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SUFFERING AND DYING IN MODERN PANDEMICS:

A PARALLEL READING OF IVAN ILLICH, GIORGIO AGAMBEN AND  
BYUNG-CHUL HAN

### *Introduction*

In 1925, in an essay titled “On Being Ill”, Virginia Woolf describes her surprise upon realizing that illness is not a dominant literary theme, despite the tremendous psychological changes it causes. She writes: “Novels, one would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia, lyrics to toothache. But no;”<sup>1</sup> We can diagnose an analogous, equally paradoxical, lack in philosophy. Indeed, philosophy deals with the concept of mental suffering, but usually remains indifferent to the question of physical suffering. For philosophy, physical pain constitutes a locus of authentic aporia. Historian of pain Joanna Burke notes that to define the concept of pain, a variety of scientists were invited by the International Association for the Study of Pain, including “experts in neurology, neurosurgery, psychiatry, psychology, psychology, neurophysiology, dentistry and anesthesiology - but, alas, not in history”.<sup>2</sup> Interestingly enough, no experts in philosophy were included either. So, how can this absence of physical pain both in literature and philosophy be explained? Woolf goes on to suggest that “literature does its best to maintain that its concern is with the mind; that the body is a sheet of plain glass through which the soul looks straight and clear, and, [the body] is null, negligible and nonexistent”.<sup>3</sup>

If that was indeed the case for both literature and philosophy a century ago, we can safely assume that things have drastically changed in the light of the collaboration between neuroscience and philosophy, and its project of dismissing Cartesian dualism. In fact, only twenty years after Woolf’s essay was published, the Universities of California and Harvard founded the first neuroscience departments. And then, in 1986, Patricia Churchland coined the term neurophilosophy. Her homonymous book sought to rid philosophy of its “perverse, dark, and anyhow

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<sup>1</sup> Virginia Woolf, “On Being Ill,” *The New Criterion* 4, no. 1 (January 1926): 32.

<sup>2</sup> Joanna Bourke, *The Story of Pain: From Prayer to Painkillers* (Oxford: Oxford University Press, 2014), 10.

<sup>3</sup> Woolf, “On Being Ill,” 32.

pointless”<sup>4</sup> aspects by beginning to “reverse the antiscientific bias typical of linguistic analysis” and stopping it from “heroically plumping up the pillows of decrepit dogma.”<sup>5</sup> Recently, the philosophical study of physical pain has been producing a significant amount of scholarship. On the one hand, this advance has shed light on the fact of physical pain and has allowed us to explore its psycho-biological parameters. On the other hand, it has enabled us to reflect on the following paradox: science and its foundation, materialism, have finally triumphed over their traditional enemy, metaphysics. The notion of embodiment and its consequent concept of spirit as synonymous with mind, as well as mind with brain, have promised to discard mind’s priority over the body and treat them as one, within the framework of a long-desired unified science. Nevertheless, instead of abolishing the body-spirit dichotomy, the current, neuro-informed philosophical inquiries seem to adopt a rather metaphysical principle, that is, they reproduce an inverted, but all the same, version of essentialism.

In fact, it seems that Woolf’s comment on the body’s alleged transparency is still valid, on condition that the terms “body” and “mind” trade places. In other words, the price the body had to pay in order to break free from the mind’s tyranny was to take mind’s place. This substitution also meant that both the body and its pains had to lose their temporality, forget their history and live in exile, away from the social contexts that supply them with meaning(s). Of course, this article cannot aim at narrating physical pains’ social history. However, it will examine the meanings both physical suffering and death acquired recently, in the light of the COVID-19 outbreak. In order to do so, it will take into account the work of three major thinkers, that is, Giorgio Agamben, Ivan Illich and Byung-Chul Han. Despite their differences, these three thinkers seem to hold convergent views regarding suffering and dying today.

