



The Anthropology of the Beginnings and Ends of Life

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The Anthropology of the Beginnings and Ends of Life

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Abstract

This essay reviews recent anthropological attention to the “beginnings” and “endings” of life. A large literature since the 1990s highlights the analytic trends and innovations that characterize anthropological attention to the cultural production of persons, the naturalization of life, and the emergence of new life forms. Part I of this essay outlines the coming-into-being, completion and attenuation of personhood and how life and death are attributed, contested, and enacted. Dominant themes include how connections are forged or severed between the living and the dead and the socio-politics of dead, dying, and decaying bodies. The culture of medicine is examined for its role in organizing and naming life and death. Part II is organized by the turn to biopolitical analyses stimulated by the work of Foucault. It encompasses the ways in which the biosciences and biotechnologies, along with state practices, govern forms of living and dying and new forms of life such as the stem cell, embryo, comatose, and brain dead, and it emphasizes the production of value. Much of this scholarship is informed by concepts of liminality (a period and state of being between social statuses) and subjectification (in which notions of self, citizenship, life and its management are linked to the production of knowledge and political forms of regulation).

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INTRODUCTION

A desperately poor young mother dies of AIDS. Half a world away, a child is born as the result of a \$50,000 in-vitro fertilization procedure. By juxtaposing the literature that explores such discordant events—low-tech and high-tech births and deaths, traditional rituals and innovative biomedical practices—this review speaks to the dissimilar conditions that allow humans to come into and out of existence, and the range of analytic reflection on socially significant thresholds and borders. Anthropologists have often used the margins of life as a site for examining the making and unmaking of persons and relationships, social and corporeal bodies, and life itself. Yet never has the anthropological literature on the be-

ginnings and ends of life been as stimulating as it is now. Over the past fifteen years, scholars have become increasingly concerned with how the boundaries of life and death are asserted and negotiated, and with the identity categories that such boundaries construct, protect, and redefine. In this sense, the literature on the anthropology of the beginnings and ends of life echoes the recent anthropological interrogation of other epistemic boundaries, such as those between disciplines, forms of knowledge, subjects, and territories. The beginnings and the ends of life are thematically linked, then, by attention to the varied ways that humans constitute and disassemble themselves and their social worlds.

This review considers the consistencies and innovations that characterize anthropological attention to these topics. In trademark fashion, anthropologists continue to attend (reflexively) to the work of culture and the creation of meaning: the lived experience of individual actors, the collective ascription and attenuation of personhood, and the production and reproduction of material and cosmological worlds. Yet anthropologists have also extended their reach to encompass scientific practice and knowledge production, paying particular attention to the increasing biologization of political and private life. The move toward studying the production and cultural effects of bioscience, bio-citizenship, and the biosocial indicates a major shift in anthropological representations of beginnings and endings, stimulating new thinking about social production, authoritative knowledge, cultural facts, and the representations of life.

Anthropological investigations of the beginnings and ends of life have undergone a major shift from the early days of ethnography, from descriptions of normative practices surrounding birth and death within discrete societies to recent studies of the cultural production of forms of life and death, including the ambiguous boundaries between them, and to an interest in the socio-political debates concerning when life begins and ends.

Late nineteenth through mid-twentieth century studies were conducted within the frameworks of the anthropology and sociology of religion, ritual, the family, the sacred and secular, and structural-functionalism. Those frameworks remain salient in recent ethnographies where they are often considered through the lenses of globalization, postcolonialism, and bioscience. The rise of feminism from the 1970s contributed to a range of studies of childbirth and postpartum practices that focused on cultural variability in the making of birth (although it did not equally inspire studies of care for the dying). Late twentieth century and early twenty-first century studies have responded both to the impacts of the genetic sciences and clinical medicine on individual experience (especially reproductive technologies and technologies surrounding dying) and to the shifting politics, ethics, and discourses about the beginnings and endings of life itself that accompany developments in the biological sciences and biomedicine. These writings have been influenced, too, by the explosion of work in the social studies of science, medicine, technology, and the body.

Our essay is divided into two broad parts to reflect what we see as a potentially productive tension between studies that foreground social organization and cultural representation and those that analyze the biopolitics of making and allowing life and death. These two approaches are not entirely mutually exclusive, but represent general trends between studies of culture and cultural studies. Part I is concerned with the production and attenuation of personhood and how life and death are attributed, contested, and pragmatically enacted in social contexts. The creation of persons through reproduction and birth is closely tied to the production of mothers, fathers, viable children, and families (Ginsburg & Rapp 1995). At the end of life, ethnographers have focused their attention on the distinction between the social and biological death of the person and the practical and ethical quandaries created by the late modern ability and desire to authorize and design one's

own death, and the ways in which death is spoken, silenced, embraced, staved off, and otherwise patterned (see Seale 1998 for review).

Themes of identity, liminality and memory are central to this work. Beginnings are constituted through processes of social recognition (James 2000), and are contingent on the attribution of personhood and sociality. Endings depend on the culturally acknowledged transformation of a living person to something else—a corpse, nonperson, spirit, ancestor, etc. Both are frequently characterized by a time of provisionality, indeterminacy, and contestation as social relations are reordered.

The politics surrounding assertions and denials of personhood have received a great deal of attention in the last two decades, as have the ways in which tensions between tradition and modernity are enacted in individual, community, and institutional responses to assisted reproduction, genetic screening, abortion, euthanasia, assisted suicide, palliative and life- or death-prolonging medical treatments, and death. Human, women's, and other rights discourses support shifting notions of personhood and offer rich terrain for negotiation about beginnings and endings.

Part II outlines the turn to biopolitical analyses which has been shaped largely by developments in the biomedical sciences and clinical medicine as they are deployed, understood, and enacted. The delineation of cultural forms and structural sources of subject-making are central to this approach, which stresses how scientific practice, together with discursive power arrangements, shapes understandings of the parameters of life, death, and the person and creates particular desires and needs. Under the rubric of the social studies of science, this approach covers studies of life enabled by the laboratory and clinic and ended through medical technique. It explores the creation and cessation of life as debated and decided in changing regimes of authority. Biopolitical analyses also explore how poverty, body commodification, and notions of risk and control are lived and shaped by the

intersections of state imperatives, local traditions, and the global reach of biomedicine.

