These are explained as technologies of ‘bio-power,’ which according to Foucault (1988 [1978]: 143), have the effect of regulating the individual in part through the regulation of populations. As we will see, since the fact of mortality cannot be denied, risk information-gathering regarding health instead focuses on specific causes of death and on mortality rates in an effort to make death a subject of control and regulation. The expanded production of information regarding mortality risks seems to have much to do with the fact that it helps render death manageable, predictable, and even profitable. Above all, such knowledge renders life itself a subject of rational, calculated government, helping to maximize its utility as a form of political, economic, and personal capital.

The source material for the arguments presented in this chapter is narrowly selected from among a wide range of material published since the seventeenth century. This narrow selection is not merely a reflection of space limits; rather it stems from a

conscious choice to rely on material that shows significant and influential shifts of attitudes in the scholarly community regarding how death should be spoken of or made to speak. As such this represents not a history of the development of ideas, which has already been comprehensively studied elsewhere (see for instance Rusnock, 2002; Beniger, 1978; Gilbert, 1958; Porter, 1986) but a genealogy of development of a certain line of thinking designed to put the quantification of mortality in perspective within the larger context of my concern with the discursive methods of ordering death since Hobbes. Thus the works of figures such as Graunt, Petty, J. P. Frank, and Chadwick, some of whom are only mentioned in passing in many histories of statistics, are given a prominent place in my work while the works of prominent figures in the history of statistics, such as Halley and De Moivre, and to some extent even Malthus, are only touched on briefly. This choice represents the impact that each of these figures has had on the emergence or development of methods to study and, more importantly, to control and regulate mortality as a political-economic (and not merely economic) concern. Besides archival searches, I have relied on a little known book written by E. J. Farren in 1844 (available in microform) on the early history of actuarial studies, which provides an index of works published between 1662 and 1844.

### **Measuring mortality: death as a manageable contingency**

Arguably the single most significant factor contributing to the discursive formation of death as a manageable contingency is the 'discovery' of *premature death* in the late seventeenth century as a subject of quantitative problematization, and the subsequent realization that its prevention should be regarded as a worthy, in fact, necessary objective

of the art of government. From Aristotle to Bacon, Western thought had mainly been concerned with the natural or divine limit of human life. Philosophers and scientists alike grappled with factors that determined longevity or signs of a fixed limit to vitality. From the late seventeenth century, however, statisticians, physicians, botanists, zoologists, philanthropists, and actuaries gradually shifted their focus to *premature or untimely* death, which they defined mainly by its contingency and avoidability. While *longevity* continued to be a personal existential concern and a subject of theological and experimental speculations, as evidenced by the growing business of health advice books, *mortality* emerged as a subject of medical, moral, political, and economic problematization. The study of *mortality rates* carried the promise of uncovering the factors that influenced not merely the length of life of the individual but the state of health and life-span of the whole population.

At the heart of this line of inquiry was the problematization of the birth rates and life span of the urban poor for their own good and for the good of the society. In the first half of the nineteenth century, Thomas Malthus best captured the fruits of this largely unintended development when he argued that a true understanding of the principles of population required gathering quantitative information toward constructing a history of mankind. For him, it was not information on the life of the rich but the detailed facts of the life of the poor that deserved scholarly attention. Hence, a line of sociological inquiry was inaugurated in which gathering detailed information on the life and mortality of the population was tied into projects for reform. This tradition was passed down from Graunt and Petty to the eighteenth century philanthropists and reformers, the nineteenth century

humanists and reformists such as Quetelet, Morselli, and Durkheim, and the full-blown quantitative sociology of the twentieth century. This line of inquiry also laid the foundations for modern day social-epidemiological studies of mortality rates and risk factors present among socially marginalized or morally demonized classes, as illustrated by hundreds of studies published every year in bioscience journals (more on this later).

The problematization of pre-mature death emanated from a diverse but often interconnected variety of sources. There are individualized, sporadic attempts, like the American physician, John Lining, who measured his own urine, stool, heart beat, weight, and so on, everyday for a year, beginning in March 1740. Lining used his connections to publish the results in the prestigious *Philosophical Transactions*, and insisted that if taken seriously they might yield insights into the effects of climate changes on epidemiological patterns (Riley, 1987: 63-6). The well-known mathematician, Edmond Halley, pioneered actuarial studies when he carried out a study of mortality tables from Breslau in 1693 while his contemporary Abraham de Moivre applied probability theory to the valuation of life annuities. Yet both Halley and de Moivre took interest in the question of calculating the average life span mainly as a mathematical problem. Later on, the life insurance industry became interested in what mathematics had to offer. Physicians and environmental epidemiologists also took interest in the question as it promised to unveil the causes of illnesses and point toward the proper methods of prevention (Poitras, 2000: 201-3; Riley, 1987). Philanthropists were soon to follow suit, pointing out high mortality rates among the urban poor in their plea for social and moral reform. By the end of the eighteenth century, the study of premature death and mortality rates had become an

officially sanctioned aspect of political economy and of the art of governing.

The most decisive development took place in 1662 in the work of John Graunt, known as the father of statistics. Graunt invented the first known “life tables” in the Western world and introduced the concept of “mortality rates” as a subject of quantitative inquiry and an aspect of political order (Farren, 1844: 8). In doing so, he not only paved the way for the eventual development of the modern census and of scientific actuarial analysis but also laid the foundations of modern, positivist social science. With Graunt, it became evident that the order, prosperity and security of the state hinged on a thorough and minute knowledge of its population:

That whereas the Art of Governing, and the true Politicks, is how to preserve the Subject in Peace and Plenty; that men study only that part of it which teacheth how- to surpass and over-reach one another, and how, not by fair out-running but by tripping up each other's heels, to win the Prize (Graunt, 1662: 395).

In contrast to the practice of blind competition described above—also one of Hobbes’ main concerns—’the Foundation or Element’ of Graunt’s ‘harmless Policy’ was ‘to understand the Land, and the Hands of the Territory- to be governed according to all their intrinsick and accidental differences’ (ibid.). Key elements of the Hobbesian problematic of political order resurface in Graunt’s work (cf. Skinner, 1966). For instance, Hobbes’ instrumental approach to the knowledge of human experiences of mortality and vitality underlies Graunt’s intellectual pursuit. For him, as for Hobbes, the telos of the ‘art of governing’ is to put a limit on the blind pursuit of self-interest and to preserve peace and prosperity for all. The knowledge of the dynamics of the population, which entails an intimate understanding of the subjects not as a homogenous mass but in their ‘intrinsick and accidental differences,’ becomes a necessary aspect of the ‘art of governing.’

Hobbes' emphasis on the use of exact and "objective" science, especially geometry, is also echoed in the work of both Graunt and Sir William Petty, who championed and further popularized Graunt's works under the auspices of his own newly created science of 'political arithmetic.' Petty describes his own work as a study in exact mathematics and frequently uses the word *science* in reference to his political and social research. The word *art* was more often used by Graunt and was still used interchangeably with *science* in the late eighteenth century works, such as Frank's 1786 *Medical Police*. For Petty,

to practice upon the Politick, without knowing the Symmetry, Fabrick, and Proportion of it, is as casual as the practice of Old-women and Empyricks (Petty, 1964 [1686] V 1: 129).

Haphazard and random ways of doing things, associated with blind trial and error, feminine ignorance, and the infirmities of old age, had to be replaced with an exact art of governing aided by the systematic and quantitative knowledge of the population which a statesman so deservedly required and was capable of attaining. The works of Graunt and Petty anticipated and laid the conceptual foundations for what Foucault (1977, 1991) identifies as the techniques of the eighteenth century disciplinary power and nineteenth century 'governmentality.'

The notion of 'mortality rates' emerged out of early 'bills of mortality' constructed in sixteenth-century England as a measure to contain the plague. In 1535 Henry VIII, who broke with the papacy and declared himself head of the Reformed Church, instituted a series of ecclesiastical regulations to eradicate heresy and superstition. These included the injunction issued in 1538 binding all parsons, vicars, and curates to keep an account of all weddings, christenings, and funerals in their parishes (Farren, 1844: 8). For about a century, the bills came in and fell out of use with periodic

plague epidemics. They were sold for a yearly subscription fee affordable by few. The idea was to enable the subscribers to follow the pattern of plague recurrences and take extra precautions, such as moving away from areas where the plague was becoming epidemic. Merchants also found the information useful as it helped them determine the patterns of need in the marketplace. Later on the causes of death were also added to the bills, albeit with reluctance because of concerns that such details might offend the delicate sensibilities of 'fine' readers (Farren, 1844: 15). The idea that mentioning the cause of death might offend readers might imply that while death itself was a common and public occurrence during the plagues, providing exact information about its causes was against the accepted etiquette. A surveillance circuit was thus established between searchers (women who examined the dead bodies to confirm death and determine its causes), parish clerks (who organized, printed and sold the information), rich families or businessmen who bought the information, and the state, which originally instituted the mortality bills.

More than a century after Henry VIII's church reforms, Graunt gathered bills of mortality for many years and tabulated them in 'life tables' as a matter of personal and intellectual interest. In 1662 he finally published his findings in a book titled *Natural and Political Observations ... Made upon the Bills of Mortality*, where he argued that it was possible to put the bills of mortality to a better, more comprehensive use than was traditionally the case. The principle upon which the life tables were constructed was quite simple. Graunt tabulated his data in two columns: christenings and burials. This particular arrangement reflects the long-standing tradition of record keeping in the church, which

was reinforced by royal reforms. According to this tradition, at least two categories of information were kept about each individual corresponding with two major *socio-biological* life events: christening (as opposed to birth) and burials (as opposed to death). Graunt's writing reflects a cultural practice that regards death as a ritual and socio-biological, rather than a merely biological, event. Less than a century later, in 1837 and as a result of pressures from physicians, statisticians, and actuaries, a new law regarding civil registration came into effect, which separated church records of christenings and burials from official registrations while at the same time making it mandatory to report all *births* and *deaths* to the local registrar by the next of kin even if they pertained to a still-born or a very young child (Glass, 1973: 128-9). Secular registration was deemed to be more exact, comprehensive, and free of religious prejudice. The failure to comply was punished by fines. Among the initial opponents of the bill, the Archbishop of Canterbury questioned the onus put on the poor 'to gratify the statistical fancies of some few philosophers, in order that they might know how many were born in a year.' He suggested that interested 'philosophers,' and not the poor, should pay for the information they need (quoted in Glass, *ibid.*: 129).

Although Graunt himself stayed with the socio-biological and ritual-symbolic tradition of the church in using christenings and burials as his main organizing categories, his methods and style of presentation already anticipated the secularization of the methods of registering births and deaths. A Protestant merchant at the time (although he later converted to Catholicism), Graunt seems to have been influenced not only by church conventions but also by the double-entry bookkeeping technique. In the Epistle

Dedicatory of *Observations*, Graunt (1662: 323) points out that the book ‘depends on the Mathematics of my Shop-Arithmetick,’ hence implying that it had enough credibility to be accepted and sponsored by the Royal Society (see also Kreager, 1988: 133). Classical scholars of economic history, such as Weber, Sombart, and Schumpeter, credit double-entry bookkeeping, which became popular among European merchants in the late Middle Ages, with revolutionizing finance and accounting and therefore playing a major role in the modern, rational organization of large scale commerce and factory production in Western Europe (see Carruthers and Espeland, 1991; Poovey, 1998: xvii). Double-entry bookkeeping entailed the systematic recording of financial information in two columns: credits and debits, where each transaction was assigned a monetary value and was recorded as such. The parallel between debit and credit in financial bookkeeping and birth and death in ‘life tables,’ as illustrated by Figure II-1 and Table II-1, is striking in

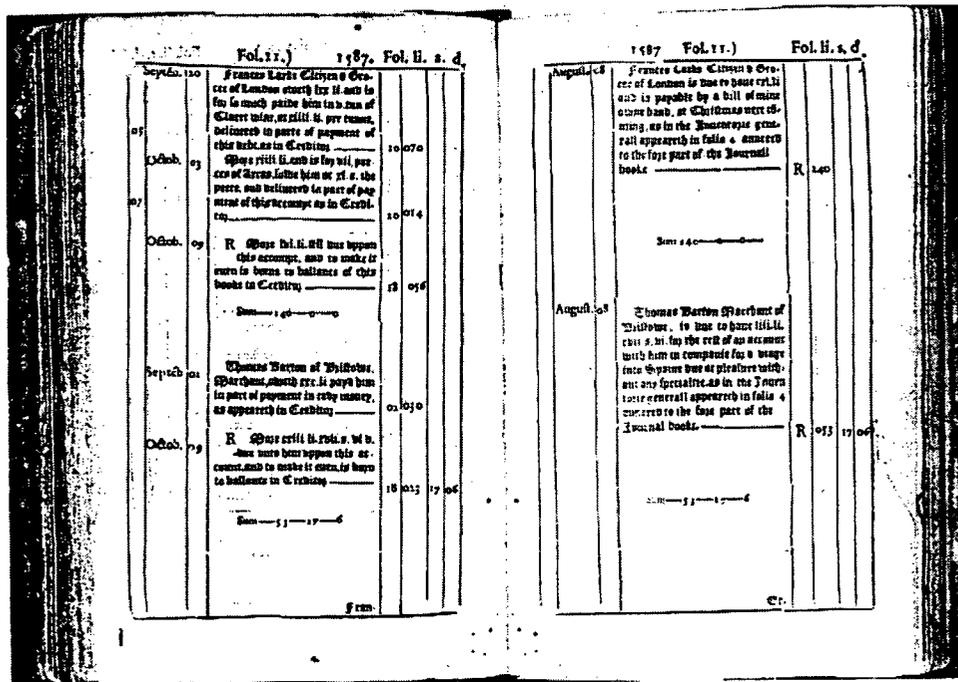


Figure II-1: a set of pages from the ledger, the final book of the double-entry system (from John Mellis' bookkeeping manual, *A Briefe Instruction* (1588), reproduced in Poovey, 1996: 5)

that commerce provides a model on which life and death could be thought out. This model served as a basic template to which other information regarding sex, age, and

| Anno Dom. | Westminster |     | Abington |    | Lambeth |     | Stoney |      | Marington |     | Beckington |    | Rushy |    | Total in the 7 Parishes |      |
|-----------|-------------|-----|----------|----|---------|-----|--------|------|-----------|-----|------------|----|-------|----|-------------------------|------|
|           | Bur.        | Ch. | B.       | C. | B.      | Ch. | Bur.   | Ch.  | B.        | C.  | B.         | C. | B.    | C. | Bur.                    | Ch.  |
| 1631      | 1107        | 386 | 66       | 30 | 213     | 137 | 1895   | 281  | 254       | 125 | 66         | 77 | 60    | 60 | 4056                    | 1904 |
| 1632      | 442         |     | 30       |    | 45      |     | 909    |      | 223       |     | 14         |    | 20    |    | 1700                    |      |
| 1637      | 963         | 496 | 94       | 78 | 173     | 137 | 951    | 838  | 183       | 173 | 61         | 70 | 74    | 51 | 1507                    | 1896 |
| 1638      | 301         |     | 17       |    | 18      |     | 153    |      | 16        |     | 10         |    | 10    |    | 151                     |      |
| 1639      | 1021        | 563 | 110      | 49 | 221     | 140 | 1209   | 908  | 255       | 146 | 101        | 69 | 74    | 76 | 2907                    | 1963 |
| 1640      | 126         |     |          |    | 8       |     | 11     |      |           |     |            |    |       |    | 145                     |      |
| 1641      | 846         | 343 | 88       | 53 | 195     | 132 | 970    | 956  | 187       | 139 | 84         | 53 | 51    | 50 | 1311                    | 1948 |
| 1642      | 4           |     | 2        |    | 3       |     | 3      |      | 2         |     | 1          |    | 1     |    | 9                       |      |
| 1643      | 754         | 665 | 94       | 54 | 187     | 143 | 1206   | 963  | 189       | 194 | 76         | 54 | 53    | 77 | 1459                    | 1989 |
| 1644      | 62          |     | 3        |    | 6       |     | 117    |      |           |     |            |    | 1     |    | 180                     |      |
| 1645      | 697         | 605 | 92       | 76 | 168     | 137 | 1250   | 1037 | 170       | 127 | 82         | 73 | 69    | 64 | 1808                    | 1949 |
| 1646      | 40          |     | 5        |    | 9       |     | 70     |      |           |     |            |    |       |    | 128                     |      |
| 1647      | 671         | 630 | 98       | 71 | 149     | 124 | 1270   | 1128 | 160       | 145 | 78         | 58 | 63    | 76 | 1469                    | 1982 |
| 1648      | 37          |     | 4        |    | 12      |     | 20     |      | 17        |     | 65         | 36 | 42    | 4  | 99                      |      |
| 1649      | 666         | 392 | 105      | 69 | 177     | 114 | 1167   | 1013 | 220       | 147 | 85         | 36 | 42    | 67 | 1471                    | 1928 |
| 1650      | 25          |     | 3        |    | 45      |     | 83     |      | 66        |     | 3          |    | 2     |    | 244                     |      |
| 1651      | 570         | 429 | 61       | 55 | 105     | 105 | 1187   | 933  | 123       | 101 | 54         | 45 | 70    | 82 | 1180                    | 1790 |
| 1652      | 35          |     | 8        |    | 8       |     | 269    |      | 44        |     | 17         |    | 17    |    | 384                     |      |
| 1653      | 621         | 444 | 55       | 63 | 146     | 114 | 1171   | 873  | 183       | 119 | 60         | 60 | 60    | 60 | 1284                    | 1753 |
| 1654      | 62          |     | 6        |    | 3       |     | 150    |      | 18        |     | 7          |    | 1     |    | 256                     |      |
| 1655      | 691         | 303 | 84       | 61 | 137     | 108 | 1230   | 960  | 156       | 130 | 76         | 63 | 47    | 43 | 1421                    | 1968 |
| 1656      | 76          |     | 5        |    | 5       |     | 97     |      | 14        |     | 0          |    | 3     |    | 203                     |      |
| 1657      | 739         | 464 | 108      | 56 | 161     | 94  | 1126   | 926  | 120       | 68  | 88         | 45 | 42    | 44 | 1393                    | 1688 |
| 1658      | 114         |     | 12       |    | 25      |     | 155    |      | 28        |     | 16         |    | 4     |    | 434                     |      |
| 1659      | 861         | 384 | 68       | 46 | 87      | 57  | 837    | 707  |           |     | 57         | 42 | 45    | 39 | 1635                    | 1901 |
| 1660      | 41          |     | 4        |    | 31      |     | 31     |      |           |     | 6          |    |       |    | 82                      |      |
| 1661      | 558         | 333 | 90       | 44 | 131     | 55  | 838    | 625  |           |     | 90         | 49 |       |    | 1807                    | 1106 |
| 1662      |             |     | 1        |    | 3       |     | 3      |      |           |     |            |    |       |    | 4                       |      |
| 1663      | 470         | 413 | 78       | 54 | 88      | 50  | 748    | 572  | 55        | 65  | 61         | 48 | 20    | 62 | 1550                    | 1264 |
| 1664      | 380         | 345 | 107      | 51 | 127     | 49  | 961    | 634  | 172       | 89  | 60         | 30 | 54    | 48 | 1091                    | 1513 |
| 1665      | 649         | 432 | 99       | 56 | 179     | 80  | 1212   | 657  | 198       | 85  | 72         | 33 | 74    | 37 | 1483                    | 1330 |
| 1666      |             |     |          |    |         |     |        |      |           |     |            |    |       |    |                         |      |
| 1667      | 567         | 394 | 69       | 46 | 120     | 54  | 1064   | 620  | 195       | 76  | 71         | 48 | 69    | 21 | 1165                    | 1150 |
| 1668      | 857         | 421 | 96       | 65 | 166     | 76  | 1222   | 803  | 236       | 106 | 81         | 75 | 46    | 46 | 1257                    | 1226 |
| 1669      | 676         | 414 | 95       | 86 | 134     | 128 | 1199   | 839  | 172       | 120 | 68         | 37 | 62    | 57 | 1406                    | 1701 |
| 1670      | 761         | 498 | 139      | 89 | 176     | 122 | 1255   | 903  | 248       | 127 | 67         | 46 | 66    | 48 | 1701                    | 1920 |
| 1671      | 705         | 473 | 111      | 67 | 231     | 137 | 1213   | 876  | 224       | 123 | 96         | 42 | 51    | 31 | 2012                    | 1749 |
| 1672      | 899         | 440 | 113      | 36 | 220     | 33  | 1486   | 892  | 181       | 90  | 91         | 30 | 48    | 16 | 2058                    | 1645 |
| 1673      | 822         | 415 | 116      | 56 | 193     | 103 | 1392   | 695  | 138       | 86  | 83         | 54 | 13    |    | 1828                    | 1418 |
| 1674      | 783         |     | 108      |    | 163     |     | 1151   |      | 114       |     | 65         |    | 23    |    | 1437                    |      |
| 1675      | 983         |     | 102      |    | 230     |     | 1561   |      | 240       |     | 102        |    | 87    |    | 3505                    |      |
| 1676      | 848         |     | 89       |    | 310     |     | 1537   |      | 76        |     | 101        |    | 77    |    | 3022                    |      |
| 1677      | 793         |     | 41       |    | 199     |     | 1241   |      | 188       |     | 72         |    | 60    |    | 2614                    |      |
| 1678      | 607         |     | 50       |    | 230     |     | 1392   |      | 235       |     | 80         |    | 40    |    | 2248                    |      |

Table II-1: Table of christenings and burials for London by year and district (Graunt, 1662: 410)

social class were later added. The addition of geographical and historical dimensions (as illustrated in Table II-1 and other reproduced here and in the following chapters) not only complicates the double-entry model but also brings demographical tables a step closer the Foucaultian panopticon: a visual devise for omnipresent surveillance that renders a vast

portion of the population visible while keeping the observer invisible and out of reach. In essence, double-entry accounting provided a model for thinking about life and death in the aggregate. With the emergence of systematic actuarial calculations which took place only after Graunt's invention and which transformed life insurance from a form of gambling on lives to a mass marketed product, the influence of commercial models on social-statistical studies of life and death becomes even more profound and explicit: it was now possible to assign an exact quantitative (demographic as well as monetary) value to every incident of birth and especially death for life insurance purposes.

Such previously unthinkable developments in the calculation of birth and death rates for a wide variety of purposes give another layer of meaning and significance to Graunt's original hesitation about publishing his life tables, as noted above. It is possible that, as a Puritan and a merchant, Graunt was torn between the text of the Bible and the appeal of rationalistic, instrumental quantification. For centuries, life and death were thought to be governed by divine providence. With Graunt it became possible to quantify them and measure their value in the profane and instrumental terms of gain or loss, credit and debit. Death is no longer a chance encounter or even a predestined appointment, but rather a loss that can be measured and predicted in the aggregate. Here again we witness a tension between ritual meaning and symbolic significance of death, on the one hand, and the increasing drive toward the instrumental quantification and discursive objectification of life events, on the other. That Graunt overcame his religious fears after he was convinced of the instrumental uses of mortality rates is a significant indication of the way in which this tension was generally resolved on the intellectual (perhaps even

cultural) level.

Even without life insurance, Graunt's work was already a giant step towards establishing the quantified knowledge of life and death as a useful instrument towards more efficient political and economic governance. For instance, Graunt used his life tables as a means to estimate the population of London. He based his estimate on the assumption that no more than one in 30 people dies in London. Therefore, to obtain an estimate of the size of the population, he only needed to know the number of people who had died in a certain year. Graunt believed that this knowledge would help optimize economic and political governance in the service of the 'peace and plenty' of the subject, which is the aim of the 'art of governing, and the true Politicks' (ibid.: 395-6). For if it was necessary for the state to know the size, shape, and productivity of its land, it was

no less necessary to know how many People there be in each Sex, State, Age, Religion, Trade, Rank, or Degree, etc. by the knowledge whereof, Trade and Government may be made more certain and Regular; for, if men knew the People, as aforesaid, they might know the consumption they would make, so as Trade might not be hoped for where it is impossible (Graunt, ibid.: 396).

While previously only land and its productivity were quantified, with Graunt people also became *things* that could be, in fact must be, measured objectively. This epistemological shift resonates with the tendency, on the political level, toward abandoning the politics and symbolics of blood in favour of the management of life as a factor in security and stability (cf. Table 1, Introduction).

Graunt also includes several tables demonstrating the most common causes of death so as to help the state and the citizens to prevent or avoid them and thus to increase life expectancy across the population (ibid.: 333). They were intended to 'put men in mind of their *Mortality*' and to 'point out the most dangerous waies that lead us into it

and misery' (ibid.: 356). Bleeding, drowning, suicide, poisoning, grief, and fright are listed among such preventable causes of death. These simple tables anticipate the soon-to-emerge practice of nosology, that is, the indexing and description of diseases, which in turn led to the compilation of lists of causes of death for the purpose of official registration (cf. Hacking, 1990: 53; 1991: 183). In short, his tables recorded aggregate data on the causes of death in London in the hopes of drawing conclusions regarding the epidemiological, economic, and demographic implications of London's mortality history (Riley, 1987: 55). The personified figure of Death is thus deconstructed into many objective and measurable causes of dying. Mortality rates also revealed something about the state of the human condition in London. For instance, Graunt observed that the danger of death for beggars was 'acceptably' low and that, generally, they seemed to be living in healthy conditions. This observation prompted him to suggest that the state should keep beggars away from the life of debauchery and teach them a useful trade (Graunt, 1662: 353). He also took the low proportion of deaths caused by starvation as a sign that in London there was no shortage of food or the means to get it. Breast-fed infants constituted the only exception to this general rule, but their high mortality rate was squarely blamed on 'the carelessness, ignorance, and infirmity of the Milch-women' (ibid.: 352).

Graunt's brief but path-breaking venture in the area of mortality statistics convinced him of its immense regulatory potential, prompting him to recommend that the state gather even more detailed information on the population. Such statistics would presumably confirm his view that the majority of people, especially women and children,

lived their life idly, spending their time doing nothing; that of those who actually worked, many were 'meer voluptuaries,' 'meer Gamesters,' philosophers, 'ministers of vice and sin,' and theologians; and that only a few were 'employed in raising and working necessary Food and Covering' or pragmatically studying '*Nature and Things*' (as opposed to abstract notions). The knowledge of such facts, Graunt argued, was necessary for 'good, certain, and easie Government' (ibid.: 397-8).

In Graunt's work, for the first time perhaps, death was made to reveal a necessary and useful truth to power. In his life tables, which gained instant popularity, the embodied, temporal experiences of vitality (longevity) and mortality were abstracted into a numerical distribution spread across geographical (cities, districts, parishes) and/or social space (age groups, classes, ethnicities). Death, previously treated as a tragedy of personal and social history, became a public issue of political and economic geography. The personal embodied space-time of mortality was translated into the impersonal, abstract, and aggregate space-time of life tables and packaged into the numerical average of life expectancy for political and economic consumption. The contribution did not go unnoticed. Upon the recommendation of the king, Graunt became a member of the Royal Society despite the fact that, as Farren put it in 1844, he was a 'shopkeeper' and not a scientist by profession (Farren, 1844: 16).

Graunt's argument that the study of mortality rates was an instrument for enhancing the 'peace and plenty' of the population suggests the significant influence of Hobbes on political-economic thought in England. During the Civil Wars, Hobbes had asserted the need for a unifying and value-free knowledge of politics that could lead

England out of the violence and instability that had, according to him, arisen from competing 'theories' and 'opinions.' Hobbes had turned to mathematics, and more specifically geometry, in search of a model for constructing objective, unbiased principles. Graunt and his followers likewise turned to numbers in search of unbiased, objective knowledge of 'facts' (Buck, 1977: 73; cf. Poovey, 1998: xvii). But while Hobbes had to devise a political philosophy of *sovereignty* on the basis of which peace and stability could be established, the task at hand for his post-Civil War disciples and followers was to help craft an art or science of governing in the service of 'peace and plenty' by which order and stability could be preserved in the face of the ever-looming threat of riots and violence arising from wars and famine. For, as noted in the preceding chapter, premature and violent death was always a potential or actual threat at the heart of sovereignty. And while Hobbes had found the key to the establishment of political sovereignty and stability in the taming and monopolization of the threat of violent death, his followers extended this logic and saw the taming and control of the threat of any form of preventable death (premature, accidental, violent) as a key to and a sign of peace and prosperity in the nation (see Skinner, 1966). This logic was later reinforced by the physiocrats who believed that a healthy and large population was an automatic means and a sign of a nation's economic and political greatness. To the extent that a reduction in mortality rates could contribute to this source of wealth it was seen as a necessary aspect of the art of governing (See Poovey, 1998: xvii; Glass, 1973: 55).

An entire political economy of death was thus slowly emerging out of the details of mortality bills, life tables, and hospital records, which also figured prominently in the

rivalries of the great European powers. Significant and celebrated figures followed in the footsteps of Graunt. Between 1680s and the end of the seventeenth century, Sir William Petty, fellow of the Royal Society and a friend and relative of Graunt, published several essays in 'political arithmetic' containing the results of his own studies of populations in England and Ireland. Like Graunt and Hobbes before him, Petty regarded mathematics as a source of knowledge free from 'opinion' and divisiveness by virtue of being free from 'passion or interest, faction or party' (Petty, 1964 [1690]: 313). Above all, Petty saw the act of quantifying as a source of self-discipline because it required controlled and careful analysis (Buck, 1977: 73). 'Political arithmetic,' a name Petty coined himself, carried the promise of promoting 'Industry, Unity, and Obedience' in its practitioners as well as 'common Safety' and 'particular happiness' for each individual person (Petty, *ibid.*). In a letter to a friend, Petty (1927, v. I: 219, cited in Buck, 1977: 78) acknowledges that his view of such concepts as "Sovereignty" and "Empire" was shaped by the conviction that they should 'signify even as large a power as Mr. Hobbes attributes to his Leviathan.' Petty feared that poverty, if augmented with plagues, fire, crop failure, or economic crisis, could lead to chaos and violence. But he also thought that while neither poverty nor other contingencies that augment it could be completely eradicated, political arithmetic built on the Hobbesian model of geometry could prevent violence and chaos by providing the objective and value-free facts necessary for good governance and the preservation of order on the basis of rational principles everyone could agree on (Buck, 1977: 76-7). For Petty, as for Graunt and Hobbes, knowledge and social order are interlinked through the mediating factor of methodology (*ibid.*: 78).

For Petty, an intrinsic aspect of this necessary knowledge of facts is exact information about the size and character of the population. To this end, in his *Two Essays*, he uses burial figures between the years 1683-5 to reach an estimate of the population of London at the time of writing his essay (1686). Believing that the size of the population was a sign of the health and greatness of a nation, and writing within the context of early imperial and colonial rivalries between France and England, he sought burial figures, including such details as how many people died in hospitals and at homes in each city, to 'prove that *London* hath more People and Housing than the Cities of *Paris* and *Rouen* put together, and is also more considerable in several other respects' (Petty, 1964 [1686]: 505). At the time, it was believed that Paris was the larger city since the court of Louis XIV had been more splendid than that of Charles II (*ibid.*: ed. notes, 505). Petty takes the greater overall numbers of deaths in London as his main evidence for indicating the contrary. Given the estimate established by Graunt that no more than one person died out of thirty, Petty argued that the greater number of deaths in London as compared to Paris was a proof of greater size of its inhabitants. Elsewhere, in an essay titled 'Observations Upon the Cities of London and Rome,' he also favorably compares London to both Paris and Rome, arguing that after the Restoration the number of christenings was again on its way toward exceeding the number of burials and that while before the Restoration Paris was more populous than London or Dublin, thereafter the population of London now exceeds that of Paris and Rome put together (*ibid.*: 517).

Yet in comparing the number of deaths occurring in hospitals, Petty interprets the greater number of deaths in Paris hospitals, especially in the reputable *Charité* compared

to London's lowly *St. Bartholomew*, as a sign of the superiority of the English medical care system because 'out of the most poor and wretched Hospitals of *London* there died fewer in proportion than out of the best in *Paris*' (ibid.: 511). Thus while London hospitals let people die by 'natural necessity,' the 'evil administration' of some Paris hospitals caused people to die '*unnecessarily* to the damage of France' (ibid.: 511 and 512). More to the disgrace of the French, Petty's numbers showed that 'although there be more People in *London* than in *Paris*, yet there went at *London* not so many People to Hospitals as there did at *Paris*, although the poorest Hospitals at *London*, were better than the best at *Paris*; which shews that the poorest People at *London* have better accommodation in their own houses, than the best Hospital of *Paris* affordeth' (ibid.: 511-12). Having shown that about 3506 persons die unnecessarily in *La Charité*, Petty calculates the damage to France to about 2,524,320 French Livres:

the value of the said 3506 at 60 li. Sterl. Per head, being about the value of Argier Slaves, (which is less than the intrinsic value of People at Paris) the whole loss of the Subjects of France in that Hospital seems to be 60 times 3506 li. Sterl. per Annum, viz. 210 thousand 360 li. Sterl. equivalent to about two Millions 524 Thous. 320 Franch Livres (ibid.: 512).

Petty hastily discards suggestions by his French critics that the cities of Cairo, Ray in Persia, or Peking have larger populations than London, insisting that London in fact is the greatest city of all time. In general, Petty makes it clear that given the cost of raising one of the king's subjects to maturity and given the value of such a subject to the wealth of the nation, the state must protect the lives and health of its subjects and invest in combating fatal disease. Such investment would be much more profitable, by way of saving money, than investing in a lucrative business (Porter, 1986: 19). As compared with Graunt, Petty's binary division of data in birth/death columns on the model of

credit/debit arrangements of double-entry bookkeeping is more directly oriented toward putting a monetary value on the population than Graunt's wildest imagination or hopes could consider.

Death converted into numbers and tables served and tied together nationalistic pride, colonial prejudice, good governance, and the good of the people all at once. In the writings of Petty and the political economists who came after him, the specter of death had been replaced by the spectacle of population and the magnificence of a soon to be imperial metropolis. All of this is owing in part to the fact that it was now possible to put death into numbers, to place order on it in increasingly sophisticated tables, and treat it as a mathematically calculable contingency. Petty's work was further confirmation of the practical utility of mathematics as applied to the human sciences, and of the newly emerging notion that quantitative analysis was the most suitable method for studying human affairs. The publication of Petty's work in the prestigious 'Philosophical Transactions' (1686, XVI, 183, p. 152) was prefaced by an unsigned statement, probably written by either Petty himself or by the journal editor, introducing it as a work whose author makes clear 'that Mathematical Reasoning, is not only applicable to Lines and Numbers, but affords the best means to Judging in all the concerns of human Life' (Petty, 1986: 513, editor's note).

After Petty's death the project to articulate the mathematical laws of population dynamics in terms of socio-economic factors, such as poverty and administrative incompetence, was briefly stifled by persistent religious beliefs in the omnipotence of divine providence. Such beliefs were bolstered by the advent of Newtonianism in the

early decades of the eighteenth century, which posited a view of the universe as a coherent and harmonious system. As Buck (1977: 83) has noted, whereas political arithmetic was ‘originally constructed as a way of dealing with inevitable conflict and strife, and predicated on a view of society as inherently disordered,’ Newtonianism reflected an image of order and stability in the social world similar to the order of the natural universe. According to this view, the length of human life was regulated by the laws of mechanics, which ‘cannot be altered either by surfeits or by famines ... neither differences of race, climate, nutrition nor supplies can make any difference to the length of human life’ (Buffon, 1792: 188, quoted in Le Bras, 1983: 32). However, in light of the developments underway in public health and medicine it was extremely hard to hold onto this view and at the same time explain the undeniable increase in the average life span. In the late eighteenth and early nineteenth century, this paradox would define the work of Robert Malthus, driving him to compose his *Principles of Population* almost in spite of himself. Malthus was a defender of the aristocracy and a critic of the injustice and inhumanity of early manufacturing. However, in order to show the dangers ahead for the bourgeois society, he had to resort to the methods of political arithmetic, which were the creation of the same bourgeois mentality he wanted to criticize, which had by this time metamorphosed into the discipline of political economy.<sup>3</sup> As a conservative writing in the aftermath of the French Revolution, Malthus found himself at home among the new naturalists who helped justify the belief that radical change in the human condition was neither possible nor desirable given its cost (as demonstrated by the French Revolution).