### *Medicine as the New Religion*

In a series of short articles discussing the sociopolitical impact of the recent pandemic, Italian philosopher Agamben supports that our current condition should be conceived in the context of three ideologies: capitalism, Christianity and science, medicine in particular.<sup>6</sup> The concept of medicine as the new religion and its impact on our notions of physical pain, define this paper. I will show that, despite its emphasis on neuro-informed corporeality,

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<sup>4</sup> Patricia Churchland, *Neurophilosophy* (Cambridge, MA: MIT Press, 1986), 5.

<sup>5</sup> *Ibid.*, 3.

<sup>6</sup> Giorgio Agamben, “Medicine as Religion,” trans. Adam Kotsko, *An und für sich*, May 2, 2020, accessed April 21, 2025, <https://itself.blog/2020/05/02/giorgio-agamben-medicine-as-religion/>.  
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modern medicine introduces a renewed version of metaphysical essentialism, thus producing theological concepts of physical pain. While it aims at eradicating physical pain and celebrates a culture of analgesia, at-the-same-time it embraces pain and establishes commodified versions of asceticism, thriving in gyms and aesthetic practices. In times of crisis such as the current one, medicine takes refuge in pure biology, thereby cloaking both its own social history, and the social parameters of pain such as race, gender and class; pain, then, becomes alienated/ing, it obtains a life of its own and becomes hypostasized. Modern medicine paradoxically mystifies our world anew by replacing spiritualism with a new type of religiosity. In Benjaminian terms, it establishes a techno-scientific fantasmagoria,<sup>7</sup> that is, a specific regime of truth that produces normative concepts of health thereby shaping our philosophical notions of disease.

So, what does it mean to classify science, medicine in particular, as an ideology? Michel Foucault, among others, has traced the process of how the doctor was transformed from a craftsman, who practiced an art on people personally known to him, into a technician, who applied his scientific knowledge, along with the respective technology, to groups of sufferers. It was exactly at that point, he suggests, that medicine became a science. Medicine became a science in the sense that it claimed to remain untainted by any kind of assumption that was not rationally based, uncontaminated by the ideas people form from their contact with the world. This was possible because medicine allegedly referred to timeless and trans-historical truths and was, therefore, placed at the opposite end of ideology. In fact, the relationship between science and ideology was considered analogous to that between truth and fallacy. Science became synonymous with the objective, that is, trans-social and therefore politically neutral. While suffering and dying once belonged to the jurisdiction of religion –an ideology par excellence-, they then became technical matters. However, Foucault has also shown that medicine's transformation into a science, what he called the "clinical gaze" –a particular kind of observation that "refrains from intervening" and remains "silent and gestureless"<sup>8</sup>– consists in the establishment of a certain regime of truth, that is, a certain ideology. As is the case with all ideologies, medicine's most characteristic feature is that it conceals its own ideological function. In fact, the more objective it appears to be, the heavier its ideological load.

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<sup>7</sup> For the concept of "phantasmagoria," see Walter Benjamin, *The Work of Art in the Age of Mechanical Reproduction*, trans. Harry Zohn (New York: Schocken Books, 1969).

<sup>8</sup> Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, trans. A.M. Sheridan (London: Routledge, 2003), 107.

In times of crisis such as the recent pandemic, medicine takes refuge in pure biology, thereby cloaking even further its social history. In order to do so, medicine attempts a double –simultaneous– move: on the one hand, it dismisses metaphysics as non-objective. On the other, it mystifies the world anew by replacing old fashioned spirituality with a new type of religiosity, which produces normative concepts of health that shape not only our philosophical notions of suffering and dying, but, most importantly, our lived experience.

