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## "Foul Death, Bitter Death": On Ivan Illich's Amicus Mortis

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# ST. STEPHEN'S FORUM

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“Gerontion 1.” and “Gerontion 2.” by Martial Junceau (2020).

Babette Babich  
“Foul Death, Bitter Death”:  
On Ivan Illich’s *Amicus Mortis*

In Ivan Illich’s original, 1974 *Lancet* article, “Medical Nemesis,” he reminds us that what came to be regarded as “foul death, bitter death” emerged only relatively late, as Illich, a historian specifies: “about 1420.”<sup>1</sup>

Ancient and non-western cultures did not share this idea. Thus:

In primitive societies death is always conceived as the intervention of an actor—an enemy, a witch, an ancestor, or a god. The Christian and the Islamic Middle Ages saw in each death the hand of God.<sup>2</sup>

Today, despite the modern medical establishment’s claims of “progress,” death remains with us as the call for a “good death” or “natural death” becomes (obviously, in the wake of the Coronavirus panic-pandemic), “an ultimate justification for social control.”<sup>3</sup>

As Illich continued the point he had argued a year earlier in his *Tools for Conviviality*, today we seem hard pressed to resist what Jacques Ellul had analysed as the ‘gamble’ of the century: “If the civil engineer had learned to manage earth, and the pedagogue-become-educator to manage knowledge, why should the biologist-physician not manage death?”<sup>4</sup> The modern move to conquer death is such a ‘managed’ gamble, but whatever victory is promised will be only for the wealthy, at a cost the ancients already mocked in the tale of the Cumaean Sibyl. And Illich is uncompromising in his reminders that the real cost of bringing the supposed advantages of medical ‘progress’ to the poor only exemplifies what he means by ‘nemesis.’

The poet, Dylan Thomas, wonderfully urges us, and how resist the allure of his word?—

Do not go gentle into that good night,  
Old age should burn and rave at close of day;  
Rage, rage against the dying of the light.

Yet as Shakespeare's *King Lear* shows, rage, the blindness of anger is a curtain, a distraction. Even as we are urged to 'rage' or in the parlance of the medical profession, to 'fight' a fatal diagnosis, the outcome is decided.

Might it not be better to celebrate life as life?

This 'might' corresponds to Illich's great insight which, as a priest, he connects with faith. This celebration is not quite a gather ye rosebuds as ye may ethos or in the words of the popular song as both Frankie Laine and Frank Sinatra sang, "*I'm gonna live until I die*"—a philosophically impeccable statement, like the end of German fairy tales: "*und wenn sie nicht gestorben sind, dann leben sie heute noch.*"

Illich who put the Greek goddess, *Nemesis*, Νέμεσις the sister of night, Νύξ, and darkness or shadow, Ἔρεβος, in the title of his study of *iatrogenesis*, i.e., medically engendered illness and injury, emphasized that the ideal of health did not exclude death and that one was charged to die one's death. Notice that Illich gave no rules, a common priest, he was no Jesuit, he made no judgments on those friends of his who asked for his help to exit this life, telling them he would not help them, he offered much, much more, he offered to stay with them, and that is the key to his *amicus mortis*. It's what we promise our beloved when we marry: *till death do us part*. This doesn't always work out and for Illich this infidelity is a coldness, a failure of faith, a turning away: we break our word.

Living on the terms of the medical establishment, with a flattened life paced through appointments, scheduled according to a medical institutional regime, complete with scheduling

delays, or in hospital waiting as doctors make their rounds, the patient deserves his name: relegated to a position of vicarious 'voyeurism' of his or her own death.<sup>5</sup>

This tendency can seem to have peaked in the Covid disaster that officially relegated the dying to death in solitary confinement as patients and families obeyed governmental decrees, visited at rare intervals not by loved ones but monstrously garbed attendants; decked out in personal protective equipment, sweating and half blind, assuming the patients were not suffocated by mechanical intubation or sedatives. Nurses and medical assistants (not to speak of doctors) appear at rare intervals in hospital, even at the best of times. Sedatives are given to let the patient "rest" as well as to hasten the inevitable (a scandal during Covid which has to date not yet received the media attention or the legal processes it deserves) but there are few advocates for the dying.