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<sup>3</sup> For the link between political arithmetic and political economy see Poovey, 1998: xix.

It is no surprise that he was reluctant to subscribe to the view that social progress can affect longevity: such beliefs were, after all, the product of the naïve minds of the radical and atheist *philosophes*, such as Condorcet, responsible for the atrocities in France. In his introduction to *The Principles of Population* (1816 [1798]), Malthus explicitly criticized scientific optimism and set himself the task of proving that climate, epidemics, famine, and shortage of land, among other things set limits to the growth of population. For Malthus, these factors make premature death a rule and act against a disproportionate increase in population. He also held that high population density is the principal cause of misery and poor health and stressed the constraint imposed by the laws of population efforts aimed at manipulating its size or its rate of growth (Porter, 1986: 26).

In a circular fashion, however, Malthus' agenda to criticize bourgeois philosophical optimism as well as the bourgeois system of production led him ultimately to acknowledge what he had set out to refute: that the length of human life is an outcome of human action rather than of divine providence. Observing that the mortality rates of children depended on the income and social standing of their parents, Malthus pressed for government intervention. He argued that 'a decrease of mortality at all ages is what we ought chiefly to aim at' (Malthus, 1817 [1798]: 78) and that the low mortality of children was an indication of better government and a sign of more happiness among the population. Faced with this ideological conflict, Malthus attempted to remedy the situation by arguing that while the average duration of human life is variable, its natural duration remains constant (Le Bras, 1983: 37). This implied that while we can improve and increase the average duration of human life by preventing premature death, the

natural limit on the length of life would remain the same as that set by divine law. In any case, for Malthus a true understanding of the principles of population requires gathering quantitative information, especially on the life of the masses of the urban poor, in the interests of constructing a history of all mankind against the traditional bias of focusing primarily on the history and the details of the lives of the higher classes.

Writers like Malthus who were still familiar with the aristocratic notion of *noblesse oblige* and who regarded the work and business ethos of the bourgeoisie as dishonourable blamed the higher mortality rates among the urban poor on the inhuman conditions of their life and work. However, for most political arithmeticians of the eighteenth and nineteenth centuries, and especially for those who established the first ‘statistical’ societies in England in the mid 1830s and later in France, it was evident that premature death was a consequence of ignorance and filth which in turn led to disease, crime, and domestic turmoil (Porter, 1986: 34). What gave this discourse a more pronounced class edge was the fact that many members of these early statistical societies were industrialists or close relatives of industrialists, or were “improving” employers (cf. Cullen, 1975: 144, n. 32). It might have been more conceivable for these reformers than for a conservative like Malthus to blame the low life expectancy of the poor on their use of alcohol and their general moral degeneracy.

The mathematical (re)construction of death as a contingent risk, then as now, had a normative function. As the well-documented history of health reforms in the eighteenth century shows, the improvement of population health and prevention of ‘unnecessary death’ called for systematic monitoring of specific groups of the population that were

found to be prone to illness and premature death due to biological (e.g., age, gender) or socio-economic factors (e.g., life-style, living conditions, economic class) (see Foucault, 1984; George, 1951 [1925]). It has helped label certain populations (such as the 'milch-women,' 'strangers,' the working class, the elderly, and the 'feeble') as high risk or simply at risk. In the competitive political and economic environment of modern Western Europe, it became imperative that the poor become healthier and live longer, not necessarily because their lives have intrinsic value but because, unbeknownst to them, their vitality and mortality have been tied to the grandiose schemes of political economy. The poor must be fed and kept healthy not only out of a sense of *noblesse oblige* or common obligation to humanity, but also to conform to the cold calculations of instrumental utility.

In this literature, which became the predominant discourse on death outside of the medical field, death was no longer treated as an event that had meaning or any positive social significance. It was always registered in the negative, as a debit with no return. The symbolic gift economy of the church, where mortality tables originated, recognized *christenings* and *burials* as having reciprocal relations within a comprehensive divine plan of the world. *Birth* and *death*, especially when translated into rates, on the other hand, became separate and separable transactions, each of which had an exact positive or negative value within political economy. Thus Graunt's most significant contribution to the modern discursive methods of managing death on the political and economic level consists in the idea that the operations of politics and trade can be significantly rationalized and optimized if people (that is, their lives and deaths) are studied and

measured like all other *things*. The effect of this shift is reflected in the creation of mortality rates as a new discursive category (as opposed to death as an event) and the subsequent replacement of the socio-biological categories of christening and burial with birth and death in official and statistical records.

Whether conceived in terms of a need for a larger population or a healthier one, the mortality rates remained at the centre of statistical argument throughout the eighteenth century. By the year 1800, when a bill passed in the British Parliament obliging the government to conduct the first national census, numerous books were published on the subject of population, many of which were inspired by a controversy over a correct estimate of the size of the British population. Burial figures gathered from parishes or from scattered and loosely “representative” samples remained the most consistently used variable in most of these estimates. The study of mortality risk factors, pioneered by Graunt and Petty, had also already been branching out and was closely integrated into economic calculations (as in actuarial studies of mortality) and the art of government (via the newly emerging science of medical police). These closely related fields played major roles in the eighteenth and nineteenth century policing of death as a contingent risk. I will examine these two fields of economic and political science below, relying mostly on historical evidence from England with supplementary information from Germany. For historical reasons England remained most enthusiastic about statistics in the eighteenth century, more so than France or any other European country (see Porter, 1986: 37; Rosen, 1974 especially 61-78 and 142-156; cf. Hacking, 1990: 4 and 127-132) while Germany developed a keen interest in the science of public health.

### **Public health: policing death in the body politic**

The management of death as a risk required the policing of causes of mortality, that is, the detection, surveillance, and fight against major causes of death afflicting the body politic. The application of statistics to populations required a leap in political imagination: it made it possible for reformers and the state officials alike to use the population as a new medium or a new level of intervention in the body politic. As mortality statistics had shown, the population, unlike the body politic or the mass of subjects as such, had its own categories and each category its own dynamics: men and women, children and adults, youth and the elderly, the rich and the poor were not all equal before death. Once this giant leap was made, it was only a matter of time before statistics were applied to medicine, giving birth to the science of ‘medical police’ (later called public health), whose main objective was the discovery and management of the causes of mortality. Graunt and especially Petty had paved the way for this new science by compiling comparative data on the categories of fatal diseases in several parishes ‘in order to know how the different Situation, Soil, and Way of living in each Parish, doth dispose Men’ to different causes of death (Petty, 1755 [1699]: 49, cf. Riley, 1987: 56; Lobo, 1990: 231). For concerned philanthropists, reformers, and statisticians, such as Richard Price and John Haygarth, medical statistics was a necessary means of investigating the relationship between health, the environment, and personal status—a topic that had become increasingly popular since the beginning of the eighteenth century. This development, coupled with a system of comprehensive registration (another one of their demands), would help statisticians obtain an exact record of mortality and its causes

for each age group. According to Haygarth, knowledge of these causes ‘must be of the most important consequence, to the politician, the philosopher and the physician, in their several endeavours to relieve the miseries, and promote the happiness of human nature’ (Haygarth, 1973 [1772]: 67).

For Johan Peter Frank, the late eighteenth century Prussian pioneer of social medicine, the actualization of this novel political imagination depended on the success of a newly emerging alliance between ‘the power of the state’ and ‘the knowledge of the physician’ which amounted to a ‘system of medical police’ (Frank, 1976 [1786]: 4). Frank soon found a following in England and the rest of Europe and his ideas were echoed in the nineteenth century works and writings of such eminent medical statisticians, philanthropists, and actuaries as Richard Price, Florence Nightingale, William Farr, Bisset Hawking, John Haygarth, and Edwin Chadwick. He strived to take medicine beyond the traditional role of the physician as confined to ‘making others healthy in the republic’ and to expand it into a profession in which ‘the influence of medical science in the well-being of the states would attain a new splendor’ (Frank, *ibid.*: 4). Frank would include the science of medical police under the rubric of the general police science, the objective of which he described as ‘the internal security of the state’ (*ibid.*: 12). This would entail the institution of a system of medical police that ‘has as its subject the general health, care and appropriate order in it’ and was intended to ‘acquaint persons in authority with the necessities of the nature of their subject and with the causes of their physical ills’ (*ibid.*). Above all, medical policing was ‘an art of defense’ against death:

Medical police, like all police science, is an art of defense, a model of protection of people and their animal helpers against the deleterious consequences of dwelling together in large numbers, but especially of promoting their physical well-being so that people will succumb as late as possible to their eventual fate from the many physical illnesses to which they are subject (ibid.: 12).

Only over a century after Hobbes had systematically tied *violent death* to the peace and security of the state, it had become possible to extend this logic beyond *violent death* and to think even of *premature death* as a problem of public security.

This science (or “art,” as the two are used interchangeably in the above quotation and in Frank’s entire work) was to make the care for the health of the population a permanent subject of intervention, even in the absence of the traditional major causes of mortality such as plagues, because ‘the country’s loss [was] the same when its citizens died by the thousands because of various specific diseases and bad conditions, and when they were lost due to a single epidemic’ (ibid.: 13). A century earlier, John Graunt (1662: 355) would still disregard certain causes of mortality as unworthy of attention because they did not occur on a regular basis. Drowning or falling from the scaffold, and in general, deaths caused by occupational, seasonal, and regional factors all afforded ‘little of that Science and Certainty’ Graunt aimed at. For Frank, by contrast, the prevention of ‘the numerous accidents to which people in every community are exposed either by their own carelessness or by the incautious behaviour of their fellow citizens, through the nature of their ordinary actions or through violent physical causes,’ was a political imperative (Frank, 1976 [1786]: 13). The ultimate goal of Frank’s medical police was nothing other than a total conquest of accidental death. At issue in this process was not people’s right to good health, but the ruler’s right of guardianship over his subjects (ibid.: xvi).

For Frank, health and longevity are part of the more general civilizing process. As in Petty and Hobbes, there is still an effort to exoticize avoidable death, to banish it to the backward stages of civilization or to uncivilized pockets within the civilized world, since its occurrence was a source of shame and a sign of failure for advanced societies. Poisoning, for instance, is attributed to ignorance and to the prevalence of 'the Asiatic way of life' among the courtiers. Other irrationalities leading to premature or avoidable death include the use of "irrational" methods of childbirth by a 'contemptible crowd of superstitious' midwives, promiscuity, abortion by young girls, foundling hospitals, insufficient food, preventable injuries, apparent deaths which are not prevented because of superstitious taboos against touching a dead body, brawls, self-killers who 'disdainfully tear up the bonds of society' but who are themselves often victims of celibacy, secret vices, reading poisonous novels and the abhorrent teachings of the stoics, debauchery, idleness, and irreligion (ibid.: 238, 241). Preventable death, therefore, is as much an outcome of moral vice as it is a result of poverty.

Yet, there was hope that the spread of 'manly feelings of the rights to mankind' and the progress of science would moderate religious or political prejudice and replace depravity by enlightenment and tolerance (ibid.: 230-1). The policing of preventable death therefore entailed moral restrictions on gambling, a ban on praising suicide on the stage, and curbing debauchery. It also required taking positive steps, such as introducing gymnastic games and other amusements, to keep the body healthy, to alleviate the misery of the poor, and to cure melancholia in places of safety (ibid.: 243). The implementation of these disciplines of the soul and of the body made death the exclusive domain of

physicians, the possessors of the art of medical police. Preventing accidents was a question 'worthy of the thinking sovereign who must listen to the advice of a physician on this' (ibid.: 201). Interestingly, among Frank's categories of accidental death is an entry called 'found dead at home,' implying that a death unsupervised or unforeseen by a physician was now to be treated as a preventable accident. Death therefore is implicitly becoming the exclusive domain of physicians. Only a death foreseen, supervised, or sanctioned by a physician was worthy of the name *natural death*; all other deaths were possibly only 'apparent deaths' (reflecting the newly emerging idea that a person can appear to be dead while s/he is, medically-speaking, still alive) or were in any case suspicious, morally shameful, the result of ignorance, or a sign of insufficient policing.

Frank's concept of medical police found a following in many early nineteenth century English writers whose work was facilitated by the already strong tradition of statistical investigation in England. The work of the eminent English statistician and actuary, Edwin Chadwick, is particularly interesting here because he systematically bridges the field of statistical medicine (and its corollary science of medical police) with actuarial analyses conducted for the purpose of life insurance (the subject of the next section of this chapter). Chadwick's studies of differential mortality rates among social classes, undertaken in the first half of the nineteenth century, illustrated the moral, political, and economic implications and utility of the new knowledge of mortality and called for the creation of a public office of health with the responsibility to determine the number of deaths from preventable causes (Chadwick, 1844: 29). This office had to be trusted with the power to take any measures necessary for keeping mortality rates in

check. For instance, Chadwick suggests that *porteurs d'eau*, *cheffonniers*, and food scavengers who had a hold on water delivery and garbage collection in France, England, and America be bought off because they were barriers to the improvement of water supplies to houses and to the use of mechanical equipment for cleansing cities (ibid.: 31). Chadwick recounts with disappointment the story of 'profound statesmanlike men' in New York who refused to buy a mechanical sweeper as it entailed laying off 30-40 workers and thus losing potential voters.

The shift from mortality to longevity in Frank and Chadwick might in part reflect the realization that longevity rather than high birth rates was the best source of population growth. Relying on the first General Sanatory Report of the United Kingdom and the reports of studies in New York and Philadelphia, Chadwick concluded that the increase of population through longer life-spans, as opposed to higher birth rates, had the advantage of increasing the number of mature and working adults in the whole population, who unlike 'the youth and passionate,' were not economically or morally burdensome (ibid.: 27). Birth was at most a precarious source of population growth because the mortality rate among infants was still very high, especially among the poor who lost one out of two children (as compared to one in four among the gentry), suggesting that the children of the poor often died from preventable causes (ibid.: 9). In general, living in 'undrained, unclesed, filthy, and badly ventilated abodes,' regardless of employment or wage, resulted in higher *mortality* and lower *morality* (ibid.: 10, 26).

In the work of Chadwick, as in that of his contemporaries, a direct relationship between mortality and morality is constituted, suggesting that higher mortality carried the

stigma of living a morally degenerate life (ibid. 25). Hygiene became the standard and the symbolic signifier of a morally and physically healthy life. Work was likewise associated with mortality, as is evident in Chadwick's preference for the adult, working population over 'the young and passionate' and in his conviction that the risk of death was lowest among robust working men as compared to children, females, the sickly, and the feeble, who presumably did not work (ibid.: 10). The morbid classification of social groups along moral lines is associated with the new capitalist work ethic: a life of hard work was going to be a life long lived.

### **Life insurance: longevity as economic capital**

The creation of risk categories associated with premature death had an immediate economic impetus. As Farren, a nineteenth-century historian of life insurance, has noted, this had to do with the realization that it was possible to devise a system of pecuniary provisions 'against the evil of premature death' which led to the widespread use of actuarial studies (Farren 1844: 28). The underlying principle in life insurance actuarial studies is that life is a form of economic capital that can be subjected to calculation and pricing, and that death can be explained in terms of calculable patterns and risk factors rather than in terms of blind fate or God's providence. Human mortality, which was hitherto accepted with fatalistic resignation, is now subjected to probability calculations that help estimate the value of life in pecuniary terms. The notion of risk is then used to render what is felt to be incalculable, what is understood to have no price (such as the loss of a parent), amenable to calculation and monetary compensation (Ewald, 1991: 204-5). However, before actuarial science was developed, insurance against death had for a

long time existed in England first in the form of gambling and speculation on lives and later in the form of 'benefit clubs' and 'friendly societies' that admitted members on a fixed fee (Clark, 1999: chapter 1). The invention of life tables laid the grounds for actuarial analysis of mortality rates as differentiated by factors such as age, sex, economic class, and place of residence. In 1693, Edmond Halley used available life tables to determine the price of annuities on lives by means of an estimation of the risk of death and, hence, the chances of survival for each age group. Estimating the chances of living up to a certain age was key in determining the value of life annuities as each annuity payment could be claimed only if the person was still living. As soon as the differential life expectancy at each age was discovered, it was possible to translate the value of life and death into monetary terms. Halley's calculations showed, for instance, the 'Advantage of young Lives over those in Years; a Life of Ten Years being almost worth 13 ½ Years Purchase, whereas one of 35 is worth but 11' (Halley, 1693, cited in Farren, 1844: 28). As Clark (1999: 115) has demonstrated, mortality statistics were applied to the life insurance and annuity business as soon as they became available in the late seventeenth century. Petty's estimate that no more than 1 in 30 die in London (later confirmed by Halley's study of Breslau) was often cited to justify expectations of mortality among policyholders (*ibid.*: 119-120).

As life insurance went beyond voluntary societies formed by and for the gentry and professionals (such as the clergy) and moved towards early forms of profit-oriented policies marketed to a wider base of clientele, it became even more important to take account of the differences in mortality rates across social groups. Premature death

quickly became the focal point of most actuarial studies. From early on at-risk populations and their unusually high mortality rates were given special consideration in life tables. However, it was Edwin Chadwick who pioneered the use of systematic methods of accounting for the differences in mortality rates across the social and geographical space for life insurance purposes. In a paper originally presented at a meeting of the Statistical Society of London, Edwin Chadwick warned against the dangers of over-generalization across social space and historical time, arguing that average life expectancy could not be calculated merely by taking into account ‘the proportions of deaths to population.’ Rather than formulating abstract generalizations across neighbourhoods, regions, and countries, there was a need for detailed information-gathering based on local ‘experiences of mortality’ (Chadwick, 1844: 8):

There is no general law of mortality yet established that is applicable to all counties or to all classes, or to all times, as commonly assumed; that every place, and class, and period has rather its own circumstances and its own law, varying with those circumstances; that the actual experience of any class, place, or period ... is a safer guide than any insurance table deduced from the experience of another people living at another time and place, or any assumed general law (ibid.)

To start with, Chadwick suggested that factors such as age and economic class—as reflected in living standards, sanitation facilities, nutrition, access to medical care, and above all, employment in hazardous occupations—be taken into account (Table II-2). Chadwick’s own preliminary investigations indicated that the average life span of the working classes was about half that among the higher classes in London, due mostly to overcrowding and stationary accommodation (ibid.: 5). In addition, factors such as family medical history, body weight, previous illness or surgery, occupation, living conditions and environment, gender and possible exposure to “moral hazards” at home or work were taken into consideration from the early days of commercial life insurance (Davis, 1944:

A story in Mercier's *Panorama of Paris* (1999 [1782]) provides a vivid

| District                                   | Class                       | Number of Deaths of each Class. |                    |        | Deaths from Epidemics. | Average Age at Death of all who die above 21. | Average Age at Death, including Children. | Year's Average premature loss of Life by |                         | Proportion of Deaths to Population. | Increase in Number of Deaths above a standing standard. |
|--|-----------------------------|---------------------------------|--------------------|--------|------------------------|---|---|--|-------------------------|-------------------------------------|---|
|  |                             | Adults.                         | Children under 10. | Total. |                        |   |   | Deaths above Age of 21.                  | Deaths of all Children. |                                     |   |
| Poplar.<br>Population 31,091.              | Gentry.                     | 16                              | 7                  | 23     | 2                      | 61  | 43  | 1  | 13                      | 1 in 47                             | 186   |
|  | Tradesmen                   | 44                              | 40                 | 84     | 14                     | 51  | 28  | 11                                       | 13                      |                                     |   |
|  | Artisans, &c.               | 235                             | 240                | 475    | 89                     | 53  | 25  | 9  | 14                      |                                     |   |
|  | Undescribed                 | 19                              | 10                 | 29     | 2                      | 63  | 26  | ..                                       | ..                      |                                     |   |
|  | Paupers                     | 45                              | 3                  | 48     | 2                      | 64  | 53  | ..                                       | ..                      |                                     |   |
|  | <b>Totals and Averages.</b> | 359                             | 300                | 659    | 104                    | ..  | ..  | ..                                       | ..                      | ..                                  | ..  |
|  |                             | No. of Births 1,106             |                    |        | Age of Living 25-10    |   | Births 1 in 26                            |  |                         |                                     |   |
| Marylebone.<br>Population 137,966.         | Gentry.                     | 355                             | 40                 | 395    | 20                     | 59  | 46  | 3  | ..                      | 1 in 45                             | 857   |
|  | Tradesmen                   | 186                             | 172                | 370    | 67                     | 51  | 27  | 11                                       | 12                      |                                     |   |
|  | Artisans, &c.               | 682                             | 759                | 1,441  | 251                    | 48  | 23  | 14                                       | 16                      |                                     |   |
|  | Undescribed                 | 347                             | 324                | 671    | 104                    | 54  | 27  | 8  | 12                      |                                     |   |
|  | Paupers                     | 288                             | 73                 | 361    | 61                     | 64  | 43  | 8  | ..                      |                                     |   |
|  | <b>Totals and Averages.</b> | 1,671                           | 668                | 3,339  | 493                    | ..  | ..  | ..                                       | ..                      | ..                                  | ..  |
|  |                             | No. of Births 3,511             |                    |        | Age of Living 27-9     |   | Births 1 in 39                            |  |                         |                                     |   |
| Stepney.<br>Population 90,657.             | Gentry.                     | 64                              | 9                  | 73     | 3                      | 65  | 56  | ..                                       | ..                      | 1 in 41                             | 620   |
|  | Tradesmen                   | 169                             | 104                | 273    | 47                     | 53  | 31  | 9  | 8                       |                                     |   |
|  | Artisans, &c.               | 668                             | 591                | 1,259  | 247                    | 48  | 23  | 14                                       | 16                      |                                     |   |
|  | Undescribed                 | 203                             | 274                | 477    | 101                    | 55  | 24  | 6  | 17                      |                                     |   |
|  | Paupers                     | 189                             | 28                 | 217    | 28                     | 63  | 54  | ..                                       | ..                      |                                     |   |
|  | <b>Totals and Averages.</b> | 1,193                           | 1,006              | 2,199  | 426                    | ..  | ..  | ..                                       | ..                      | ..                                  | ..  |
|  |                             | No. of Births 2,602             |                    |        | Age of Living 26-6     |   | Births 1 in 36                            |  |                         |                                     |   |
| St. Mary, Newington.<br>Population 64,507. | Gentry.                     | 79                              | 13                 | 92     | 6                      | 62  | 50  | ..                                       | ..                      | 1 in 46                             | 338   |
|  | Tradesmen                   | 75                              | 64                 | 139    | 23                     | 50  | 28  | 10                                       | 12                      |                                     |   |
|  | Artisans, &c.               | 325                             | 420                | 745    | 162                    | 52  | 22  | 10                                       | 17                      |                                     |   |
|  | Undescribed                 | 75                              | 78                 | 151    | 31                     | 59  | 30  | 3  | 9                       |                                     |   |
|  | Paupers                     | 64                              | 6                  | 70     | 1                      | 60  | 55  | 2  | ..                      |                                     |   |
|  | <b>Totals and Averages.</b> | 618                             | 579                | 1,197  | 223                    | ..  | ..  | ..                                       | ..                      | ..                                  | ..  |
|  |                             | No. of Births 1,620             |                    |        | Age of Living 26-8     |   | Births 1 in 34                            |  |                         |                                     |   |
| St. Pancras.<br>Population 139,711.        | Gentry.                     | 151                             | 49                 | 200    | 15                     | 61  | 45  | 1  | ..                      | 1 in 43                             | 934   |
|  | Tradesmen                   | 348                             | 286                | 635    | 108                    | 59  | 27  | 12                                       | 12                      |                                     |   |
|  | Artisans, &c.               | 622                             | 674                | 1,296  | 287                    | 47  | 22  | 16                                       | 17                      |                                     |   |
|  | Undescribed                 | 269                             | 354                | 623    | 199                    | 65  | 23  | 7  | 16                      |                                     |   |
|  | Paupers                     | 232                             | 49                 | 281    | 47                     | 61  | 50  | 1  | ..                      |                                     |   |
|  | <b>Totals and Averages.</b> | 1,623                           | 1,419              | 3,042  | 656                    | ..  | ..  | ..                                       | ..                      | ..                                  | ..  |
|  |                             | No. of Births 3,264             |                    |        | Age of Living 26-10    |   | Births 1 in 40                            |  |                         |                                     |   |

Table II-2: From Chadwick's mortality table for London Districts for the year 1839 (Chadwick, 1844: 34-5) Variables in the top row: District, Class (Number of deaths of each class: Adults, Children under 10, and Total), Deaths from epidemics, Average age at death of all who die above 21, Average age of death including children, Year's average premature loss of life by: Deaths above age of 21 and Deaths of all children, Proportion of number of deaths to population, Increase in number of death above age thirty and older. (The original table includes all London districts.)

illustration of the usual methods used by early life insurance underwriters and annuities purchasers for estimating individual risk factors and chances of survival. The story involves what Mercier describes as a typical encounter between a woman trying to sell her interest on annuities for ready cash and a buyer of annuities. Since the interest will only be paid for as long as she is alive, the amount of cash she can get depends on the prospects of her life span. Age is the first factor considered and, perhaps anticipating the question, the seller has brought her birth certificate along as proof. At the time the prospects of living were estimated either based on actuarial calculations or on popular beliefs regarding mortality patterns (cf. Clark, 1999: 118). The woman in question is 47, beyond the critical age believed to have the highest risk of mortality. 'If you had been forty-two,' the buyer tells her, 'I should have refused having any dealings with you' (Mercier, *ibid.*: 137). The woman has to prove, not only that she is from the right social class and in good health (indicated by natural, white teeth and good physical built) but also that she lives 'very regularly; no heavy suppers, no late nights' (*ibid.*: 137). Reiterating what seems to have been a common belief at the time that 'women who have had children live the longest,' she mentions that she has four children, 'not too many not too few' (*ibid.* 138). But this is not sufficient. Her life-style is the most persistent concern for the buyer, even above physical conditions and medical history. In a telling passage, the buyer argues: 'I've got to have my security; I can't buy from everybody. For instance, I never buy from a man; there is too much pleasure-seeking, nowadays. So I've made a rule only to buy from the ladies' (*ibid.*: 138). The supposed moral prudence of women

puts them in a lower risk bracket, yet it does not eradicate all concerns:

*The Buyer.* Yesterday, madame, I had the offer of buying up four thousand francs a year; but I didn't accept. Why? Because I'd heard that the lady in question was for ever going to balls. One night's dancing may be deadly. Might I enquire what your occupation is?

*The Seller.* Housekeeping; and when that's done I read, except that I always take the air for an hour or two every day. Now, monsieur, you see I lead a regular existence; how much will you give me for my twelve hundred a year?

*The Buyer.* ... Women are delicate creatures; late nights, too much good food, too much wine—the question of diet's most important. Cards, even, are bad for the health.

*The Seller.* I never play, and I live most carefully (ibid.).

Likewise, life insurance underwriters have sought to minimize their risks by screening applicants and educating them in a healthy life-style from them in the hope of maximizing their policyholders' longevity and their own profits. From the early eighteenth century, such practices transformed life insurance from a form of 'betting on lives,' which implied speculation on the time of a person's death, into a prudential investment in lives. It required not only knowing when people die, but also why they die, and whether the risk of their "premature" death can be minimized. Therefore, as the above story indicates, actuarial calculations are supplemented by external surveillance as well as the cultivation and internalization of healthy habits, practices which have persisted and even intensified since (Davis, 1944: 99-108). While today actuarial calculation is only one among many other factors considered (cf. Ericson and Doyle, 2004: 48), the industry is still interested in the life, health, and longevity of its clients. This is exemplified by a certain life insurance provider's website, which contains a 'life advice library' with information on how to manage various life events in such areas as finance, marriage, divorce, health, business, and driving. The hyperlink to health takes

the viewer to a variety of other links from how to choose a physician or a dentist to coping with a major illness, eating right, fitness, menopause, and being an organ or blood donor. Each topic leads the viewer to several other links provided by government departments or by private businesses trying to sell specific products.

The use of such techniques has had several advantages. It has not only made the speculative business of life insurance profitable but also contributed to the constitution of healthy subjects, thereby promising to promote social security and moral rectitude (Clark, 1999: 85). By the mid-nineteenth century, the success of for-profit life insurance was so evident that the House of Commons in England called for making life insurance affordable for lower income families, resulting in the creation of industrial life insurance, that is, life insurance policies designed for and mass-marketed to lower income families (Davis, 1944: 5). As Doran (1994) shows, the eventual dominance of a mass-marketed life insurance system based on mundane, disciplinary techniques of risk management with regard to factors affecting mortality rates came at the expense of the pre-existing discourse of benevolence and brotherhood used by community-based life insurance schemes offered by friendly societies and burial clubs, which had existed at least since the seventeenth century and whose primary goal was lending a hand to other participant members at the time of need. As the advantages of the new bio-political knowledge of mortality became more evident, the culture of life insurance came rapidly under the sway of profit motives.

Although the notion of putting a monetary value on lives was a rather self-evident fact for actuaries, it took a long cultural battle to prepare potential clients to treat their

own lives or that of their loved ones in this way. Studies of the history of life insurance for working class men and children in the United States (Zelizer, 1985; 1979) and in Europe (Clark, 1999) throughout the eighteenth and nineteenth centuries show that insurance companies faced widespread cultural and legislative resistance early on when beliefs in the sanctity of life were strong. Life insurance was regarded as sacrilegious and insurance money treated as 'dirty money.' Wives did not want to receive 'blood money' for their husbands and some even thought that buying life insurance was the same as inviting one's own death (Zelizer, 1979: 48-53). The history of the life insurance industry, therefore, provides an interesting battleground for cultural values as against "scientific-rational" notions of death and the value of human life. In constructing death as a risk that could be calculated and managed, life insurance companies transform life and health into a commodity: a form of capital which, in the words of a twentieth-century life insurance underwriter, can be organized, managed, and conserved by applying 'the same scientific treatment that we now use in connection with property' (Huebner, 1924: 18, cited in Zelizer, 1979: 63). Huebner goes on to define death from a strictly pecuniary point of view as any event that ends not necessarily in the termination of life, but in the termination of the stream of profit that a company can make off a person in the form of monthly premiums. For him, this includes premature death, casket death, living death (disability), and economic death (retirement). In a talk delivered at an annual meeting of life insurance actuaries, Huebner portrays premature death as a waste of money and recommends annual check-ups for an expert inspection and for taking an 'inventory' on one's own body, as one would do on one's own property (Huebner, 1959: 22, cited in

Zelizer, 1979: 63).

From Graunt to Chadwick (and still today), the quantification of mortality based on statistical models has had the effect of subjecting the day-to-day economic and moral sensibility of working-class families to the rational ethos of modern capitalist enterprise. Attempts to moralize the everyday life of clients have continued as life insurance companies still use systematic methods of moral and lifestyle surveillance, especially when reviewing new applicants, in order to guarantee the maximum longevity and thus profitability of the insured for the insurer. They have also spent large sums of money on extensive studies of matters affecting the well-being of their policy-holders, on educating their policyholders concerning issues related to their health, and on participating in public health campaigns (Davis, 1944: 116). As early as 1871, the Metropolitan had published health hints in its policyholders' magazine and in 1892, in cooperation with the Health Department of New York City, it prepared and distributed a popular circular on cholera. In 1898 a booklet titled 'A Friend in Need Is a Friend Indeed' containing health information was published for its Canadian policyholders (ibid.: 116 and 294).

As the result of this two-century-long process, life insurance has become, if it was not from its early days, just that, *life* insurance and not death insurance. Whereas benefit clubs and friendly societies were designed to provide support for the family at the time of crisis—a family member's death—life insurance is oriented toward managing the life that goes on before such a crisis happens. Actuarial concerns with longevity and health-risk factors are now complicated by the uncertainties of the market and by the constantly emerging medical risk assessments, all of which work to further tie the meaning and

value of life to the dynamics of the market economy (Ericson and Doyle, 2004: 46-59). Moreover, from the point of view of the consumer, rather than merely being a provision for survivors, life insurance has become an investment for life, especially for old age, just as pensions are (ibid.: 73). Hence life insurance constitutes another step toward the separation of the after-life from life here and now, toward the exclusion of economies of gift exchange (between the dying and their survivors) from market economies, and toward redrawing the boundaries between life and death.

### **Conclusion: governing death in the aggregate**

‘Father I’ve often thought that life is very short.’

‘It is short, no doubt, my dear. Still the average duration of human life is proved to have increased of late years. The calculations of various life assurance and annuities offices, among other figures which cannot go wrong, have established the fact.’

‘I speak of my own life, father.’

‘O indeed? Still,’ said Mr. Gradgrind, ‘I need not point out to you, Louisa, that it is governed by the laws which govern lives in the aggregate.’

Charles Dickens, *Hard Times* (1990 [1854], chapter 14, p. 62)

It might be unfair to compare Graunt, Halley, Chadwick, and other inventors of the ‘modern fact’ to Dickens’ no-nonsense protagonist, Mr. Gradgrind. After all, the former were often driven, albeit as a secondary cause, by humanitarian sentiments and often paused to reflect on the meaning of life as social project. Their numbers and aggregated statistics, perhaps unwittingly, pointed out social injustices as reflected in the differential mortality rates among different social classes. Yet they also contributed to a cultural shift in which life, its meaning, and its content had to be interpreted from the point of view of aggregate numbers if such an interpretation were to be at all credible. For, as Poovey has pointed out, the business ethic of the early modern merchants had contributed to the establishment of a link between credibility, credit, facts, and numbers, one which was

then imported uncritically to the terrain of science. This cultural outlook underlies Dickens' almost comical portrayal of a man obsessed with numerical and 'objective' facts as the only credible way of interpreting life issues. Thus, Mr. Gradgrind's exaggerated obsession with the numerical laws that govern aggregate life as a source of (or a substitute for) meaning in life finds a more benign and subtle echo in Halley's reflections on the uses of life tables:

It may perhaps not be an unacceptable thing to infer from the same tables how unjustly we repine at the shortness of our lives, and think ourselves wronged if we attain not old age; whereas, it appears hereby that the one half of those that are born are dead in seventeen years time, 1238 being in that time reduced to 616 (Halley, 1693: 654).

In this light and in view of the later uses of mortality statistics in actuarial calculations, the contrast between the discursive and quantitative death speech emerging from life tables and the enigmatic and mysterious death speech of the old Persian tale take on additional moral, social, and political dimensions that go beyond the simple replacement of fatalism with calculated predictions and risk management. The new scientific death speech is part and parcel of the modern technologies of moral and hygienic surveillance of the body and of the body politic that bear witness to the persistence of the Hobbesian Leviathan as a metaphor for the organization of personal, social, and political relations. For, the Leviathan stands for a body politic in which sovereignty and its subjects, the mythical body of the king and the corporeal body of citizens, come together, the health and safety of the one ultimately determined by and determining the health and safety of the other. If we accept Foucault's (1988 [1978]: chapter 5) assertion that modern power is primarily defined and legitimized because of its ability to manage and protect life rather than its monopoly over the use of violence, it is

not surprising that death is transformed into a risk that has to be studied, de-mystified, calculated, controlled, prevented, and delayed: death is fought against because it is the “other” of a power that operates on and through life. Health and longevity are used as variables determining the productivity and the moral integrity of different segments of the population, as evidenced in the work of Graunt and Chadwick. Here, as in the work of many later statisticians and especially in the work of life insurance actuaries, the physical body and the body politic become the bearers of new binary variables, which, in the words of Foucault (1984: 278-9), include not only those that separate ‘the healthy and the sick, the strong and the weak, the rich and the poor,’ but also distinguish ‘the more or less utilizable, more or less amenable to profitable investments, those with greater or lesser prospects of illness or death and with more or less capacity for being usefully trained.’