Illich describes modern society's medicalization as "Social iatrogenesis". He writes that "Social iatrogenesis is at work [...] when all suffering is 'hospitalized' and homes become inhospitable to birth, sickness, and death; when the language in which people could experience their bodies is turned into bureaucratic gobbledegook ; or when suffering, mourning, and healing outside the patient role are labeled a form of deviance."<sup>9</sup> For Illich, the French Revolution gave birth to the following myth: "physicians could replace the clergy."<sup>10</sup> But by doing so, it didn't demystify the world. Quite the contrary: "Through the medicalization of death, [that] health care has become a monolithic world religion,"<sup>11</sup> he writes. This religion is rather paradoxical, as it tries to maintain both: on the one hand, the vulgar materialism of the market and on the other, the spark of divinity – adapted to the imperatives of the market. In Illich's words, "now medicine tries to engineer the dreams of reason."<sup>12</sup> Illich offers an example of this kind of techno-scientific religiosity: "Intensive care is but the culmination of a public worship organized around a medical priesthood struggling against death."<sup>13</sup> Lost spirituality, then, reappears as faith in miracles, this time performed by medicine.

Similarly, Han points to the function of technology as a simulacrum of spirituality, as an adaptation of classical metaphysics to the imperatives of techno-science. For him, "The smartphone is the cult object of digital domination. As a subjugation device, it acts like a rosary and its beads; [...] The 'like' is a digital 'amen.' We keep going to confession [...]. But we don't ask for forgiveness: instead, we call out for attention."<sup>14</sup> Han insists that "emancipation from a transcendent order is the hallmark of modern

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<sup>9</sup> Ivan Illich, *Medical Nemesis: The Expropriation of Health* (London: Marion Boyars, 1976), accessed April 21, 2025, <https://ratical.org/ratville/AoS/MedicalNemesis.pdf>.

<sup>10</sup> *Ibid.*

<sup>11</sup> *Ibid.*

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

<sup>14</sup> Byung-Chul Han, interview by Sergio C. Fanjul, *El País*, October 15, 2021, <https://english.elpais.com/usa/2021-10-15/byung-chul-han-the-smartphone-is-a-tool-of-domination-it-acts-like-a-rosary.html>.

politics.”<sup>15</sup> However, such emancipation does not mean the deactivation or cancellation of metaphysics, but rather marks a series of mutual substitutions between the material and the spiritual. He coins the term “psychopolitics.” Psychopolitics is the regime that allows the techno-scientific staff –in our case physicians- to replace the traditional priesthood. Foucauldian biopolitics, then, becomes psychopolitics, where the soul constitutes the field of power relations. “Psyche is the productive force,”<sup>16</sup> he writes. In other words, it’s the force that keeps the market going. But if physicians become the new priesthood, “virology disempowers theology. [...] The narrative of resurrection completely gives way to the ideology of health and survival. In the face of the virus, belief degenerates into a farce,” Han writes.<sup>17</sup>

In 2020, that is, in the midst of the pandemic and its global restrictive measures, Giorgio Agamben publishes a short text titled “Reflections on the Plague.” There, he states: “It is as if the need for religion, no longer finding any satisfaction in the Church, began gropingly to look for another place wherein it could consist, and found it in what has become the religion of our time: science.”<sup>18</sup> Similarly, in an article called “Medicine as Religion” he argues that in terms of its doctrine, medicine borrows the dipole –good and evil- that dominates Christianity, and simply renames the opposing pair. “There is a malign god or principle, namely disease, whose specific agents are bacteria and viruses, and a beneficent god or principle, which is not health, but recovery, whose cultic agents are medicines and therapy.”<sup>19</sup> What’s more, worship, prayer and care for the salvation of the believer are not limited to the private sphere, but permeate the sum of our social life. “It is no longer a question of taking medicines or submitting when necessary to a doctor visit or surgical intervention: the whole life of human beings must become in every instant the place of an uninterrupted cultic celebration. The enemy, the virus, is always present and must be fought unceasingly and without any possible truce.”<sup>20</sup> Like any religion, medicine has its places of worship –hospitals, clinics, private practices and treatment centers-, that is, it has an “extremely broad and extensively networked field of worship that coincides

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<sup>15</sup> Byung-Chul Han, *Psychopolitics: Neoliberalism and New Technologies of Power*, trans. Erik Butler (London: Verso, 2017), 7.