At both the beginnings and ends of life, scholars have turned their attention to expert and lay knowledge production and their influence on changing notions of the self, the family, the future, and expectations about dying, death and longevity. Social science fascination with new life forms created through bureaucratic, commercial, and technical means—stem cells, embryos, fetuses, the comatose, the demented, and the brain-dead—has directed much ethnographic effort toward the industrialized and affluent sectors of world societies where what it means to be human and to be alive or dead are being reformulated.

Problematizing “Beginnings” and “Endings”

The broad topics of reincarnation and resurrection, along with the particular practices of exhumation and reburial, pose a challenge to our terms beginning and end, and to the discrete, linear, Eurocentric trajectory these terms imply. Anthropologists have long documented social practices that do not rely on the teleological assumption that human life begins with birth and ends with death. The continuity of life is evident in Obeyesekere’s (2002) ambitious comparison of “rebirth eschatologies” among Amerindians, Buddhists, and Greeks; in Desjarlais’s ethnography of how “dying is not quite dying” in Nepal (2003); and in Papagaroufali’s examination of the prolonged, liminal process of dying in Greece (1999). Anthropologists have discussed the cyclical character of life as it pertains to reincarnated infants and children who, because they are “inhabited by their (adult) thoughts and gestures,” writes Gupta (2002, p. 1), “clearly have to be conceptualized as more complex beings than is allowed by the standard narrative of child-hood which posits a new being who slowly finds his or her way in the world.” In a similar vein, Gottlieb documents the spiritual knowledge and respect accorded reincarnated Beng newborns in Côte

d’Ivoire (2004), who are not necessarily regarded as newly born.

From the perspective of Foucauldian biopolitics, there are other ways of looking at these temporal complexities. Rites of passage per se are less important than the way that life forms are redefined in relation to ongoing social changes. Embryonic stem cell research is a case in point. The transfer of young, pluripotent human cells to old, infirm human bodies disrupts linear life-cycle narratives by demonstrating “the *perfect contingency* of any relationship between embryo and person, the nonteleological nature of the embryo’s developmental pathways” (Waldby & Squier 2003, p. 33; emphasis in original). Anthropologists have broadened the definition of “reproductive technologies” to include the subject-making powers held by states, corporations, and global intellectual enterprises (Franklin 2004, Ong & Collier 2004). They have also shown how technoscientific developments have destabilized the genealogical, teleological, and evolutionary grand theories through which life has often been comprehended (Franklin & Lock 2003, Goodman et al. 2003). Such research demonstrates that beginnings and ends are contingent local concepts, the meanings of which are neither stable nor self-evident.

PART I. MAKING THE PERSON, THE LIVING, AND THE DEAD

Producing Persons

Producing persons is an inherently social project. The ethnographer’s analytic role is to illuminate the elements and scale of this project and to articulate the range of knowledge about “what human life is, how it comes into being and is sustained, and what happens to it at death” (Strathern & Stewart 1998, p. 236). At the beginnings of life, anthropologists have shown that social reproduction is effected through the cultural production of persons (Carrithers et al. 1985). Personhood, they argue, is a process conferred, attenuated,

contested, and withheld by the collective. It does not reside in the physical or cognitive attributes of individuals. Anthropologists following these prescriptions have documented a variety of beliefs about conception, metaphors of procreation, and processes of coming-into-social-being. That newborns are considered in many cultural contexts to be unripe, unformed, ungendered, and not fully human is evidence that personhood is not an innate or natural quality but a cultural attribute (Bloch 1993, Carsten 1995, Delaney 1991, Lambek & Strathern 1998, Loizos & Heady 1999). As Hartouni observed, "Who or what is called person is, among other things, a highly contingent historical formation; it is both the site and the source of ongoing cultural contests and always under construction as a self-evident fact of nature" (Hartouni 1999, p. 300).

In part as a reaction against the biologized and a-social discourses of personhood that reign in the west, anthropologists have documented the ways in which personhood is initiated and effected through the social exchange of body substances and the provision of feeding, nurturing, and care (Astuti 1993, Carsten 1995, Conklin 2001, Conklin & Morgan 1996, Lambek & Strathern 1998, Sobo 1993). Strathern (1988) inspired a generation of scholars when she argued that persons are "partible" rather than autonomous or self-contained; in other words, "social relations reveal the persons they produce" (Konrad 1998, p. 645).

Personhood is ascribed during social birth rituals, of which biological birth may be only one feature (Morgan 2002[1989]). The notion of social birth is useful because it highlights the gradual, malleable, and contested processes through which personhood is often ascribed. But as Gammeltoft points out, it is a normative concept that offers little insight into "personal perceptions and subjective feelings regarding the social and moral status of fetuses and infants" (2002, p. 320). The concept of social birth obscures situations in which the agency for personhood is thought

to reside in the incipient person rather than in the social body (Casper 1998, Scheper-Hughes 1992). Some anthropologists have championed not only the social construction but also the subjectivity of infants, arguing for their spirituality, psychological integrity, and role as social agents. They suggest that these newly formed persons may govern their own mortality, "usually decid[ing] to remain in this world as long as life seems hospitable" (Gottlieb 2004, p. 264).

Abortion. The North American obsession with the status of embryos, fetuses, and the origin of life has been scrutinized by anthropologists who have shown that abortion is only sometimes about when life begins (Morgan & Michaels 1999). Efforts to see beyond the polarizing politics of life and personhood include Ginsburg's (1989) groundbreaking ethnography of abortion activists in Fargo, North Dakota, which argued that supporters and opponents are not fundamentally hostile to one another because both sides value women as nurturers. The willingness to anthropomorphize or grant personhood may be contingent on factors—such as kin relations, physical health and vitality, parenting expectations, spiritual considerations, economic well-being—that have little to do with the ontological status of fetuses or infants. Delaying or denying personhood may justify abortion, infanticide, or infant neglect (Sargent 1989, Scheper-Hughes 1992). Morgan (1998) shows the status of the unborn to be ambiguous and unknowable in highland Ecuador, where some women consider abortion objectionable not because it is "murder" but because one should not take God's will into one's own hands.