Modern technologies of death management and surveillance, of which life tables were only the first, have demystified death, making it possible to approach mortality from an objective, technical, and pecuniary standpoint. In doing so, they have in fact played a significant role in shifting our concern from the management of death and dying to the management of life and living. Epidemiological and insurance risk calculations point out risk factors present within individual lifestyles and urge individuals to combat those factors for their own benefit. These developments have allowed risk and risk factors to become realities in their own right (Higgs, 1998: 182) and to determine such factors as health, happiness, and longevity independently from other factors such as coping, self-realization, and psycho-physical functioning (Forde, 1998: 1158). The creation of this culture might have been accomplished at the expense of an expanded conception of

health that is tolerant toward risk and allows a balanced approach toward psychological and physical functioning (Forde, 1998).

From the beginning, the campaign against ‘the evils of premature death’ was a campaign of moral regulation. It imposed values of self-responsibility and control while demonizing and responsabilizing those who are supposedly self-indulgent, negligent, irresponsible, and interested in the short-term enjoyments of day-to-day life, social categories that often coincide with the lower classes (and today with cultural minorities). Death was and still is primarily treated as a risk that can be prevented or postponed if the “right rational decisions” are made both in public policy-making and, increasingly, in individual lifestyle management. In this literature, death as an individual private fate disappears and is replaced by mortality *rates* that vary across numerous “risk categories.” The reliance on mortality rates constitute a norm-establishing practice in that risk categories are defined as those in which the actual mortality rate deviates from the “normal” mortality rate in the standard population. The ‘at risk’ label tends either to position members of these social groups as particularly vulnerable, passive, powerless or weak, or as particularly dangerous to themselves or to others. In both cases, there are often calls for directing special attention to these social groups, positioning them in a network of surveillance, monitoring and intervention (Lupton, 1999: 114). Graunt’s ‘milch-women,’ Chadwick’s ‘passionate youth,’ and Frank’s gamblers were all ‘risk categories’ in which supposed moral degeneration and high rates of “premature” death overlapped. The profound and enduring effects of this legacy are evident in contemporary epidemiological and health risk journals, where Graunt’s ‘milch-women’ and Frank’s

moral degenerates have been replaced by other constructed risk categories, such as “drug dependent populations,” “foreign residents,” “infants with no father’s name in their birth certificate,” “drug users with no legal income,” “the overweight population,” “non-church-goers,” “sex-workers,” “gay men,” and so on (cf. Green, 1999; Forde, 1998; Skolbekken, 1995; Fielding, 1987).

In the following chapter I will elaborate on the extension of the instrumental logic of the fight against “premature” and “avoidable” death to suicide. As a form of death, suicide can be regarded as both premature and preventable and, for this reason, it is interesting to examine the extent to which the new quantitative and instrumental methods of social studies were applied in the course of its problematization. However, my investigation indicates that the need to quantify suicide originated not only in the fact that it is premature and preventable but, more importantly, in factors that are highly symbolic in nature and that were mostly absent from the eighteenth-century debates on premature and avoidable death. Suicide was perceived not only as an avoidable form of death but also as a symbolic threat to the existing social order.

## CHAPTER III

### **THOU SHALT NOT KILL THYSELF: THE DE-MORALIZATION OF SUICIDE**

#### **Prologue: The statistician and free will**

With violent and avoidable death problematized as political and economic issues in the seventeenth and eighteenth centuries, it was only natural that suicide would become a subject of similar problematization in the nineteenth century. Suicide had the characteristics of the two previously problematized forms of death in that it was both violent and avoidable. Moreover, the nineteenth century was a time of high anxiety over moral decline and degeneration, especially in England and France, and the perception of the presumably rising rates of suicide, perpetuated by medical and social statisticians, fit convincingly within that general psychological mood (see Hacking, 1990; Nye, 1984; Pick, 1989; Oberschall, 1986). Suicide posed an intriguing challenge for statisticians interested in making systematic predictions on the basis of fixed, objective, and knowable factors. Whereas mortality rates from other “avoidable” causes are to a large extent determined by biological, social, and economic factors outside the scope of individual volition, suicide emanated from, or gave the impression of emanating from, the individual’s free will. Overcoming free will, so to speak, became central to the medical, sociological, and legal discourses that developed around suicide, as was also the case in efforts to control other forms of deviance, such as addiction, in the nineteenth century (Valverde, 1998: 45). The outcome of this battle bore on how suicide was to be governed. Previously, suicide had been treated as a crime deserving of condemnation and even punishment. By the nineteenth century, however, it had become clear that punishment

and condemnation were no longer acceptable and efficient modes of suicide prevention. Ultimately, all of these debates and developments played a role in the increasing tension between the symbolic gift economy and the discursive political economy of death. This chapter explores the discursive transformation of suicide in the nineteenth century from a moral act determined by free will to a social and medical problem predetermined by outside objective forces. In keeping with the overall framework of this dissertation, I will focus primarily on sociological problematizations of suicide. However, as sociological debates both informed, and were informed by, medical debates, I will also follow some of the main medical developments in the nineteenth century with regard to suicide.

### **Suicide and law: The logic of punishments**

In 1823, a London jury returned a verdict of *felo de se* (guilty of suicide) after hearing the case of a twenty-two year old law student named Abel Griffiths. As a result of the ruling, his unwashed, bloodied body was wrapped in Russian matting and dropped into a hole at the crossroads of Eaton Street, Grosvenor Place, and The King's Road. Other ignominies could have been imposed on his body as was customary in earlier times, such as throwing lime over it or driving a stake through it. But the jury spared the body additional humiliation. At the time, opposition to crossroad burials, and to the criminal status of suicide in general, was mounting and negative religious and cultural attitudes toward suicide were being questioned. It helped that the carriage of King George IV was held up by a crowd of spectators watching the desecration ritual, drawing further attention to the cause (Annual Register; 1824: 82; retold in Gates, 1988: 6; Fedden, 1938: 141; Halliday, 1997). The ignominious burial of Abel Griffiths was the last of such rituals the curious

London crowd was to have the opportunity to watch.

The ritual punishment of suicide is striking not only because it seems so archaic and inhumane today but more importantly because it is just that: a punishment. It strikes us as absurd because we have ceased to punish suicide altogether, or so we think. At the very least, and all other objections aside, it seems illogical to us to punish a dead person. But it is exactly here that the logic of anti-suicide laws becomes manifest: these seemingly irrational rituals are nothing but symbolic punishments imposed in retaliation for a symbolic act. The type of punishment partakes in the kind of *crime* it attempts to punish. The object of punishment is not the body—even if it is inflicted on the body—but the soul, which is believed to be affected by what happens to the body, through the mediation of a system of symbolic exchange between the world of the living and that of the dead: the soul will be barred from heaven if the body is desecrated and entered without religious rites. Neither can it return to the body, causing it to rise from the grave and haunt the living, if the body is pinned to the ground by stakes driven through it.

By the end of the nineteenth century, when Emile Durkheim wrote his celebrated monograph on suicide, it had become a well-established belief among many elites and intellectuals that suicide was neither an immoral act nor a punishable crime. In addition, most Western European states had either decriminalized suicide or had abandoned the enforcement of punishments. It came as a surprise, then, when Durkheim contended that, from the society's point of view, suicide was indeed immoral and that it would become even more morally abhorrent as civilization progresses. The claim advanced in Durkheim's *Suicide* (1951 [1897]) is that the history and evolution of suicide is governed

by the 'law of increasingly strict prohibition,' which implies that the rigor of anti-suicide laws increases with the growth of individual rights vis-à-vis the state (ibid.: 332-7). According to this law, societies go through two stages with regard to suicide. In the first, the individual does not have authority over suicide, while the society retains this authority by maintaining the right to compel certain people to sacrifice themselves, especially for ceremonial, symbolic, and religious purposes. In the second stage, neither the individual nor the society has that authority (ibid.: 332), except perhaps in extreme situations of military combat. Modern societies cannot reverse this evolutionary trend. In fact, the pervasiveness of the 'cult of human personality' in modern societies implies a toughening of moral attitudes toward suicide. The cult of human personality implies neither the worship of egoistic individualism nor moral permissiveness toward egoistic acts (such as egoistic suicide) but an attitude of reverence and protection toward the sacredness of the ideal humanity as manifested in the individual (ibid.: 337). The sacrosanct dignity of the individual is not the property of the state, the society, or the individual. It places the person above oneself and above the society, ascribing a quality to him or her that is reserved in every religion only for its gods (ibid: 334). Suicide offends the collective conscience of "higher" societies because the strongest sentiment that holds it together is offended. The higher the place of the individual in the collective conscience, the more abhorrent the act of suicide becomes. The cult of individuality elevates man to the status of a god and, like all gods, he is to be deprived of the authorship of his own death (ibid.: 332-3).<sup>1</sup> In the first century AD, Pliny argued that suicide is 'the supreme boon that nature

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<sup>1</sup> I use the pronouns he and him as evidence shows that, despite the tendency to feminize suicide in official

has bestowed on man among all penalties of life,' because to take one's own life was a privilege that gods did not have (Pliny, *Natural History*, 2, 27 in van Hooff, 1990: xii). In the nineteenth century, Durkheim realized that our ascendance to divinity is, simultaneously, a fall from humanity. The first objective of the present chapter is to tell the story of this fall.

Critics such as Westermarck (1917: 263-4) and Marra and Orru (1991: 273) argue that Durkheim was wrong in his assertion that suicide is a graver crime now than ever before, because, clearly, attempted suicide has become decriminalized and punishments against it have been abandoned. The second objective of this chapter is to challenge these criticisms and argue that, in a sense, Durkheim was right. In doing so, I will take a lesson from Durkheim's (1984; 1978) own argument that the forms of moral regulation and legal sanction evolve in a demonstrable relationship to the evolution of the society, and from Foucault's (1977) further elaboration of this argument which implies a general shift in Western modes of social regulation from practices that are mainly juridical and punitive to those that are mainly disciplinary and regulatory. In this light, while individuals who kill themselves are no longer condemned, nor is the act of suicide criminal, this shift is by no means an indication of a lack of moral and legal regulation. Rather, what has changed is the form of legal and moral sanctions. As was the case in other public rituals of physical punishment, ritual desecration of the body of *felo de se* gradually disappeared, giving way to imprisonment and medical treatment.

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statistics, men kill themselves at a higher rate than women do (see Atkinson, 1978: 54).

### **The Descent to divinity**

The degradation of the body of those found guilty of committing suicide was a long-lasting custom among the “savage” as well as the “civilized.” Across Western Europe, this custom peaked in the thirteenth century, when rituals developed to subject the body of the suicide to a number of indignities. It was dragged face down in the city, hung from the heels, burned, dumped in the town’s waste pit or in a well, buried under the sand, under a mountain, or at a cross-roads with a stake driven through the chest. Hanging the body upside down, sometimes between the bodies of two dogs, was reportedly used in Bordeaux towards the end of the Middle Ages (see Murray, 1998; Gates, 1988; Fedden, 1938, MacDonald and Murphy, 1990). It seems as if the medieval and early modern imagination deliberately attempted to devise ever more creative ways to maximize the humiliation imposed on the corpse. Although suicide was illegal for much of the Middle Ages and well into modern times, the ignominious treatment of the corpse had originally little or no basis in legal sanctions. Rather, it seems to have been imported to the law from a variety of existing cultural practices. From ancient times and in various European societies, popular belief had attributed macabre characteristics to the suicide corpse and to things associated with it. Those who killed themselves had diabolical powers that were denied to the living and the naturally dead. For instance, their ghosts, like those of the murdered, were believed to wander around seeking vengeance on those responsible for their misery or violent fate (Murray, 1998: 37). Consequently, certain customs and rituals were developed for handling the suicide corpse with the purpose of containing its diabolic powers. In Athens, for example, it was customary to cut off the hand of the

suicide, while at Metz, the whole body was put in a barrel and floated down the Moselle away from the territory in which the ghost was believed to want vengeance. Burial at a crossroads with a stake pinned through the suicide's chest was also presumably designed to confuse the suicide's ghost and prevent it from finding its way back home. In medieval Europe, these superstitions were augmented by religious prejudice and enforced by politically and economically motivated sanctions. While some rituals were designed to prevent or contain the harm that the suicide corpse was believed to be capable of, others were of a more strictly symbolic nature, designed to humiliate the soul and the body. Degradation and mutilation rituals were included in civil law throughout Western Europe from around the thirteenth to fifteenth centuries and were supplemented by pecuniary punishments such as forfeiture of land and chattel (Fedden, 1938: 141). These punishments were especially severe in France, where in 1670 suicide was made a *grand crime* and existing suicide laws were made even more severe (Fedden, *ibid.*: 142; Crocker, 1979: 50).

It should seem fitting that the age of enlightenment, which made individual moral autonomy the cornerstone of its secular morality, also challenged long-standing moral and legal sanctions against suicide. In fiction and philosophy, in encyclopaedic articles as well as in pamphlets, suicide was portrayed as an exercise of individual rights. As early as the sixteenth century, Montaigne (1943: 251-2) had declared: 'life is slavery if freedom to die is wanting.' Social life was now seen as a mutual contract that no one could be forced to uphold against his or her wishes (Montesquieu, 1964 [1721]: 130; Strahan, 1893: 31; cf. Gate, 1988: 22). Yet at the time the debate was still so

controversial that most of its defenders did not publish their work during their lifetime. If they did, they printed it under pseudonyms or later repudiated their views under pressure. This was the fate of Walter Charleton, John Donne, David Hume, Mme de Staël, and Montesquieu. The arguments put forward by these authors in defense of suicide are significant due mostly to the premises on which they were built. Medieval Christian morality had taught that to kill oneself entailed an intervention in divine providence, a perversion of natural law, and a harm done to the society. Four hundred years after the birth of Christ, and while Christian martyrs considered suicide a straight path to paradise, Saint Augustine contemplated a rationally constructed moral denunciation of suicide as an act against God, natural law, and society. Augustine's argument, coupled with anti-suicide measures taken in the sixth century by the Christian councils of Brega, Toledo, and Antisidorum as well as prohibitions added to civil and common law, made suicide a subject of great popular prejudice. The moral condemnation was justified by the assertion that suicide disrupted the continuity of the cosmos which scholastic thought so dearly cherished (see, Burgess-Jackson, 1982: 57). "Self-killing" was against the natural law of self-preservation. To take one's own life, therefore, was to pervert God's law and natural law. It was to go against reason and to disrupt the rational natural harmony of the universe. The individual was still the center of the universe and had to pay a price for preserving this status by conceding his liberties with regard to his life.

Enlightened moral philosophers, on the other hand, brought man back to earth. We were, according to them, too small for our actions to have any effect on divine providence or on the laws of nature, neither could our departure constitute a significant

social harm (Beccaria, 1963 [1764]). To kill oneself was no more a perversion of the laws of nature than was diverting the course of the Danube (Hume, 1894 [1777]: 157), neither was it more consequential to the providential order than making a ball square (Montesquieu, 1964 [1721]: 130). We had to appreciate 'our insignificance' and give up our unrealistic wish 'to be counted in the universe and to figure prominently in it' (Montesquieu, *ibid.*). Added to this was the revival of Epicurean atomism in the midst of debates about suicide. It was argued that the elemental stuff of life is imperishable and that it continues to play a role in the grand scheme of the universe independently of the individual it had once composed (MacDonald and Murphy, 1990: 162). In other words, atoms and matter, but not any person in particular, would survive after death and continue a life of their own. The self-inflicted death of a person was, therefore, inconsequential for the order of the universe, neither did it beget the otherworldly wrath of God. The idea seemed convincing, at least to some of the better educated. In 1732, a financially ruined London bookbinder by the name of Richard Smith and his wife Bridget killed themselves. In their suicide notes, they brushed away the horrors associated with desecration of the body, arguing with 'naturalists' that human bodies are constantly changing, making it difficult for divines to decide which one of our bodies to resurrect and punish (*Gentleman's Magazine*, 1732: 723; cf. MacDonald and Murphy's analysis of the notes, 1990: 157-58). Thus man had to give up his central place in the universe as well as his conception of himself as a unique individual entity before he could claim the moral right to do away with his life.

This reduction in status was not the only price to be paid; beginning in the

nineteenth century the act of suicide itself was also rendered symbolically insignificant. Rather than possessing diabolic forces or posing a threat to the social order, the self-killer began to be seen as nothing but a madman. Throughout the seventeenth and early eighteenth centuries, it was still possible to talk about suicide from a moral point of view, whether religious or secular. This was still the age of sermons when one could approach suicide as an inherently good, evil, or neutral act. By the end of the eighteenth century the age of sermons had produced two moral stances on suicide: from Antiquity to the end of the eighteenth century, theology, law, and philosophy had either condemned suicide as a sin, a crime, and a violation of the laws of nature (e.g., Saint Augustine) or condoned it as a neutral or even praiseworthy act (e.g., Hume, the Stoics). In the nineteenth century, however, the age of sermons with its moral arguments for and against suicide was buried by the emerging positivist movement. The study of the morality of suicide gave way to the study of causes of suicide in the hopes of finding a way to prevent it (see Fedden, 1938: 352). A class of emerging physicians, psychologists, psychiatrists, statisticians, and early sociologists saw the debate over the morality of suicide as being too tangled in metaphysical or theoretical assumptions to be productive. It was now time to look at objective facts in search of a way to diminish suicide rates, which appeared to be on the rise. What characterizes this domain of analysis is that it stripped of free will the author of the suicidal act. The *grand felon* who betrayed the king by taking his own life now became a mere *victim* of self-murder—or of the more ambiguous and benign act of ‘suicide’, as it was starting to be called from the sixteenth century onward<sup>2</sup>—*caused* by

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<sup>2</sup> For more on this linguistic shift see the last section of this chapter.

biological or social forces that went beyond his personal choice and compelled him to take his own life. It seems as if modern Western Europeans could tolerate suicide, but could not tolerate or even conceive of any symbolic meaning, rationality, or subjectivity inherent in the act itself. As I will explain in the following section, the individual may have gained the right to kill himself, but in the process, he lost the status of author of his own acts. If he killed himself, he was simply too incompetent to know what he was doing.

It is possible to argue, as Foucault (1988 [1978]: 138-9) has done, that the relaxation of laws against suicide has something to do with the fact that in modern societies *power* (medical, political, cultural, and economic) is oriented towards the mechanism of life and has lost its traditional interest in death. Since *power* no longer operates through its exclusive claim to the threat of death, it can now afford to allow a private space for individuals to die the way they choose. However, while Foucault's theory explains an aspect of the normalization of the right to take one's own life in modern societies, it ignores the fact that *power* is still concerned with suicide because it has to deal with and overcome the symbolic challenge that it poses to the social order. Drawing from Baudrillard's argument that the modern mechanisms of political-economy are primarily concerned with suppressing the symbolics of death (suicide in this case), I will argue that old punishments have been abandoned mainly in favour of the adoption of new preventative measures that are more capable of nullifying the symbolic meanings of suicide and cancelling out the symbolic challenge that it poses to the existing social order.

### **The age of numbers: The paradoxical moral status of suicide**

Throughout the nineteenth century, as the focus of the debate gradually shifted from prohibition to prevention and its locus moved from moral philosophy to medicine, subjective *motives* were increasingly ignored. Instead, objective *causes* of suicide, which were often placed outside individual consciousness, became the centre of attention. In the works of Quetelet, Guerry, Bisset, and Esquirol, as well as in the more sociologically-oriented writings of Morselli, Masaryk, and Martineau, suicide was attributed to madness, climate, time of day or night, seasons, race, heredity, gender, age, social and economic conditions, religion, marital status, ‘alcohol poisoning,’ masturbation, gambling, type of occupation and so on, but not to the free will or thought of the individual. Durkheim stood out to some extent by asserting that suicide is merely an exaggerated form of genuine virtue and that it is therefore connected via a chain of graduating acts to moral conduct (1952 [1897]: 371). But this was a weak swim against the strong current of the *de-moralization* of suicide—that is, the trend toward relocating the debates over suicide from moral philosophy to medicine and statistical sociology. To argue that suicide was de-moralized does not indicate that suicide was no longer treated as a subject of moral philosophy or that it was no longer seen as being morally wrong. On the contrary, as we will see below, statistical studies of suicide gave rise to a new form of utilitarian moralization whose standards were determined by statistical averages and the extent of social harm suicide was thought to impose. In essence, this amounts to what Beck (1999: 51) calls ‘ethics without morality,’ that is, a form of ethical problematization that is not rooted in a belief in individual responsibility (at least not officially) and which

substitutes the 'categorical imperative' pertaining to the question of good and evil with statistical rates indicating the likelihood of harm.

We cannot talk of a drive to de-moralize suicide or a plan to make it symbolically meaningless. Instead, what the historical record shows is a series of intellectual events in the domains of medicine and sociology that, in hindsight, can be said to have led to such results. We have already seen in the previous chapter that the knowledge of population, especially of mortality rates and average life span, became a significant part of the science of political economy in England, giving impetus to the rise of statistics as an autonomous discipline (Porter, 1986: 31-2). The quantification of suicide was then an extension of the more general trend of quantifying mortality. In contrast, in France, where a history of social and political turmoil dating back to the 1789 revolution had created anxieties concerning the degeneration of the nation, *moral statistics* became popular among scholars. Moral statistics, as André-Michel Guerry (1833) argued, referred to studies of the mind, passions, and customs. In Guerry's view, moral statistics encompassed moral philosophy, politics, and religion. Yet it seems more accurate to say that it circumvented moral philosophy and religion in favor of a focus on quantitative data useful for social, economic, and political governance. In effect, the telos of moral statistics was to shift the criteria of morality from 'ultimate ends' to normal statistical distributions. Accordingly, a moral 'problem' was any socially, politically, or economically 'harmful' (but not necessarily 'evil') event that occurred on an alarmingly increasing scale, with the definition of 'alarming' depending on a variety of cultural and social-psychological factors. In any case, the basic premise was that moral facts can be

subject to the same methods of observation as material facts if we observe them not as individual cases but in the aggregate (Oberschall, 1986: 73). In France, as in England, it was hoped that quantitative data could help in understanding and curbing the seemingly rising rates of suicide and put the nation on the right track to moral prudence. In general, as we will see below, in both England and France statistics and the art of the *state* (from which the German *Statistik* and the English statistics and the French *statistique* had derived) were often regarded as interrelated. It is worth noting that, as we will see with Guerry, the accumulation and synthesizing of statistical data regarding suicide were often initiated by emerging social scientists, rather than by state agencies, and were then presented as a matter worthy of state or public attention. Rather than deliberately forged according to political calculations, the links thus established between the state and social scientists were organic, sporadic, and uncertain. It was sometimes hoped but never guaranteed that such statistics would be read, accepted, or acted upon by the state (cf. Porter, 1986: 55-70).

Throughout the nineteenth century, anxieties over national degeneration were on the rise, especially in England and France, where liberal capitalism had created an army of the urban poor who were far too visible and proximate to the privileged to be ignored. This situation led to the increasing problematization of the lives of this section of the population by the urban rich, as well as by philanthropists, civil servants, reformers, public agencies, and newspapers (Oberschall, 1986: 70). The result was the collection of a large, albeit sporadic, body of numerical data, unprecedented in Western history, on what was perceived to be problematic trends emerging in crime, legitimacy, suicide,

church attendance, pauperism, schooling, and charitable donations (*ibid.*: 69, 72; cf. Hacking, 1990; 1991). In the process, there emerged a 'will to quantify everything,' as Chevalier (1973) has put it, possibly due to the sheer enormity of urban problems and the intriguing challenge of finding statistical regularities in areas that had hitherto been thought to be governed by chance. Curiously, the fascination with numbers had little to do with the lack of alternatives. While major scholars were compiling statistical data, others such as Marx, who published a little known article on suicide (1999 [1846]), and Frédéric Le Play, who authored a series of comparative works on everyday life in the mining regions of Lüneburg and the Harz Mountains in Hanover (1982 [1855; 1864; 1870; 1871]), were making substantial contributions to the qualitative study of the human condition, sometimes with the empirical support of such statistical data.

From early on, presumably rising rates of suicide were cited, portraying it as an urgent problem to be dealt with in moral statistics. The increase was believed to have started in the beginning of the nineteenth century in 'the civilized countries of Europe and the New World.' Medical vocabulary was sometimes used in order to interpret alarming suicide statistics, suggesting the existence of a pathological state (Nye, 1984: 136-138). Suicide was a 'fatal plague of our time,' Morselli (1881: 23) argued, citing statistics from France, Austria, and Germany. The fact that Norway, Denmark, and England had experienced either a decrease in suicide rates or only a slow increase was simply brushed aside as insignificant (*ibid.*: 23). It is true, he argued, that the frequency and increase of suicide in England was not as grave as commonly thought, but the general law of increases was justified as crude numbers indicated a steady rise exceeding the

'geometrical augmentation of the population and of the general mortality' (ibid.: 23-4, 29). In any case, most moral statisticians avoided debates over whether suicide as such was immoral and instead cited "objective" aggregate rates to show that it was a social problem because it was on the rise. Yet behind the mask of objectivity there lay a profoundly subjective judgment regarding suicide and perhaps a deep-seated anxiety regarding its presumed spread that even those sympathetic to suicide shared. While law and custom were becoming increasingly tolerant towards suicide, a new intolerance was emerging out of academia. Many, like Esquirol (1838) and Winslow (1840), did not hesitate to declare that suicide was indeed evil, no matter how prevalent, and that it called for punitive measures. While many enlightenment philosophers advocated tolerance toward suicide, physicians, psychologists, and psychiatrists (such as Esquirol, Falret, Lisle, Brierreode Boismont, Cazanvielh, and Tarde) as well as statistically minded sociologists (such as Guerry, Morselli, Quetelet, and Durkheim) reproblemated it as a social and medical issue. Suicide was not a moral dilemma to be puzzled over philosophically but a numerical and pathological problem to be analyzed and solved scientifically.

In general, in the spirit of the nineteenth-century project of 'taming chance' (Hacking, 1990), it was hoped that statistical objectification could furnish an understanding of suicide and its causes and help devise measures to prevent it. This objectification took place by attributing suicide to either mental or societal malaise and led to the first division in suicide studies: the medical camp insisted suicide was a result of insanity (section a below) while the sociological camp stressed social and cultural

'alienation' (section b below). Suicide was a disease either of the individual or of civilization; its pathology afflicted either the individual body or the body politic. What was not in question was the assumption that suicide was indeed pathological and little more. The medicalization of suicide as well as its characterization as a social pathology, evident in Durkheim, resonates with the concurrent trend toward the medicalization of death in general while it also anticipates the medicalization of euthanasia in the twentieth century (Chapter IV).

#### **a) Mental malady: suicide and medicine**

My exploration of the medicalization of suicide in this section is a detour from my overall goal of tracing the interconnected histories of the modern methods of regulating death and the development of quantitative social research. However, this is needed as a pretext for understanding the intellectual milieu within which it became conceivable to treat suicide as a social 'problem' (rather than an im/moral act or a sin) predetermined by factors outside of the individual will. Throughout the Middle Ages up to the seventeenth century, Christian beliefs regarding the influence of diabolic inspiration had created the impression that the self-killer was not in full control of his mind. This view was reinforced by the Protestant practice of allowing a religious burial for people who had killed themselves while insane (see Giddens, 1971: 37). But the idea that suicide as such was an effect of madness was a creation of modern medicine in the nineteenth century. Jean E. D. Esquirol, the celebrated French author of the highly influential *Mental Maladies* (1845 [1838]), argued that medicine had a right to the guardianship and treatment of suicide because suicide is a result of madness, which is in turn a proper

subject of medicine. Esquirol uncritically accepted the popular belief at the time that suicide was a *melancholia anglica*, a belief that originated in the assumption that there were more suicides in London than in any other European city. Esquirol was particularly outraged at George Burrows' argument in 1813 that there were in fact more suicides in France than in England, so much so that he assigned the task of refuting this assertion to his student Falret. The latter came up with numbers showing that there were more lunatics in England, which in turn "proved" the obvious fact that there were more suicides in England. This work inaugurated a comparative debate in France and England, starting in the 1820s and lasting until the 1830s, over suicide rates in each country (see Hacking, 1990: chapter 8).

This development ran parallel with what Foucault (2003 [1978]: 210) has described as the 'psychiatrization of criminal danger' in the nineteenth century. For Foucault, this development involved the creation of a category of murder that was committed without motive and in the domestic space, presumably as the result of a newly invented category of mental disease called 'homicidal monomania.' The latter aspect—the fact that most victims were the parents or children of the criminal—implied that the crime was a crime not against the society but against nature. It went 'against those laws perceived to be inscribed directly on the human heart and to link families and generations' (ibid: 212). This created 'a pathology of the monstrous' as well as a monster: the criminal, who was not responsible for his own actions and, therefore, should be exempt from punishment and instead be submitted to psychiatric care. Extending Foucault's argument, the psychiatrization of suicide seems to have followed some of the

same dynamics: self-killing was a crime against nature and was also attributed to impulsive forces outside of the perpetrator's control. However, while Foucault describes a great amount of resistance on the side of prosecutors to the psychiatrization of 'homicidal monomania,' historical documents from this period suggest that the whole judicial system embraced the psychiatrization of suicide with unusual enthusiasm (more on this below). In addition, while in most cases of 'homicidal monomania' the motives of the perpetrators were unknown and indiscernible (Foucault, *ibid.*), in most cases of suicide the motives were known but either ignored or determined to be irrelevant. In establishing the suicidal personality as psychologically troubled and in erasing the question of motives, psychiatry made the offending person (dead or alive) a non-person. S/he was an individual without motives, unaware of what s/he was doing: a mere victim of biological forces.

In 1835, Bristol physician James Prichard revolutionized medical attitudes toward criminal insanity in cases of suicide and murder by arguing that the presence of 'moral insanity' renders the individual susceptible to instinctive and involuntary impulses, leaving him incapable of any control over his behaviour at the moment of committing a crime. Prichard defined the concept of moral insanity (or emotional impairment, as opposed to the impairment of the intellect) as 'a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses' (Prichard, 1835: 6, 4; cf. Gates, 1988: 13). The afflicted individual would become 'incapable ... of conducting himself with decency and propriety in the business of life' (Prichard, *ibid.*). Others related suicide to the physical appearance of the brain, such as

the presence of bloody points indicative of brain disease. For instance, throat slitting was seen as an impulsive attempt at relieving pressure caused by excess blood in the brain (Gates, 1988: 15). Henry Maudsley and his followers argued that suicide was a result of the 'morbid perversion of feelings' associated with a disordered state of the nerve-element. This perversion created a suicidal impulse in people who could otherwise seem very rational. They pleaded for judicial reform, arguing that emotions rather than the reflective mind were the cause of insanity leading to suicide. Wescott, on the other hand, suggested that melancholia, despair, and misery rather than madness were at the root of suicide (ibid.: 17, 20). In general, whether it derived from physical attributes of the brain or resulted from emotional impulses, suicide was the product of morbid feelings; it followed not from reflection but from impulsive emotions or forces. By the mid-nineteenth century, suicide was so closely associated with mental maladies that medical authorities began to wonder if it itself was not sufficient evidence of insanity (ibid.: 16).

While Foucault (2003 [1978]: 214-15) attributes the psychiatrization of criminal danger to the need to control the social body, it appears that the psychiatrization of suicide followed a logic of its own. From the seventeenth century and long before medicine showed a sustained interest in suicide, coroners' juries in many Western European countries had been looking for ways to spare the suicide body and the surviving family the cruelty of corporal and pecuniary punishments. The degradation of the body and the forfeiture of inheritance by the king or local lords were seen as excessive. The easiest way out was to rule the 'victim' *non compos mentis* (mentally incompetent). In England, the number of such verdicts increased from 6.9 percent of all suicide verdicts in

the early 1660s to as high as 44 percent in the early 1700s (MacDonald and Murphy, 1990: 121-5; Minois, 1999: 191-2). By the first half of the nineteenth century, when physicians lent their authority to the claim that suicide was rooted in madness, they only helped institutionalize a trend already well on its way. As the desire to punish the act of suicide receded, the criteria of madness became increasingly expanded. Juries coming from the middle classes adopted the medical opinion and broadened its scope (MacDonald and Murphy, 1990: 114 and 125). There is, for instance, the story of a jury hesitating over whether a certain man who killed himself in April of 1790 in Bath was a lunatic. *The Times* (April 9, 1790) reported that a tailor sitting on the jury panel argued that the self-killer must have been mad because the day before his suicide 'the deceased paid him the amount of a bill which had been due only three months.' This alone sufficed to convince the jury that he had indeed been a lunatic and therefore *non compos mentis* (cf. MacDonald and Murphy, 1990: 142). Madness provided an easy exit out of an embarrassing and "barbaric" penal history, which by the eighteenth century most European countries were ready to put behind them. The medical debate became so prevalent and so popular that many English coroners routinely sought the opinion of physicians regarding the physical conditions of the brain in order to determine the relative health of the mind. Where the physical appearance of the brain was not suspect, the possibility of insanity was still carefully examined. In 1735 city officials in Geneva declared that all suicides be treated as cases of insanity and all punishments be abandoned, except in cases where criminals killed themselves after receiving a death sentence (MacDonald and Murphy, 1990: 197).

While penal sanctions were gradually abandoned, suicide became subjected to a new disciplinary regime. Mental institutions created a new category of inmates called 'suicide patients' consisting of people who were believed to be prone to suicide and had to be put on suicide watch. Prominent nineteenth-century alienist G. H. Savage advocated the encouragement of self-reliance in suicide patients, hoping that it would 'allow them the exercise of self-control essential to their survival' (Gates, 1988: 20). Likewise, penal codes sanctioning posthumous punishments for suicide were replaced by measures to criminalize and punish attempted suicide. An unprecedented verdict in 1854 created the offence of 'attempted suicide' in England, which was later adopted in numerous other cases. This new "offence" was often punished by imprisonment in the hope that spending time in a prison would help the suicidal person put life in perspective (Williams, 1957: 274). In the early twentieth century, this practice was officially replaced by a variety of other measures such as putting the 'offender' on probation, assigning him to the care of family, friends, the Salvation Army, or more routinely, to medical care (ibid.: 278-9; see also Neustatter, 1953: 68). In 1921, imprisonment and corporal punishment for attempted suicide in England were replaced by confinement to mental hospitals as a legal requirement (Williams, ibid.: 278). Attempted suicide officially remained a criminal offence in many Western countries (including Canada) until recent decades (and still remains an option in some U.S. states), but in practice medicine had already taken over from law in most places by the mid-twentieth century. While the law's hold on suicide gradually weakened, medicine portrayed itself as having a better chance of preventing attempted suicide and of "correcting" its impacts. Legislative acts in most

Western countries, such as the Criminal Justice Act of 1948 in England, have institutionalized probation with the condition that the reprobate submit to mental treatment as an option for dealing with suicide attempts. This remains in practice today. Medicine now had the confidence to predict the likelihood of suicide and the necessary means and know-how to change the thoughts and moods of suicidal individuals. The new, softer disciplinary regime of suicide control that Durkheim was to recommend in 1897 was already on the way from the mid-1800s.