<sup>16</sup> *Ibid.*, 25.

<sup>17</sup> Byung-Chul Han, interview by Carmen Sigüenza and Esther Rebollo, EFE/Euractiv, May 24, 2020, updated April 18, 2023, <https://www.euractiv.com/section/global-europe/interview/byung-chul-han-covid-19-has-reduced-us-to-a-society-of-survival/>.

<sup>18</sup> Giorgio Agamben, *Reflections on the Plague*, trans. D. Alan Dean, Medium, March 27, 2020, <https://d-dean.medium.com/reflections-on-the-plague-georgio-agamben-b616763b6259>.

<sup>19</sup> Agamben, “Medicine as Religion.”

<sup>20</sup> *Ibid.*

with what we call technology.”<sup>21</sup> And indeed, Agamben points out, medicine’s demand for faith and worship is such that it does not equate modern man with a simple Christian, but with monks “who chose to put their entire existence under the emblem ‘pray unceasingly.’”<sup>22</sup>

A further feature that connects modern physicians to monks is science’s most important claim: objectivity: According to Geoffrey G. Harpham, “in order to be a scientist [...], one had to be able to negate oneself utterly, so that one could behold the thing in itself, with no subjective interference whatsoever. The truth was held to be independent of any subjective perspective, available to any who could suspend their own desires and subjectivities sufficiently to allow their reason to apprehend it”.<sup>23</sup> The notion of objectivity is precisely that which links the scientist to the Christian hermit: both have to preserve some kind of purity that will allow them to become conduits of a timeless and transcendent message. For Harpham, “scientists are modern nuns”.<sup>24</sup>

#### *Algophobia, Thanatophobia and the Imperative of Happiness*

Besides considering medicine as the new religion, Illich, Han and Agamben hold common views regarding medical science’s goal: that is, the elimination of death and suffering. Around 50 years ago, Philippe Aries insisted that modern era’s main characteristic consisted in the fact that “death, [...] was furtively pushed out of the world of familiar things.”<sup>25</sup> He even went as far as to suggest, following the English sociologist Geoffrey Gorer, that “death has become a taboo and that in the twentieth century it had[s] replaced sex as the principal forbidden subject.”<sup>26</sup>

Similarly, Han writes: “we live in a survival society that is ultimately based on fear of death.”<sup>27</sup> Along the same lines, Illich suggests that “we cannot fully understand the deeply rooted structure of our social organization unless we see in it a multifaceted exorcism of all forms of evil death. Our major institutions constitute a gigantic defense program waging war on behalf of ‘humanity’ against death-dealing

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<sup>21</sup> *Ibid.*

<sup>22</sup> *Ibid.*

<sup>23</sup> Geoffrey Galt Harpham, “Trading Pain for Knowledge, or, How the West Was Won,” *Social Research* 75, no. 2 (Summer 2008): 500. Published by The Johns Hopkins University Press.

<sup>24</sup> *Ibid.*, 497.

<sup>25</sup> Philippe Ariès, *Western Attitudes toward Death: From the Middle Ages to the Present*, trans. Patricia M. Ranum (Baltimore: The Johns Hopkins University Press, 1974), 105.

<sup>26</sup> *Ibid.*, 92.