Recent anthropological discussions of abortion have to be understood in the context of the political threats to legalized abortion in the U.S. and access to safe, affordable abortion elsewhere. By emphasizing women's agency and pragmatism in negotiating reproductive constraints, some anthropologists have rejected the "fetal imperative" and provided a critical counterbalance to epidemiological

studies and rights-based discourses that ignore women's voices. Contributors to a volume about cross-cultural perspectives on abortion note that morality and ethics may be less critical determinants of abortion decisions than the "social and economic realities of daily life" (Rylko-Bauer 1996, p. 480; see also Koster 2003, Nations et al. 1997, Oaks 2003). Meanwhile, other anthropologists argue that religious ideologies, ritual practices, and moral reasoning about abortion continue to merit ethnographic attention (Delaney 1991, Gammeltoft 2002). The focus on fetuses diverts attention from the fact that abortion politics threaten women's lives in a variety of ways: In Egypt, poor women are jeopardized while "wealthy women can literally buy safety" (Lane et al. 1998, p. 1089). Throughout much of Asia, "prenatal gender discrimination" has led to the sex-selective abortion of "several million female fetuses" (Miller 2001, p. 1083). With these examples, critical medical anthropologists demonstrate that reproduction narrowly construed (as procreation, abortion, or childbirth) diverts attention from reproduction broadly considered as the power to determine who lives and who dies.

Childbirth. Childbirth is one site at which personhood gets negotiated and enacted. Following a spurt of ethnographic case studies of childbirth in the 1980s, anthropologists turned their attention to the organization, politics, and variability of birth practices across cultures (Browner & Sargent 1996, Davis-Floyd & Sargent 1997). Van Hollen (1994) describes a historical transformation in anthropological theories of childbirth "from function to authority" which parallels, in some respects, the shift from personhood to biopolitics that we use in this review. Her ethnography about the contradictory relationship between modernity and childbirth in Tamil Nadu, India, states this shift clearly: "Whereas earlier anthropological approaches to reproduction tended to focus on how reproductive practices and beliefs *reflected* social and

cultural systems, scholars now argue that anthropology can benefit from viewing reproduction itself as a key site for understanding the ways in which people *reconceptualize* and *reorganize* the world in which they live" (Van Hollen 2003, p. 5; emphasis in original).

Attention to the production of mothers emerges from the feminist conviction that mothers are agents (rather than objects) of social reproduction. Davis-Floyd (2004) examines the production of mothers, showing how technocratic birthing practices and the gendered division of body/labor function as instruments of gender hegemony. Paxson (2004) argues that the urban Greeks she studied view nature as actualized through the gendered social action inherent in becoming a mother. Pointing to the difficulties of parenting disabled and potentially disabled children, Landsman (1998) argues that mothers of disabled children redefine personhood. Infertile women, those who are unable to become mothers, sometimes suffer the attenuation of full personhood, as demonstrated in a burgeoning anthropological literature on infertility (Becker 2000, Inhorn 1994, Inhorn & van Balen 2002, Kahn 2000, Taylor et al. 2004).

The latest scholarship views childbirth (and other reproductive practices) as the dynamic (and dynamically unstable) interaction of modernity with local forms of meaning-making. Much of this work uses the lenses of postcoloniality and poststructuralism to focus on what happens when aspects of biomedical childbirth are worked into local forms (Ram & Jolly 1998). Dichotomies (for example between western/nonwestern, traditional/modern, nature/culture) are increasingly dismantled by anthropologists who see the selective and pragmatic adaptation of childbirth and adoption practices (Erikson 2003, Obermeyer 2000, Yngvesson 2002), as well as by scholars who draw our attention to the "subversive potential" of new reproductive technologies (Dumit & Davis-Floyd 1998, p. 7) and the "uneven meanings of bioscience in a multicultural world" (Rapp 1998).

In the 1980s anthropological questions about reproductive rights began to take shape in reaction to Reagan- and Thatcher-era cultural politics. In the 1990s, questions of personhood were incorporated into broader studies of kinship, gender, the body, and the role of state power in defining persons and citizens. Consequently, attention to personhood was linked to biopolitics, especially technologies of procreation (Edwards et al. 1999, Franklin 1997, Konrad 2004, Thompson 2005), kinship and relatedness (Franklin & McKinnon 2001, Strathern 1992), the construction of particular kinds of mothers and fathers (Krause 2005), and “stratified reproduction” in the context of state power and postsocialist transformation (Rivkin-Fish 2005).

The Dead Make the Living: Attachment, Disengagement, and Rituals of Mourning

Recent ethnography points to vital connections between the living and dead. The disposition and memorialization of the dead profoundly inform the social identity of the living. Death and bereavement rituals have been the subject of investigation from the earliest days of anthropology. Relationships among the corpse, the soul, and the ritual practices of mourners continue to serve as the focal point for cultural analyses, long after Hertz (1960 [1907]) set the standard for anthropological considerations of the social ramifications of death. Hertz showed that death does not coincide with the destruction of an individual's life, that death is a social event and the beginning of a ceremonial process by which the dead person becomes an ancestor, and that death is an initiation into an afterlife, a rebirth. A number of recent studies extend Hertz's insights, analyzing the mutable relationships between the dead and the living, the transformation of the identity of the bereaved, the role of memory and forgetting in constituting death and the dead, the transformations of the materiality of the corpse and the soul/spirit that mark

both the staged constitution of death itself, and the rupture and healing of relationships among the living and between the living and the dead.