**b) The malaise of civilization: suicide and sociology**

Moral statistics soon became a battleground for competing claims over who was qualified to assume academic guardianship of suicide. While medicine had used moral statistics to medicalize suicide, sociology used the same to prove that suicide was an affliction of the social organism and not of the individual mind or body. Likewise, the medical claim that suicide was a result of mental or emotional troubles rather than an act of free will was both echoed and countered by the sociological claim that high suicide *rates* were a symptom of a troubled social psyche or a sign of the weakening of social mores. What made suicide an especially fascinating subject for sociology was the fact that, long before Durkheim, it provided the possibility to explain a seemingly individualistic act in terms of collective factors. The study of suicide had the added advantage of shedding light not only on suicide itself but also on homicide (as Morselli argued) and on marriage (as Durkheim discovered). In addition, at a time when the academic community placed high premiums on positivist or scientific investigation, the use of moral statistics in a sociological study of suicide would help establish sociology as a legitimate field of

scientific analysis. The challenge was to show that voluntary acts like suicide are as regular as the unconscious phenomena of natural forces, such as births and general mortality, and thus to establish the unity of forces in both the objective nature and the subjective activity of the human mind (Morselli, 1881: 33, 35). Consequently, it was necessary to show that the individual 'will' (if it was believed to exist at all) as well as individual thought and action were all reflections of forces outside the individual (Morselli, *ibid.*: 114). Most early sociologists and social statisticians did not hesitate to take up the challenge.

André-Michel Guerry's *Essay on the Moral Statistics of France* (1833) is a pioneering work in this area, because of both the timing of its publication and its contribution to the development of methods that have a strictly social and statistical nature. The French lawyer had been instrumental in transferring the task of recording vital statistics from parish priests to city governments in 1792 and was, therefore, already familiar with gathering and centralizing scattered statistical data. The ability to acquire and work with such large datasets proved critical when Guerry decided to amass large statistics on suicide based on juridical records. For Guerry, suicide was a highly urgent moral-statistical question rather than a moral-philosophical one (*ibid.*: 121). In fact, it seemed more serious than crime as it took place more frequently and deprived the country of 2000 individuals yearly at the prime of their life (*ibid.*: 124). Although Guerry did find some interesting statistical regularities, such as an inverse relationship between suicide and crime, his contributions to the sociological history of suicide, and to the history of sociology more generally, lie in his systematic effort to focus on objective facts

rather than moral or metaphysical causes. Guerry established statistical regularities between suicide and disordered morals, domestic troubles, abject poverty, illness, and disgust with life. Yet he argued that the most important task was to find ‘the frequency and importance of each of these causes relative to all the others’ as well as the variation of this influence by ‘age, sex, education, wealth, or social position’ (ibid.: 131). For Guerry, suicide notes could also be useful sources as long as one reduced the ideas expressed in them to ‘a smaller number of categories, representing them by conventional algorithmic symbols, and then assigning numeric values to each category’ (ibid.: 131-2). Guerry’s fondness for statistical tabulation is evident in the following passage, which he quotes from Alexander von Humboldt’s *Political Essay on the Kingdom of New Spain vol. 1*: ‘Statistical projections [graphs] which speak to the eye without fatiguing the mind have the advantage of fixing attention on a great number of important points’ (ibid.: 3).

| Region  | Year     |          |          |          | Average |
|---------|----------|----------|----------|----------|---------|
|         | 1827     | 1828     | 1829     | 1830     |         |
| North   | 11,257 N | 10,376 N | 8,470 N  | 9,742 N  | 9,853   |
| East    | 24,542 E | 21,714 E | 19,667 E | 21,553 E | 21,734  |
| Central | 29,766 W | 26,751 C | 25,935 C | 27,145 C | 27,393  |
| West    | 23,060 S | 26,964 S | 32,177 S | 28,559 S | 30,499  |
| South   | 35,752 C | 27,005 W | 32,448 W | 32,150 W | 30,876  |

Table III-1: Ratio of the number of suicides to population (one suicide for each ... inhabitants) (Guerry, 1833: 125)

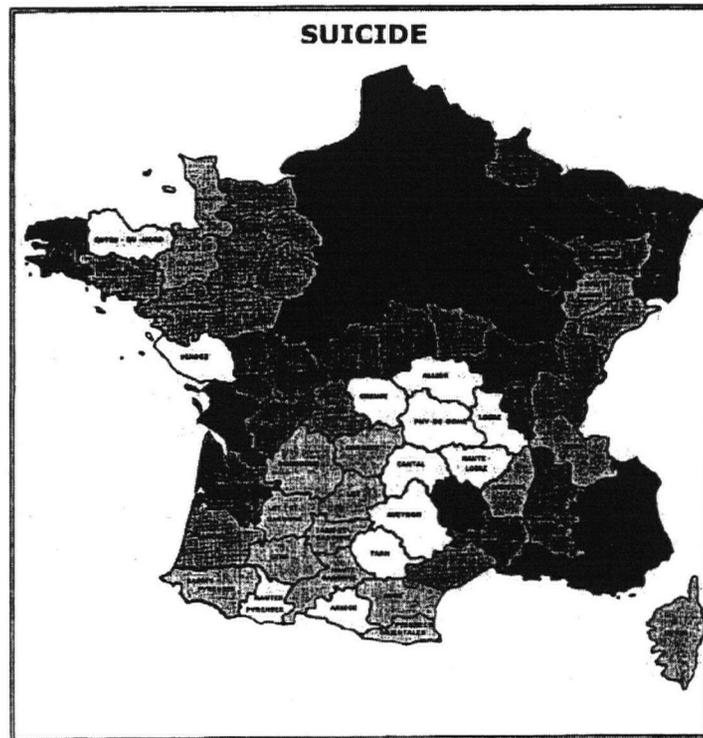
Guerry used a variety of visual-statistical methods to illustrate his point. Table III-1, for instance, displays the ratio of the number of suicides to population in each region for four consecutive years. It shows geographical and historical relationships similar to the method used by Graunt (1662). This numerical aggregation by itself represents a level

| Region  | Year |      |      |      |         |  |  |  |
|---------|------|------|------|------|---------|--|--|--|
|         | 1827 | 1828 | 1829 | 1830 | Average |  |  |  |
| North   | 51 N | 48 N | 54 N | 51 N | 51      |  |  |  |
| South   | 14 S | 15 S | 12 W | 12 W | 13      |  |  |  |
| East    | 17 E | 16 E | 15 E | 16 E | 16      |  |  |  |
| West    | 11 W | 11 W | 11 C | 11 C | 11      |  |  |  |
| Central | 9 C  | 10 C | 8 S  | 10 S | 9       |  |  |  |
| Total   | 100  | 100  | 100  | 100  | 100     |  |  |  |

Table III-2: Percentage of total suicides in each region (Guerry, 1833: 125)

of abstraction from the real and individual cases of suicide. Table III-2 demonstrates a further level of abstraction, showing the percentage of total suicides in each region. The space-time dynamics are again explicitly present. These ratios and percentages are then used to redraw a map of France in increasingly darker shades in order to represent the increasingly higher rates of suicide in areas closer to Paris, which itself has the highest suicide rate in the country (Map III-1). Guerry does not clarify but he seems to have used average ratios between the years of 1827 to 1830 for constructing this map. In any case, the time dimension has been suppressed in favour of providing a different and visually stronger picture of suicide in France. While it cannot represent the temporal dimension, the map puts regional statistics in a national perspective and thus, intentionally or not, draws attention to the political ramifications of the increasing rates of suicide.

The shift from the brain to the eye, as suggested by von Humboldt and followed by Guerry resonates with the shift from understanding to surveillance as the new main objective of reflection on suicide. So organized and tabulated, what looks arbitrary and random (e.g., the choice of method of suicide) can be made predictable (ibid.: 132). The



Map III-1: Suicide map of France (Guerry, 1833: 129)

political significance of this method did not escape the attention of the review committee appointed by the French Academy of Sciences to examine the merits of Guerry's work. The reviewers recommended that the book be accepted by the Academy, noting that the facts provided by Guerry regarding the certainty of the occurrence of crime in determined circumstances 'could in and of themselves enlighten the government's choice of the most efficient means of creating or improving all kinds of institutions capable of exerting some kind of influence on national public or private morals' ('Report to the Royal Academy of France,' published as part of Guerry, 1833: xlix). While acknowledging the shortcomings of the work, the committee recommended that Guerry's treatment of moral statistics 'be placed in the first rank among the branches of general statistics, as much because of the difficulty in interrelating moral facts demanded by the research as by the great

importance of the results to which this research leads' (ibid.). Guerry himself was aware of the political importance of statistics. He boasts receiving no support from any 'theory' or 'systematic spirit' because to do so would reveal philosophical shortsightedness in sacrificing the interest of a country to a doctrine (Guerry, ibid.: 3). Guerry's work echoes a line of argument that, starting with Hobbes, established scientific 'objectivity' as a political duty and that, as in the works of Graunt and Petty, associated statistical work with mental and moral discipline. The idea that statistical work was "objective," "neutral," and virtuous was taken for granted with little or no concern about the bias that it may have perpetuated in favor of the quantification of human experience, the erasure of free will, and the resulting disregard for 'subjective' states of being or knowing.

Not surprisingly, in the haste to establish social statistics as a legitimate scientific enterprise and simultaneously to address the perceived social, political, and economic threat imposed by suicide, free will itself was questioned. Adolph Quetelet (1842: 80) found it puzzling that the belief in free will could be logically sustained at all when individual choices were shown to fall under statistically invariable patterns and therefore to follow general laws. To him, 'moral laws' were analogous to the laws of classical mechanics in that both influenced their objects like forces with varying magnitude and direction. An astronomer by profession, Quetelet ventured to explain instincts as forces that acted in the same way as gravity. Family pride, egoism, and self-preservation directed our actions in the same manner as gravity directed the movement of cosmic objects (Oberschall: 1986: 73-74). Instincts coupled with secondary (or impulse) forces, such as human will and peer influence, create a point of equilibrium called the 'moral

center of gravity.’ This in turn determines a disposition to crime, suicide, or marriage in each individual. The set of means of all normally distributed physical and moral traits defined what Quetelet called the ‘statistically average man.’ Quetelet’s dream was to create a mathematical theory of probability as a ground for social physics by means of which the disposition to any moral act could be calculated (ibid.: 76). While Quetelet’s notion of the statistically average man and his crude application of natural determinism to human behaviour came under criticism from later sociologists, the idea that external forces determine or shape human behaviour reappeared in a sociologically more sophisticated formulation in the work of Morselli (1881) and Emile Durkheim (1992 [1888], 1951 [1897]).

By this time, any systematically statistical study that showed suicide to be the result of anything but free will was bound to meet with enthusiasm, and in the highly competitive political and intellectual atmosphere of nineteenth-century Europe it could only help if a work provided comparative statistics promising to settle the dispute over which country had higher rates of suicide. Enrico Morselli’s *Il suicidio* (1879) met both criteria. The work was comparative and Morselli’s intention was to make it an ‘objective demonstration of modern determinism’ (vi). The work of this previously little known professor of psychological medicine created so much enthusiasm that shortly after its first publication in Italy an English translation was produced under the title *Suicide: an Essay on Comparative Moral Statistics* (1881). In addition to its popularity, Morselli’s work is significant in that it bridges the rigidly statistical work of Quetelet and the more strictly sociological work of Durkheim, paving the way, as we will see below, for the latter’s

innovative, sociological synthesizing of the suicide debate in the nineteenth century. Morselli's methodology conformed in every respect with the academic fads of the day. His main objective, he argued, was to do the opposite of what philosophy had done: gather facts, unite them, and compare them (Morselli, 1881: 2). For him, the benefit of studying suicide statistically was tautological: on the one hand, statistics enabled one to discover the invariable laws behind increasing suicide rates beyond the apparent randomness of the act and, on the other hand, the increase in suicide rates established by statistics justified the value of statistics as a branch of social science (ibid.: 10-11). Morselli recognized that positivistic studies of suicide were indebted to statistical studies, but they also demonstrated the limits of such studies. Specifically, he found the common prejudice against suicide as an obstacle to gathering accurate statistics (ibid.: 5). But despite all the limitations and difficulties, what was important was to stay with *facts* and avoid *doctrines*. Not surprisingly, when Morselli was asked by his publisher to shorten his book for the English edition, he opted to cut out the *theory* parts that served to synthesize his data and keep the statistical *facts* because he considered the latter to have explanatory value on their own (ibid.: Author's preface, vii).

Morselli's innovation was to recognize the importance of systematically separating the motives from the causes of suicide, an idea that existed vaguely in Guerry but was explicitly and deliberately pursued by Morselli. This analytical division, as we have seen, was essential in establishing scientific studies of suicide as distinguished from moral and philosophical studies. It also proved central in making suicide an objective external fact of the natural or social world rather than a subjective act or a symbolic

gesture by the individual. Following this line of argument, Morselli asserted that moral action (i.e., one motivated by individual conscience) 'does not escape the law of causality which rules over all phenomena, and hence also over the human conscience' (ibid.: 268). If a personal motive is so strong as to lead the individual to commit suicide, it is then a cause and not a motive. His investigation was therefore focused on uncovering objective phenomena that influence suicide rates. As was customary in the criminology and moral statistics of the time, Morselli explored cosmic or natural influences, ethnic (demographic) influences, as well as social and individual-biological influences.

Among all objective external influences, those arising from the social environment appeared most important to Morselli because, as he argued, 'the psychical life of the individual is but the reflex of the nature and characteristic of that social aggregate in the mist of which it thinks, wills, and acts' (ibid.: 114). The list of these social influences compiled by Morselli shows a striking resemblance to that later compiled by Durkheim, who directly reproduces some of Morselli's tables (e.g., Durkheim, 1888: 179) and cites him among most useful general texts on suicide of the day (1897: 53). Although Durkheim remained generally critical of Morselli's work on many grounds—especially concerning the influence of extra-social factors, such as insanity and race, on suicide rates (Durkheim, 1897: 75, 87)—he is in agreement with Morselli over the possible influences of many social factors (e.g., Durkheim, ibid.: 163, 166). Morselli lists the state of religion, culture and instruction, public morality, general economic conditions, general political and psychological conditions, density of population, urban and rural life as among the 'characteristics of the social aggregate'

| STATES                      | 1816-20          | 1821-25 | 1826-30 | 1831-35  | 1836-40 | 1841-45 | 1846-50 | 1851-55 | 1856-60 | 1861-65 | 1866-70 | 1871-75 |
|-----------------------------|------------------|---------|---------|----------|---------|---------|---------|---------|---------|---------|---------|---------|
|                             | Sweden . . . . . | 48      | 58      | 69       | 68      | 66      | 67      | 71      | 57      | 78      | 85      | 81      |
| Norway . . . . .            | —                | 80      | 97      | 109      | 107     | 110     | 107     | 94      | 85      | 76      | (78)    |         |
| Denmark . . . . .           | —                | —       | —       | 213      | 232     | 258     | 272     | 276     | 288     | 277     | 255     |         |
| England . . . . .           | —                | —       | —       | 62.8     | —       | (84.7)  | —       | 65      | 68      | 67      | 66      |         |
| Ireland . . . . .           | —                | —       | —       | 10       | —       | —       | —       | —       | (14)    | 15      | 18      |         |
| Prussia . . . . .           | 74               | 88      | 89      | 96   103 | 110     | 99      | 180     | 132     | 132     | 142     | 184     |         |
| Hanover . . . . .           | —                | —       | —       | 83       | 108     | 109     | 118     | 131     | (133)   | —       | 140     |         |
| Mecklenburg . . . . .       | 63               | —       | —       | —        | 135     | 142     | —       | 162     | —       | 161     | 167     |         |
| Nassau . . . . .            | —                | —       | —       | —        | 85      | —       | —       | —       | 95      | 102     | —       | 147     |
| Kingdom of Saxony . . . . . | —                | —       | —       | —        | 158     | 198     | 199     | 248     | 245     | 264     | 297     | 299     |
| Bavaria . . . . .           | —                | —       | —       | —        | —       | 55      | 73      | —       | 80      | —       | 90      | 91      |
| Württemberg . . . . .       | —                | —       | —       | —        | —       | 107     | 108     | —       | 85      | 123     | —       | 160     |
| Baden . . . . .             | —                | —       | —       | —        | —       | 68      | —       | —       | 108     | 109     | 139     | 156     |
| Belgium . . . . .           | —                | —       | —       | 39       | 46      | 62      | 60      | (37)    | 65      | —       | 66      | 68      |
| France . . . . .            | —                | —       | 54      | 64       | 76      | 85      | 97      | 100     | 110     | 124     | 135     | 150     |
| Italy . . . . .             | —                | —       | —       | —        | —       | —       | —       | —       | —       | (28)    | 80      | 85      |

Table III-3: Increase of suicide per million inhabitants (Morselli, 1881: 22)

influencing suicide rates. For example, Protestants kill themselves voluntarily more than Catholics, Catholics more than Jews, and religious majorities more than religious minorities. Perhaps taking a line from Comte, Morselli also argued that societies in a state of transition and compromise between the 'metaphysical' and the 'positivist' phases of civilization have higher rates of suicide. High culture, as determined by the levels of education, the number of journals in circulation, the number of scholars, and the efficiency of communication and transportation, also produces higher rates of suicide. The state of public morality, if objectively measured in terms of crime rates, shows that there is a positive correlation between higher rates of certain forms of crime, such as crime against property, and suicide, but a negative correlation between the rates of homicide and suicide. Periods of economic crisis, such as financial crisis or bad harvest, witness an increase in suicide rates, while political upheavals, revolutions, and wars lead to lower rates of suicide. The density of population and concentration in urban areas are

also positively correlated with higher suicide rates (ibid.: 120-186). As Table III-3 demonstrates, the combined effects of these factors lead to higher rates of suicide in “civilized” societies. The Table arranges data in such a way as to display the negative effects of civilizing forces over a large historical time span (60 year) and across different nation-states.

For Morselli, cases of suicide in which the individual acts independently of external causes account for an infinitesimal portion of all cases and even these follow the general trend because ‘the individuality of our wants and tendencies is absorbed in the aggregate of social wants and tendencies.’ In fact, ‘man would never have destroyed himself if he had lived far from other men and had not shared in the misery of his fellow creatures’ (Morselli, 1881: 274). Suicide motives are then determined by social laws. They arise from the complex state of western civilization with its boundaries and limits, which exerts much more pressure on our psyche than the “savage” state. Morselli’s indictment against civilization and his ultimate resignation in the face of its inevitability bears a resemblance to Weber’s famous final passage of the *Protestant Ethic* where he uses the metaphor of ‘steel-hard casing’ (iron cage) to describe the hold of an impersonal work ethic on those living under the conditions of capitalism. For Morselli, many presumed motives of suicide to which ‘we give the vainglorious names of ‘duties of one’s own position, exigencies of morals, education, judicial order’’ are nothing but the consequences of the limits of civilization and of social living, which ‘enclose and press around us like a circle of iron’ (ibid.). Similarly, ‘weariness of life and disgust of existence’ are nothing ‘but a form of hypochondria and sometimes of melancholia’ that

result from civilizational pressures (ibid.: 273). Misery would also be better explained by physical rather than moral causes such as malnutrition and anemia leading to nutritive disorders or to the general hyperaesthesia of the nervous system (ibid.). In general, suicide is simply an effect of the struggle for existence and of human selection. In “civilized societies”, the struggle for existence becomes ever more fierce because of competition among workers and the intensification of the struggle with other people and with nature. The combined effect of these conflicts allows nature to cut off the weak by extreme poverty, slow privation, illness, madness, and suicide (ibid.: 364-7). Malthus’s theory of evolution had now completed a loop starting from the study of demography as a branch of human sciences to biology by way of Darwin’s theory of evolution, and back to the human sciences where it was now applied to explain statistical laws underlying suicide and crime rates (ibid.: 354). The social evolutionary approach also underlies Durkheim’s theory of suicide, although the latter’s sociologically more sophisticated conceptualization remains critical of Morselli’s rigidly deterministic outlook. Meanwhile, in the work of Morselli, suicide became an objective symptom of biosocial evolution rather than a subjective act or a symbolic protest against the unjust conditions of physical, emotional, and moral life in “advanced societies.”

The existence of possible interrelations between civilization, biology, and suicide intrigued Durkheim as well who, it seems, happened to stumble on this issue in 1888 while working on the problem of low birth rates. In France, concerns about moral degeneration had skewed the debate over suicide for a good portion of the nineteenth century (see Nye, 1984; Pick, 1989). Suicide, low birth rates, decadence, and crime were

more often attributed to national moral decline, especially as compared to Germany and to France's own past, than to the general effects of civilization experienced across a variety of European nations. The chief worry was 'the sluggishly growing population' (Nye, 1984: 140). This led to the pervasiveness of a racialized medical model in political and moral debates at the cost of sociological analysis. The degenerate individual was not an isolated case but 'a painful reminder of the weakness of the "race" and a living assurance of its continued decline' (Nye, 1984: 143). A viable and consistently argued sociological alternative to the medical debate finally emerged in the works of Durkheim, although the strength of his work seems to lie in the fact that, rather than competing with biology, he extended the logic of biology to the social body. Following the example set by Comte, Durkheim treated the social body as an organism that functions as a whole and experiences periods of relative health, growth, acute illness (anomie), or gradual decline.

In a little known 1888 essay titled 'Suicide and Fertility: a Study of Moral Statistics,' written nine years before his famous monograph on suicide, Durkheim attributed suicide to a disruption of the equilibrium of the 'vital force' in the individual and the social organism. Citing Jacques Bertillon (a contemporary medical statistician), Durkheim argues that 'suicide is always a symptom of an organism in disequilibrium' that has its source in social or organic causes (ibid.: 193). Suicide numbers were not an indicator of individual happiness but of the comparative state of health or sickness of a society: they were a sign of the decline of the power of resistance of the social organism (ibid.: 177). Suicide could not be simply taken as a consequence of, or a solution to, the growing intensity of competition and the struggle for survival, as Morselli's Malthusian

approach would have it. Rather it should be seen as a symptom of strictly 'social or, if you will, moral causes' (ibid.: 196). Here enters the problem of low birth rates: comparing birth rates and mortality rates, Durkheim provided further evidence for what had already been feared in France for a long time, namely, that in county towns in each *département* mortality exceeds the birth rate (ibid.: 189). While this hardly counted as a new revelation, the originality of Durkheim's work lies in his effort to establish a systematic connection between high suicide rates and low birth rates, arguing that the two 'abnormal' trends derive from the same deep-seated moral causes (ibid.: 192). As shown in Table III-4, Graunt's double-entry model reappears in Durkheim, this time in order to display the existence of a statistically established link between the frequency of suicides and births. What is revealed is that the declining social organism becomes unable to reproduce itself (thus low birth rates), neither can it preserve its existing members (thus increasing suicide rates). This analysis illustrates the close association, or in fact the identification, of social and moral forces which is characteristic of Durkheim's entire sociology. According to the laws of social evolution, 'the family lies in the nature of the human organism' as the individual needs to be part of a compact mass to increase his powers of resistance. In contrast, smaller families and weaker family ties 'leave gaps between them through which there blows the icy blast of egoism, chilling the heart and breaking the spirit' (ibid.: 195). A strong 'domestic spirit' and communal life protects the individual against suicide and at the same time leads to higher birth rates. In comparison, a strong emphasis on material well-being weakens family ties and leads to both high suicide rates and lower birth rates.

**Countries with the most suicides**

|                                | Suicides<br>per 1,000,000<br>inhabitants | Births per 1,000<br>inhabitants (1865-76) |
|--------------------------------|--|---|
| Denmark (1866-75)              | 267                                      | 30.9                                      |
| France (1871-75)               | 150                                      | 25.7                                      |
| Switzerland (1876)             | 196                                      | 30.4                                      |
| Prussia (1871-75)              | 133                                      | 38.5                                      |
| Austria (Cisleithan) (1873-77) | 122                                      | 38.7                                      |
| Bavaria (1871-76)              | 90                                       | 39.2                                      |
| Sweden (1871-75)               | 81                                       | 30.4                                      |
| Norway (1866-73)               | 74                                       | 30.3                                      |
| England and Wales (1871-76)    | 70                                       | 35.5                                      |
| <i>Mean</i>                    | <i>131</i>                               | <i>33.3</i>                               |

**Countries with the fewest suicides**

|                       |           |             |
|-----------------------|-----------|-------------|
| Hungary (1864-65)     | 52        | 41.7        |
| Belgium (1866-75)     | 67        | 32.1        |
| Netherlands (1869-72) | 35        | 35.6        |
| Italy (1864-76)       | 31        | 37.1        |
| Finland (1869-76)     | 31        | 34.5        |
| Spain (1866-70)       | 17        | 35.7        |
| Romania (?)           | 25        | 30.2        |
| Scotland (?)          | 34        | 35.1        |
| <i>Mean</i>           | <i>36</i> | <i>35.7</i> |

Table III-4: Durkheim's suicide-fertility table for Europe (Durkheim, 1992 [1888]: 178)

The brief excursion on this topic gave a boost to one of Durkheim's longest-lasting endeavours, as it provided 'yet more evidence of the truth that, in social questions, it is the social point of view which predominates' (ibid.). The topic seemed so promising that soon Durkheim decided to drop his other projects and dedicate himself to another, more comprehensive study of suicide (1951 [1897]), one that was subtitled 'a study in sociology' rather than 'a study of moral statistics' as in the 1888 essay. It was not that Durkheim no longer considered suicide a moral issue, but that he now regarded morality (i.e., the strength of social solidarity) as the essence of social life itself. The concept of morality was embedded in the very word 'social.' Birth rates were now among a host of other issues that encompassed the general cultural and economic conditions of modern Western European civilization, differentiating it from its own past and from societies in

other parts of the world. Here again the originality of Durkheim's work does not lie in linking suicide to religious sentiments, urbanization, high culture, or individualism, for which he is often credited. As we have seen, Morselli had already made an extensive, statistical argument for these associations (cf. Turner, 1989; Porter, 1995). Durkheim's original contribution lies rather in his realization that our explicit or implicit attitude of condemnation toward the predominantly modern forms of suicide—egoistic and anomic—does not merely stem from moral prejudice. Rather, the widespread apprehension toward these forms of suicide is a reaction to a real moral threat that they pose to the state of social solidarity. Pathologically high rates of suicide not only present an attack on the life of the individual, which is held sacred in modern societies, but are also a reflection of our own shortcomings as a civilization. For Durkheim, this makes suicide a difficult moral subject to reckon with. Western societies cannot condemn suicide without condemning themselves because 'the state of mind from which it springs is a general one' (1951 [1897]: 372). A society needs to get its members accustomed to both happy optimism and morbid melancholy as both are necessary aspects of social life. Those who commit suicide reflect the latter aspect of the collective mood, which is becoming increasingly predominant in Western societies.

In the nineteenth century, many statistically minded social thinkers, including Buckle (1883), Guerry (1833), Masaryk (1881), Morselli (1881), and Durkheim (1897), were convinced that western societies were undergoing a profound moral crisis resulting in higher suicide and crime rates and that this increase was regular and easy to explain as an effect of "civilization." From the earlier studies that looked only for statistical

correlations to the more sophisticated models, it was apparent that the rates of suicide warranted concern throughout the Western world. Morselli noted that even English periodicals, like *The Times*, *The British Medical Journal*, *The Journal of Mental Science*, *The Pall Mall Gazette*, and *The Quarterly Review*, which often showcased the superiority and benefits of English civilization, were nevertheless forced to ‘confess this painful truth [of increased suicide rates]’ (Morselli, 1881: 24). National rivalries had become irrelevant and it was no longer important whether France or England had more suicides: the whole edifice of the West’s moral superiority was now crumbling under the crush of numbers. Suicide was a malaise of civilization, a ‘disease of civilized peoples’ as Morselli (*ibid.*: 13) put it. It had become more than a national disgrace: it was now threatening to taint the image of the whole civilized—that is, Western—world. To make matters worse many found out, to their surprise and contrary to popular belief, that within Western societies those of higher culture and education were more prone to suicide, indicating that the rates of suicide were only going to increase with the spread of public education.

The “civilized race,” however, found a way to explain this imagined scandal (high rates of suicide) without conceding any moral ground to the “savage” or to the less civilized. A positive spin was put on the scandal: suicide was a human sacrifice to civilization and suicide victims were the tribute of humanity to the growth of mental culture. The blame therefore had to be put on ‘modern civilization with its burning fever which, like Saturn in the fable, devours its own children’ (Morselli, *ibid.*: 301). As Durkheim (1951 [1897]): 324) memorably put it, through annual suicide rates society

pays its bill in installments. Suicide reappears as sacrifice: 'the ransom money of civilization' (ibid.: 367), albeit in a language reflecting the economic-actuarial and statistical rhetoric and sensibilities (bill, installments, ransom money, rates) that had underlined the question of life and death since the late seventeenth century. Suicide rates were taken to indicate a dividing line between the "civilized," that is, people of Western European origin, and the "uncivilized." At first, the uncivilized were found to have no suicide (Westermarck, 1917: 229-41), and when contradictory facts emerged out of ethnographic works showing that suicide had in fact existed outside of the "civilized" world, it was attributed to unworthy causes or unsophisticated mentalities: the primitive sacrifice themselves for superstitious gods while the civilized are human tributes to progress. The "savage" only kill themselves over simple causes such as hunger or out of spite. The civilized, on the other hand, are led to suicide by a multiplicity of motives caused by psychical needs arising from the mutual relations of highly organized societies (Morselli, ibid.: 118). Above all, although suicide was a vice and a crime, it was a nobler crime because its ratios fluctuated in direct proportion to the level of culture and in reverse proportion to the more "savage" and violent forms of crime such as homicide.

In addition, moral statistics, as used in early sociological writings, completed the shift from an individual-centred to a socially deterministic outlook on suicide, a shift that was itself indicative of a higher state of intellectual progress in the "civilized" world. The laws of aggregate numbers made a mockery of old moralistic views of free will and individual determinism. 'The old philosophy of individualism,' as Morselli (1881: 3) argued, 'had given to suicide the character of liberty and spontaneity,' but it had now

become 'necessary to study it no longer as the expression of individual and independent faculties, but as a social phenomenon allied with all the other racial [here meaning demographic] forces.' Not long after enlightenment philosophy had established the centrality of free will and of critical reason as the defining characteristics of the dignity and individuality of a person, moral statisticians became fascinated with the possibility that the most private and the most moral demonstrations of personal agency through marriage, suicide, and homicide can in fact be explained by something other than free will. And they had numbers to prove it. The existence of motives did not indicate the existence of free will. Free will was at best the equivalent of chance in nature (Morselli, 1881: 269). The objective causes of suicide excluded individual spontaneity and 'the will to quantify' questioned free will.

Those interested in objectifying suicide intellectually in the nineteenth century, whether from a sociological or medical point of view, often turned out to be against suicide personally. They objectified it exactly because they saw it as evil but did not want to use moral-metaphysical or philosophical arguments to back their point. A disguised subjective condemnation of suicide underlay the objective 'scientific' accounts that came in vogue, especially early in the nineteenth century. A host of medically or sociologically oriented writers had portrayed suicides as degenerate, impotent, weak, and insane. Even social thinkers like Morselli and Quetelet, who emphasized the effects of civilization in explaining the rising rates of suicide, still attributed this influence to the straining effect that civilization and social pressures had on the mental health of the population. Hence, the causes of *insanity* as enumerated by the psychiatrist Esquirol largely overlap with the

causes of *suicide* as pointed out by the sociologist Morselli. Each of them considered the role played by climate, seasons, age, sex, temperament, professions, as well as the modes of living, laws, civilization, and the moral and political condition of a people. In any case, a general attitude of contempt was at least implicit in most statistical writings on suicide. Moral statisticians could not explicitly condemn suicide as a sin or a moral act for which the individual was responsible because that suggested the existence of free will, which moral statistics had refuted or at least problematized. Instead, the socio-medical language of madness, mental instability, and degeneration tended to cast a disguised moral judgment on suicide.

Durkheim stood out in this respect. For him, the social, the moral, and the private aspects of suicide, as an individual act, are interwoven (Durkheim, 1951 [1897]: 39, 325, n2). To begin with, Durkheim distinguishes himself from his predecessors, such as Quetelet and Morselli, by narrowing down and limiting rather than expanding what counts as statistical fact. For Quetelet and Morselli, variations in suicide rates by age, sex, religion, climate, or race were enough to make them statistical facts. Durkheim, on the other hand was interested in providing sociological explanations behind statistical correlations (Porter, 1995; Giddens, 1971: 38). For Durkheim, such sociological explanation had to discover and elaborate on moral forces behind a statistical variable. Religion, for instance, is not by itself a sociological variable. Rather, it is sociological because of the moral force that it exerts on the community of believers, creating a more or less strong state of the *conscience collective*. The latter in turn bolsters social integration and provides a stronger state of cultural regulation, thereby leading to lower

rates of suicide. Within this context, Durkheim's emphasis on free will in his understanding of suicide as a voluntary act or rather as a 'resolution [entailing] certain sacrifice of life' (Durkheim, 1951 [1897]: 42) further distinguishes him from most of his contemporaries, especially from Quetelet, Morselli, and social Darwinists. According to this definition, while individual motives are not a factor in defining an act as 'suicide,' it is still important to ascertain that the individual knowingly gave up his or her will to live. In addition, for Durkheim, while higher rates of suicide are signs of a collective moral crisis, individual cases of suicide are often influenced by personal motivations that maybe morally admirable. From this point of view, suicides are neither degenerate nor insane. Durkheim's carefully crafted scientific definition of suicide, which emphasizes demonstrable self-knowledge (rather than motives or instincts) of the consequences of the suicidal act (ibid.: 44, cf. 325, n2) encompasses acts that are by nature altruistic and therefore worthy of praise, such as endangering or taking one's own life for the sake of others (cf. chapter 4, esp. 228). Indeed, for Durkheim, 'suicide is a close kin to genuine virtue which it simply exaggerates' and is connected via a chain of graduating acts to the whole range of moral conduct (ibid.: 371). Indeed, what often makes us sympathetic to suicide is an attention to the motives behind it—something with which Durkheim was intimately familiar because of the suicide of his closest friend at the *École Normale Supérieure*, which happened in 1886 only two years before he wrote his first work on suicide (see Lukes, 1985: 49-51). It is not difficult to think of shame, remorse, love, and despair (some of the usual motives of suicide) as being related, in varying degrees, to noble human traits. In this sense, suicide still belongs to the category of moral acts.

Yet despite, or perhaps because of its moral dimensions, suicide must be condemned and punished: suicide is a close kin to genuine virtue and at the same time a genuinely immoral act. Here, Durkheim has to walk a fine line in order to balance out the ideological tension that characterizes much of *Suicide*. His work has a decidedly anti-egoistic flavour, yet it also embraces moral individualism (cf. Nemedi, 1997). What needs to be punished is not suicide as such but the egoistic spirit that lurks behind it and threatens the *conscience collective*. It is exactly because social determinism does not rule out individual determinism in each particular instance that the suicide is morally responsible for her or his acts. Furthermore, with Durkheim, suicide regains its symbolic status, making it still more significant from a moral point of view. It harms the individual, which is the ultimate sacred object (or totem) of modern Western societies. It is a sacrilegious gesture against the most precious object of collective sentiments in these societies. Suicide becomes capable again of offending a god, albeit a secular god. In the process it also regains its ancient status: an act of rebellion that must be condemned but that is nonetheless worthy of our sympathy due to the nobility of its motives.