Illich agrees, even if he rarely mentions Heidegger's 1927 *Being and Time*: most of the time, in most ways, we mortals do not own our death. There is nothing for it, mortals are named for death, and yet we constantly deflect death in the most reasonable and reasoned fashion. Of course, everyone dies, we say, as Heidegger observes, but not yet, we insist as J. K. Rowling puts this in the mouth of her Professor McGonigal: 'Not today.'

To combine Heidegger's reflections on authenticity, or ownness/ownedness, *Eigentlichkeit*, with Illich, what is 'expropriated', *ent-eignet*, exacted or taken over from the individual in a medical context is not merely one's health or life, as the patient lives his or her life on the terms of medical care providers, but one's death as well.<sup>6</sup> What is taken over from the individual, this is negative solicitude, is the individual's dying of his or her own death.

Illich argued that as opposed to the phantasm of not dying, the "ability to die" is "the terminal shape that health can take."<sup>7</sup> If we find this confusing or counterintuitive it is because we

are dedicated to ignoring death. This ignoring we do and want to do, even at the hour of our death (think professional or for-hire death doulas) as Illich addresses the issue of palliative care and our dedicated concern to secure what we regard as a 'good death,' i. e., a death free from pain and discomfort, but by which we mean as the medical profession defines that freedom.

And we will pay for it. The entire society will pay for it. The New World Order depends on it. To this extent, we seek the help of a physician to die as Illich argues and the new popularity of death doulas is simply an extension of the medical industry into human dying such that we die on the terms of that same medical establishment.

Thus Illich reminds us that our understanding of death has become an adversarial challenge. We regard death as an enemy, something that might be avoided, a 'disease' that might be cured. Heidegger would analyse this as an object of fear not anxiety and inauthentic in the case of it. By regarding it as a battle, something to fight, death is not thereby conquered but it is transformed from what makes us human, mortals, rather than divine, into a designated uncertainty, not in truth to be sure but all that is needed for inauthenticity is an inauthentic faith. Uncertainty forecloses the possibility of our utmost impossibility, the impossibility of all our possibilities, suggesting that this might be deferred or otherwise avoided. And faith in the possibility of sidestepping death is hardly a challenge for most of us as we already thought that to begin with.

I am using Heidegger's language here but Illich writes that our understanding of health is increasingly defined as "life in its struggle against death." Thus,

sickness implies the menace of death. The idea that all sickness is potentially unto death, and that sickness unto death should be interfered with by the doctor are both of recent origin; they can be understood only if the parallel development of the death image becomes equally clear.<sup>8</sup>

A historian, Illich defines "the image of death" as "a culturally conditioned anticipation of uncertain date."<sup>9</sup>

It is Heidegger who reminds us that uncertainty is the enabling condition of inauthenticity. Thus in good faith, remember Sartre, we bracket the possibility of the impossibility of our possibilities, supposing that it might be the case that, soon perhaps, as we suppose, or at least for the very wealthy (we hardly mind adding this class-based codicil), life can be extended at will: all possibilities open-ended. This is the *frisson* of the empty idea of 'cheating death.'

Our iconic image for this is not the image of *Saturnic Melancholia* in Dürer's famously esoteric etching but his Knight, arguably inspiring the beautifully rugged facial contours of the very knight in Ingmar Bergman's *The Seventh Seal* playing with death, *contesting* with death. Even Clint Eastwood's *Dirty Harry*, asking his famous question, 'Do You Feel Lucky?', and we can remember that Nietzsche does the same in his preface to *Beyond Good and Evil*, recollecting our tendency to count—"and to miscount"—strokes of the village clock, plays off this uncertain anticipation. Is one keeping the best 'count'? Poker metaphors are an old standard when it comes to Westerns as these depend on a certain amount of bluffing or, think of *The Man Who Shot Liberty Valance*, straight shooting: "Did he fire six shots or only five?"<sup>10</sup>

Illich's "The Political Uses of Natural Death," is part of *Medical Nemesis* and, reprinted by the Hastings Center, it is well worth considering on its own. Here Illich claims that Frances Bacon invokes

a new task of medicine, the task of keeping death away. He divided 'medicine into three parts or offices; first the preservation of health, second the cure of disease, and third the prolongation of life.'<sup>11</sup>



Albrecht Dürer (1471-1528). "Knight, Death and the Devil," 1513, engraving. Public Domain.

The ideal as de Certeau also highlighted, includes the prolongation of the activities of life unto death.