Linking these studies is the problem of attachment and the culturally patterned ways in which the bereaved disengage from the materiality, and in some cases, the memory, of the dead person. Conklin's study of “compassionate cannibalism” traces the Amazonian Wari' understanding of body, memory, and spirits to show how eradicating a corpse by eating it helped “loosen ties that bind the living and the dead too tightly” (2001, p. xxi) and transformed and managed connections between the spirit of the dead and those who live on (2001, p. 158). The dead are shown to be active, holding power over the living, who remain passive, in Shepard's (2002) account of the Matsigenka of southeast Peru. The obliteration of the dead person as an individual is taken up in Taylor's (1993) study of the Jivaro-Achuar of Amazonia and in Williams' (2003) portrayal of the Manus (gypsies) of central France. Williams notes that respect for the dead entails never speaking about them, destroying their property, and insuring the disappearance of anything that may remind the living of the deceased. This form of forgetting assures the incorruptibility of Manus identity and culture in the midst of “gadzo” (nongypsy) society. Heilman's (2001, p. 120) thick description of Jewish mourning practices stresses the year-long ritual process through which the bond with a living person becomes a memory and the mourner develops a new identity as well as a new relationship to the deceased. Battaglia's (1990, pp. 155–94) ethnography of cultural responses to mortality explores the ways in which the personhood of the dead and the survivors is performed and experienced in rituals of commemoration in Melanesian Sabarl society, so that the individual is symbolically “finished” and a “future for the dead” is fabricated by the mourners as a multiply-authored memory. Unlike the dead Wari', who disappear through ingestion, or the Manus, who are never evoked

or mentioned after death, or the dead Matsigenka, who continue to grieve for the living, the dead Sabarl are symbolically and visibly reconstituted in the assembling of funeral foods and objects of wealth.

Burial practices connect the dead and the living as well. A cross-cultural study of memory making, ethnicity, and the incorporation of the dead into everyday life in six cemeteries in London (Francis et al. 2005) illustrates how the social existence of the deceased is maintained at the graveside and beyond. The authors talked with and observed more than 1000 cemetery visitors at the graveside to reveal how the dead are kept alive through planting gardens, tending graves, and speaking to the deceased. Migrants to London are choosing to bury their kin in their new country of residence, rather than repatriate the dead, thus establishing a new home and situational identity for the deceased as well as for the descendants. In contrast, the desire to return home to die or to be buried emerges as a major preoccupation for elderly Cambodian and Filipino immigrants and refugees to the U.S. in Becker's (2002) study of transnationality and death. Panourgia (1995) describes the grave as home and cemetery as homeland in her analysis of Greek death. The anticipation of Greek Orthodox death rituals prompts some Greek citizens to choose body or organ donation so that they may avoid exhumation and second burial, which some consider an abhorrent ritual (Papagaroufali 1999).

The anticipation of death and the condition of "betweenness"—the liminal state of being not dead, "not alive," yet "like a corpse"—is explored in Desjarlais's cultural biography of two elderly Yolmo Buddhists as they prepare for death. This is a phenomenological ethnography of the "dissolution of self" (Desjarlais 2003, p. 181) prior to death and a study of the cultural forms that constitute the dying person. Other person-centered texts explore the emotional impact of individual deaths on particular communities (Desjarlais 1992, Panourgia 1995, Seremetakis 1991).

Anthropological work on the topic of death has been punctuated during the past two decades by occasional self-conscious discussion about a tri-part moment in ethnography: first, the ways in which personal loss in the face of death contributes to the making of ethnography; second, how ethnographic fieldwork and writing shape personal engagements with death, grief, and mourning; and third, how writing culture, when death is the subject, alters one's relationship to informants' lives, one's own experience, and the entire ethnographic endeavor. Rosaldo (1984) broke conceptual ground on these topics with his essay, "Grief and the headhunter's rage: on the cultural force of emotions," a meditation on the connection between his wife's untimely death and his understanding of Ilongot cultural practices and theoretical explication. More recently, Briggs (2004), Gewertz & Errington (2002), and Van Hollen (2003, pp. 215–20) note the ways in which the unexpected death of a child erases a sense of invulnerability and shifts one's positionality in the field, so that visceral, lived connections are forged with the people one studies, and analyses of political economy, social organization, discourse, narrative, and representation are, at the same time, bracketed and informed by tragic personal experience. In those cases, the boundary between native and stranger is erased; the boundary between work and life is blurred.

In other articulate, deeply-felt musings about the relationships among the experience of the ethnographer, death, and fieldwork, Panourgia (1995, p. 30) uses the death of a loved one as the ground for her ethnography of Athenian death, in which she explores the "duplicity" of being both subject (of grief, mourning and loss) and analyst (of Athenian death practices), and the "realm of existence where human beings (our euphemistic "subjects") become parts of the conditions of intersubjectivity that unite them with the anthropologist." Loss of her elderly grandfather inspired Behar (1996) to describe the vulnerabilities of the anthropologist in the

face of death and loss. Haunted by his perceived contribution to the suffering of a dying Matsigenka woman, Shepard (2002) wrote about her final days in order to explicate, for himself as much as for others, the ways in which the dead make the living and his own emotional responses both to his intervention in the woman's dying and to local ways of knowing. Driving much of these reflexive, experimental ethnographies is the desire to integrate the politics and practice of anthropology with the nearness and power of death, and each of these scholars uses the work of culture to explore how personal and professional necessity can be connected—to witness, to express a deeply human engagement, and to contribute to a different world.

Dead, Dying, and Decaying Bodies

Decaying, dying, and dead bodies provide the analytic starting point for delineating relationships between persons and the state, for understanding representations of social facts and for outlining a sociology of body politics. Looking closely at bodies “can open up areas of social inquiry that social scientists might not otherwise recognize, and the bodies themselves can give evidence of social conditions that might otherwise be difficult to document” (Klinenberg 2001, p. 133). Brandes (2001) follows the story of the accidental cremation of a body—a foreign worker in the U.S.—back to his Guatemalan village, where a crisis of meaning, loneliness, and unresolved grief is provoked by the absence of an intact corpse. Counts & Counts (2004) describe the social disorder among the Kaliai of Papua New Guinea resulting from disagreement about the cause and meaning of a death. Cohen (1998) uses the themes of senility and old age in India and the United States, and in European social thought to ponder ways in which the decay of the body comes to be enacted and interpreted as decline and as reflection of family and community relations, the culture of the state, and scientific practices. Virtual cadavers and plas-

tinated bodies that do not decay are discussed by Csordas (2000), Waldby (2000), and Walter (2004). Biehl (2005) documents the politics of “letting die” and “making live” in his exploration of the interplay of science, government, and subjectivity and the experience of AIDS, extreme poverty, and the dying in Brazil’s “zones of abandonment.” The impact of HIV/AIDS deaths on families, communities, and nations, as well as on traditional mourning practices, has been addressed by Farmer (1999), Farmer et al. (1996), Sankar et al. (1998), and Russ (2005), among others.