Durkheim's recommended punishments for suicide, such as deprivation from proper burial or certain civil rights, had a moral and symbolic character just as did the act of suicide itself (Durkheim *ibid.*: 371). In contrast, since the nineteenth century, most other social-epidemiological studies of suicide recommend and help devise a less conspicuous system of surveillance through statistical tabulation in which suicide remains a statistical-moral rather than a symbolic-moral problem. In other words, in the tradition of moral statistics of the nineteenth century, whether suicide is problematic or not is still

determined on the basis of the presence or absence of any 'troubling trend' indicating higher suicide rates than the statistically normal rate.

### **Conclusion: the lingering curse**

Dye I must by Sentence of the Magistrate; why there should I defer to fall by my own hand? To Vindicate ones Self from extream, and otherwise inevitable Calamity, by Sui-cide is not (certainly) a Crime, but an act of Heroique Fortitude. I am resolved therefore, my sword shall prevent the ignominy of the Gallows, and by forcing open the Gates of death, I will stop up the way to the public shame.

From Walter Charleton, *The Ephesian Matron*, 1668 [1651 or 1652]: 73

U.S. Army Specialist Joseph Suell wanted to be a career soldier. After serving in Korea for a year, he re-enlisted and last April was dispatched to Iraq. Two months later, he took his own life — or, in Pentagon parlance, suffered a "non-hostile, self-inflicted drug overdose." He was 24.

From Lynda Hurst, *The Toronto Star*, April 11, 2004, F3

By the beginning of the twentieth century, suicide was established as 'a preventable mode of death,' as a UN report puts it (United Nations, 1996: 7), arising from social or medical conditions. In the nineteenth century, suicide was problematized mainly because it demoralized the public. In the twentieth century, the argument became explicit that suicide also imposed significant direct and indirect socio-economic costs because of the 'loss of human resources' as well as the increased 'expenditures in health, social and other services' (ibid.). In 1980s, these costs were estimated to be about \$11.2 billion in the US (Lester and Yang, 1997: 8). Another estimate in 1989 shows that a single youth suicide costs \$431,000 in lifetime earnings and \$1,067 in medico-legal expenses. In England, the medical costs imposed by an attempted suicide is estimated at £34,000 (Rodger and Scott, 1995, Figure III-1). In a circular fashion, suicide has again become a loss to the sovereign, one that is no longer symbolized primarily by the sword and the scaffold but that is seen as the protector of the public interest. Yet there are dissenting voices: in purely economic terms, suicide, like smoking, imposes economic losses but it

also saves money on psychiatric treatment and old age care. A significant number of those who commit suicide are not or cease to be fully functioning and productive members of the society before they take their own lives anyway (Lester, 1995). Yet these admittedly awkward facts are often hushed. The predominant attitude as reflected in the UN report seems to hold to the opinion that suicide does impose economic costs. This argument in turn calls for a variety of medical and social preventative measures.

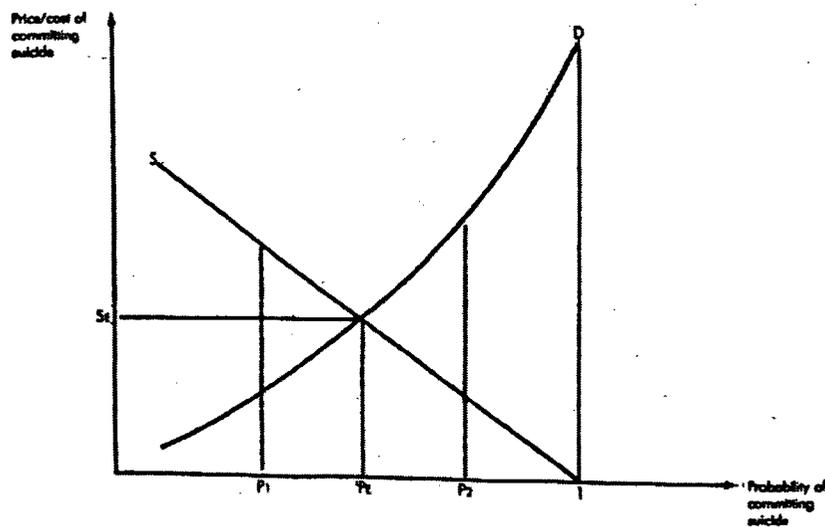


Figure III-1: Demand and supply curve of suicide (Lester and Yang, 1997: 48)

Outside of the private realm, it is not unusual for suicide to be treated in cost-benefit terms. Admittedly, the political and economic discourse does not account for all modes of social or cultural approaches to suicide. However, even within this limited—yet influential—discourse the insistence on counting the costs of suicide in strictly economic terms needs explanation. Is it possible that behind a mask of economic rationality lurk the primordial flames of an old social-psychological anxiety about suicide? Is it possible that the rituals of modern day suicide prevention (from meetings in the psychologist's or social worker's office to the meeting of the UN General Assembly to discuss suicide)

have something in common with the macabre medieval rituals of desecration, designed not only to contain the diabolical powers of the suicide ghost but also to discourage others from taking their own lives? Does suicide still cast an unspeakable curse on the social psyche, one which our ancestors readily acknowledged and tried to deal with but which we do our best to hide in cost analysis calculations? Are we afraid of the one who says no to society?

Similarly, the survival and codification of customs and rituals against suicide in the Middle Ages, the persistence of such rituals well into modern times and up to the nineteenth century, and the still-existing, unspoken taboos which make suicide a shame and a social ill, not to mention the great reluctance with which anti-suicide laws were finally removed from law books, all suggest that there might be a factor, more profound than religion, superstition, and economic interest, underlying negative cultural (legal, medical, sociological) treatments of suicide. After all, why did the *conscience collective* in the West (as in many other place in the world) feel such a grave need for devising ever more elaborate rituals specifically designed to maximize the humiliation of the corpse throughout much of human history and well into modern times? Why was suicide considered a sin graver than homicide (as Saint Augustine argued) despite the fact that intuitively it seems to entail a lesser harm, if any, and that the Bible had not explicitly made suicide a sin? Some historians argue that suicide was harshly punished because it constituted a political and economic liability, especially during the Middle Ages when peasants were the property of landowners or of the king and their suicide could constitute an economic harm (Macdonald and Murphy, 1990: 15-28 and 109-125). But the question

remains whether the self-killing of a “village idiot” or of a law student living as a freeman in London, such as Abel Griffiths, would constitute enough economic harm to justify the severity of the punishment. Could it be that the treatment of suicide resulted from a grave symbolic challenge that it made against the *conscience collective*? Can we not regard suicide, in its most elementary and most advanced forms, in its most religious and most secular symbolism, as a ceremonial gesture: a ritual offering in exchange for justice, salvation, or sympathy? Answering these questions requires reflecting back on the modern Western history of suicide and analyzing the social-psychological implications of the attempts to ‘de-moralize’ suicide, that is, on those attempts to objectify and quantify it in terms of medical, psychiatric, social, and economic factors. Such analysis appears to reveal that, although modern means of regulating suicide are distinct from more traditional means, they all pursue the same goal.

In its most ‘elementary’ form, suicide is an act of protest, a way of exacting revenge, a strategy to call attention to an urgent cause when all other avenues are closed. The Trobriander boy accused of incest hangs himself to entice retribution against his accusers (Malinowsky, 1976: 77-8). In China, nineteenth-century ethnographers reported that a man could kill himself to ensure punishment for his enemies or those responsible for his despair, a practice officially endorsed by the law (Westermarck, 1917: 242). In Western fiction and theology suicide also contains symbolic meanings: Lucretia’s name became immortal because she wished not to survive her “dishonour” as did Milesian and Corinthian women who are praised in Greek epigrams because they preferred death to falling into the hands of the enemy (Westermarck, 1917: 247). The Ephesian soldier in

the above quotation also prefers taking his own life to being publicly humiliated.

Throughout the feudal period, those accused of treason would kill themselves to escape the brutal justice awaiting them. The gentleman's sword was similarly his last avenue of escape from immanent financial disgrace. But perhaps most pertinent to the European consciousness is the self-inflicted nature of the Christ's death on the cross (John 10: 14-18, John 19: 10-11; cf. Fedden, 1939: 143). Had not the Son of God offered his body and blood in exchange for humanity's salvation? And since the Christian doctrine defines Father, Son, and the Holy Spirit as 'three persons in one God,' should we interpret the sacrifice of the Son as an act of God's self-killing? In our day, there are occasional but somewhat provocative news reports of bullied school children hanging themselves, political prisoners going on hunger strikes, and demonstrators setting themselves on fire. Weary soldiers choose dying over killing or being killed and there are frequent suicide attempts by death row inmates, so frequent that in some countries they are all automatically put on suicide watch. And then there are "philosophical suicides" of the stoic or pessimistic kind, in which the value and meaning of life, collective or individualistic, is questioned. Most significantly, the symbolic potency of suicide is displayed in the modern-day logic of terrorism, best captured in the title of Reuter's 2004 book *My Life Is a Weapon* or even in Baudrillard's (2001: 137) characterization of 'the spirit of terrorism' as one which turns death into an 'absolute weapon against a system predicated on the exclusion of death' (I return to these issues in the conclusion). As such it is a form of 'symbolic and sacrificial death, i.e., the absolute event without possibility of appeal' (ibid.).

In these and many other forms of suicide, there are traces of what Durkheim would call altruistic and fatalistic suicide, which still linger along with egoistic and anomic forms of suicide. But apart from whether these forms of suicide are altruistic or egoistic, in Durkheim's definition, what is common to all of them is the symbolic use of death as a means to make a social claim to something not attainable otherwise: suicide is a protest, a yearning for justice, meaning, or happiness in a world perceived to be without them. It reminds the society of its imperfections. This fundamental subjectivity of the suicide act and its symbolically powerful subversive claim distinguishes suicide as the ultimate political act and as the ultimate avenue of exercising individuality and agency over one's destiny in the absence (perceived or real) of all other alternatives. As Pliny argued in 1<sup>st</sup> century AD, suicide is what distinguishes man from gods and redeems humanity's imperfections (see citation on pages 127-8). Man alone is capable of doing for himself what gods cannot do for themselves, a view that was not lost on early modern sympathizers such as Hume and Mme de Staël. It is in this light that the *un-human* agony of immortals like Fosca, the Medieval king in Simone De Beauvoir's *All Men Are Mortal*, becomes comprehensible: 'Even if I want to die, I can't' (Beauvoir, 1995 [1946]: 28). Similarly, suicide also distinguishes the individual from the political sovereign and from the society as a whole. It gives the individual a sort of symbolic power that neither of these two can cancel out: as a *fait accompli*, suicide helps the author of the act establish a moral claim that neither the sovereign nor the society can challenge. By killing themselves, the soldier, the housemaid, and the philosopher pronounce moral judgments upon life and upon the society that cannot be reversed posthumously. The

greatest sin, as Saint Augustine called it, is simultaneously the greatest moral and political act. It is the greatest sin exactly because it is a unilateral challenge: it is an act of rebellion against God, one that rejects his offer of benevolence by destroying any chance of repentance. Similarly, such an act rebels against the society without giving it a chance to respond and redeem itself.

From the collectivity's point of view, there is something precarious about suicide: in the armies it demoralizes soldiers and in the society at large it works as a sign of rampant "moral decadence," "national degeneration," economic destitution, or political discontent. It is perhaps with regard to this symbolic challenge that we can best understand and explain long-lasting laws in Western European societies, among many others, banning suicide as an act against the sovereign, against God, and against the society as reflected in Kant's assertion that suicide is an insult to humanity and a sign of contempt for society (Kant, 1949 [1785]: 38-9; Westermarck, 1917: 260). It also sheds light on the reason why in France, once in the late eighteenth century during the *Ancien régime* and then again during the Napoleonic era, newspapers were banned from publishing suicide-related news for fear of imitation, public demoralization, or loss of faith in the government administration (Minois, 1999: 293; Fedden, 1938: 286)—explanations that also seem to be relevant to the censorship of the news of suicide among soldiers in modern day armies. The same might explain the dominance of medical and social-deterministic discourses on suicide and the popularity, as exemplified by the U.N. panel mentioned above, of discussing the harms of suicide in strictly economic terms despite evidence indicating that suicide is not harmful economically. What brings all of

these practices together is that they attempt, to paraphrase Baudrillard, to silence the 'symbolic potency' of suicide. They transplant an event that belongs to the social and symbolic realm of gestures and of ambivalent exchange between the living and the dead (the left side of Table 1 in the Introduction) into the political and economic realm of the exchange of exact and equivalent values. The symbolic protest or the sacrificial gift implied in suicide is therefore repressed by and contained within the logic of cost-benefit calculation.

This trend has been tied, throughout modern times, into a peculiar 'strategy of naming' (Bourdieu, 1991: 107-126). In the early 1650s, when killing oneself was still a punishable crime in much of the Western world, Walter Charleton became a pioneer in making moral arguments in favor of suicide. His most famous argument comes within the context of his translation of and commentary on the *Ephesian Matron* cited above, in which the term *suicide* is believed to have been coined. The story of the Matron of Ephesus, first told in Gaius Petronius' (~27-66 A.D.) *Satyricon*, concerns a soldier appointed to guard the body of a convict hung from the noose so as to prevent the relatives from taking it down and giving it a proper burial. The soldier, however, is distracted from duty by a beautiful widow mourning the death of her own husband. As the mourning scene gradually turns into a display of the newfound romance between the soldier and the widow, the convict's body gets stolen from the noose. Facing certain punishment, the soldier attempts to kill himself to avoid the humiliation of a public execution. Charleton's translation of this ancient tale marks an important turning point in the history of cultural and intellectual attitudes toward suicide. To begin with, the coining

of the term “suicide” was itself significant: it derived from Latin and its etymological roots were unknown enough to the average person to make the new construct much more morally neutral as compared to the strongly negative phrases common at the time, such as ‘self-murder’ or ‘laying a violent hand on oneself,’ or their equivalents in German and French. Up to then, paraphrases such as self-murder or self-homicide, *se tuer soi-même*, *être homicide de soi-même*, and *Selbstmord* were prevalent (Daube, 1972). But these concepts were overloaded with religious and legal connotations that regarded suicide as a sin and a form of murder. The attempt to challenge religious and moral conceptions regarding self-killing called for a different strategy of naming. Daube (1972: 425) who has done an extensive study of the etymology of ‘suicide’ argues that ‘suicide,’ translated according to strict Latin grammatical rules, means the killing of a pig. It is doubtful if many caught the sarcasm, but the neologism became popular, especially among those, like Sir Thomas Brown (1642 [1636]) and Voltaire (1739), who were interested in a neutral, non-religious way of naming the act (Charleton, 1668 [1651/1652?]: 73; Daube, 1972: 425; cf. 145; Williams, 1957: 252).

In an essay titled ‘No one commits suicide,’ Dorothy Smith (1990) has argued that practices of naming such as the use of the expression ‘committing suicide’ instead of ‘killing oneself’—or in euphemistic Pentagon parlance of ‘non-hostile, self-inflicted drug overdose’ in the above quotation—are indicative of a bureaucratized approach to the facts of everyday life, often created, incorporated, and/or perpetuated by sociologists. For Smith, the dissociation between ‘the original and fundamental location of consciousness, of knowing, in an experiencing individual,’ on the one hand, and ‘an abstracted system of

representing “what actually happened/what is”,’ on the other hand, results in the canceling out of the subject ‘in favor of expressions such as *suicide*’ (ibid. 143). Smith explains the dynamics behind this dissociation in terms of the conceptual practices of power: the abstracted mode of knowing and discursive vocabularies in circulation between state bureaucracies in charge of data collecting (coroners office, clinical records, government statistics, etc.) and the academic intelligentsia (ibid. 144-5). But abstracted concepts such as ‘suicide’ or ‘non-hostile, self-inflicted drug overdose’ or the numerical aggregation of self-killings in terms of ‘suicide rates’ do more than silence the subject in the interest of data gathering and record-keeping. Neither are they simply instruments of power/knowledge in the hands of the elite. They are, above all, culturally authorized strategies of naming that work to neutralize and nullify the symbolic challenge inherent in suicide as an act of protest, a gesture that, in the manner of a *fait accompli*, closes the doors on any response.

Hence, in anticipation of the following chapter, I ask whether the same logic would also equally apply to concepts such as “*euthanasia*” and “*physician-assisted suicide*,” which are now used in a highly technical and medicalized sense to refer to the voluntary death of a severely ill or discontented person. The following chapter examines the debates over *euthanasia* and the increasing popularity of the right-to-die movement in light of a societal need for creating a private space within which individuals can exercise autonomy over their own dying process, but a space which is highly medicalized and therefore works to neutralize the meaning and symbolic significance of the decision to choose death over life.

## CHAPTER IV

### THOU SHALT NOT DIE AN UNDIGNIFIED DEATH: THE DISCURSIVE CONSTITUTION OF DEATH WITH DIGNITY

#### Prologue: the life that may be taken

The time is approaching when we shall consider it abhorrent to our civilization to allow a human being to lie in prolonged agony which we should mercifully end in any other creature. When all usefulness is over, when one is assured of unavoidable and imminent death, it is the simplest of human rights to choose a quick and easy death in place of a slow and horrible one. Believing this open choice to be of social service in promoting wiser views on this question, I have preferred chloroform to cancer (Charlotte Perkins Gilman, 1935: 147).

The last words of Charlotte Perkins Gilman, the prolific fiction writer, feminist, and freelance sociologist, embody the frame of reference of the euthanasia debate in the twentieth century: it begins where the nineteenth-century debate on suicide had left off. In the twentieth century, as in the nineteenth century, the right of the individual to take her or his own life is deduced not from the conception of the individual as *Dei imago*, whose sanctity of life emanates from the sanctity of God's existence, but from Western society's image of its own *civilization*. In fact, the twentieth century debates for and against euthanasia are, as we will see throughout this chapter, often cast in the language of familiar images and icons: the image of the sanctity of life as stemming from the biblical iconography of Christ's sacrifice for humanity, the image of dignified, peaceful, and beautiful death (as captured by Henry Wallis' *Death of Chatterton*, discussed below), the image of "undignified" death (as seen in pictures of comatose patients or premature babies living as an appendage of numerous machines, also discussed below), and last but not least, a nation's image of what it means to be civilized (euthanasia as a civilized way of dying).

Each of the above images is invariably related to the image of what constitutes an orderly and acceptable death. In this regard, the twentieth century presents the ultimate dilemma

for the modern forms of regulating death. The developments that had taken place over the previous three centuries stressed the cultural value of life and reinforced the idea that all forms of avoidable death (violent, premature, and self-inflicted) must be prevented. The social-statistical aspects of these developments were discussed in the previous three chapters. Combined with technological advances in medicine and public health, these developments resulted not only in the prolongation of life but also in the prolongation of the dying process and the intensification of the suffering that accompanies it. In reaction to these developments, the right to die movement, which emerged in the early twentieth century and gained ground after the 1960s, demands the recognition of the need to grant a “dignified death” (euthanasia) to the dying and those too weak to live. A paradoxical problem thus arises from the need to incorporate this demand within a system essentially oriented towards preventing death. Euthanasia is a form of death that incorporates all previously problematized forms of dying: it is preventable, “premature,” and self-inflicted, albeit with the help of another person. Above all, it is a symbolic challenge to a socio-medical and cultural order that holds life as such to be an ultimate value. In the pro-euthanasia literature, it is often argued that medical technology and aggressive methods to keep people alive have made the dying process prolonged and painful and therefore undignified, and that legalized euthanasia is needed in order to resist excessive medicalization and restore dignity to death. How do we then explain the legalization of euthanasia in a handful of Western countries? Is the latter a sign of the recognition of the symbolic challenge that euthanasia poses to the modern Western order of death or is it

merely an attempt at transmuting it into something that is no longer symbolically meaningful?

Moreover, in the broader context of modern sovereignty's paradoxical relationship with death, in which sovereignty progressively avoids being associated with death while at the same time retaining its legitimate monopoly over the use of violence, the question of euthanasia poses a seductive challenge to politics. It provides an opportunity for a gentle mastery over death and yet at the same time it re-associates sovereignty with death, a link that sovereignty has for so long tried to hide. The twentieth century then, gives us *forced euthanasia*, practiced not only in Nazi Germany but also in parts of the US, as part of a campaign initially aimed at reducing the economic costs imposed by "idiots" and "imbeciles" (see Binding and Hoche, 1975 [1920], Sassone, 1975: 61; McInerney, 2000: 140). On the other hand, the twentieth century also gives us *voluntary euthanasia*: the legitimate fulfilment of a person's wish to *die with dignity* with the help of another person, as first practiced under state sanction in the Netherlands. These two faces of euthanasia—so different in their intentions and modes of practice—have at least one thing in common: they both call for the deliberate and *premeditated* exercise of political power over death. The exercise of such power in turn necessitates a redefinition of life that can be taken legitimately, a task that is largely performed by medical ethics and law, but to some extent also by social statistics. Hence the re-entry of quantitative sociology into the debate. As such euthanasia is a political, moral, statistical, and medical question, all at once.

In this respect, my argument is informed by Agamben's (1998) notion of *homo sacer* or *bare life*. *Homo sacer* originates in the ancient and long-forgotten notion that there are lives that are outside both the human and the sacred realm, the iconic example of which is the person sentenced to death. *Homo sacer* can be killed with impunity, since he is not human, but not sacrificed, since his sacrifice will not be accepted by gods (ibid.: 82). As such, *homo sacer* is the quintessential subject of sovereignty, which is constituted on the condition that it and it alone can kill its subjects. In fact, sovereignty is founded on the possibility of eliminating bare life with impunity (ibid.: 83). For Agamben, the notion of bare life has been and remains central to the practice of sovereignty. The power over bare life is manifest each and every time a decision is made—whether by action or omission, knowingly or out of ignorance—as to whether a person's life is worth living. He argues that both Nazi euthanasia (and eugenic euthanasia in general) and medical euthanasia as practiced today can be best explained in terms of this problematic intersection of sovereignty and bare life. This rule also applies to other medical decisions with regard to when life ends and death starts, as exemplified by the shift in the main criterion for determining the moment of death from cardiac failure to brain death in the twentieth century (ibid.: 60-65), which implied that people who can still breathe and pulsate but do not have any brain functions are dead. Here *homo sacer* is defined in terms of scientifically decoded life signs.

We might choose to accept the claim that Nazi euthanasia, and the Holocaust that accompanied it, were only a violent aberration from the otherwise gentle and humane methods of modern Western power. Or we might agree with Bauman (1989) that these

aberrations were a direct outcome of the “rationalizing” process of Western modernity. There is little doubt however that voluntary euthanasia, as compared to forced euthanasia, is a growingly relevant reality in our day and that it is, at least in theory, well within the “gentle and humane methods of modern Western power.” In what follows I shall, therefore, focus only on voluntary euthanasia, keeping in mind that, in the last analysis, both forms of euthanasia call for a redefinition of *homo sacer*. I shall address euthanasia as an outcome of and in some way a response to the discursive forms of regulating death discussed in the previous three chapters, while arguing that it is itself a form of regulating the dying process. The intersection of sovereignty and death in euthanasia brings up the question of the historical dynamics of the symbolic and discursive forces governing and operating through death. In this respect, voluntary euthanasia poses an interesting paradox. On the individual level, voluntary euthanasia is arguably a highly symbolic act. It is a form of suicide, a mixture of egoistic and altruistic types: it is often aimed to relieve others from the burden of care and to relieve oneself from the burden of living and dying an “undignified” death. In any case, by virtue of being a form of suicide, euthanasia is inescapably symbolic. To the extent that it passes a verdict on society in that it calls attention to the fact that medicalized death has become “undignified.” At the same time, it gives a gift to the living by releasing them from the burden of care. Charlotte Perkins Gilman, who saw her entire life and work as a service to civilization (Gilman 1994: 803), wanted to *give* something to it even in her death: as an advocate of euthanasia and a politically engaged sociologist, she wished not only to avoid being a burden on her daughter, but also to set herself as an example for a whole social debate to follow. Yet, in

contemporary debates, the symbolic force latent in euthanasia often collides with the discursive and rationalizing force of modern Western medicine and law in so far as the latter attempt to incorporate and rewrite the language of voluntary euthanasia, presenting it as part of the medical care package. As such the debate over dignified death has been embroiled in the technicalities of the languages of medicine and law and redefined in terms of either a technical medical procedure or an abstract individual legal right. The two forces (symbolic and discursive) of euthanasia exist side-by-side and often collide but do not necessarily replace or negate one another.

As was the case for suicide, euthanasia seems able to achieve its neutral moral and legal status largely at the expense of suppressing the possible social and symbolic meaning inherent in the decision to choose death over life. And again, as in the suicide debates, sociology and social thinking have played a significant role in the drive toward the neutralization on both fronts, medical and legal. They have done so by claiming intellectual authority over the question of euthanasia—which is inherently a moral and symbolic question regarding the meaning and value of life and death and the extent of medical intervention in private life—and then by reformulating it in terms of the quantitative concern with risk management: is it better to keep euthanasia illegal or, since it is already being practiced underground, should we legalize it in the interests of transparency and more effective regulation? Which option poses a lesser risk?

My argument emphasizes the case of the Netherlands, which is the first country to openly debate, decriminalize and eventually legalize voluntary euthanasia—as opposed to involuntary euthanasia, which characterizes the eugenic approach underlying much of the

final solution of the Nazi era. In other words, what I am concerned with here is not the use of euthanasia to purify the society from the unwanted or the burdensome, but the movement that, at least ideally, aspires to limit itself to granting people's wish to die rather than passing a judgment on the value of their lives. The Netherlands is also a country where the debates have closely concentrated on the *technical* and *procedural* aspect of defining what life is and what life is not worth living, thereby avoiding more profound *moral* questions that have so far stalled the debate in other countries, especially Canada and the United State.

### **Dead man walking: the power to keep alive**

A prominent image in the modern Western iconography of death is one characterized by the romantic portrayal of serenity: in the works of nineteenth-century painters and the novels of the Victorian period, the premodern image of death, as primarily associated with this-worldly or other-worldly horror, increasingly competed with the pictorial infusion of death with eroticism and beauty or the verbal imagery of peacefully giving up the soul (see Binion, 1993; cf. Aries; 1974: 58). Thomas Chatterton, the exemplar of the doomed and under-appreciated romantic poet, died one of the typical deaths of his period: violent, lonely, "premature," and in desperate poverty. Just four months shy of his eighteenth birthday, too poor to pay for his tiny London attic, and abandoned by his potential patron, Chatterton tore his papers to shreds and swallowed arsenic. He "laid a violent hand on himself," to use the parlance of the time, but this was the romantic period and his death was destined to become beautiful even if it was not. In a painting accomplished between 1855-56, Henry Wallis immortalized Chatterton's dead body as

the most seductive male corpse of the nineteenth century (Figure IV-1): there is no vomit to be found on the sheets, no sign of convulsion or struggle, and the window is half open to let his soul fly gently away. The violent reality of Chatterton's death is masked by the beauty and peace of his after-death. Chatterton made young death so fashionable that Keats and Byron aspired to die young like him and William Wordsworth made him a symbol of 'resolution and independence' in a poem by the same title. Similarly, in Gabriel von Max's *The Anatomist* (1869), John Everett Millais's *Ophelia* (1851-2), as in Charles Dickens's portrayal of the 'departure' of Lucie Darnay's son in *A Tale of Two Cities* (1891), death was easy, gentle, and beautiful.

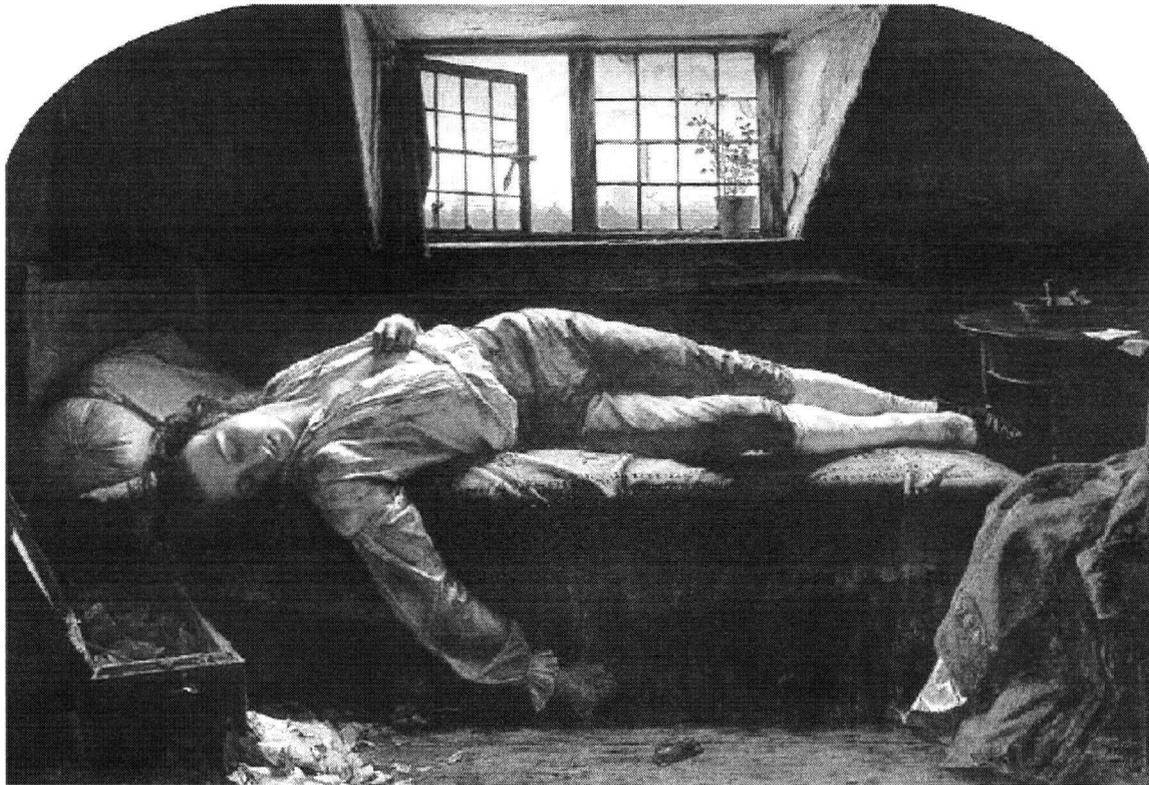


Figure IV-1: 'Death of Chatterton,' Henry Wallis (1855-56)

Yet outside of the margins of a book or the frames of a canvas, death was becoming more laborious than ever, as humans' bodily capacities were being stretched to the limits. From John Graunt, Sir William Petty, and Peter Frank to modern day social and medical epidemiologists, technologies of power/knowledge have led an unyielding crusade against accidental and "premature" death, because to live a "natural" course of life and to die only of old age have been deemed *a priori* good. Medical developments since the late nineteenth century and throughout the twentieth century contributed tremendously to this trend. Since the 1870s medical technology made its most dramatic advances, including Pasteur's (1870s) and Koch's (1880s) fight against infections, the first neurosurgical operation in early 1900s, the first cardiac surgery in 1925, and the first kidney transplant in 1954 (van der Berg, 1978 [1969]: 24-27). But it is wrong to blame or credit medical technology for the outcomes of these advances. What is more significant is the way in which technologies of power/knowledge, including life tables, medical statistics, and medical knowledge, have promoted an instrumental and mechanical approach toward life.

Ivan Pavlov, the celebrated Russian physiologist known for his reflex conditioning experiments on dogs, best embodies the spirit of this new age. The imagery produced in his lab provides the allegorical opposite of the idealized imagery of Chatterton's death and redraws an alternative portrait of modern Western death. On August 6, 1900 Pavlov read a paper titled 'Experimental Therapeutics as a New Exceedingly Fruitful Method of Physiological Investigation' to the thirteenth International Congress of Medicine in Paris, elaborating on his experiments in the grey

zone that separates life and death. He explained without flinching how he tried to keep dogs alive after cutting the vagus or pneumogastric nerves located in their necks. The vagus is a pair of fibres that, in Pavlov's own words (1900: 1019-20), invest 'nearly all the principal parts of the body in their cobweb-like ramifications.' This description implies that vagotomized dogs would be deprived of all their vital functions, including circulation, respiration, digestion, and the control of body temperature. Early in the experiments, the dogs died from hunger resulting from their inability to pass food through their digestive system. Later, Pavlov devised a completely artificial series of

interventions to replace the natural process of digestion. This involved feeding the animals artificially, preventing vomiting, and then having their intestines washed of residua with strong chemicals (Figure IV-2).

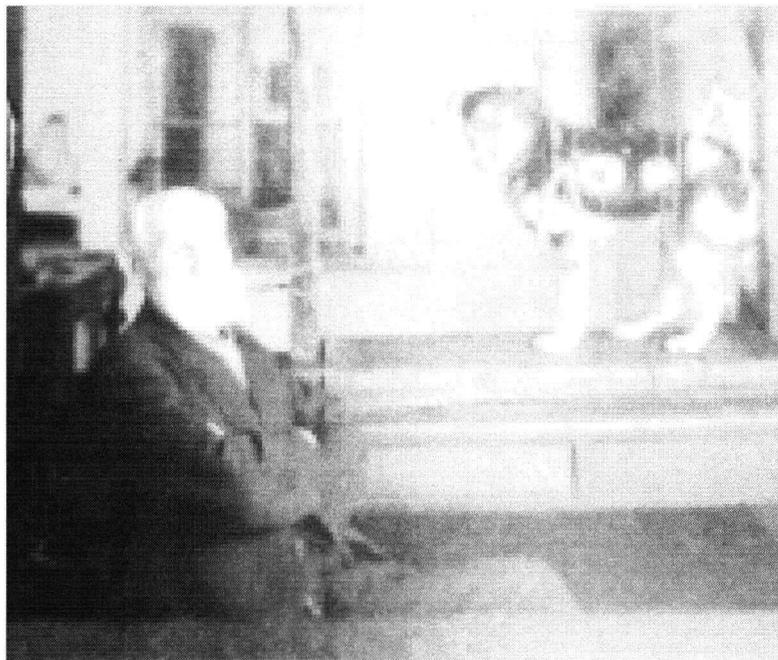


Figure IV-2: Pavlov and one of his dogs (date not known)

Pavlov proudly reported to the assembly of physicians that he and his colleagues were the first to keep vagotomized dogs alive, 'happy and strong,' with normal weight and in a 'satisfactory physiological condition.' Nevertheless, he admits later in the paper (*ibid.*: 1023-4), 'this was only on condition of a life artificially simplified, with a bland and tranquil regime' and without

the possibility of even taking a walk, because any physical activity would result in a sharp rise in their body temperature and a fatal acceleration of their heart rate. In short, by disconnecting the vagus these experiments hoped to find and isolate the many different causes of death and therefore gradually to invent artificial methods for combating each cause individually. It was these experiments, and not his more commonly known experiments on the drooling dogs, that ultimately won Pavlov the Nobel Prize in medicine in 1904.