<sup>27</sup> Han, “COVID-19 Has Reduced Us to a Society of Survival,” <https://www.euractiv.com/section/global-europe/interview/byung-chul-han-covid-19-has-reduced-us-to-a-society-of-survival/>. Accessed August 20, 2025.

agencies and classes.”<sup>28</sup> This is accomplished by turning death into a technical matter and depriving suffering of its inherent meaning. If, once, pain and death were useful, that is, meaningful for the members of the community, now, they threaten to interrupt the workings of the market, and are therefore condemned as endangering social cohesion. At the same time, fear of death and pain creates new market opportunities: “Like any other growth industry, the health system directs its products where demand seems unlimited: into defense against death,”<sup>29</sup> Illich writes. The technoscientific fantasmagoria links our concept of death to the market and reshapes death’s definition in a radically new way: “Untimely death,” Illich writes, “turns into underconsumption of clinical care.” Respectively, “natural death is when man becomes useless both as producer and as consumer.”<sup>30</sup>

Illich, Han and Agamben agree that our societies fear death and suffering, because they have raised survival to the highest value. However, despite medicine’s efforts, suffering controls people’s lives today. Joanna Burke, historian of pain, writes: “in recent years, although pain-professionals manage extraordinary pharmaceutical budgets, and numerous disciplines [...] have dedicated formidable intellectual resources and humanitarian passion to the study of pain, cries of ‘I hurt!’ are as insistent as ever.”<sup>31</sup> At a historical moment when both materialism and science seem to have triumphed, pain dominates people’s lives. If, once, the priest was responsible for the management of pain, and undertook not to silence it but, on the contrary, to make it heard by its own bearer -therefore guiding them to salvation-, now pain passes into the hands of the doctor who aspires to exterminate it. Ideally, the pain ought to cease, for the technical damage it signifies ought to -and can- be repaired. However, even if this proves impossible, the pain will be suppressed, since its role is limited to communicating the existence of a technical anomaly. Pain no longer signifies the transcendence of matter and this is why it either has to be eliminated through the consumption of analgesic drugs and methods or it is tamed and channeled into a kind of new, material asceticism -diet, nutrition and exercise- that ties it to the vehicle of commercialization.

Have we managed to eliminate or at least diminish suffering and dying? Of course, one could cite the increase in life expectancy or the advances in pharmacology. But, as Burke puts it, “pain is not an intrinsic quality of raw

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<sup>28</sup> Illich, *Medical Nemesis*.

<sup>29</sup> *Ibid.*

<sup>30</sup> *Ibid.*

<sup>31</sup> Joanna Bourke, *The Story of Pain*, 24.

sensation; it is a way of perceiving an experience. Pains are modes of perception: pains are not the injury or noxious stimulus itself but the way we evaluate the injury or stimulus. Pain is a way-of-being in the world.”<sup>32</sup> If this is the case, then modern suffering, emptied of its once meaningful content, is the new pandemic.

In his book, *The Palliative Society: Pain Today*, Han suggests that today’s main ideology consists in algophobia and thanatophobia (fear of pain & fear of death respectively), which both function as indicators of the radical substitution we encountered earlier: Virology substitutes for theology. Han, then, seems to agree with Illich, who suggests that “public fascination with high-technology care and death can be understood as a deep-seated need for the engineering of miracles.”<sup>33</sup> However, although medicine *is* the new religion, it lacks traditional religions’ most important feature. Unlike religion, medicine cannot provide the sufferer with a vision of deliverance since, according to Han, “death is no longer integrated into a meaningful narrative of salvation.”<sup>34</sup> Similarly, Agamben notes that “the medical religion does not offer the prospect of salvation and redemption.”<sup>35</sup>

If this is the case, then which prospect substitutes for salvation and redemption? According to Han, the compulsive pursuit of happiness eliminates the prospect of salvation, precisely because it exchanges the negativity of suffering for the positivity of joy.<sup>36</sup> Contemporary society fears death and suffering, because they stand in the way of what has come to become both a moral and social duty: happiness at all costs. In 1995 David Pearce, a British philosopher, summarizes this vision in a text called “The hedonistic imperative” –obviously paraphrasing Kant’s Categorical Imperative. He writes: “Over the next thousand years or so, the biological substrates of suffering will be eradicated completely. ‘Physical’ and ‘mental’ pain alike, are destined to disappear into evolutionary history. [...] The states of mind of our descendants are likely to be incomprehensibly diverse by comparison with today. Yet all will share at least one common feature: a sublime and all-pervasive happiness.”<sup>37</sup> On the other hand, Illich insists that such happiness is nothing but “meaninglessness that plagues contemporary society” and that much of humanity

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<sup>32</sup> *Ibid*, 7-8.