The politics surrounding the cause of death and the identification and counting of the dead are taken up by several scholars, including Trostle (2005), who examined international differences in design and analysis of death certificates, and Klinenberg (2002), who studied the 1995 Chicago heat wave. Klinenberg discovered how the science of the medical autopsy became the lens through which deaths “caused by natural disaster” were viewed. Journalists focused on the aftermath of the problem: the carnivalesque quality of refrigerating and storing corpses in the city center—rather than on its source—the deplorable housing conditions that endanger frail, poor, isolated elderly, the majority of the victims. The quantity of the dead was important in the public narrative, as was the need for health, aesthetics, and order in processing the dead. But the bodies remained nameless, unconnected to specific families and neighborhoods. Similarly, Scheper-Hughes (1996) compared street children in Brazil and Black township youth in South Africa to show how both come to be known as “dangerous” while they are alive, yet are depersonalized and devalued in social representation once they are dead.

Dead or missing bodies are often relevant to the project of nation-building. Weiss (2002) examined the Yemenite Children Affair, in which the remains of adopted Yemeni children were exhumed and DNA tested, fifty years following their deaths, to determine the “real” lineage of the corpses in a national

scandal about the kidnapping of Yemenite children during the establishment of the state of Israel. The ethnic tension, competing truth claims, and long-hidden information that emerged in attempts to locate missing body parts and identify long-buried remains is echoed in the story of locating, reburial, and repatriating the brain and ashes of Ishi, California's most famous Native American and an anthropological icon (Scheper-Hughes 2001; Starn 2004). That dead bodies have a life of their own via their political, symbolic capital is described in Verdery's (1999) account of the exhumation and reburial of famous and anonymous postsocialist Eastern European corpses, which are manipulated to revise the past, reorient the present, and sacralize authority in new ways. A similar issue is discussed for contemporary Buddhist Thailand in Klima's (2002) account of the complexities of displaying corpses during an era of state-sponsored political violence.

Mitford's (1998 [1963]) well-known expose of the culture of the funeral industry as a money-making venture (especially caskets, embalming, and cemeteries) stands as a classic in the description of the commercialization of death. Aside from her work, we know of only one ethnography about the business of funerals and the emergence of funeral "professionals"—Suzuki's (2000) depiction of the progressive commercialization of what once were primarily religious rituals in Japan. The dearth of cross-cultural studies on the business at the end of life stands in sharp contrast to the well-documented industry and commercialization surrounding the beginning of life (Sharp 2000) and presents an open field for investigation.

The Culture of Medicine Organizes the End of Life

Sociologists Glaser & Strauss (1968) and Sudnow (1967) were the first to investigate how mid-twentieth century dying in the U.S. is organized and understood through structural features of the hospital, especially medi-

cal and nursing staff interactions with patients and families. Who can speak about death and to whom, the ways in which emotions are revealed or concealed, and expectations about the timing and certainty of death all were shown to be socially elaborated and bureaucratically determined. Glaser & Strauss (1968) found that dying had a "trajectory," a duration and shape, which was conceptually useful in knowing how the passage from life to death was constituted. When the Intensive Care Unit and mechanical respirator became standard features in North American and Western European hospitals (beginning in the mid-1970s in the U.S.), life-extending, "heroic" technologies collided with medicine's unclear sense of its role in prolonging dying and keeping the "dead" alive (Kaufman 2000; Lock 2000, 2002; Muller & Koenig 1988). The organization of hospital dying in the context of high-technology medicine was taken up by ethnographers (Anspach 1993, Cassell et al. 2003, Chambliss 1996, Muller 1992, Slomka 1992, Zussman 1992) who worked in Intensive Care Units in the U.S. to document the organization and negotiation of death, the practice of medical decision-making and the role of hospital structure in organizing and rationalizing knowledge, ethics, and no end to life. Lavi's (2005) cultural history of euthanasia in the U.S. documents the decline of the *ars moriendi* tradition, the replacement of fear at the deathbed by hope and the focus on the relief of pain and suffering to show how legalization and regulation of techniques of death became "thinkable."

After Kubler-Ross (1969) mapped the patient's voice to the very end of life, dying came into its late-modern form as an experience that could be evaluated and inflected with value. The dying patient became witness to and creator of his or her own identity (Armstrong 1987). For anthropologists and others, the content and structure of communication between patients and doctors signified issues of control and power. Awareness of death, truth-telling, and disclosure became topics of research (Christakis 1999, Field

1996, Good et al. 1993, Gordon & Paci 1997, Taylor 1988), as did the ways in which hope is created, deployed, or rescinded through physician-patient interaction (Good et al. 1990). The modern hospice movement, which arose in the late 1960s as an alternative to institutionalized, medicalized death, became the organizational vehicle in which individual experience at the end of life could be expressed (Russ 2005), and it has been analyzed as a site of healthy dying, moral order, nostalgia, and ultimate individualism (Seale 1998, Walter 1994). Yet hospice has also become bureaucratized (James & Field 1992). (For an ethnography of home death, see Sankar 1999. For recent studies of nursing home death, see Black & Rubinstein 2005, Kayser-Jones 2002.)

As hospital death came to be considered a socio-medical failure in the U.S., a roadblock “to be cleared by modern medicine” (Timmermans 1999, p. 53), ethnographic attention turned to the hospital practices that both stave off and facilitate death (Muller 1992, Zussman 1992). Cassell (2005), Kaufman (2005), Good et al. (2004), and Seymour (2001) explore the disjunction, felt most keenly in the U.S., between the broad quest for “death with dignity” and a natural death, that is, a death without medical intervention to prolong dying, on the one hand, and the routinized use of life-extending/death-prolonging technologies, on the other. That disjunction, felt wherever biomedical techniques are thought to wrest control away from patients, families, (and, sometimes physicians) has led to international interest in the distinction between “good” and “bad” deaths (Johnson et al. 2000, Seale & van der Geest 2004).