Pavlov asked his audience to excuse him ‘for devoting so much time to this secondary question of physiology,’ noting that ‘there seemed to be concentrated in the question the fundamental idea of [his] discourse’ regarding the contributions of physiology to life-saving and life-prolonging medicine. Likewise, for my argument, Pavlov’s experiments touch on a fundamental aspect of the discursive and institutional transformation of death by modern medicine. This transformation resonates with Hobbes’ definition of the body as a mechanical entity as it involves a redefinition of life and death in terms of mechanical metaphors. Life becomes a highly manipulable mechanical process that can be prolonged, potentially indefinitely, if the body is treated as an assembly of separate organs whose functions can be either optimized or replicated by machines. The significance of Pavlov’s work is that it helped unveil the ‘mystery of the death of the animal organism.’ It showed that the organism, taken as ‘an assemblage of organs,’ was primarily a ‘physical-chemical and mechanical entity’; that the animal organism was ‘a machine—extremely complicated, undoubtedly, but all the same manageable and obedient as any other machine’ (Pavlov, *ibid.*: 1025-6). Pavlov invited

his colleagues to cease looking at the organism in an analytical fashion corresponding to the 'entire plentitude of living phenomena,' and instead to consider the body synthetically 'as a machine whose parts could be repaired after their ruin.' From this perspective, physiologists and physicians are mechanics of the body machine. The encounter of the body with death is now explained increasingly as an encounter between a localized organ and a violent intervention by an outside agent (bacteria, wounds, poison, etc.). The body has to be deconstructed and redefined as an assembly of numerous separate parts and organs whose optimal functioning helps reduce mortality rates. The campaign against death in the body politic, as championed by Hobbes, Graunt, and Petty, is paralleled by the campaign against death on the individual, biological level. In both cases, the body (individual body or the body politic) is treated as a machine with concrete and knowable causes of malfunction that can be localized and fought against indefinitely. The fierce scientifico-technological *fight* is balanced out with the 'bland and tranquil' lifestyle that is often its byproduct, if not its intended objective.

The machine metaphor, so consistently used since the seventeenth century by Hobbes, La Mettrie (1748), Pavlov, and others in reference to the human organism, has not been without moral consequences for the actual human beings that embody it. The short life of Dylan DeCosta exemplifies these consequences. Thanks to a feature in *The New York Times Magazine* (Frey, July 9, 1995), Dylan became the human face of the neo-natal intensive care units (NICUs). He was born at the border of vitality on March 24, 1995 in Boston after only a 24 to 25-week gestation period. He had little chance of living and, if he survived, he would have multiple severe neurological and physical

abnormalities. Dylan did not breathe or have a heart rate at birth, yet his parents decided they wanted to do ‘everything possible’ to keep him alive. Only the aggressive measure of using the stimulant epinephrine got his heart going and it took a full ten minutes before the delivery team could pump his lungs open. In the

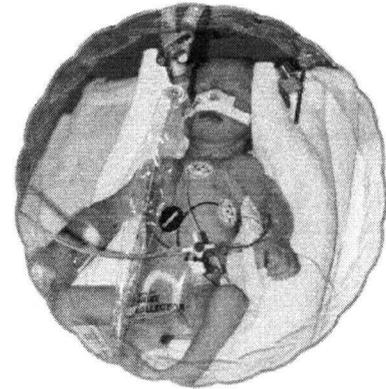


Figure IV-3: SA Preemies internet site

NICU, Dylan was hooked up to a web of hardware: a respirator breathed for him, a catcher pumped fluids to his body, and various monitors ran through his arm to control his heart-rate, oxygen and temperature, a monitor placed on his chest controlled the heat lamp that kept him warm, and a plastic wrap functioned in place of his underdeveloped skin to prevent his body fluid from evaporating. At the dawn of the twentieth century, Pavlov suggested that physicians could learn from his experiments in physiology, take on the role of mechanics and attempt to repair human body parts as if they were machines. Dylan’s doctor might as well have been reading from Pavlov’s paper when he told *The Times Magazine* reporter that it takes a while to get attached to babies like Dylan: ‘Sometimes they seem almost like physiologic machines that we can keep going’ (ibid.: 36). Dylan was nothing but a ‘Body-with-Organs,’ as Fox (1998: 30) has put it. The meaning of his existence is redefined in terms of the state of functioning of each of his organs as sustained and measured by technological processes. From the reporter’s description it is not hard to tell that Dylan was in pain: he would spring up his arm to remove the tube from his throat, try to kick away the plastic wrap, and struggle to kick free every time the nurse pricked his heel to draw three drops of blood for tests. The latter

procedure would take place several times a day and took more than one try and as long as twenty minutes each time, since Dylan had little blood to give. Just over a day after his birth his agony was over. In the end, his kidneys were determined to have failed him: there was nothing that medical technology or the good will of his parents and doctors could do to keep them functioning.

The contradiction between the actual 'labour of dying' (Davidoff, 2002: 989), as endured by Dylan and the Victorian image of a serene death, as captured by Henry Wallis' depiction of Chatterton's corpse, is not surprising. After all, for a culture obsessed with the virtues of hard, productive labour, for an economy that rests on the exhaustive exchange of the labourer's life (man-power) for wages, death is nothing but the anti-labour, an aberration in the officially sanctioned image of a well-earned rest at the end of a productive life. But more significant is the unprecedented ethical orthodoxy in which life as such, defined merely as a biological and quasi-technological process, has become sacred. This orthodoxy cannot be attributed to religion. Surprisingly, the progressive decline of religious sentiments has coincided with, or in fact brought about, the hardening of the human resolve to protect 'the sanctity of life' against profanation by death. Death was perhaps never as profane as it has become at present. When people believe that the soul is eternal, death is still a mixed blessing: it ends earthly life only to bring about an eternal one. In the absence of such beliefs, death becomes the ultimate profanation of life, which has now found the seat of its unequivocal sanctity within the individual body. Any sign of life, however trivial, must now be protected and its continuation must be ensured almost at any cost and by any means necessary.

Consequently, the bare *means* of life (breathing, digestion, urinating) have become sacred *ends* in themselves (see Keyserlingk, 1979: 66). As early as 1913, Maurice Maeterlinck observed that doctors behave ‘as if they believed that any, however terrible, suffering is better than those which await us in the great Unknown’ (1993: 13-14, quoted in Bauman, 1998: 221).

The localization of mortality in specific malfunctions of specific organs along with the development of new medical technologies to manipulate or improve the working of each of these organs gave physicians an unprecedented power to make life and death decisions, or as some would say, to play God. Not knowing exactly the limits of this power, physicians clung religiously and ritualistically to the principle of the sanctity of life: life had to be saved whenever it was possible and for the sheer reason that it was possible. For a long time and even to some extent still now, sheer life, the bare force of the life of the organism, is considered sacrosanct and in need of protection. Medicine upheld its old ethics, the fundamental law of which is that ‘the doctor has a duty to preserve, spare, and prolong human life wherever and whenever he can’ (van der Berg, 1978: 30). The problem is that, in former times, it was not possible or conceivable to prolong life to the point where it becomes completely artificial and meaningless. Since the late nineteenth century, however, this frightful possibility became increasingly common: man has become, as Freud puts it, ‘a prosthetic God’ and an unhappy one at that (Freud, 1961 [1930]: 44-5). The sovereign’s lawful authority to declare dead a person who is still alive—illustrated in the pronouncement ‘dead man walking’ which announces the arrival of the condemned to the place of execution—is paralleled in the

legally sanctioned medical power to declare alive a person who is, for all practical intents and purposes, dead. Before long, the blessing of a long, accident-free life, as romanticized since John Graunt and Peter Frank, turned into the curse of a prolonged, painful death. We can now increasingly avoid dying precipitously from strokes, falls, drowning, fire, and military combat, only to die from cancer and other agonizing forms of slow death (see van der Maas and Emanuel, 1998: 174; see also Bauman, 1998; 1992).

The obsession with prolonging life coupled with the waning of religious sentiments means that not *a well-earned rest* but a long process of suffering *in vain* awaits the dying. The Christians (like Moslems and Hindus) believed that the suffering of the dying had a purpose and that submission to God's will would be rewarded after death. Today in contrast, many suffer painful, long, and slow deaths with little hope that their suffering has meaning or that it will be rewarded. The 'labour of death' has intensified, while the Christian logic of reward and punishment that gave meaning to the suffering of the dying has long ceased to exist. Moreover, the achievements of public health, medicine, and social epidemiology have created a situation in which the predominant and medically normalized form of death has become a *process* one endures often unconsciously rather than an *event* that one can experience or comprehend: death no longer happens as an incident but is experienced as a prolonged process of demise. The dying person becomes simply too exhausted to live his death. The West has given up the religious reverence for life understood as a divine destiny that should not be artificially prolonged, along with the belief in an otherworldly salvation that would redeem the

suffering of the dying. But for too long it has continued to uphold the religious prohibition on choosing death over life should the dying process become too unbearable.

### **Redefining the sanctity of life**

The second half of the twentieth century witnessed the emergence of a persistent intellectual interest in questioning the unconditional reverence for life (or at least for life signs) and, in connection with that questioning, an interest in understanding and redefining the concept of the *sanctity* of life that underlies such attitude of reverence. It is difficult to find any extensive study of the theme of 'sanctity of life' in the literature on medical or legal ethics prior to the 1950s. Williams' 1957 work *The Sanctity of Life and the Criminal Law* is among the earliest texts explicitly discussing the sanctity of life, but even here the author merely presupposes the sanctity of life and does not define what he means by it. This gap in the literature obviously does not imply that life was not considered sacred in earlier times. Yet the notion of the sanctity of life was more often than not merely assumed by law, religion, and custom rather than deliberately articulated as it has been in recent times. It was more comfortable, and safer too, simply to assume the sanctity of life and not to inquire into it. But by the 1970s the "advancement" of Western medicine had already made problematic the rigid adherence to the value of the sanctity of life. In addition, Western societies had recovered enough from the inhumanity of the eugenics movement and the horror of the wars that characterized the first half of the century again to be able to reflect on what it was and what it meant to be human, 'to have a life,' to live and to die. It was now possible for Western bio-ethicists (among them philosophers, sociologists, and physicians) to ask 'what is sacred about life?'

In 1969 Jan H. van der Berg published *Medical Power and Medical Limits* in the Netherlands, greatly influencing the Dutch discourse of euthanasia wherein he addressed and criticized the medical power over death, or, more precisely, the power to postpone death. Six years later, Ivan Illich published the influential *Medical Nemesis: The Expropriation of Health* criticizing the excessive medicalization of life and death. But before either of these books was written, two early sociological texts were produced in the United States addressing the sanctity of life as a socially and historically specific subject of morality, and examining the medical, cultural, and ideological apparatuses behind medicine's power over life and death. Before it had become fashionable to write about life and death in the wake of the "postmodern" obsession with the body, before Foucault's path-breaking work on bio-politics had been claimed and incorporated by sociology, and before Deleuze and Guattari had made the body a primary subject of cultural inquiry, Talcott Parsons and his colleagues, Renée Fox and Victor Lidz, carried out a series of painstaking empirical investigations on the subject of death and dying that culminated in 'Death in America' (1967) and 'The "Gift of Life" and Its Reciprocation' (1999 [1972]). Around the same time, sociologist Edward Shils published his reflections on 'The Sanctity of Life' in a journal article in 1967, later republished as a book chapter in 1975. The common thread in all four lines of investigation was the realization that our modes of regulation and ritualization of life and death are in need of major reconfiguration, which itself entails a revision of our outlook toward the sanctity of life.

The attempt to reconceptualize the value of life had a Durkheimian flavour. It was Durkheim who had discovered the individual as the ultimate totemic principle and

perhaps the only sacred object of modern societies. In a sense, both Durkheim and Hobbes attempt to carve out a well-defined space within which an orderly relationship between the individual and the society is established. Such theory would explain the ultimate reason for the sacredness of individual life. The main difference between the two authors is that where Hobbes begins with the life of the individual as the primary good, Durkheim starts with society as the source of the sanctity and value of the life of the individual. Life has sanctity because it is the common denominator and the irreducible object of the collective conscience. But, in practice, this sanctity has for too long been commonly expressed in terms either of the sanctity of the sheer force of life, as was predominant in medicine, or of the divine sanctity of human life, as was common in theology. Shils and Parsons not only invoked Durkheim's notion of the individual as sacred, but also revived the Kantian interpretation of individuality which underlay Durkheim's own account and which explained the sanctity of individuality in terms of the dual life of the individual: the biological and the psychological (Durkheim, 1960 [1914]). Durkheim's distinction between the sheer biological force of life signs and the social-psychological life of the mind worked to qualify the principle of the sanctity of life: biological life alone, deprived of its psychological aspects, was no longer automatically sacred; it was neither the foundation nor a sufficient ground for the sacredness of life.

For Shils, the belief in the sacredness of life stems from a 'proto-religious natural metaphysics' that runs deeper in the human psyche than religion itself (Shils, 1975: 222). It is 'generated by the primordial experience of being alive, of experiencing the elemental sensation of vitality and of fearing its extinction' (ibid.: 226). The experience of vitality

includes not only the life of the organism but also the physiological and mental processes of perception, imagination, self-consciousness, memory, and reason (ibid.: 223, 231). The sacredness of individuality implies that any form of contrived and deliberate action beyond a “normal” range that can alter the natural patterns of individuality will and should be deemed undesirable (ibid.: 232). Shils’ concern with drawing a line between what is and what is not fundamental to the individuality of each person resonates with Habermas’ (2001: 163-187) recent argument that the individuality of each person—as constituted by his or her uniqueness, self-determination, personal control over his or her actions, and public and private autonomy—is a fundamental value that has to be preserved against the threat posed by the possibility of human cloning.

Shils observes that the concept of the sanctity of life has lately been undergoing several transformations. Where historically the life of the lineage was at the core of the ethics of the sanctity of life, in more recent times ‘the gravitational center of the sanctity of life has been displaced from the lineage of genetically linked individual lives to the individuality of the discrete human organism’ (ibid.: 229). Nonetheless, he argues that it is vitally necessary to hold onto the principle of the sanctity of life and to define what threatens the individual’s uniqueness and capacity for self-determination at any given point in time. Respect for the sanctity of life does not imply ‘the reestablishment of a Christianity which is shorn of its historical and mythological accretions. It is rather the rediscovery of that which for so long gave such persuasive power to Christianity. It is the protoreligion, the ‘natural metaphysics’ of the sanctity of life, which must be rehabilitated’ (ibid.: 235). Such an ethic has to respect life not merely for its

physiological manifestations, but primarily for what made the individual a distinctive person whose individuality has meaning and significance. As we shall see shortly, such concerns are currently at the heart of many debates over the *biographical* as opposed to the *biological* interpretations of the sanctity of life within the context of debates over physician-negotiated death.

### **Demystifying the sanctity of life**

The Durkheimian notion of the sacredness of life, as elaborated by Shils and reasserted more recently by Habermas, stresses the double life of each person understood as both a biological and a social-psychological process. Yet, as mentioned earlier, the biomedical and legal notion of the sanctity of life predominantly emphasizes the sanctity of the biological aspect of life. While the law might require adherence to this strict conception of the sanctity of life, it is not clear why physicians have gone beyond conforming with the law to become defenders of it as well (Singer, 1979: 55, quoted in Landman, 1983: 382). Understanding this aspect of the medico-legal culture requires looking at medicine, following Bourdieu (in Bourdieu and Wacquant, 1992: 97, 241-245, especially 243), as a *field* of action and competition where agents must struggle for legitimacy in a complex social space occupied by legal experts, government machinery, and private individuals. Within this field, the medical institution comes under pressure not only to offer more services but also to govern itself through a transparent standard of professional ethics, as Durkheim (1957) would put it, which is necessary for establishing trust between physicians and patients.

Parsons notes that medicine derives its legitimacy from its commitment and responsibility toward 'the gift of life' (Parsons, et al, 1999 [1972]: 136). For him, the Christian belief that life is a gift from God resonates with the secular worldview, which upholds the life of a person as a personal gift that s/he is entitled to possess, protect, and fulfill. The special moral authority and charismatic status of physicians derives from their ability to protect and respect the gift of life (ibid.: 138). The medicalization of the primary meaning of death in terms of the failure of doctors or the limits of medical technology along with the possibility of legal challenges put additional strains on physicians, orienting them toward a ritualized and rigid approach to treatment as a procedure that must be performed even when faced with a bleak prognosis (ibid.: 140). These social factors, coupled with the increasing technological possibility of making life and death decisions, have forced medicine to fall back on an ultimate ethic of reverence for the value of life with an orientation to the absolute 'commandment' to combat death (ibid.). In this respect, the technical possibility of postponing death enables many physicians to avoid taking responsibility for problems concerning the meaning of life and death: it is simply easier and safer to 'err on the side of life' whenever a difficult decision has to be made, even though this would entail stretching life to its most artificial limits or beyond any conceivable meaning. As Dylan DeCosta's case shows, medical culture resolves any moral tensions arising from this situation in part by means of mechanical metaphors that dehumanize "patients" and erase the need to address the meaning of life. Patients become 'physiological organisms' that can be kept working as long as technology permits (Whittier, 1999: 213). Parsons' observation on medical ethics

resonates with Weber's observation on the technical inability of science in general, and medicine in particular, to address the question of life's meaning (Weber, 2004 [1919]: 278, quoted in the Introduction). Medicine can improve living conditions and postpone death but it cannot begin asking questions about the value and limits of life.

To the extent that sociology has followed the footsteps of natural science it has exhibited a similar inability to address the issue of meaning in life and death. In contrast, to the extent that it has tried to 'put life in perspective,' the sociological imagination has been able to contribute to the pressing questions of its time with regard to the meaning, limits, and value of life. This sense of responsibility, already present in Shils, is most evident in Parsons' attempt to address the question of the sanctity of life and in his call for a problematic approach to medical ethics that is capable of demystifying it. For Parsons, the absolute ethics of respect for the ultimate value of life has to be replaced with a relativized ethics or an 'ethics of responsibility' which would take into account the meaning of death and the costs of treatment in decision-making in hard cases (ibid.: 143). The latter implies that there will not be a fixed set of moral absolutes for physicians to fall back on. Instead, they will have to take more responsibility for the possible consequences that their actions might have for the individual patient and for the welfare of the whole society (ibid.: 144). Parsons appears to be making reference to Weber's problematization of the unreserved adherence of those in the position of power to an ethics of ultimate ends or convictions regardless of its consequences for those subject to this power (1958 [1919a]). Political life, Weber argued, is tragic: it cannot avoid power and violence but must approach them with responsibility. Parsons might be extending this

tragic approach to power into the medical realm when he argues that the sanctity of life has to be redefined in terms not of the sanctity of *life signs* but of social and psychological determinants of the place and functions of a good death in life (ibid.: 147). Such a redefinition will mean that doctors will have to let go of certain patients without using all that is in their power to keep them alive. They have to accept the reality of death on an individual and social level, rather than solely as a scientific and technological issue. This approach will enable the dying—and the living—to re-incorporate the psychological and moral aspects of death and to approach death as something more than a mere physiological process (ibid.: 144). On a closer examination, it will also reintroduce the religious and mythical meaning of death as a ‘consumatory’ act: the dying person can become a giver in the religious sense of Christ’s sacrifice on the cross, but also in the social evolutionary sense of giving one’s place to new generations after a ‘job well done’ (ibid.: 145). Death has to be approached neither as the failure of treatment nor as a physiological process but as a social and psychological process through which one can maintain a sense of dignity and the ability to ‘put his affairs in order’ (ibid.:144). In essence, Parsons uses Christian religious symbols to rewrite the place of death in social and individual life. His secular re-reading of the Christian iconology of sacrifice de-emphasizes the Freudian relation of life and death as primordial antitheses within the biological existence of the organism while highlighting the social significance of life and death cycles as forms of gift giving, redemption, and collective survival (O’Neill, 2002: 27-29). In a return to the Durkheimian notion of moral ties as the essential foundation of social life, Parsons’ reading of the sanctity of life calls for the restoration of death not as a

failure but as an occasion for symbolic exchange between the living and the dying, an occasion of reversibility between the gifts of life and death that offer collective immortality in return for the mortality of the individual.

### **Dignity as sanctity: the discursive reconstruction of medical ethics**

In the present day, a major locus for the reinvention of the concept of the sanctity of life, in terms envisioned by Parsons and Shils, is the physician-negotiated death debate, which includes a diverse array of medicalized forms of death, such as euthanasia, physician-assisted suicide, as well as withholding and withdrawing of treatment, where doing so will result in or hasten a patient's death. The latter types have been institutionalized as part of patient rights in many countries, while euthanasia and assisted-suicide have been legalized in few places outside of the Netherlands. Withholding and withdrawing treatment, often referred to as "passive" euthanasia, have been accepted by most physicians much more easily than has been the case for "active" euthanasia and physician-assisted suicide. This distinction seems to stem from the belief that withholding and withdrawal of treatment do not constitute an active intervention by the doctor directly resulting in death. Active euthanasia and assisted-suicide, on the other hand, have proven much more controversial, precisely because they call for an active and direct intervention by the doctor resulting in death. It is because of their medical, legal, and ethical complexity that the present chapter mainly focuses on euthanasia and assisted-suicide.

The medico-ethical and medico-legal debate over euthanasia and assisted-suicide has evolved on both sides of the Atlantic as well as in Japan and Australia. Most

significant developments, however, have taken place in the Netherlands, where unlike most other places the medical establishment as a whole has been involved in and provided direction to the debate. In 1959, *Medical Ethics*, a publication of the Royal Dutch Medical Association (RDMA), brought up the issue of euthanasia for the first time in its history. It dwelled on a doctor's duties at the deathbed at great length but repudiated euthanasia and assisted-suicide, emphasizing 'the doctor's duty to preserve life and to do this as long as possible' (van Berkestijn, 1990: 1). Doctors were advised of their duty to protect suicidal patients against themselves and to do everything to preserve life even in the face of great suffering, because 'it is not up to the doctor... to wonder whether suffering is meaningful or not' (ibid.). In 1973, after much debate over the subject within the medical profession and in the larger public, the study group set up by the RDMA made a cautious move toward change when it concluded in its report that 'It is the duty of every doctor to reflect on this subject and, in doing so, that he should consult other disciplines' (ibid.: 3). Since then, the RDMA has assumed the leading role in setting guidelines regarding when and how a request for euthanasia can be honored.

For decades, Western medicine adhered to an ethics of *ultimate ends* or absolute conviction with respect to life which upheld the sanctity of the sheer fact of (human) life, wherever and in whatever form it was present and regardless of the price in human suffering or indignity that had to be paid for it. By contrast, physician-negotiated death advocacy asserts the necessity of a more pragmatic interpretation of the sanctity of life based on an ethics of *responsibility* towards the gift of life, towards the person holding that gift and those who exchange it. This new moral approach regards the quality of life,

assessed from the subjective point of view of the living/dying person, as a value higher than the sanctity of life signs. It acknowledges that physicians should not invoke or prioritize life as such (the biological) above and over personhood (the biographical). Accordingly, within the context of a biographical life, there may be a point where biological life can continue but it is no longer worth living for the person involved ('Ethics of Euthanasia,' in RDMA, *Euthanasia in the Netherlands*, 2000). In this new interpretation of life, which is now officially endorsed by the RDMA, 'human personhood as a unique manifestation of biological life, has a strong moral relevance:'

Someone's life history, his biography, encoded in his body and his brain, resulting in his wishes and preferences[,] are unique manifestations of human life. If someone has a well-considered wish for euthanasia or assisted suicide, then this might overrule the principle of respect for biological life. In essence the more complex form of life (personhood) can overrule the lesser complex form of life (the presence of the force of life as such) (ibid.: 4).

In its publications and guidelines, the RDMA acknowledges that to follow the wish of a person who wants to die when life 'has become unbearable, meaningless and disgracing, when prolonged suffering overcomes the positive meaning of life' is to express 'respect for human life and human dignity' (ibid.).

The core of the argument is formulated in the question whether a person's wish for physician-assisted death outweighs the sanctity of life to which the state and thus the medical profession must remain committed. Hitherto, the state in the Netherlands and elsewhere had at least formally acted as the ultimate guardian of life at any cost and as the protector of the collective belief in the sanctity of life. From this point of view, any manipulation of the principle of the sanctity of life could weaken the strong sentiment that a society must collectively assign to life. The advocates of *dignified death* challenge this view by recasting the moral argument about the sanctity of life in terms of the

injustice done to patients who are “‘victims’ of an impersonal medical system which subjects the dying person to ‘a form of medically sanctified torture’” (McInerney, 2000: 142). This line of reasoning holds the promise of introducing a novel form of medical ethics: no longer universal rules, expressed in terms of the sanctity of life, but the particularities of each patient’s case should govern end-of-life decision-making. The patient is now an autonomous moral force that could and should override abstract, impersonal norms.

Debates over the meaning and dignity of death could ultimately amount to the demedicalization of the primary meaning of life and death. However, in the Netherlands, where the practice of physician-negotiated death is now commonly and legally accepted, the medical establishment has a strong tendency towards institutionalizing *dignified* death in terms of the pre-existing universalistic norms of ethics, law, and above all, medicine. Here, euthanasia is not treated as a patient’s right; rather, it is a physician’s favour, which will be granted in situations where, from a medical standpoint, granting such a wish is deemed appropriate (*ibid.*). To put it in Agamben’s (1998) words, the debate boils down to carefully defining *homo sacer*, “the life that can be spared.” Whereas previously the state had monopolized the right to define *homo sacer*, it is now the (state-sanctioned) medical establishment that seeks to claim that right. The history of the events in the Netherlands that led to this specific relocation of the right to define *homo sacer* from the sovereign to the sovereign’s authorized agents (the medical establishment) will be discussed below.

## **Dying M/Others: the gendered ethics of euthanasia**

1973: CRIMINAL COURT RULING, LEEUWARDEN: 'the Postma case'

In 1971, Geertruida Postma (GP) injected a patient, her mother, with a lethal dose of morphine. The patient had suffered brain haemorrhage, was deaf, had difficulties speaking and had to be tied to her chair to avoid her from falling. On many occasions she asked her daughter to end her life. Dr. Postma was charged under article 293 of the Penal Code.<sup>1</sup> In 1973 the criminal court found Dr. Postma guilty of voluntary euthanasia and ordered a one-week suspended sentence and one year's probation.

At the court-session, an Inspector of Health -seen as an expert- declared that the average physician in the Netherlands left the idea that life always should be prolonged until the bitter end. However, there are certain conditions he said: The patient is incurably ill; The patient finds his suffering (mentally or physically) unbearable; The patient requested to terminate his life; A physician acts; The patient must be in a terminal stage of his illness. The court agreed with these conditions, apart from the last one.

(from the website of NVVE, Right to Die Society of the Netherlands)

So reads the more or less standard lines, retelling the story of the woman who stands as an icon of the euthanasia movement in the Netherlands. The above is quoted from online publications of the Right to Die Society of the Netherlands, for whom Dr. Postma is an inspiring hero. I find this story intriguing because it recounts a path-breaking event that led to the eventual legalization of euthanasia in the Netherlands and functioned as a paradigm for future court cases and legislative acts on the issue. Below, I will cite and discuss three more accounts of this event by both proponents and opponents of euthanasia. In doing so, I am not interested in analyzing the reasons that the authors have for approving or disapproving of euthanasia. Rather, I will focus on what they choose to emphasize and what they leave on the margins when retelling the story of the original event. The analytical significance of such details is rooted in the fact that the speech-act of recounting the "story of origin" not only narrates the events that happened in the past but also shapes the language and parameters of present and future debates. The analysis of this particular speech-act will help us to understand some of the underlying dynamics

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<sup>1</sup> Article 293 of the Dutch Penal Code states: "He who robs another of life at his express and serious wish is punished with a prison sentence of at most 12 years or a fine of the fifth category" (Gomez, 1991: 19).

of the legalization of euthanasia in the Netherlands that have not been studied elsewhere so far.

Dr. Derek Humphrey, the vocal supporter of the right to die in the United States and internationally, describes the story as follows:

... In 1973 the Dutch in combination with the medical profession were the first people in the world to start down the road to lawful voluntary euthanasia for the terminally ill. That year Dr. Geertruida Postma, a general practitioner, was accused of murdering her mother by the injection of morphine. The old lady was in a nursing home, had suffered a cerebral hemorrhage, was partly paralyzed, was being treated for pneumonia, was deaf and spoke only with difficulty. She had failed in a suicide attempt and told her daughter, 'I want to leave this life. Please help.' At her trial Dr. Postma said her chief regret was not to have done it earlier. Found guilty, her penalty was a one-week suspended sentence and one year of probation.

Humphrey, online essay

There are also accounts of the trial by the opponents of physician-assisted death who see it as the starting point of a 'slippery slope' leading to the erosion of respect for the 'absolute principle of the sanctity of life' in the medical context:

Contemporary Dutch policy regarding voluntary euthanasia had its origins in 1973, with the case of a physician, Geertruida Postma, who injected a deaf, partially paralyzed seventy-eight-year-old woman with morphine, ending her life. The patient happened to be Postma's mother. Postma was convicted of murder but given a suspended sentence of one week in jail and one year on probation, a sentence that effectively exonerated her.

Emanuel, 1997 online essay

Finally an account of the event as it appears in a publication of the Royal Dutch Medical Association (RDMA):

The first case of euthanasia was brought before the Court of Leeuwarden. A 78 year nursing home-patient, who was severely [sic] ill, had requested her daughter, a doctor, several times and urgently to terminate her life. The daughter and her husband, also a doctor, refused to do so arguing that it was against the law. The mother could not accept this refusal and turned away from her daughter and her husband. Finally, the daughter decided to concede to her mother's request. The court ruled that euthanasia would be acceptable if: the patient is incurably ill; the patient suffers unbearably; the patient has requested the termination of his life and the termination of the patient's life is performed by the attending doctor or in consultation with this doctor. The court explicitly rejected the criterion that the phases of dying must have been entered. The doctor was convicted to one week conditional confinement with one year probation. This landmark decision was not only widely discussed in the professional and lay press but also induced the establishment of pro euthanasia – organizations [sic]. The Leeuwarden-decision [sic] more or less started the public debate on euthanasia.

Leenen, in RDMA, 1991: 6-7

I have quoted these accounts at length less for what is expressed in them than for what is omitted, as what is not said is central both to the development of a new conception of the sanctity of life in the Netherlands (and elsewhere) and to my own argument regarding the modern Western modalities of regulating the process of dying. All of the above accounts mention, with varying degrees of emphasis, the fact that the “patient” in question had been Dr. Postma’s mother, that she had been severely ill for some time, and that she had voluntarily requested her daughter’s assistance. They also agree that this event set the stage for subsequent developments that eventually led to the legalization of euthanasia in the Netherlands. Yet none of these sources, or others that I have seen, takes into account the *significance* of the fact that the person in question was Dr. Postma’s mother. The role of Dr. Postma’s husband, who is himself a doctor and who also initially refused to euthanize his mother-in-law, is left unclear as well. Was he consulted? What was his role in the case? Did his involvement (or lack thereof) in euthanizing “the patient” make the whole process more “objective” or the reverse? The neglect of the familial relationship is all the more surprising in light of the fact that all existing accounts that I have seen only refer to the “patient” as “Dr. Postma’s mother” without using her own name, Margina Grevelink<sup>2</sup>.

The fact that Margina Grevelink was a patient with a severe illness is played up in all of the existing accounts of the trial, in particular those written by euthanasia or anti-euthanasia advocacy groups. In Dr. Humphrey’s account and in that of the RDMA, the

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<sup>2</sup> I would like to thank Kim J. A. Goossens for kindly finding Ms. Grevelink’s name from the original court transcripts. According to his account, it is hard to find Ms. Grevelink’s name even in Dutch language material dating back to the time of the trial.

medical history of Ms. Grevelink is laid out in detail to emphasize her status as a suffering patient worthy of sympathy. In Dr. Emanuel's account, written from the point of view of an M.D. critical of euthanasia, the details of the medical history, including the fact that she was deaf, that she was partially paralyzed and quite old, are laid out in a way that stresses her vulnerability. Here again, she is first and foremost a patient who only 'happened to be Dr. Postma's mother.' During the trial itself, the District Attorney of Leeuwarden reportedly did make a reference to the familial relationship, but only to highlight the fact that it prevented Dr. Postma from acting objectively. Relying on the opinion of some medical doctors he had consulted, the D.A. argued that the case at hand was not a 'pure' euthanasia case and that Dr. Postma therefore could not use euthanasia as a defence even if such defence carried a positive weight in the courtroom (*Het Vrije Volk* 16 januari 1973).<sup>3</sup>

However, the intertwining of the biological and the biographical relationship between the two women appears to have played a significant role in shaping the event. For instance, it is significant that Margina Grevelink had asked her daughter's help after her own doctor had refused to help her die. It is equally significant that she turned away from her daughter and son-in-law after they too initially refused to grant her wish (Leenen, 1991: 6). It is also significant that Dr. Postma later regretted not having helped her mother die sooner. These aspects of the "event" point to the personal and affectual character of what transpired between the two women. Dr. Postma broke the law and violated medical ethics, but in doing so she was motivated by a sense of morality that was

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<sup>3</sup> I would like to thank Kim J. A. Goossens for finding the newspaper article and translating it to English.

beyond the comprehension of what either law or medical ethics could codify or capture. It was the gift of death, on one of the rare moments when death can become a gift, that she ultimately gave to her mother in return for the gift of life she had received from her. This ultimate gift could neither be explained in terms of spoken objective laws or be comprehended by anyone not privy to that situation (see Derrida, 1995: 61). In Baudrillard's (1981) words, this exchange follows not the rule of exact equivalence inherent in market transactions but an ambivalent logic of its own. The mother gives a double gift of life, once by giving birth to and raising her daughter and once by wanting to die in part so that her daughter can live without the burden of a sick mother. The daughter in turn takes legal and professional risks and exposes herself to potential moral and emotional backlash by agreeing to give her mother a peaceful death. Her initial hesitation and refusal indicates that the decision to help her mother die was not an easy one and that she had to overcome her own fears, feelings, and sense of morality in order to take part in this gift exchange. This case of euthanasia, therefore, entails sacrifices—past and present—from both sides. The court transcript and the existing accounts of the trial largely suppress or sever this symbolic gift economy.

Geertruida Postma could have given her mother more painkillers; she could have sedated her into a peaceful sleep; or recruited psychologists, counselors, and priests to alter her mother's mind; she could have walked away citing legal restrictions, as Ms. Grevelink's own doctor had done. But the person requesting death was not simply 'a deaf, partially paralyzed seventy-eight-year-old woman,' as Emanuel puts it. She was not the private citizen conceived by modern Western political and legal thought nor was she

simply the 'Other as Stranger' of Levinas, to whom one owes responsibility, respect and deference because of her 'otherness' (Levinas, 1991: 118-21; 1985: 86; cf. Fox, 1998: 35). The *private citizen* and the *Other as stranger* are individual persons that one can relate to externally. Ms. Grevelink was kin, a mother: at once self and other. The relation is both a typical and affective as well as a unique and singular one between two individuals and mediated by a web of familial relationships that cannot be described by the vocabulary of social contract underlying both the logic of the law and the position of the proponents and opponents of euthanasia.

The symbolic gift economy of a "good death" transcends the limits of the values that underlie present-day practice of medicalized euthanasia embodied by the law and medical ethics in the Netherlands. The latter sees euthanasia in terms of the delivery of a medical service (death), or regards it as a *cure*, as it has come to be referred to in medicalized advocacy literature. In contrast, seen from the perspective of the symbolic gift economy of 'good death,' Dr. Postma's act is a demonstration of *care* for her mother, as she later confirmed when she said she regretted that she had not helped her mother die sooner. While the ethics of cure revolves around the paternalistic commandment to keep alive, the ethics of care transcends this command to embrace both life and death as gifts that can be wished for, offered, accepted, returned, or rejected. As Sevenhuijsen (1998: 63) has put it, the ethics of care bravely embraces vulnerability, rather than shying away from it, and recognizes 'connection and dependence' not as things to overcome but as integral parts of human life and moral subjectivity.