<sup>33</sup> Illich, *Medical Nemesis*.

<sup>34</sup> Byung-Chul Han, *The Narrated Life*, trans. Erik Butler (Cambridge, MA: MIT Press, 2023), accessed April 22, 2025, <https://www.beyng.com/docs/ByungChulHan-NarratedLife.html>.

<sup>35</sup> Agamben, *Medicine as religion*.

<sup>36</sup> Byung-Chul Han, *The Palliative Society: Pain Today*, trans. Daniel Steuer (Stanford, CA: Stanford University Press, 2021).

<sup>37</sup> David Pearce, “The Hedonistic Imperative”, accessed April 23, 2025, <https://www.hedweb.com/hedethic/hedonist.htm#naturalisation>.



is no longer willing to “bear its rebellious, torn and disoriented flesh” and has instead traded its art of suffering and its art of dying for a few years of life expectancy.”<sup>38</sup>

Han seems to echo Illich’s views when, asked by a journalist whether he is happy, he replies: “It is actually a meaningless question. Happiness is not a state I aim for.”<sup>39</sup> Should we then not be interested in happiness? Yes, but in order to do so, we must embrace suffering and dying’s negativity, that is, reclaim a different content for them, one that is useful and meaningful: what Illich called the art of suffering and the art of dying. Illich does not want us to suffer or die. Rather he warns that “implanting the expectation that all suffering can and, eventually, will be relieved, undermines those personal and cultural capabilities that made suffering bearable and meaningful in the past. It flattens out our personal virtuous performance.”<sup>40</sup> So, if happiness does not mean death in intensive care or mere survival, but authentic contact with the Other or with others, then it seems that it cannot be delivered by science.

### *Science and Happiness*

Let us turn to one more text written by Agamben – “Science and happiness” –, where he discusses the realm of ethics and politics and their relation to science. The philosopher reminds us that suffering and dying should be a matter of ethics, that is, politics, rather than a matter of medical techno-science. He writes: “In spite of the usefulness we think we derive from them, the sciences cannot make us happy, because man is a speaking being, who needs to express in words joy and pain, pleasure and affliction, while science, in the last analysis, aims at a mute being, which it is possible to know in number and measure, like all the objects of the world.”<sup>41</sup> And he concludes: “It is good to remember this, today, when men and women seem to have abandoned everything they believed in, to entrust to science an

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<sup>38</sup> Illich, *Medical Nemesis*.

<sup>39</sup> Byung-Chul Han, interview by Friedemann Karig, *Zeit Wissen*, no. 5 (August 19, 2014), published online September 7, 2014, <https://www.zeit.de/zeit-wissen/2014/05/byung-chul-han-philosophie-neoliberalismus/komplettansicht>. English trans. Rebecca Darby, “Byung-Chul Han: ‘I’m Sorry, but Those Are Facts,’” *Skorpion* (blog), November 3, 2015, <https://skorpionuk.wordpress.com/2015/11/03/byung-chul-han-im-sorry-but-those-are-facts/>.

<sup>40</sup> Illich, *Medical Nemesis*.

<sup>41</sup> Giorgio Agamben, “Science and Happiness,” trans. Julius Gavroche, *Autonomies*, September 16, 2024, originally published in *Quodlibet*, August 9, 2024, <https://www.quodlibet.it/giorgio-agamben-scienza-e-felicit>, accessed April 23, 2025, <https://autonomies.org/2024/09/giorgio-agamben-science-and-happiness/>.

expectation of happiness that can only be disappointed and betrayed.”<sup>42</sup>

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<sup>42</sup> *Ibid.*