When Death Comes at the Beginning of Life

Feminist anthropologists have used the notion of death at the earliest margins of life as a vehicle for working out several concerns specific to the late twentieth century: the reproductive imaging technologies and prenatal

genetic testing that contributed to the personification of fetuses and cast women as “moral pioneers” (Rapp 1999); social responses to pregnancy loss, especially miscarriage (Cecil 1996, Layne 2003); the coercive power of the state concerned with fetal surveillance to intervene in pregnancy (Hartouni 1997); and differential rates of infant mortality by gender, race, and nationality (Greenhalgh 2003, Miller 2001). Scheper-Hughes (1992) argues against culture-bound interpretations of child death and mother love and defends the controversial claim that desperately poor mothers in a Brazilian shantytown sometimes hasten the deaths of their own babies by defining them as too weak or ill to survive. There is no doubt that baby-killing, and infant death more generally, threatens the Euro-American social order. Yet others have shown, too, that socially significant physiological criteria are sometimes used to identify anomalous infants destined to die (Bastian 2001).

That dead embryos and fetuses emerge into public consciousness only in certain circumstances requires explanation. Feminist anthropologists argue that dead embryos and fetuses are not out of place in any absolute sense, nor are they discovered through biomedical advances. Rather, they are brought into social existence and vested with significance at specific times and in particular (sometimes deterritorialized) places (Morgan 2002). Layne’s (2003) ethnography of pregnancy loss support groups in the U.S. shows how miscarriage is silenced and miscarried embryos rendered socially invisible. Anthropologists have examined the subjectivity and potency attributed to fetal spirits in the Japanese practice of *mizuko kuyo*, performed after abortion (Csordas 1996, Hardacre 1997, Oaks 1994, Picone 1998).

PART II. THE BIOPOLITICS OF LIFE AND DEATH

The idea that “life” could be studied (and perhaps ultimately understood) owes its emergence to the rise of theories of evolution and

its expansion to concepts formed through the sciences of physiology and, more recently, of molecular biology and genetics (Canguilhem 1994, Clarke 1998). Anthropologists seeking to explore how cultural meanings about the natural are inscribed in biological materiality and how technique informs the understanding of what life is have been inspired by a number of theorists. Arguably the most influential is French historian and philosopher Michel Foucault, who endeavored to understand science as a series of “truth games” by which “humans develop knowledge about themselves” (Foucault 1988, pp. 17–18). He analyzed the development of new technologies and genealogies of power as seen through mental institutions, prisons, hospitals, and processes of self-making. Foucauldian hermeneutics, as first interpreted for English-speaking anthropologists by Dreyfus & Rabinow (1982), signaled an epistemic shift for anthropologists concerned with the production of life forms. They have built on a number of Foucault’s concepts, including the notion of the “medical gaze,” that is, the authoritative stance made possible in the eighteenth century, when scientists and physicians paired pathological anatomy (gleaned through dissection and new optical technologies) with their clinical expertise to justify a new, empirically-based clinical medicine and biomedical science. The medical gaze created the historical conditions through which life and death could be apprehended (and constituted) as fundamentally biological processes. This idea has been taken up by those interested in the shifting forms and impacts of (bio)medicalization and resulting subjectification (Clarke et al. 2003).

Foucault also introduced the concept of “biopower” to refer to the historical shift that allowed political authorities to wield influence through the production of knowledge and regulation of information about vital processes such as life, death, and health (Foucault 1978). Increasingly, politics is tied to the task of managing life; Rose (2001) calls this the “politics of life itself.” The concept of biopolitics has been used to analyze the inter-

sections of states, institutions, and individual experience; shifting conceptions of the normal and the pathological; and strategies and procedures for governing the beginnings and ends of life. It has also been used to describe the “biopolitical subjects” that are created when biomedical expertise intersects with “the social and bureaucratic practices that socialize subjects of the modern welfare state” (Ong 1995, p. 1243; see also Biehl 2005, Cohen 2004, Petryna 2002).

Anthropologists interested in biopolitical approaches to life’s beginnings and endings have also drawn from the work of Foucault’s mentor, Georges Canguilhem, the French philosopher of science and medicine whose articulation of the changing cultural and biomedical meanings of “normal” and “pathological” have stimulated and informed analyses (see especially Cohen 1998). Feminist anthropologists and those interested in “how the social shapes the biotechnological” (Franklin & Lock 2003, p. 5) have been inspired by Donna Haraway, the feminist theoretician of technoscience who introduced the epistemological concept of “situated knowledge” and the notion of “boundary creatures” such as the cyborg (defined as a machine-organism hybrid) into anthropology (Haraway 1997). Haraway’s attention to the intersections of meaning-making has inspired many anthropologists who examine the tensions between representations and practices, as well as the practices of representation. Anthropologists have also been influenced by the work of French philosopher and anthropologist of science Bruno Latour on the construction of scientific facts, the modern separation of nature from society, and the displacement of the notion of life to the life sciences (Latour 1993, p. 22; Latour & Woolgar 1986).

These and other theorists (Agamben 1998, Rose 2001) have brought our attention to the biopolitical subjects that have come to play a dominant role in political discourse in the West. Both through and beyond the influence of biomedical practices per se, it can be argued that life and death are understood today

through their biopolitical definition and negotiation. Starting in the 1990s a great deal of ethnography about beginnings and endings has documented the linkages among instrumentalization techniques, identity politics, personhood, consciousness, citizenship, and bureaucratic form.

Emergent Cultural Forms at the Beginnings and Ends of Life

Anthropologists have been quick to examine the technoscientific, institutional, religious, and biomedical processes that produce new forms at the margins of life. The stem cell, “orphaned” embryo, fetus, fetal specimen (the dead unborn), sperm and egg donors and recipients, comatose, demented, neomort, and “cadaveric” organ donor—all can be seen as biopolitical subjects, brought into being through the workings of biomedical regimes of power. Their emergence into social subjecthood creates new relationships and obligations (among strangers and kin, between doctors and patients, and between individuals and institutions), new forms of knowledge, and new kinds of normalizing practices at the same time as they foster tensions about political, ethical, and medical responsibility. Those forms have served to legitimate institutional bioethics and to spark the creation of new disciplines such as artificial life and marine bioinformatics (Helmreich 2003). Features of physiological development and disruption become subject to intense dispute, as people argue on the basis of competing moral, legal, religious, and political claims (Kaufman 2000, 2003; Lock 2002). We limit our discussion to just a few of the emergent life forms that have recently excited anthropologists’ interest.