The ethics of care, which is built on the twin pillars of biology and biography—and is often associated with the feminine as opposed to the masculinized ethics of social contract expressed in the concepts of autonomy, universality, and objectivity (Warren, 1992: 33, Sherwin, 1992: 26)—underlies much of the unofficial, un-institutionalized history of “dignified death.” Derek Humphrey, the doctor cited above, became involved in euthanasia advocacy after he helped his own wife die. Heleen Weyers’ research in the Netherlands shows that most members of the right to die movement are women who at some point in their lives cared for a dying relative.<sup>4</sup> Some of the most influential icons of the movement, besides Geertruida Postma, are also women who have had to grapple with the issue personally. This includes Sue Rodriguez and Nancy B. in Canada, each of whom went to the courts to assert their right to a “good death” within a medical setting. In both the Netherlands and the United States, studies show that of all medical staff those with closer personal contact with patients (nurses in the U.S. and family doctors in the Netherlands) are more likely to be in favor of physician-assisted death (van der Maas and Emanuel, 1998: 168). Statistical surveys in the United States also indicate that patients and their families are more likely to be in favor of physician-assisted death than physicians themselves (*ibid.*). In other words, individuals suffering an incurable illness and those closely involved with caring for them are more likely to be in favor of physician-assisted death than those talking about it in the abstract or strictly as a matter of professional (legal and medical) practice.

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<sup>4</sup> Heleen Weyers has done extensive research on the right to die movement in the Netherlands. She relayed the above information to me when I consulted her on the issue during my research trip to the University of Groningen in the Netherlands in the Spring of 2003.

Nonetheless, in the Netherlands as in the United States and Canada, the debate has been mostly articulated in terms of medical, legal, and ethical concepts. The discursive suppression of the familial and reciprocal *care* between Geertruida Postma and her mother is not an accidental oversight but symptomatic of the direction in which much of the euthanasia debate has been headed. It has been governed by abstract values and universal rules that largely disregard the details of personal context and effects on particular persons. According to Sherwin (1992: 26), this impersonality is the predominant mode of operation and policy development in medicine and public health. The main questions are asked in an 'androcentric frame of reference,' involving competition and power between patient and physician, such as autonomy versus paternalism, well-informed consent, and patient independence (Warren, 1992: 33). For instance, Dworkin (1993: 216-17), a leading liberal legal ethicist, reduces the problem of physician-assisted death to the question of a contract governed by the principles of self-interest and the value of individual life. With regard to self-interest, Dworkin argues that in certain circumstances, living longer is not necessarily in the best interests of a patient, especially when it involves unbearable pain or living in a vegetative state. As for the value and sanctity of life, Dworkin's position is that nothing sanctifies forcing people to live against their wishes (*ibid.*). The "patient" that Dworkin is defending is an abstract person whose problem is best addressed in terms of self-interest and the exact value of a person's life, as determined by the extent of illness or general state of living. A similar vocabulary and frame of reference is utilized by those opposing euthanasia. For instance, Gomez, a pro-life American doctor, uses the metaphor of commodity exchange and

market value, perhaps unconsciously, to articulate his arguments against euthanasia. For Gomez, the crux of the moral problem lies in the fact that ‘the claim to a right to death at the hands of a physician is essentially a private claim on a public good’ and would, therefore, call for a degree of public scrutiny (ibid.: 134). However, he continues, regulations governing euthanasia often employ ambiguous criteria, such as “unbearable pain” or “voluntary decision,” none of which can come under objective and transparent definitions (ibid.: 122). In short, Gomez’s objection arises from his concern that a public good (a physician’s services) is being distributed without sufficient accountability and transparency (see also Callahan, 1992: 52).

Other concerns have likewise been articulated in the language of social contract, with an emphasis on patient autonomy, voluntary decision-making, and power relations in the medical context. For instance, McNamara (1998) questions whether and to what extent patient autonomy is meaningful in the cultural and medical context within which it is supposed to apply. Factors such as the terminally ill person’s altered conceptions of self, as well as social location and structural constraints, can prevent autonomous decision-making. These legitimate concerns with the construct of autonomy within the medical setting are sometimes used by the critics of physician-assisted death to deny the notion that a person could really want to die. For instance, Frank Leavitt criticizes the ‘blind trust’ in the rationality of end-of-life decision-making, arguing that ‘there can be no informed decision to die’ because “not knowing what it is like to be dead, no consent to die can be ‘informed consent’” (1996: 62, quoted in Sleeboom, 2003: 24). Wijsbek (2001) disputes whether a death wish can ever be voluntary and well-considered. Even if

it could under ideal circumstances, it is doubtful that it could under circumstances of unbearable and hopeless suffering. Rather, all requests made under such circumstances are compelled and hence involuntary (cited in Sleeboom, 2003: 22).

These arguments, either concluded from field work in the Netherlands (e.g., Gomez, 1991) or induced from formal legal premises (e.g., Dworkin, 1993), function to define and delimit *homo sacer*, the life that may or may not be taken with impunity. The underlying logic of the sovereign's right over life and death is imported and re-articulated in the legal and procedural language of patient autonomy, public scrutiny, and due process. This overlap between the political and the medical power over life and death, that is, the power to define *homo sacer*, is most evident in literature produced by the medical establishment in the Netherlands. This literature is significant in that the Royal Dutch Medical Association has played the most prominent role in the years leading to the legalization of euthanasia (1973-2001). In the Postma case (1973), the court's pronouncement leaned heavily on the "existing medical norms" with regard to the limits of medical behaviour that potentially shortens life, as established or sanctioned by the medical establishment. The main expert medical witness testified that, according to the existing medical norms, when it is medically established that a dying patient is incurably ill or suffers from an unbearable physical or spiritual pain, and has indicated in writing a desire to terminate his or her life, the attending physician or medical specialist can administer increasingly larger doses of medicine which would alleviate suffering while knowing that it would also shorten the patient's life. According to the medical expert, the norms required that the prescription be administered by a physician and in consultation

with a colleague (Gomez, 1991: 31). These medicalized standards, formulated on the model of a liberal right to a public good, have functioned as a working agreement between the courts and the medical profession in subsequent cases. In several other trials since then, courts asked for and heard the testimony of the RDMA on whether from an objective medical perspective a certain case would be justified as legitimate euthanasia. Since 1973, the RDMA has gradually established its own guidelines based on what is perceived at any given point in time to be the “acceptable medical practice.” According to these guidelines, the patient’s decision has to be voluntary, her request must be well-considered, her desire to die must be persistent, and her suffering unacceptable. It is emphasized that only a physician in consultation with other physicians can carry out euthanasia.

The guidelines set by the RDMA and occasionally amended by the courts define ‘a situation of necessity’ under which medicalized euthanasia or assistance in suicide could be acceptable in exceptional cases. In a case brought before the Supreme Court in 1984 the RDMA successfully argued in defense of a physician that sometimes the great agony of a patient puts the physician in a situation of necessity or *force majeure* where euthanasia seems to be the “least unacceptable” alternative both to the doctor and to the patient. The situation of necessity arises out of a conflict of duties for the doctor: the duty to save life and the duty to find an answer to the explicit wish of a patient to be relieved of pain. Similar to the way the suicide debate developed in the nineteenth century, the euthanasia debate of the late twentieth century also took a turn toward the non-moral, non-intentional terrain of *necessity*. For *force majeure* implies the presence of a force that

necessitates an act, much as a *cause* necessitates a more or less involuntary and automatic effect. This is different from a situation when a *motive* or *intention* inspires a more or less voluntary and therefore im/moral act.

These developments in the areas of ethics, law, and medicine amount to a near complete medicalization of death and the neutralization of personal relations between the one who requests and the one who gives death. The person wanting to die has to take on the identity of a terminally ill patient and has to conform to the codes and norms of the doctor-patient relationship, where legally conceived conditions of autonomy, consent, and well-considered request are met in the context of a medically hopeless prognosis. In a curious sentence for a case in Rotterdam, a court judged that *force majeure* was reserved for physicians to the exclusion of others, including even nursing assistants (Leenen, 1991: 8). The definition of unbearable suffering is also the prerogative of physicians (van Berkestijn 1990: 5-6), who are seen as the only competent persons in such situations (RDMA, 1991: 7). The medicalization of death has in turn led to a further medicalization of life. In a recent case, 86-year-old Edward Brongersma, a former Dutch senator, asked for and received assistance in suicide from his physician. The case proved controversial and his physician, Philip Sutorius, was prosecuted. Edward Brongersma did not have symptoms of any particular *medical condition* beyond what old age entails: he was lonely and physically deteriorating. He told his doctor that he felt death had forgotten him and that he was dead tired. Life as such had become unbearable (Griffiths, 1995: 367). Yet Dr. Sutorius was forced to narrate the situation in terms of a medical condition in order to justify his actions before the court. He had to argue that a situation of *force majeure*

existed; that Edward Brongersma was a legitimate medical case, a *patient*; and that, as a physician and from an objective medical standpoint, he acted properly in granting his patient's wish. It was not merely enough to say that he had known Edward Brongersma for years, as he did; that he empathized with his pain; and that he felt there was no other moral choice. Instead, he had to expose and reinterpret many details of Edward Brongersma's everyday life to prove that he was really suffering from an objective illness and was, therefore, entitled to assisted-suicide. He had to reveal that his *patient* 'had lost 95 percent of his life's values: his mobility, his contacts, his will to live, the control over bladder and bowel movements' and that he had increasingly become 'dependent on others, which he hated' (Sutorius, interview in Relevant: 2003). This description serves to erase any form of symbolic judgment that Brongersma might have passed on life as a whole or any indication that life as such is not worth living. Edward Brongersma did not suffer from life itself. Such an argument would have been unacceptable to the court. He suffered rather from something more precise, a cause of illness or a symptom that can be pinpointed.

Also lost in the medicalized and legalized language of the debate is the fact that, past and present, euthanasia has often been justified and practiced with an implicit reference to the altruistic ethics of care, duty, responsibility towards others, and an ultimate understanding of the meaning and limits of life, as opposed to formal and institutionalized entitlements to rights. The Inuit elderly practiced euthanasia in the interest of the young, and the Dinka in the Sudan chose euthanasia when they perceived they had lost the capacity for responsible citizenship (van der Mass and Emanuel, 1998:

162). Similar stories from Siberia, Melanesia, Fiji Islands, Ancient Greece, and Hindu cultures create the impression that an acknowledgement of the limits of life and a sense of responsibility towards those who are suffering and those who have to care for their suffering underlie the practice of euthanasia. In their co-authored essay on the subject, van der Maas and Emanuel, two leading figures from opposite sides of the euthanasia debate, point these cases out but quickly dismiss them as irrelevant to the contemporary question of euthanasia (ibid.). That van der Maas, a proponent, and Emanuel, an opponent of euthanasia, would both agree on this point is an interesting issue. For both, euthanasia is a question of medical-legal rights and not one of the subjective, ambiguous, and altruistic ethics of care, responsibility, and duty. Yet there is reason to suggest that there is historical continuity in the demand for euthanasia that transcends some cultural boundaries and makes the traditional practice of euthanasia relevant to the present context. This continuity consists in the persistence of altruistic motives as a main factor in the decision to demand euthanasia. Today, the common perception, partially created by the pro-euthanasia literature, is that patients request death because they suffer unbearable pain. Yet in reality, the loss or fear of a loss of dignity and the interrelated feelings of loss of control, being a burden on others, and being dependent constitute the main reasons that people cite when requesting physician-assisted death. Loss or fear of a loss of dignity alone appears as the main reason for such requests in 57 percent of all cases in the Netherlands (van der Maas and Emanuel, 1998: 155 and 173). However, within the context of medically institutionalized euthanasia, the notion that assisted death could be legitimate if the motives behind it are altruistic is deliberately suppressed. Patients

wanting to die cannot officially state that they fear they are or might become a burden (RDMA, 2000: 40). They cannot express a wish to die out of an altruistic sense of duty and responsibility towards other family members who care for them. *Homo sacer*, bare life, is beyond any sacrifice: it can be taken but not sacrificed altruistically. Rather, in most existing medical guidelines for the practice of assisted death, especially in the guidelines set by RDMA in the Netherlands, patients can only request assisted death if they suffer unbearably or hopelessly from a physical or mental condition or if their condition subjects them to living with indignity (ibid.: 40-2). In theory and as a matter of formal procedure, death can be requested and received in the interests of the person involved only, that is, at most as a form of what Durkheim would characterize as egoistic suicide. It cannot be requested and granted out of a choice formulated in terms of a duty to others or a preference for oneself; rather the situation has to be one in which death becomes a necessity for the patient because of the hopelessness and unbearable pain that an illness imposes on him or her. Likewise, a physician can grant such a wish only out of a situation of necessity (*force majeure*) when circumstances force him to comply with the wish of the patient.

### **Dying Dutch: on the cutting edges of governing**

What we know of the Netherlands is often consistent with its image as a liberal, progressive, secular, and tolerant society that is not afraid of controversy, as exemplified in the areas of the sex trade, drug use, and euthanasia. There are many aspects of its history and culture that often go unnoticed outside of the Netherlands, but which may prove important to the understanding of the practice of euthanasia as the latest

incarnation in the modern ordering of death. Consider the following facts<sup>5</sup>: in 1990 only 49 percent of the Dutch did not belong to a church, which is significant considering the fact that being a church member is a private and deliberate option in this religiously pluralist society (Halman and de Moor, 1993: 44-45); the Netherlands has the lowest rate of abortion among all Western countries and teen pregnancy is virtually absent (van der Maas and Emanuel 1998: 161); for almost four decades, between the 1960s and 2004, the Dutch elected the conservative Christian Democratic Party to the parliament in large enough numbers to have them present in or leading all coalition governments but one (Steunenbergh, 1997: 563). Despite all of its experimentations with radical and controversial social change (in the sex trade and drug regulation, for instance), despite its religious pluralism and colonial past, the Netherlands' socio-political climate is rarely radicalized. Worker strikes occur rarely if at all, mainly due to the fact that, historically, much stress is laid on solving disagreements through communication, which often keeps opposing parties from openly expressing their hostilities. It is not uncommon to hear the Dutch describe their culture as traditional and patriarchal with respect to family values, especially in smaller towns. In the medical field, it is argued that there is a tendency toward accepting bodily defects and an avoidance of over-medicalizing the body. Most importantly, according to the RDMA, Dutch physicians stood out among their other European counterparts under Nazi rule in that they refused to be part of any eugenics

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<sup>5</sup> Unless other sources are cited, the information in this section is based on my interviews with Dr. John Griffiths, and Kim J. A. Goossens, LL.M, who are part of a team working in the Department of Legal Theory, Faculty of Law at the University of Groningen on a project titled Medical Behaviour that Potentially Shortens Life, as well as Dr. Rob Schwitters, who has since transferred to the University of Amsterdam. For more information from the secondary sources see Krabbendam and Ten Napel (2000).

program, a fact that provides moral support to their current stance on voluntary euthanasia (RDMA, 1990).

As far as the practice of euthanasia is concerned, empirical evidence shows that the rates of euthanasia in the Netherlands are not significantly higher than those in countries where euthanasia is not legalized. For instance, in 1995, 2.7 percent of all deaths in the Netherlands resulted from euthanasia as compared to 1.8 percent in Australia. More importantly, ending life without patient's concurrent explicit request<sup>6</sup> amounted to 3.5 percent of all deaths in Australia as compared to only 0.7 percent in the Netherlands ('The Ethics of Euthanasia,' RDMA, 2000: 5; van der Maas and Emanuel, 1998: 161). That legalizing euthanasia might actually reduce the chances of abuse, as suggested by such data, has played a significant role in the outcome of public debates, jurisprudence, and legislation in the Netherlands (more on this below). As my own experience and that of other researchers who have traveled to the Netherlands to study euthanasia (e.g., Gomez, 1991) shows, it is typical to hear Dutch experts in this area explain their practice of euthanasia in terms that highlight not their tolerant or progressive views on moral issues but their long-standing Calvinist tradition. For instance, a sociologist working for the Project for the Study of Medical Behaviour that Potentially Shortens Life at the University of Groningen argued in an interview that attitudes toward euthanasia in the Netherlands are shaped by a history of Calvinist stress on individualism with its unyielding interest in bringing law and practice together, its emphasis on

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<sup>6</sup> In the Netherlands, for euthanasia to be considered voluntary it requires an explicit request at the time it is performed. If a request made in the past cannot be confirmed due to the patient's current conditions (coma, loss of faculties, etc.), euthanasia is not allowed.

dialogue, and its encouragement of the tendency to give names and words to controversial problems rather than to shove them under the carpet. The same scholar sees the secular spirit of Calvinism that presumably lies at the roots of the law as the source of its heterogeneity and of the instrumental approach of the Dutch towards law. In support of his view, he cites the fact that the first doctor and academic to write positively on the subject was Jan H. van der Berg (1969), an affiliate of the Protestant 'Free University' in Amsterdam. The decriminalization and eventual legalization of euthanasia is therefore perceived as an extension of Dutch cultural Calvinism, rather than an expression of the society's radical secularism.

It is within this context of concern with order, openness, communication, and transparency that the Dutch history of decision-making concerning the end of life is differentiated from that of countries such as the U.S. and Canada. Where in North America the main concern has always been the right of the individual patient to life or death (as exemplified by Sue Rodriguez's high profile case), in the Netherlands the debate has been formulated mainly in terms of two inter-related issues: the professional autonomy of physicians and the need for transparency, order, public scrutiny, and with bringing law and practice in line (see Griffiths, 2000: 174-5). The RDMA has been the vocal advocate of the professional autonomy of physicians. The debate over order and transparency, however, is the prerogative of sociologists and quasi-sociologists, that is, scholars with different professional backgrounds who use the statistical methods of the social sciences and whose arguments are specifically crafted to point out the social benefits or costs of legalizing euthanasia. This is reflected in the fact that much of the

scholarly debate about euthanasia in recent decades has been formulated in terms of the question of whether the prohibition or de-criminalization of euthanasia and physician-assisted suicide may result in more compliance with procedural norms on the part of physicians. This debate has its own history, with both sides arguing that only quantitative data can illuminate the answer (see for instance, van der Maas and Emanuel, 1998). As is the case with suicide in the nineteenth century, statistics are invoked when all abstract moral arguments are exhausted—which often happens very early in the debate because of the impossibility of convincingly or completely proving one or another side of the issue.

Two comprehensive surveys, one undertaken by the government in 1990 and the other by a former Attorney General, Rummelink, are often placed at the centre of these debates. They are cited both by the opponents and the proponents of euthanasia to prove their points. For sociologists and sociologically minded opponents of euthanasia, the statistical problem hinges on what they call ‘the slippery slope argument.’ They cite the Rummelink report in order to justify the argument that the legalization of *voluntary* euthanasia opens the door for *involuntary* euthanasia, which is used in reference to cases when “euthanasia” is performed on patients who have not explicitly asked to die or who are not capable of expressing their wishes (Keown, 1995: 262-3; cf. O’Steen, 2001). As Table IV-1 shows, the fact that in .8 percent of all cases of euthanasia, the patient in question was not consulted immediately before euthanasia is cited as proof that abuse is both prevalent and inherent in the practice of euthanasia in the Netherlands.

| Medical Decision  | 1990 Study             |                    | 1995 Study             |                    |
|---|------------------------|--------------------|------------------------|--------------------|
|   | Questionnaire Portion† | Interview Portion‡ | Questionnaire Portion† | Interview Portion‡ |
| Euthanasia  | 2,189 (1.7)            | 2,445 (1.9)        | 3,253 (2.4)            | 3,018 (2.2)        |
| Physician-assisted suicide  | 244 (0.2)              | 380 (0.3)          | 271 (0.2)              | 542 (0.4)          |
| Ending life without request§  | 1,030 (0.8)            |                    | 948 (0.7)              |                    |
| Opioids given with explicit intention of ending life                |                        | 1,350 (1.0)        |                        | 1,896 (1.3)        |
| Estimated total deaths caused by active intervention by physicians# | 4,813 (3.7)            |                    | 6,368 (4.7)            |                    |

Table IV-1: Estimated incidence of specific medical decisions at the end of life (Hendin, 1998: 137)

On the other side of the debate, sociologists and sociologically informed supporters of euthanasia see legalization the best way of preventing such real or imagined problems as the abuse of power, under-reporting, a total lack of control over the administration of euthanasia, and lack of transparent and democratic decision-making (Leenen, 1991: 6). They argue that transparency of practice and openness of law will ultimately work to protect patients from abuse and involuntary euthanasia. As Table IV-2 indicates, they cite the very same statistics as opponents of euthanasia cite but this time concluding that the rates of involuntary euthanasia in the Netherlands are not on the rise. What explains the discrepancy in such conclusions is often the fact that there is little agreement on what constitutes a statistically significant change, as well as what constitutes explicit request. The data are often compounded so as to support the researcher's own views.

|  | 1990<br>total number of<br>deaths: 128 824 | 1995<br>total number of<br>deaths: 135 675 | 2001<br>total number of<br>deaths: 140 377 |
|--|--|--|--|
| Euthanasia   | 1.7%                                       | 2.4%                                       | 2.6%                                       |
| Physician-assisted suicide                                   | 0.2%                                       | 0.2%                                       | 0.1%                                       |
| Ending of life without patient's specific request            | 0.8%                                       | 0.7%                                       | 0.7%                                       |
| Alleviation of symptoms with possible life shortening effect | 18.8%                                      | 19.1%                                      | 20.1%                                      |
| Non-treatment decision                                       | 17.9%                                      | 20.2%                                      | 20.2%                                      |
| <b>Total MBPSL</b>   | <b>39.4%</b>                               | <b>42.6%</b>                               | <b>43.8%</b>                               |

Table IV-2: Estimated incidence of specific medical decisions at the end of life (Griffiths: 2003: 6)

In both Tables IV-1 and IV-2 the 'double-entry' mentality defines and delimits the trajectory of information gathering and data analysis. Here, the socio-legal benefits of legalizing euthanasia are pitted against the potential harms it might entail (.8 percent likelihood that a person might be euthanized without a concurrently expressed wish to die). This 'instrumental policy approach' (Schwitters, 2001: 102-4) to euthanasia,

premised on the assumption that legalizing euthanasia will statistically minimize the slippery slope-effects, has become dominant in almost all pro-euthanasia literature, including studies sponsored by the Dutch government (The Rummelink Report, 1991; see also RDMA, 2000; Griffiths, et al., 1998). For instance, writing on the controversial issue of using euthanasia for psychiatric patients, John Griffiths and his colleagues best exemplify this point of view in arguing that the real threat is not the legalization of controversial practices; rather, it lies in not knowing what is exactly happening when practices are hidden from the eyes of the law and regulatory agencies:

Is a tiny number of highly-regulated cases of legal assistance with suicide really a serious social threat, or does the real threat lie in an unknown but probably larger number of totally unregulated cases? Anecdotal evidence suggest that psychiatrists have long engaged in practices that amount to assistance with suicide and there is no apparent reason to suppose they do so more often in the Netherlands than in the United States. There are psychiatrists who turn a blind eye to the fact their patients are storing up medicines for a suicide attempt; who allow the release of suicidal patients from institutions to enable them to commit suicide; who inform patients about the existence of organizations such as the Hemlock Society or call their attention to do-it-yourself books on suicide. How much of this goes on, we cannot say. The only thing we can safely say is that so long as it is underground, it is quite beyond any form of legal or other control (Griffiths, et al, 1998: 303).

Griffiths, et. al. go as far as to argue that the Dutch experience could be relevant to the situation in the United States (and probably to other countries by extension) because, among other reasons,

If one seriously wants to keep such practices under control, there does not seem to be a real alternative to getting them out of the closet and into the light of the day, even (or particularly) if one does not like what one is going to see; for this, some degree of legalization is probably a first prerequisite (ibid.: 305).

From their study, mostly hinging on statistics, Griffiths and his colleagues draw the familiar conclusion in the pro-euthanasia camp that the only difference between the situation in the Netherlands and elsewhere 'lies in the fact that Dutch doctors have been willing to take public responsibility for what they are doing, to submit it to public scrutiny and debate and, ultimately, control' (ibid.: 260). Consequently, although

euthanasia is inevitably a matter of law and politics, Griffiths, et. al. hold that 'it does not follow that the most effective form of legal control takes the form of criminal prohibitions and prosecutions' (ibid.). Rather, professional control, especially if it is accompanied by general social norms and social control, is sufficient 'to ensure that the behavior of most doctors is socially acceptable most of the time.' Accordingly, legal control 'can best confine itself, within wide margins, to supporting, strengthening and structuring professional control' (ibid.). In the absence of evidence of serious abuse, Griffiths, et al., conclude that the only 'matter of legitimate public concern' is the fact that many doctors do not comply with procedural and reporting requirements (ibid.). This argument implies that as long as the current practice is transparent and as long as it lends itself to surveillance, there is no reason to be concerned about euthanasia. All in all, it is implied that professional regulation, statistical record keeping, and a minimum of legal control make the practice of euthanasia more transparent and manageable and, therefore, morally superior. The *risk* of abuse in the medical setting, thus, becomes only one among many forms of the risk of deviance that the neo-liberal state 'embraces.' This form of 'embracing risk' (Baker and Simon: 2002) and in fact, governing through risk (cf. Giddens, 1991; Ericson, Doyle, and Barry, 2003), reduces justice and morality to the utilitarian question of choosing the least risky option, thereby sidestepping the task to address the meaning and conditions of medicalized living and dying.

Thus, (moral) statistics here serve to reveal a truth particularly valuable from the point of view of legislation, governing, and law enforcement. The Dutch government decided to reduce the influence of the criminal law in cases of euthanasia after a

comprehensive survey of physicians commissioned by the Dutch Attorney-General (*The Remmelink Report*, 1991) suggested that matters were not getting out of hand, that more openness resulted in the exercise of more care, and that physicians preferred and would comply more with a less threatening review mechanism outside of the criminal law context. For this purpose, the government introduced a multidisciplinary review committee made up of a lawyer, a physician, and an ethicist who would advise the public prosecutor on the question of whether or not to dismiss any given case. The assumption was that 'the introduction of such a committee will increase the willingness of physicians to report cases' (Legemaate 2000: 57) and help keep the situation under professional self-control.

### **Conclusion: living a modern death**

Medically sterilized death provided by euthanasia and medically assisted-suicide (which are considered the same in the Netherlands) serves as an alternative to the disorderly, painful, and often laborious reality of the modern dying process. Euthanasia and assisted suicide also provide an opportunity to re-make death into an event that can be experienced by the dying before they have lost the mental or physical capacity to live their own deaths. In a characteristically (or perhaps stereotypically) Dutch fashion, the opposing ritualistic and discursive orderings of death co-exist, albeit in tension with one another, within the context of legalized medical euthanasia in the Netherlands. Most documented accounts of assisted death indicate a tendency on the side of patients and their families toward re-ritualizing death through euthanasia. Existing accounts typically give the impression that the administration of euthanasia takes place in the form of a

highly ritualized ‘appointment with death,’<sup>7</sup> not unlike the There is often an emphasis on a “timely” and planned death, as implied by the word “appointment,” as well as a tendency to incorporate symbolically and ceremonially meaningful elements. Often family and friends are present and the family priest is called in for the last rites (see Gomez, 1991; for similar rituals in non-medicalized euthanasia see Magnusson, 2002; Ogden, 1994). The timing and circumstances of death are sometimes carefully chosen so that they reflect something meaningful in the life of the dying person. A last cigarette and a glass of brandy mark the last hour of one elderly women with lung cancer before her doctor euthanizes her, while a young painter with AIDS chooses the anniversary of a significant personal achievement as the time of his dying (Zaritsky, 1994, video documentary). The desire to share the moment of death, to release others from the burden of care, and to be there for a dying friend, is therefore mediated by the medico-legal discourse. Medical ethics and law cannot and often do not formally acknowledge the presence of such desires (as was the case in the Postma case) but they nevertheless allow a space within which they can be fulfilled.

But beyond the rhetoric and reality of care, ritualization, and reclaiming one’s own death, beyond the notion of the right to one’s own death, what seems to have shaped official public policy most decisively in the Netherlands is the extent to which the burden of governing the dying process and the responsibility of the ‘guardianship of the collective sanctity,’ to paraphrase Shils (1975), could reliably be distributed among practitioners in the medical field and among the dying themselves. From this perspective,

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<sup>7</sup> From the title of the documentary *An Appointment with Death* (Zaritsky, 1994).

the legalization of euthanasia is an attempt to bring effective and consistent regulation to physician-patient relations, making patients responsible for their own choices and bringing a degree of medicalized (self)-government to the last stage of life. It is also an attempt to make the dying process “dignified” which, in this context, has a range of meanings from neat and clean, to sanitized, orderly, esthetically pleasant, and quick. In any case, it makes no reference to the ulterior moral, symbolic, or affectual motives of the euthanizer and the euthanized, of the living and the dying. Hence, requested death, as a mode of resistance against the excessive medicalization of life, has itself become a variant of the existing modes of governing death: it might have succeeded in challenging some aspects of the medicalization of life but it has also produced and legitimized other forms of the discursive and practical medicalization of both life and death (as evidenced by Edward Brongersma’s case).

It is perhaps little wonder that euthanasia was first decriminalized in the Netherlands where, from the point of view of law and jurisprudence, the question was never formulated in terms of a patient’s right to her own death but rather in terms of a doctor’s right to assist or deliver such death when deemed medically appropriate. In contrast, progress toward a legally codified “right to death” has been slow or absent in places like Canada and the United States, where from the beginning the question has been formulated in terms of a patient’s right to request assistance in death. The iconic figure of euthanasia in the Netherlands is Dr. Geertruida Postma, who helped her ailing mother die in 1971 and whose later trial opened the way for the eventual legal acknowledgment of the rightfulness of similar actions. In Canada, on the contrary, Sue Rodriguez, an

incurably ill woman, stands as the icon of a movement that has pressed, so far unsuccessfully, for obtaining a patient's right to request death. Similarly, in the United States, the request of Karen Ann Quinlan's parents to grant their comatose daughter a "dignified" death was stalled by years of legal wrangling. The decision of New Jersey Supreme Court (1976) ultimately hinged on the argument that "pulling the plug" is what Karen Ann would have wanted if she could have a say in the matter (see Battin, 1994: 4). Both in the Postma case and in the Quinlan case the legal decision hinged on the abstraction of the familial relationship from the entire event. In the Postma case the entire affair boiled down to medical ethics while in the Quinlan case it was reduced to what Karen Ann herself would have wanted.

As another unintended consequence, the requested-death movement has further contributed to the rearticulation and reassertion of the modern modes of the regulating death in terms of the objective criteria of liberal social contract. The language of social contract treats medicalized death as a contract between a physician and a patient who are each regarded as equally rational, autonomous, and capable of protecting his or her interests. This insertion of the social contract into the medical field suppresses the intergenerational, interpersonal, gendered, and familial gift of death. It denies the mutual gift exchange between the dying person, the society, and the family. By wrapping the practice of euthanasia in medico-legal discourse, by imposing the terms of liberal contract (such as autonomy and mutual consent) and of medicine (cure, hopeless suffering, and professional consultation), it denies in the last instance that death can be requested and given out of a sense of care on the side of the one who gives death and a

sense of altruistic responsibility on the side of the one who requests and receives it in order to release others from the burden of perpetual dependence and futile care. As Moi (1985: 110) and Fox (1994: 91-4) have argued, gift relationships entail generosity, trust, confidence, love, benevolence, commitment, involvement, delight, allegiance, esteem, accord, admiration, and curiosity. What a medical contract can offer, in contrast, is patronage, for it portrays euthanasia as a physician's favor and expertise as opposed to a gift offered out of love and generosity. It furthers the dependency of a dying person on the judgment and capabilities of a physician rather than on his trust in the concern and care of the one who gives death. The law and the norms of professional practice demand detachment and objectivity as opposed to involvement and empathy. Finally, the liberal medical contract governing euthanasia necessitates the institutionalized gaze of a medico-legal surveillance mechanism rather than the curiosity of exploring what the gift of death can entail. All of these aspects of the modern ordering of death stem from the fact that, as Fox (1994: 92-3) argues, in the context of healing and health care, the notion of gift, which entails trust, empathy, curiosity, generosity, and involvement, is considered unprofessional, subjective, and therefore suspect. The latest form of death is thus subject to the modern institutional and disciplinary mechanisms of regulation, often resulting in the suppression of the potential symbolic gift economy of death and dying.

## CONCLUSION

### **THOU SHALT DIE AN ORDERLY DEATH: DEATH AND THE CONCEPTIONS OF SOCIAL ORDER**

#### **The orderly, the disorderly, and the un-orderable reality of death**

The moment of the problematization of violent death by Hobbes is also the moment when sociology's oldest and most fundamental question was conceived: the question of order. As we have seen throughout the preceding four chapters, the study of violent death, premature death, suicide, and undignified death were integral to the development of sociology in that they lent themselves to analysis as specifically 'social' subject matters of problematization. This contribution of mortality studies to sociology took place via three different but closely connected routes: the *analytical*, the *historical*, and the *empirical*. On the analytical level, Hobbes' conception of a social order resting on the minimization of the risk of violent death, the monopolization of the use of violence by the state, and the conception of peaceful life and death as the primary social good, provided the foundation for much of the later sociological thinking on the issue of the possibility of social order and the possibility of society itself (O'Neill, 1972). In the context of a discussion of Parsons' reading of Hobbes, Van Krieken argues that the salience of the Hobbesian problem of order in sociology results from the fact that it points toward the more profound question of 'how is society possible?'

The 'Hobbesian problem of order' is seen as central to sociology because the question of 'how is *social order* possible' slides over to the quite different one of 'how is *society* possible.' Alexander puts it in precisely this way: 'What Parsons called the Hobbesian problem can be understood in the following way: What holds society together?' (Van Krieken, 2002: 259).

On the historical level, major figures in sociology have described the distinction between what is "modern" and what is "traditional" in terms of an analytical divide in

which the “modern” is associated with an image of life-affirming and peace-oriented cultural order while the “traditional” is often associated with the politics of blood. Thus Durkheim (1978) makes a distinction between two penal systems: one in which punishment is closely linked with violence and death and retribution and the other in which punishment is confined to the restitutive methods of pecuniary penalty and imprisonment, a distinction that is incorporated (but also revised) by Michel Foucault, specifically in his *Discipline and Punish*, *The History of Sexuality*, and ‘*Society Must be Defended*’. In Weber’s sociological observations on the relationship between economic rationalization and the ethics of world religions, the supposed failure of Islam to contribute to ‘economic rationalization’ is attributed to the suggested dominance of the warrior class with its ritualized and symbolic order of honourable and meaningful death. The relationship between how we die and social order makes a significant re-entry in the work of Norbert Elias, who has left two powerful depictions of the conditions of death and dying in two of his works, *The Civilizing Process* and later *The Loneliness of the Dying*. The former concludes with a short section which discusses a graphic depiction of ‘Scenes from the Life of a Knight’ (Elias, 2000) in which violent death, wars, and plunder are associated with a less civilized—socially undifferentiated and politically less centralized—state of social development, where death is a socially integrated, publicly visible and collectively managed occurrence. *The Loneliness of the Dying*, in contrast, illustrates the conditions of dying in contemporary Western societies where violent death has become less of a daily occurrence, and the social experience of death is sequestered and confined to the private space or hospitals, and where dying and seeing others die has

become an increasingly uncommon experience.