It was not simply death in old age, but death in an active old age which he demanded — the old preacher expecting to go to heaven and the old philosopher denying the soul — both could agree now that natural death was only that death which overtook them at their desk.

Quoting Montaigne who points out that death in *extreme* old age is rare and thus that ordinarily, for the most part, people die from other causes, incidental and natural: accident, war, disease, etc., requiring not a surgeon or an herbalist but a new kind of

doctor to drive away death, who also could give dignity to his new role of valetudinarian. He was willing to pay his doctor as nobody had paid before, because bourgeois death was conceived as the absolute price for the absolute economic value. The rationale for the economic power of the contemporary physician was thereby created.<sup>12</sup>

How far we have come from the ancient Greek practice of only paying a physician after a cure was achieved. Today we pay in advance, we even pay *before* we need treatment, securing health insurance to pay for an anticipated prevention (i.e., detection), and this faith in precluding disease in advance is a *habitus* enabling a psy-op like that of the last three years possible.<sup>13</sup> Thus we can be assured despite the absence of real life trials, that a product never used before, could be described as "safe and effective," taking our chances on the promise of prevention just as we take our chances on possible cures.

As Illich traces its origins,<sup>14</sup> our faith in medicine is a programmed belief. Thereby the focus is on the medical activities of testing and supposed prevention rather than interventions or treatments that make one feel better. Thus we are confident



“Gerontion 3.” and “Gerontion 4.” by Martial Junceau (2020).

that the more supposedly ‘preventive’ measures one attempts, the better off we are: the more checkups and tests, the more vaccines and boosters, the better. Thus even given vaccine harms, even if one is injured, one is primed to suppose that absent these interventions, it would have been ‘much worse.’ How one can know that is baffling, but it is a test of the depth of our belief. Thus one is told that individuals who are not treated for cancer die at greater rates than those who are and yet, simply given that the health care system rejects such individuals (as non-compliant), there are no extant records of these individuals: there is no data on the non-compliant. You are on your own unless you die on the terms of the medical industry.

These days as part of hospice and palliative care one may commission, there is no limit on what one can spend *in extremis*, above I mentioned the services of death doulas but these do not correspond to the *amicus mortis* of which Illich speaks. The concept of the *amicus mortis* fits Illich’s medieval convention of “foul death, bitter death,” quite in its bitterness and just to the extent that “pain was an experience of the soul and this soul was present all over the body.” The *amicus mortis* is to this extent a friend to the soul at the end of life.

At stake is not palliation, not painlessness and Illich writes against the historical construct of a ‘good death,’ but calling death by name to oneself and to others, above all, to the one who is dying. This only works if one does not merely visit the dying person — a mercy prohibited during the years of Covid — but if one remains. This exemplifies the grace of the *amicus mortis*, i. e., the friend, not a paid assistant, and there is an industry to tell you otherwise, who remains with the dying until the moment of death. The key to Illich is the ‘bitter truth’:

There are no dead around; only the memory of lives that are not there. The ordinary person suffers from the inability to die. In an amortal society, the ability to die that is, the ability to live no longer depends not on culture but on friendship. The old Medi-

terranean norm that a wise person needs to acquire and treasure an *amicus mortis*, one who tells you the bitter truth and stays with you to the inexorable end calls for revival.<sup>16</sup>

## Endnotes

1. Ivan Illich, "Medical Nemesis," *Lancet* (1974): 918–921, here 920. Originally based on lecture given at the University of Edinburgh on the first of May, 1974.
2. Ivan Illich, "Medical Nemesis," 920.
3. Illich, "Medical Nemesis," 921. As Illich repeats, it is the "new image of death" that "endorses new levels of social control." Illich, *Limits to Medicine. Medical Nemesis: The Expropriation of Health. With a new introduction by the author.* (London: Marion Boyars, 1976). *Medical Nemesis: The Expropriation of Health* (Ideas in Progress, 1974), 196.
4. Illich, *Limits to Medicine*, 198. For Illich here: "Medicalized social rituals represent one aspect of social control by means of the self-frustrating war against death." 202.
5. Illich, *Limits to Medicine*, 113.
6. See, even if one may disagree on his reading of Nietzsche's 'Overman' (itself a very complicated concept), Michael Zimmerman, *Eclipse of the Self: The Development of Heidegger's Concept of Authenticity* (Ohio University Press: 1981), 69f. And see too, for an analytic reading, Carol J. White, *Time and Death: Heidegger's Analysis of Finitude*, ed., Mark Ralkowski (Aldershot: Ashgate, 2005) and, likewise analytically minded, if insightful, via Derrida, Iain Thomson, "Can I Die? Derrida on Heidegger on Death," *Philosophy Today*, (Spring, 1999): 29–42. Thomson is responding to Jacques Derrida, *Aporias: Dying—Awaiting (One Another at) the "Limits of Truth,"* trans. Thomas Dutoit (Stanford: Stanford University Press, 1993). See too Carol Zorn's (brief), "Heidegger's Philosophy of Death," *Academia*, Vol. 2, No 2. 11–12 and, at the other end of the spectrum Thomas Rentsch's monograph on the same theme, *Martin Heidegger, das Sein und der Tod: Eine kritische Einführung* (Munich: Piper, 1989). A reading bringing the debate to current themes, albeit via a certain theological framework is Berthold Wald's "Martin Heidegger, Josef Pieper und die neue Thanatologie" in: Thomas