Feminist anthropologists, along with other colleagues, have engaged in a long-term, collaborative enterprise to examine the coming-into-existence of fetal subjects in Europe and North America. They are interested not in the ontological status of fetuses (a topic well covered by philosophers) but in conditions that produce the social subjectivity of fe-

tuses (Hartouni 1999). Anthropologists discuss “fetal subjects” as the outcome of a social project in which the animated, material fetus is discursively created and politically deployed. These scholars have been keenly aware of the political contexts within which reproductive imaging technologies (especially obstetrical ultrasound) are introduced and interpreted. They are critical, as well, of how new biomedical techniques (such as prenatal genetic testing and fetal surgery) and forms of surveillance reify fetal subjects (Casper 1998, Haraway 1997, Hartouni 1997, Heriot 1996, Layne 2003, Mitchell 2001, Morgan 1998, Morgan & Michaels 1999, Oaks 2001, Rapp 1999, Taylor 1998). At the same time that the fetus is politically deployed and reified—and is analyzed less frequently as person and more often as iconographic biopolitical tool—cultural subjects near or at the end of life are also emergent. These latter forms are not as publicly visible or politically charged as the fetus, nor do they coalesce into a singular, potent image and multivalent symbol.

The 1968 definition of *brain death* moved, blurred, and troubled the traditional boundary between life and death, a boundary which had never before been publicly questioned or clinically debated (Giacomini 1997). Lock (2002) describes the differential reaction to the concept of brain death in Japan and North America, illustrating how the redefinition of death was perceived as an affront to the natural and the traditional in Japan (see also Ohnuki-Tierney et al. 1994, for China, see Ikels 1997). The existence of dead persons kept in life-like conditions of ongoing respiration suggested that there was more than one kind of death or that brain death was not actual, final death. European and North American physicians and nurses questioned whether potential donors on respirators were really dead. They sometimes noted that donors died twice—first from trauma or disease and then again when respirators were removed. Rather than specifying and clarifying the moment and conditions of death, the notion of brain death made death more indeterminate

and troubling, for some observers, because it became almost-but-not-quite death, perhaps an epiphenomenon of transplant technology or an event that could be decided through political deliberation (Agamben 1998). While clinicians, biomedical scientists, and bioethicists disagree about the liminal status, indeed the life status, accorded persons labeled brain dead, the “brain death problem” now extends to debates about the nature of consciousness, the degree to which brain dead persons can be distinguished from corpses, and the moral ambiguity of bodies that are neither persons nor cadavers (Kaufman 2000; Lock 2000, 2002).

Biomedical technique together with a legitimating socio-economic and bioethical apparatus creates and sustains growing numbers of liminal beings who hover in an ambiguous zone between life and death: the long-term comatose, severely demented, unconscious or minimally conscious. These states of being—not-dead-but-not-fully alive, sustained by modern medical practices—destabilize and force a remapping of the notions of life, death, and person in different ways than do the fetus: first, because the personhood of these liminal subjects is assessed and negotiated largely through intersubjective knowledge, and second, because the question of their embodiment—the reflexive knowledge of the self-in-the-body—is emplaced in the social relations between them and those who interact with them (Cohen & Leibing 2005, Kaufman 2003). In addition, these emergent forms are troubling material evidence of endings that do not arrive, due to discourses of hope and rights that circulate amid the structures and techniques that organize surveillance and maintenance.

Making Value

Biopolitics must be concerned with how value—and debate about value—comes to be attached to life forms (Rajan 2003). The “new ethics of biomedical subjectivity” (Novas & Rose 2000, p. 502) is characterized by disputes over value that are made apparent first,

in the ubiquitous discourses of quality of life, the right to know, the right to choose, and risk assessment that penetrate so deeply in the affluent sectors of Western societies, and second, in the life strategies opened up through biomedical techniques (such as assisted reproduction and genetic screening). One’s biological destiny (including the style and timing of one’s death), and that of one’s progeny, is no longer taken to be fixed or immutable. Fertilized embryos are frozen for future implantation and genes are transferred across species to improve stock. Prevention, enhancement, and intervention are possible, even into advanced age, and the end of life can be postponed. The rhetoric of “choice,” combined with the proliferation of biomedical options, means that choice is increasingly understood as an imperative (Rose 2001, p. 22). For those who can access the new biomedical techniques, one’s corporeal materiality no longer imposes strict limits on the body or self (Franklin & Lock 2003, Taussig et al. 2003) and the “natural” can be (re)made (Rabinow 1996, p. 99; Strathern 1992).

Yet the proliferation of biomedical options couched in a cultural rhetoric of choice inevitably raises questions about “larger social issues having to do with the organization, interpretation, and control of the new knowledge and resources that will undergird future understandings of what makes [and un-makes] an acceptable human being” (Taussig 2005, p. 224). Feminist anthropologists have analyzed the differentially distributed social consequences of choice as applied to pregnancy, prenatal testing, child rearing, and narratives of perfectibility (Gregg 1995, Wozniak 2002). Meanwhile, choice is at best an illusion for most of the world’s peoples, who have little control over when, how, or from what they or their progeny will die (or live, or work, or give birth). Anthropologists have consistently drawn attention to the contexts within which values and choices about the margins of life are created, negotiated, and controlled. For example, the state literally brings people into and out of existence by

controlling important reproductive discourses, instrumentalities, and resources (Kligman 1995, Weiss 2002).

Anthropological investigations of the value of life illustrate how valuable or vulnerable biopolitical subjects emerge. Petryna (2002, p. 7) documents the stark order of “social and economic exclusion” following the Chernobyl nuclear reactor explosion, when “biological citizenship” began to be negotiated in “life-and-death terms” for sick survivors in the post-Soviet political economy. Cohen (2004) pursues a similar theme in his study of the expanding market in human tissue bioavailability in India (especially kidneys). He describes the sacrifice of health and corporeal integrity so that the poor may live as modern political subjects, participating in organ “donation” in exchange for short-lived economic gain. Biehl (2001, p. 131) examines the medico-political strategies whereby the poorest, sickest persons with AIDS in Brazil are socially invisible and of no value until they are dying and then, social death and the living dead are managed in a special place designated for “life’s leftovers.” “Nobody gives a damn if I live or die,” the title of an article about the synergistic effects of substance abuse, violence, HIV risk, and prostitution among women in Hartford, Connecticut, sums up the perspective of those who are disenfranchised from the vital technologies made available through bioscience (Romero-Daza et al. 2003). Nichter & Cartwright (1991) show the contradictory nature of global child health campaigns that coexist alongside the global expansion of smoking, only to “save the children for the tobacco industry.” Compassion, as well as the resources necessary for survival, is disproportionately distributed (Kleinman et al. 1997, Farmer 2004).