Finally, on the empirical level, mortality studies have offered sociology its first objects of study and as such helped define its domain. Hobbes' conception of social order as resting in large part on maximizing life pleasures and minimizing the risk of violent death already implied a preference for the value of longevity and therefore paved the way for the problematization of other forms of death (such as premature death and suicide) understood as avoidable risks. The fundamental sociological premise of distinguishing between and linking together 'private troubles of milieu' and 'public issues of social structure' (Mills, 1959) is already present in the work of John Graunt, who acknowledged that premature death was not merely a personal 'trouble' but, more significantly, a social 'issue' that could be *understood, addressed, and managed* in the aggregate. He suggested that social factors such as economic class and life-style have a determining influence on a person's life expectancy. In the work of William Petty, Edwin Chadwick, Peter Frank, along with other eighteenth-century political economists and public health experts, these factors were extended to include gender, age groups, occupation, living conditions, and other social categories. All the while it was understood and explicitly expressed that the problem of premature death poses a challenge for good governance in commerce as well as in politics. Moreover, with the problematization of suicide as a social issue in the nineteenth century a breakthrough was made in the history of sociology: it was now possible to explain the most private actions of the individual in terms of social factors outside of his or her control. Education, religion, means of communication, and general political and economic conditions were found to have a "determining" influence on the

*rates* of suicide. Like premature and violent death, suicide was also problematized because it was thought to pose a threat to the moral integrity of the society or regarded as a sign of larger, more fundamental social troubles. In any case, the prevention of suicide by understanding its external, objective causes was always assumed to be a political if not a moral duty.

The intertwined images of social order and orderly death, which persist from Hobbes' writings on political order to Elias' study of the civilizing process, may speak to the renewal of concern with the problem of order in our time—only now on a global scale. Significant in this regard are The events of September 11, 2001 in the United States, as we have seen, illustrate the significance of such timeless yet historically variable concerns. The widespread sense of panic—signified by the belief perpetuated almost by anyone talking on T.V. that this event had changed history—and more importantly the economic crisis that followed (or was at least intensified by) this event, partly stemming from the fear of air travel. The most significant problem of our day, whether real or imaginary, is defined almost exactly as it was for Hobbes three hundred fifty years ago: “How can we save civilization and its comforts from the danger imposed by the arbitrary threat of chaotic death?” In other words, “How do we protect ourselves from a death whose menace, symbolic and real, originates in the unpredictable subjectivity of an ‘other’”?

The shock and aftershock of September 11 highlight the sharp contrast between the demand for euthanasia, as the ideal type of a discursively and medically regulated death in modern Western societies, and the yearning for martyrdom, as the iconoclastic

mode of symbolic, but also, unpredictable, “irrational,” and highly subjective dying. The underlying logic of each of these voluntary forms of death places it on an entirely unique and historically specific continuum of the economy of death, that is, of the place, function, and symbolic significance of death in the world of the living. The very fact of the symbolic disjunction between *suicide-bombing* and what the *suicide-bomber* himself would view as a *martyrdom operation*, not to mention the even greater gap between the connotations of signifying and sanctioning a voluntary death as *euthanasia* (literally meaning ‘good death’) and signifying another voluntary death as *suicide* commands interest and inquiry.

The menace of terrorism also reveals the internal moral inconsistency of the principle of the sanctity of life. Since Hobbes the emphasis on the value of life has always been a qualified one in that it has often meant respect for the life of some but not all people. Arguably, the “civilized” life-respecting countries of the West have imposed more death on one another or on the rest of the world—by waging wars and colonial campaigns or by presiding over a system of distribution of wealth in the world that leaves many die from hunger—than any of the vilest empires that history can remember. Hobbes himself argued that the prohibition against war only applies to civil wars—wars that aim primarily to kill “us”—and not wars aimed at the domination of “other” peoples by “us.” Currently, as a genocidal campaign is ongoing in Sudan, as many civilians are still struggling with the “collateral damage” of the war on terror in Iraq and Afghanistan, and as millions of people die prematurely from easily preventable causes, the United States has come to grips with a moral crisis over the question whether it was right or wrong to

let Terri Schiavo, a severely brain-damaged women in Florida, die. The pilot who drops bombs is a national hero, the terrorist who blows himself up is a coward, and Terri Schiavo is *cause célèbre* for a morally confused culture of respect for life (religious or secular).

Such distinctions and discriminations are products of events that *appear* to separate one part of history from its preceding parts and one part of humanity from its other parts. As for the two forms of voluntary death mentioned above, it initially appears that what distinguishes suicide bombing from euthanasia is symptomatic of a larger social-psychological divide between “us” and our ways of dying and “them” and their ways of dying.<sup>1</sup> But this is not merely a geographical and cultural divide between “them,” the people of certain countries and followers of certain cultures, who would use death as a weapon, and “us,” the people of the civilized world, of the West, or of America, who are the primary targets. More importantly, it is a historical divide between “us” and “our” own past. As we saw in Chapters I and III, within the context of the early Christian culture of martyrdom and during the post-Reformation civil wars, the use of one’s own death as a weapon and even the aspiration for martyrdom as a shortcut to salvation was not uncommon. There is a definite time in this historical past, going back to the seventeenth century, when this economy of death was systematically and fundamentally challenged. Hobbes’ elaboration of a theory of political order and economic prosperity premised on the exclusion of the possibility of using one’s own death as a weapon, or in other words, the exclusion of the possibility of a death that is subjectively purposive and

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<sup>1</sup> I must mention that my use of “us” here is not self-referential since I am not including me in the “us” in so far as I am separated from and an outsider to both “them” and “us.”

politically symbolic, heralds the beginning of this era. In this new political economy, dying—the death of “us” and not necessary of “others”—only represents a loss or a threat.

In the immediate post-Hobbesian era, the direct link between political order and economic prosperity, on the one hand, and how, when, and why people (the “us”) die, on the other hand, was reinforced and applied to new realms of life. From the problematization of violent death to the problematization of ‘avoidable’ death, suicide, and undignified death, there is a trend pointing to two characteristics of modern death: on the one hand, an ever-increasing (although not complete) neutralization of the ‘symbolic potency’ of death, gradually emptying it of its potential to be used as a weapon to challenge social, political, economic, or cultural authority, and on the other hand, an increasingly stronger emphasis on the value of life as quantifiable, personal, economic, and political capital. With the reduction of the role of death in the political realm, an over-emphasis on the virtues of living long, the attribution of suicide to deterministic causes outside of the individual will and subjectivity, and the formulation of the question of “dignified death” in strictly “objective” and medico-legal terms, death is clearly represented as a zero point, a negation, a loss, an irrational occurrence that can and in fact should be prevented by rational means. Death in its many different forms becomes a calculable *risk* that can and should be prevented, postponed, and fought against to the end. A measure of economic and political stability is, therefore, founded on the management of death as a predictable, regulated, and orderly event entirely handled by the authorized agents of the state. To the extent that this political economy is universal

and universalizing, the negative approach to death as something that has to be erased or excluded also presents itself as a universalizing force. Thus today, the fact that longevity and mortality rates (especially of infants, women in labour, and victims of violence) are used as indicators of progress by many international development agencies only speaks to this universalizing force.

For the inheritors and the products of this three-hundred-year process, not only death but also life itself might have become a different reality. In the seventeenth century, Hobbes claimed that this-worldly material life filled with humble hard work and cleansed from 'vainglorious' deadly aspirations was a good, the highest good, in and of itself. The Protestant ethical principle of aversion towards "idleness" and the culture of disciplined hard work created by capitalism soon found empirical legitimation in John Graunt and William Chadwick's work, which established a link between responsible and productive living on the one hand and longevity on the other. In 1662 Graunt emerged from the shadows of a culture for which life and death followed God's immutable providence, to 'put men in mind of their *Mortality*' and to 'point out the most dangerous waies that lead us into it and misery' (p. 356), lest people submit to death unnecessarily. His work contributed to a legacy of fascination with health and longevity, and an obsession with finding new hazards and risks conveyed in both the modern media and professional public health investigations (Bauman, 1995, 1998; Elias, 1985; Becker, 1973). Risk awareness is a necessary foundation for increased health awareness and a desirable impetus for people to take responsibility for their own health through behavioural changes. Yet as Forde (1998: 1158) argues, such awareness not only makes people more

dependent on health care consumption but, more profoundly, it changes the way we they think about health, disease, and death, and ultimately or at least potentially, it will alter our perspective on life more generally as we learn to adopt a rationalistic life perspective, in which maximizing control and minimising uncertainty is seen as a superior goal.

As we saw in Chapter IV, the transformation of life into a form of capital and of death into a calculable risk also provided an impetus for a medico-legal culture in which the preservation of life at any cost became a goal. This culture of 'medical paternalism' is attributed to the obsession with *curing* and control prevalent in the traditionally male dominant culture of medicine, as opposed to the "feminine" concern with *caring* most strongly reflected in the Hospice Movement (McNamara, B. 1998, Zima, 1996). Against this background, euthanasia appears as an attempt to restore meaning and subjectivity in death and to give death a proper place in life. As such it demands the deconstruction of the notion of the sanctity of life as defined in terms of longevity and its reconstruction in terms of the dignity and autonomy of the dying person. In this sense, euthanasia, assisted-suicide, and refusal of life-prolonging treatments are part of an effort by ordinary people to reclaim the control of death and to accept it as a reality. However, the findings of Chapter IV indicate that when these strategies are medicalized and reformulated in medico-legal vocabulary, they lose much of their symbolic power to seriously question the life-affirming and death-defying culture that we have inherited. The right to die promises a degree of autonomy and freedom with respect to the power of legal and medical institutions 'to make live or let die,' but it also simultaneously invites and invents other forms of institutional power over the dying process. Evidence from the

Netherlands suggests that the eventual legalization of euthanasia as a right was not simply a result of its recognition as a right, but more importantly a product of a process that made euthanasia increasingly juridified, depoliticized, and above all medicalized.

### **Death on order**

I should now be in a position to answer the question that originally inspired this research: what is the place of the right to die in modernity's overall ordering of death, and in particular, how can we understand the source of the contradictory coexistence of discourses and practices devoted to avoiding death with those devoted to making death a publicly acknowledged and accepted right? These questions become even more pressing when we try to explain why certain forms of individual autonomy to choose death have become acceptable and even in some places legalized (such as euthanasia and physician assisted-suicide), while other forms are discouraged or prohibited (such as suicide and suicide assisted by non-physicians). Therefore, the question is, from the perspective of the legal and moral regulation of death, what differentiates euthanasia from teenage suicide or suicide assisted by family members rather than by physicians?

One possible answer might be that the discursive and symbolic methods of regulating death are each instances of the broader attempt to "*order* death." Taken literally, this means *ordering* the death of a person—a *death sentence*. But more broadly the attempt to "order death" is an attempt to subject death to a certain regime of *ordering*. It consists of all efforts to tame, discipline, postpone, prohibit, incorporate, allow, or deny death. Death can be given the appearance of an orderly, tame, and disciplined event through certain discursive and symbolic practices, as seen in religion (as in the ritualized

departure of the soul to the other world where it can be saved and survive), risk management (epidemiology, public education, suicide prevention), law (sanctioning or prohibition of euthanasia and capital punishment), and medicine (offering or withholding of life-prolonging treatments). Each of these discourses and practices constitutes a death sentence in that each tells us, with varying degrees of authority and efficacy, how, when, where, and even why to die. Therefore, we need to go beyond the distinction between practices that seek to hasten death (such as euthanasia) and practices that seek to prolong life and defeat death. This schema only touches on the temporal aspect of death and reinforces the belief that death can be either “timely,” and therefore acceptable, or “premature,” and therefore unacceptable. Rather, it might be more useful to make a theoretical distinction between orderly death and unordered death: the former including all forms of institutionalized death such as medicalized euthanasia, the death penalty after all procedures are completed, “natural” death in hospitals and nursing homes, and even to some extent death in battle; by contrast the latter has come to include teenage suicide, underground euthanasia, murder, manslaughter, premature death, death in accidents, and what I would call death-in-defiance, such as death during violent demonstrations and martyrdom. Death is not in itself an object of control or prohibition. Rather, only in its unruly, disorderly, and for the lack of a better word, messy aspects does death have to be prohibited or discouraged by law and/or by medicine. Medically administered euthanasia is sharply different from these “disorderly” forms of death. It is administered by a doctor, in a hospital or nursing home, and in a medically appropriate way.

The anthropological background and insights of some of sociology’s greatest

thinkers might help us appreciate the importance of ordering death socially and of separating it from disorderly practices. In his *Elementary Forms of Religious Life* (1965 [1912]), Durkheim argued that the most fundamental *religious* distinction—that is to say, the most fundamental *social* distinction—is that between the sacred and the profane. The entire edifice of social order rests on the distinction between that which inspires awe and respect and that which is mundane and therefore profane (Durkheim, 1965: 361). From this fundamental distinction stems all other social, moral, and logical classifications (ibid.: 365). As Bourdieu (1991b: 120) argues, such distinctions are maintained and recreated through a category of social ritual he calls ‘rites of institution.’ These are rites that function to institute and reinforce cultural differences between arbitrarily separated classes of people and things. The arbitrary divisions between the dead and the living, for instance, are marked and maintained through funerary rituals of burials, mourning, and gift-exchange. In some societies, as Durkheim (1965: 436) describes, the ritual of mourning and conferring the status of dead on a person might in fact start long before his or her biological death while in other societies people might continue to live with the dead and even feed them for years. Even in today’s societies, where death and dying are to a large extent medicalized, the experience of death remains highly socially and ritually organized with few “scientific” conventions for determining when a person is actually dead (Prior, 1989: 27; Agamben, 1998: 60-5). These ritual distinctions serve to confer a status, to keep the sacred (e.g., the living) apart from the profane (e.g., the dead). As we will see later in the works of Bourdieu and Dorothy Smith, societies impose the employment of utmost ritual care in safeguarding these arbitrary social and logical

divisions as well as the hierarchies and inequalities that derive from these divisions (between those who have “committed suicide” and those who have died of other causes, between “premature” and “natural” death or “violent” and “peaceful” death). Secular rituals and ceremonies are similar to religious rituals in that both are devices for the society to uphold and affirm collective sentiments and ideas that constitute its unity and its personality (ibid.: 474-5). In this regard, the distinctions between death that is orderly—and therefore socially and morally sanctioned—and death that is disorderly—and therefore prohibited—is a way of making a distinction between the more fundamental categories of life and death. Orderly death has a defined place within the social structure, a structure created by and for the living. Within such structures, orderly death helps maintain and reinforce stability, peace, and continuity by reinforcing the value of life.

An advantage of the concept of *ordering* is that it connects a whole host of practices concerning the regulation of death and way of dying across time and place. The effort to *order* death does not appear to be limited to any particular human society or any particular time span. *Ordering* is neither modern nor premodern. It is not Western, nor is it Oriental. Rather it appears to be a common human practice. Caccamo (1988) has argued that death everywhere violates the dynamic equilibrium of not only personal life but social life as well, and is therefore associated with disorder and inadequacy because the existence of society lies in its continuity and stability. Caccamo’s argument can be modified to state that while death disrupts social order, it also carries the potential of creating and sustaining order. It is a taboo, in Douglas’ (1966) sense: something that

embodies power and danger at once. Each society therefore has to recognize and deal with death as a change in its continuity. Ethnographic studies suggest that rituals and practices surrounding death in many societies function to tame the danger imposed by death and to carve a sense of continuity and order out of the disruption created by death. For instance, for many cultures death, the dying, and the dead represent a danger that has to be ritually managed or avoided. Geertz (1973: 158) observes that in Bali the dead body has to be buried as soon as possible 'because it is dangerous to have the spirit of the deceased hovering around the house.' The treatment of the suicide corpse or of "suicidal individuals" also indicates a common cultural apprehension of those who kill themselves. This is expressed in cultural and legal strategies devised for handling of such situations and the prevention of their spread. As Hertz (1960) has argued, in general the rituals of death consist of necessary steps required before political, familial, economic, and social life can return to its normal state. Without proper ritual handling, the curse of the dead can disrupt the normal course of life, subjecting it to chaos, famine, and disease. On the other hand, the proper handling of death can create or help maintain a sense of unity. Bellah (1967: 11) notes that national cemeteries such as Arlington and Gettysburg are sites of physical and ritualistic symbolic expressions towards the great number of war deaths. The belief in self-sacrifice—itsself an aspect of the American 'civil religion'—and the rituals surrounding this theme serve to unify the nation and give a sense of meaning and purpose during difficult times of war and grave loss of human life, all within a well-managed political culture that sets a limit on the extent to which religious symbolism can play a role in political life.

It is because of its ambivalent nature, which can lead as easily to disruption as to unity, that death has to be managed and brought under a regime of ordering and ruled by the logic of equivalence. This ordering can be accomplished according to two distinctive, but not mutually exclusive, models. While ritual management of death emphasizes the possibility of symbolic exchange between the world of the living and that of the dead, the modern political economic order tends to empty death of any possible symbolic signification that might point out to life beyond the political and economic confines of here and now. Hence, the disciplinary and discursive methods of sociology, law, public health, and bioscience aspire to illuminate the *facts* of death in terms of its limits, rates, causes, and methods of prevention. The modern discourses of death are, of course, not without their own forms of ritualization. Although the rational element is emphasized, today's efforts to order death discursively represent a hybrid of highly rational (especially, medicalized) methods and highly ritualized discourses and practices. This becomes clearer in light of Bourdieu's (1991b: 120) notion concerning the ritual *institution* of binary divisions as an unstable and contingent but no less real and consequential act. Such distinctions include the binary divisions between dead/alive, natural/premature death, dignified/undignified death, right/obligation, life that is sacred/life not worth living, terminally ill/psychologically discontent, legal/illegal euthanasia, authorized agents (medical personnel) who can officially preside over euthanasia/unauthorized relatives who act out of compassion, and so on. These ritual distinctions, however, are frequently used in sociological, statistical, and medical literature, as well as in court rulings and legislation regarding euthanasia in the

Netherlands. Moreover, as we saw in Chapter IV, many non-medical aspects of euthanasia are also highly ritualistic or were or even explicitly religious. Often, euthanasia cases are planned in a way that facilitates a form of symbolic exchange between the dying person and those who witness the death, or between the dying person and those who administer euthanasia. Similarly, executions in the U.S. are embroiled in rituals designed to impose a strict separation between the executioner (a doctor who often only pushes a button or flips a switch) and the executed, and by extension between the world of the living governed by the principle of the sanctity of life and an exceptional world governed by the menace of death.

*Orderly* death (whether symbolically or discursively managed) can be public, bearable, acceptable, even morally and legally approved of. Thus, as a mode of ordering death, euthanasia has a logical continuity with other modes of ordering death as represented in efforts to prevent suicide, premature, and violent death. All of these represent cultural strategies to manage death as an orderly, predictable, tame, risk-free and objective event devoid of any symbolic meaning or power. By contrast, the shock and horror induced by suicide bombings in part derives from being unexpectedly confronted with a death that belongs to a different order, a death that is therefore unfamiliar and “out of control.” It brings back death in an unpredictable, “irrational,” and highly symbolic way. Faced with a form of death whose rationale, if not rationality, is grounded in a highly symbolic, otherworldly order, the modern political and economic system (based on a highly rationalized medico-legal *ordering* of death) suddenly appears very vulnerable. The gravity of such acts partly stems from the fact that they confront

modernity with a form of death that, beginning with Hobbes, had been made taboo.

Hence, to recall the imagery of 9/11 and its sharp contrast with euthanasia, it appears that these two forms of voluntary death do not simply belong to two different cultures, divided along the lines of “civilized” and “barbaric,” “tolerant” and “fanatical.” Rather they speak to a divide between different political economies of life and death located within distinct social orders. The extensive rituals that would-be “martyrs” go through before they go to own deaths, as described in Reuter’s *My Life as a Weapon* (2004), only reinforces the idea that such acts of “sacrifice” (of oneself and others) partake in a highly organized, albeit alien or irrational, social order.

#### **Death: from the symbolic to the discursive**

From the moment Hobbes proposed a vision of political and economic order based on the exclusion of symbolically meaningful death and of martyrdom for truth and salvation to the moment when euthanasia is constituted as a rational, egoistic right devoid of any links to a gift economy, death and the world of the dead have increasingly been separated from life and the world of the living. Simultaneously, as the importance of death and the dead has diminished, life has gained in importance as a personal project, as a repository of economic capital, and as an object of power-knowledge. This interconnectedness between the ordering of death and the ordering of life takes shape within existing social relations (symbolic versus political-economic) and in the context of the prevalent modes of operation of power (juridical versus discursive), as pointed out by Foucault and Baudrillard. Thus, from Hobbes to Graunt, Chadwick, Durkheim, Hertz, and Parsons, the problem of death coincides with and highlights the broader problem of social, political,

and economic order. As shown in Table 1 below (cf. Table 1 in the Introduction), the function and cultural meaning attached to death and the dead as well as the specific regulatory principles governing the dying process, are symptomatic of the type of order prevalent in, and necessary for, the functioning of a society.

Table 1 (Conc.): Death and Economic, Political, and Cultural Order: Thou Shalt Die an Orderly Death

| Symbolically ordered death  | Discursively ordered death   | Symbolically ordered death  | Discursively ordered death   |
|---|--|---|--|
| <p>(A1)<br/><i>Symbolic exchange</i> b/w life and afterlife:<br/>Death and afterlife as sources of gain or loss<br/>(reward/punishment for conduct, influence of spirits)</p> <p>Thou shalt not die violently</p> | <p>(A2)<br/><i>Political economy</i><br/>Life a potential capital:<br/>Emphasis on life here and now (violent or premature death a loss, Hobbes, Chadwick)</p> <p><b>A (economy)</b></p> | <p>((G1)<br/><i>Sovereignty</i><br/>Symbolics of blood: Death as a source of power and a threat to power (capital punishment, martyrdom)</p> <p>Thou shalt not die prematurely</p> <p><b>G (polity)</b></p>         | <p>(G2)<br/><i>Governmentality</i><br/>Analytics of life: population management and public health<br/>(Hobbes, Graunt, Petty)</p>                            |
| <p>Thou shalt not die an undignified death</p> <p>(L1)<br/><i>Faith (values)</i><br/>Ritual boundaries between life/death (religious ceremonies, burials)</p>   | <p><b>L (culture)</b></p> <p>(L2)<br/><i>Facts</i><br/>Medico-legal management of life and death (euthanasia)</p>  | <p><b>I (society)</b></p> <p>Thou shalt not kill thyself</p> <p>(I1)<br/><i>Ritual integration</i> of death in social life: Death is given meaning and a place in social life (a fate, protest, self-sacrifice)</p> | <p>(I2)<br/><i>Discursive integration</i> of death into social life: Statistical dynamics of mortality (average life span, suicide, and mortality rates)</p> |

In theory and in terms of pure or ideal types, these meanings and principles as shown here operate roughly and approximately within Parsons' (1937) four main social subsystems (economy, polity, society, and culture) which he conceptualizes as satisfying

the corresponding functional needs that each is designed to meet: Adaptation, Goal-Attainment, Integration, and Latent pattern-maintenance. These subsystems roughly correspond to the four figures of death—or ‘death sentences’—that have been the concerns of the present study. In the economic realm symbolically ordered death (cell A1) is tied to an elaborate system of symbolic exchange in which, as Baudrillard has argued, a continuous exchange exists between life and after-life, the living and the dead. The tokens of exchange include otherworldly reward and punishment for this-worldly conduct and the continued influence of the spirit of ancestors in the world of the living. Sacrificial offering of human life represents a mode of *Adaptation* with one’s social and natural environment in which the sacrifice of life is exchanged for prosperity, good harvest, and continuation of the line of ancestry. In the predominantly political realm, symbolically ordered death is associated with sovereignty (cell G1) where the predominant mode of operation of power is juridical and where the ultimate guarantee of power is the power over death, that is, the right ‘to take life or to let live’ (Foucault, 2003: 241). In this model, the main strategy of sovereignty as well as the main strategy of resisting sovereignty consists in the deployment of the ‘symbolics of blood:’ the sword, execution, torture, and war, on the one hand, and armed uprising, civil wars, martyrdom, and suicide-bombing, on the other. The road to political power, general security, or justice (*Goal-attainment*) thus passes through the death of oneself and/or of others. In the social realm (II), funeral rituals can often function as an occasion for renewal of social solidarity (Geertz, 1973: Chapter 7). Social institutions such as religion help *integrate* death into social life by presiding over the dying process and by establishing the terms of

reciprocal exchanges between the living and the dead. Finally, in the cultural realm (L1), culturally held beliefs (religious, mythical) maintain and guard the boundaries between life and death (*Latent pattern-maintenance*). Death is often accepted as an inevitable fate or as a beginning for a new life on earth or in the heavens.

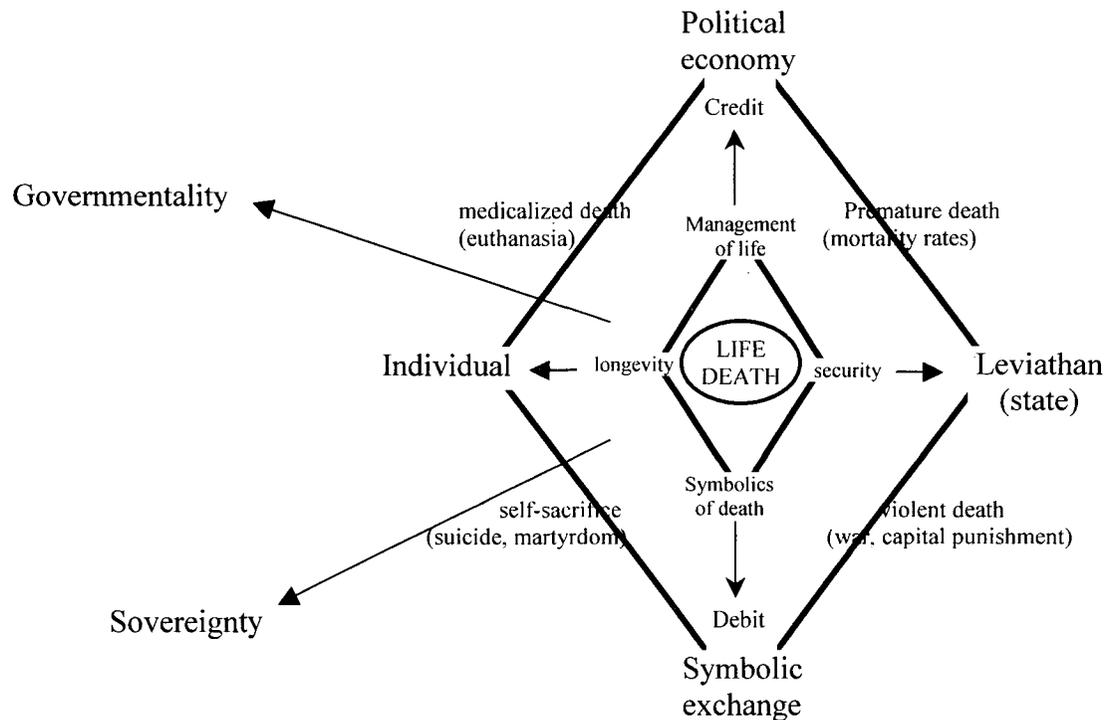
By contrast, following the same sequence of subsystems a mode of social integration characterized by its dependence on scientific, “rational” discourses corresponds with and requires an economic system (A2) that makes a sharp distinction between life and after life, upon which peace and prosperity can be founded. The life here and now is emphasized; death becomes a risk to be managed and life a source of economic capital to be maximized. Economic exchange is limited to objective, exact, and tangible transactions among the *living*. In the political realm (G2), the predominant mode of operation of power is bio-power deployed within a logic of governmentality whose ultimate guarantee is its ability to protect life and to provide peace and prosperity. The defining characteristic and the ultimate guarantee of power is the power ‘to make live and to let die’ (Foucault, 2003: 241). In the social realm (I2), medical and statistical facts provide a discursive avenue for *integrating* death into social life, for instance, by means of determining its socially appropriate rates, preventing or prohibiting its unnatural (especially self-inflicted) occurrence, and by providing an institutional setting within which death can be managed. Finally, in the cultural realm (L2), peace and not salvation constitutes the primary moral good. Science, medicine, social statistics, and public health, rather than religion, are called upon to give meaning to—that is, to define and distinguish—life and death and to prolong life as much as possible. The ideal mode of

self-killing is medicalized euthanasia, a highly regulated form of dying that upholds the value of life while leaving room for voluntarily choosing death.

The dynamics of death and order thus create a web of interdependencies among the principal social, cultural, political, and economic institutions (Diagram 1). The credit-debit duality of the double-entry bookkeeping, on the economic level, functions as a metaphor and an organizing principle for the whole system. Within this constructed binary division the need for *adaptation* with the natural forces governing life and death is met: it helps to define the boundaries between life and death, and to devise strategies to integrate death into, or disintegrate it from, political, economic, and cultural life. The binary division between credit and debit corresponds to the birth-death duality on the demographic and epidemiological level (as first exemplified in the early mortality tables of John Graunt), the vitality-mortality duality on the biological level (as in the work of Pavlov), the peace-(civil) war duality on the political level (as in Hobbes), and the euthanasia-suicide duality on the legal-moral level (as in van der Maas). In each of these dualities, the first part (birth, vitality, peace, and euthanasia) reflects the value of life, health, and longevity as forms of personal, political, and economic capital (credit) to be tracked, protected, and maximized (*goal-attainment*). The inclusion of euthanasia in the life part of the equation is indicative of the fact that, although it is a form of dying, it represents the need for the *integration* of the desire to die within the life-affirming logic of the social. This goal is achieved by creating and defining a medically regulated space for dying, where death is 'administered' as part of the medical care package and only after all avenues to save and prolong life have been exhausted (*integration*). On the other

hand, the second part of each binary division (death, mortality, civil war, suicide) represents the picture of disorderly and untamed death. It both represents what untamed death could be and illuminates the perceptions and apprehensions concerning wild death within a life-affirming culture (*latent pattern-maintenance*).

Diagram 1: Death and Social Interdependencies



Within the modern capitalist system, the relationship of of political economy with the state (the Leviathan) is characterized by the mechanisms of governmentality understood as a regime of population management and provision of security. The relations of political economy and the individual are understood in terms of with the biological reality of birth or procreation and the biosocial need for longevity with the corresponding social reality of a right to manage one's own life. On the other side (or

beneath) these structures, symbolic exchange is a dimension of the Leviathan or the state in so far as sovereignty is necessary as a system oriented towards the provision of security through its power over death as symbolized by its right to conscription, waging wars, and imposing executions. And symbolic exchange also determines relations between the bio-social reality and cultural rituals of the death of citizens as is evidenced in funeral rituals aimed at the management of the symbolic meaning and place of death within the society. The system of symbolic exchange might also require the sacrifice of one's own life as a duty for the collective good.

### **A totalizing order?**

The modern discursive ordering of death has been a 'contagious' one (to paraphrase Durkheim). It is globalized in the same manner that the modern political economic system is globalized. The United Nations measures "human development" in part in terms of such factors as longevity, health, and infant mortality rate. As a consequence, foreign aid is often targeted to rectify high mortality rates in poor countries. Above all, international laws and norms governing conflict, international relations, human rights, and security are devised—at least on paper—in large part not only to protect national sovereignty but also the life of people against such threats as terrorism, genocide, and war crimes. Yet this globalizing 'culture of life'—regardless of how truthfully and wholesomely it is upheld by all parties—is now confronted by a particular culture that seeks to utilize the symbolisms of death and sacrifice. Such "violent" self-sacrifice, the subject of Hobbes' problematization, belongs to an economy of gift-giving between a person and a higher being (the nation, god, religious beliefs, justice), wherein life is

exchanged for a greater, yet uncertain and often intangible, good. As mentioned above, the use of one's life as a weapon reintroduces death as a highly symbolic *event*, where event is defined, with Baudrillard (2003: 52) 'as that which, in a system of generalized exchange, suddenly creates a zone of impossible exchange: the impossible exchange of death at the heart of the event itself, and the impossible exchange of that event for any discourse whatever. Hence its symbolic potency.' The 'spirit of terrorism,' as Baudrillard puts it, consists in offering the symbolic gift of death as an absolute impossible gift: a gift that can only be returned by the system's own death (as symbolized for instance, by the collapse of the WTC towers) (ibid.: 57). This symbolic strategy can only be understood, if at all, by going beyond—but not necessarily denying—the 'moral imperative of unconditional respect for human life.' Terrorism poses an almost impossible challenge to the culture of life. It calls for the recognition of the fact that

one might respect, both in the other and in oneself, something other than, and more than, life (existence isn't everything, it is even the least of things): a destiny, a cause, a form of pride or of sacrifice. There are symbolic stakes which far exceed existence and freedom—which we find it unbearable to lose, because we have made them the fetishistic values of a universal humanistic order (Baudrillard, 2003: 68).

We will also have to account for the survival and rebirth of the *symbolic forms* of death from within the *political-economic order* itself: suicides in the armed forces, underground euthanasia, refusal of some prisoners on death row to appeal their sentences, or suicide bombers who, despite much propaganda and misconception, do seem to come from mainstream society and are often raised and educated in the West rather than in an underground cult of death. There are still those who go on hunger strikes and activists who travel from the comforts of the West to war zones in the rest of the world in order to act as human shields. And then there are moments when the symbolics of death are

invoked rather than concealed for political purposes (as in the current U.S. politics where the *rhetoric* of the sacrifices of ‘our men and women in uniform’ is frequently invoked as a unifying moral force even though the public *images* of the war dead are carefully concealed). In the sphere of social thought, death has also returned as a possible repository of moral strength. In what Bauman has described as a postmodern condition of ‘moral fragmentation,’ death has been re-invoked, not by calculating politicians or ‘terrorists,’ but by social and moral philosophers to resurrect a lost and much needed sense of responsibility in an elusive, destabilized ‘moral subject.’ Along the same lines, Derrida argues that the finitude of death can be the source of a moral sense of infinite responsibility toward oneself and the “other,” a sense of guilt and sin, a yearning for salvation. In it originates an economy of gift exchange in which one sacrifices oneself for the “other”; in which one becomes oneself, a singularity, by becoming responsible to the “other,” a different singularity (Derrida, 1995: chapter 2). Above and beyond this, as the case of Dr. Postma and her mother shows (Chapter IV), the social-anthropological insights of Mauss and Parsons allow us to regard death as an occasion that can bind people together and provide a ritualistic context for the symbolic exchange of gifts of life, death, and care (O’Neill, 2002).

As Seery (1996: 162-7) has argued, from Hobbes to Rawls, life operates as the organizing ideological principle of liberalism, metaphorically conveyed in the concept of the *original position* from which the moral-legal framework of the society as well as the mode of functioning of its politics and economy is envisioned (cf. Rhodes, 2002). In opposition or reaction to this, social thinkers from Freud to Bauman, Derrida, Foucault,

Baudrillard, and Levinas call for a return to death, that is, to a counter-metaphor of the *final position*. Death in this sense becomes what Parsons envisions: a condition for and a motivator of interpersonal responsibility (Parsons et. al, 1972). It requires the exercise of responsibility toward the gift of life, it allows death to take on a positive meaning and function in human inter-relations, and most importantly, it provides an outlook on life and its conduct from a point of view that is often inaccessible to the living. This counter-metaphor can potentially function to redefine the society's moral-legal system and its corresponding political and economic systems not in terms of the liberal rights to life and its pleasures, but in terms of a moral duty toward the 'other,' or rather as much toward those others who are foreign and unknown to us as toward those who remain our familiar kin and counterparts. Hence Freud's concept of the death drive (1922), if taken metaphorically and socially rather than only literally and psychologically, is the expression of a social and moral need for embracing death as the originator of interpersonal responsibility.

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