Möllenbeck and Wald, eds., *Tod und Unsterblichkeit. Erkundungen mit C.S. Lewis und Josef Pieper* (Amsterdam: Brill, 2015), 81–95.

7. Illich, *Limits to Medicine*, 134.
8. Illich, "The Political Uses of Natural Death," *Hastings Center Studies*, Vol 2, No. 1 (1974) 3–; here: 6.
9. Illich, "The Political Uses of Natural Death," 6.
10. For a political reading, see Tracy B. Strong's discussion of Nietzsche as he begins with a discussion of John Ford's film, "Where Are We When We Are Beyond Good and Evil," *Cardozo L. Rev.*, 24 (2002–2003): 535–562.
11. Illich, "The Political Uses of Natural Death," 6.
12. Illich, "The Political Uses of Natural Death," 12.
13. See for a discussion, my essay based on a lecture organized by the department of psychology at the University of Paris, on 20 May 2020, Babich, "Pseudo-Science and 'Fake' News: 'Inventing' Epidemics and the Police State" in: Irene Strasser and Martin Dege, eds., *The Psychology of Global Crises and Crisis Politics Intervention, Resistance, Decolonization.* Palgrave Studies in the Theory and History of Psychology (London: Springer, 2021), 241–272.
14. "Man who must heal or die is substituted by the image of man the consumer. He functions as long as he gets therapy and health. Untimely death turns into underconsumption of clinical care, which can be explained by backwardness of medical science, self-seeking doctors, or unjust social arrangements. The stage is set for the idea of unnatural death as a result of under-consumption" Illich, "The Political Uses of Natural Death," 13.
15. Illich has a discussion of the transformative role of pain and bitterness in postclassical culture, *Limits to Medicine*, 147.
16. Illich, "Death Undeclared." *The Aisling Magazine*, Issue 19, Bealtaine, 1996. Online: <https://www.aislingmagazine.com/aislingmagazine/articles/TAM19/Death.html>.



**St. Stephen's Forum** is a journal of the Bard Philosophy Club. It takes its name from three sources. Firstly, from the seminary which later became Bard College. Secondly, from Joyce's Stephen Daedalus. And last but not least, from the first Catholic martyr, St. Stephen. The journal's project is at once constructive and deconstructive. The construction of counter-hegemonic visions of a sacred postmodernity, joined to a pincer movement of modernity from both sides (the premodern and the postmodern). That attempted insult of "post-structural medievalism" once meted out to Giorgio Agamben is perhaps fitting here as well. The journal is a "conspiracy" in Ivan Illich's use of the term, a sacramental "co-breathing" always peripheral and asymmetric.

## THEOREM

Pier Paolo Pasolini's multi-media work, *Teorema* or "Theorem," is both a novel and a film. A wealthy bourgeois family is visited by an apocalyptic guest who eviscerates their world of nihilistic reason and comfort, revealing only the bleakest path forward. "Thus God led his people by way of the wilderness," as the film's narrator quotes Exodus, in proximity to images of desolate industry and Etna's black earth. The wilderness Pasolini portrays is a world wherein the bourgeoisie and their ideology are so triumphant as to become the very air men breathe. After "the end of history," a wilderness even more our own than his. A space of total desacralization and oblivion, but also the space of revelation. The father's scream into stark emptiness at the end of the film is a prayer for something else.

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