Attention to biopolitics sheds light on the complex and curious intersections that link the constituencies that produce and utilize the new technologies of life and death. Much of this research has been concerned first with how clinical and scientific developments reconstitute relations between bodies,

body parts, subjectivities, and sociality, and second with how those developments provoke new ethical and ontological challenges (Rabinow 1996). The emotional, material, symbolic, and exchange value of transplanted organs that live after death or enable life at the expense of health is now well-trod ethnographic terrain (Cohen 2004, Hogle 1999, Joralemon 1995, Sanner 1994, Scheper-Hughes 2004, Sharp 2001). Waldby (2002, p. 306), for example, describes how embryos “as potent icons of promised control over our biology and health” are biologically engineered to act as tissue sources which are circulated, thus transforming the notions of gift and value and creating new forms of economy, reciprocity, indebtedness, and community.

Anthropologists interested in biopolitics have devoted less attention to the market forces that undergird and drive the emergence of new bioscientific life forms, perhaps because their dissatisfaction with historical materialism has not yet been replaced by a meta-theoretical critique of global capitalism. Exceptions to this trend are analyses of the commodification and corporate control of life forms. Examples include Haraway (1997) on the shift from “kind” to “brand,” Franklin (2003, 2004) on stem cell development and patenting, Taussig (2004) on genetic nature/culture in Holland, and Taylor (2000) on the commodification and metaphoric “consumption” of fetuses. Life itself has become a commodifiable object (Comaroff & Comaroff 2002, Sharp 2000). Participants in a School of American Research Advanced Seminar organized by Sarah Franklin and Margaret Lock elaborated the concept of “biocapital.” Drawing from Marx the notion that capitalism is predicated on the extraction of value, biocapitalism refers to the ways that the biotech industry creates the conditions and alliances (state-academic-corporate) through which biological objects are created and manipulated. The extraction of value occurs when life forms and snippets of life (such as genes, haplotypes, or single nucleotide polymorphisms) are made available for private ownership and patenting,

when they are oriented toward profitability rather than toward the public good (Franklin & Lock 2003, Rajan 2003). This trend is part of a larger transformation in the organization and financing of bioscientific research, such that “scientific labor and technology transfer” will link “the laboratory directly to commercial outlets” (Shorett et al. 2003, p. 123). With greater biocapitalism, global health becomes less of a priority and the biomedical endeavor is further distanced from its goal of advancing the public health.

Between Life and Death, Beginnings, and Endings

Turner’s (1974) concept of liminality guided much anthropological analysis of the margins of life until Foucault’s work gained prominence. Turner described the period between-and-between social statuses as a time of intense personal and social vulnerability, and he described *communitas* as a societal mode in which people and societies seek out ritual authorities and practices to guard and guide them through those transitions. Anthropologists influenced by Turner have appreciated the power and the danger encapsulated in liminal beings (such as newborns and corpses) and their phantasmagorical manifestations (such as ghosts and spirits).

As structural functionalism gave way to critical theory, the idea of the liminal expanded to include work on emergent, contested, and nontraditional kinds of life and the shifting cultural and political forces that govern life and death. Foucault (1978), for example, drew attention to the contradictions inherent in societies that are simultaneously devoted to biopolitics—creating, preserving, and organizing life—and to thanato-politics, that is, the production of death through state-sponsored violence. Agamben (1998) was less concerned with the tensions between bio- and thanato-politics than with the horrific potential realized when violence and the politics of death merged with life itself. He refers to that merger as the “zone of indistinction,” in which

the lived and perceived differences between bare or natural life on the one hand, and moral and political life on the other, are collapsed, fused, and “pass through one another” in situations in which the suspension of traditional juridico-power becomes the norm (Agamben 1998, p. 37; see also Dean 2004). Contemporary trends indicate that anthropologists will continue to document the collapse of boundaries between bare/natural life and political life and the contested boundaries between living and dead, organic and technological, and artificial and natural.

Thus in the realm of beginnings and endings, ethnographers have addressed the broad challenge, articulated by Rose (2001, p. 5), of “mark[ing] out the specificity of our contemporary biopolitics.” They have done this in their scrutiny of the interplay of bureaucratic form, marketplace activity, and biomedical technique that together produce liminal entities or beings. They have traced the production of scientific and symbolic knowledge about these anomalous and politically productive entities and documented how they are deployed in negotiating boundaries and ownership. They have described and interrogated new forms of subjectification. And finally, they have shown how the lives, bodies, and life itself of whole, living persons are governed—that is, made healthy and sick, valuable and vulnerable, visible and invisible, expendable, profitable and mortal through regulatory, biomedical, ethical, and political structures as well as through strategies of citizenship, appropriation, resistance, and resilience.

CONCLUSION. BEGINNINGS, ENDINGS, AND THE ETHNOGRAPHIC

The task of representing, witnessing, and writing the creation and cessation of persons, forms of life and the conditions that surround them will continue to be driven by at least three themes. First are the transformations in cultural practice (shaped by globalized political economies) and emerging relationships

among science, the clinic, and the state that shape birth, death, life, the constitution of the person, and opportunities for life and health. Second are the biomedical techniques and the economic structures that legitimize them and make possible the extension of life and prolongation of dying. In the process, technoscientific industries and practices are creating new forms of life, liminality, knowledge, and social organization. Third is the increasing biopolitical vulnerability of many populations through global commodification, poverty, social invisibility, and violence.

The anthropology of life's beginnings and ends will invariably continue to track and re-

spond to emerging changes. We suspect it will continue to be informed by the broad ethnographic endeavors, along with their theoretical and practical applications, that are outlined in this review. What matters within the discipline of anthropology, including its ability to speak to broader audiences, will depend on how anthropologists form alliances with scientists, professional and community organizations, and citizens of the world. It will depend also on efforts to forge new directions in public advocacy for vulnerable populations, which will require access to an even broader range of sites of knowledge and power.

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