

Miki Chase //

On Wednesday, October 7th, 2020, an unnamed Jain woman in Indore, Madhya Pradesh, India, died on her 64th birthday. Local news reported that she had recently been discharged from a private hospital, having recovered from coronavirus and tested negative following treatment for Covid-19. A doctor at the hospital, however, who pointed out that she had undergone heart surgery a few years before, told the reporter that “her lungs were severely affected, and she was finding it difficult to breathe.” After the woman reportedly expressed a desire to her family to visit Pushpgiri, a Jain pilgrimage site, “her family got her discharged from hospital on Tuesday,” the doctor said. She then stopped all treatment for an ongoing severe lung infection and ceased eating and drinking, following the Jain ritual fast until death known as *sallekhana* or *santhara*, and died the next day.

The *Deccan Herald* published a brief article with the above details, which was subsequently shared in various Indian media outlets, including the *Times of India*, with the headline “Jain woman recovers from Covid-19, embraces ‘sanlekhna’ death” (PTI 2020). But even from this minimal glimpse we get into the event of her death, the headline raises questions fueled by twin anxieties: those around the pandemic, and those around the practice of fasting to death. These anxieties are implied in the verbs of the headline. Did she really “recover” from Covid-19? Did she really “embrace” *sallekhana*?

“She followed the age-old practice of ‘sanlekhna’, (which entails giving up food and water in order to sacrifice one’s life) ...said her relative Jitendra Jain,” reads the article. It is not clear whether that parenthetical explanation of the fast are the words of Jain or the unnamed reporter. Indeed, *sallekhana* (meaning “thinning out”) is an ancient practice, dating back to the 3rd century BCE according to archaeological evidence and historical records (Settar 1990). A typology of deaths, including variations in ritual voluntary fasts until death, have been set forth in various texts of Jain doctrine since antiquity, found even in the earliest extant agamic (canonical) texts. *Sallekhana* is categorically considered *pandit-maran*, a wise death. It is meant to be undertaken voluntarily by a person in their full senses, with a sense that death is approaching, to meet that death with acceptance—invite it, pursue it, embrace it. Giving up sustenance of the body is a reflection of progressive detachment from material existence and thus reflects a spiritual aspiration to attain *moksha* or liberation, releasing the soul from its transmigratory cycle of death and rebirth. The vow to take a complete unconditional fast until death—consuming no food and no water whatsoever—might be preceded by a preparatory period of cyclical and progressive fasting as long as twelve

years in the case of Jain ascetics (monks and nuns) or especially devout householders. It might also be taken conditionally by any Jain under “emergent” circumstances of urgent, imminent bodily incapacitation, such as a poisonous snake bite, or due to calamities caused by natural and other means, such as long-drawn famine in the country (Sreyas 2007). Or conceivably, following the latter example, in a pandemic.

The [Jain] poet Pujiyapada in his work the Sarvarthasiddhi...compares the body to a mansion and the soul to the valuables such as gems and pearls kept within the mansion. If the mansion catches fire, he says, attempts will be made to extinguish it. But if it becomes apparent that the fire cannot be put out then every effort will be directed towards saving the valuables—by destroying the mansion if necessary. Thus, the body has to be annihilated to save the soul.

Sundara 1981

Religious responses to Covid-19 are increasingly objects of study for anthropologists, sociologists, and religious studies scholars, among others. Much of this work focuses on religious communities that have negotiated issues around congregation and contagion, particularly in houses of worship, while some examines ritual innovations around the coronavirus in prayer and practice. Other perspectives foreground the ritualization of habits connected to hygiene and prevention, such as sanitization routines. The practice of *sallekhana* in this context is unique, however, in that it calls very little attention to itself, and only obliquely attends to the spectre of the pandemic as a human tragedy or crisis. The pandemic, to some degree, is taken for granted as a mere unfolding of one possible condition of worldly existence.

Janet Roitman observed recently in the virtual event *Theorizing Crisis Imaginaries* that the coronavirus—or any virus—is not naturally occurring as a crisis, and that by calling it a crisis we move an empirical observation into the realm of the conceptual. Etymologically, crisis indicates intense difficulty or a turning point. The world (re)defined by Covid-19 unfolds amid myriad “protracted crises,” in Roitman’s words: global health, environmental, socioeconomic, political. Undertaking *sallekhana* cannot, as such, be seen as a pandemic response—for that would be to claim and situate the dying person in a conceptual ground that dwells too concretely in relation to this world, the very world from which they have detached themselves completely. *Sallekhana* is not an active “response” to these crises on such terms, nor is it a definitive reaction in turning away from them. Rather, the crisis or turning point shrinks down from the global to the truth of the body. Is it likely that I am going to die? If so, is it time that I take leave of the world? Roitman suggests that the question of how a crisis impacts people is different from the question of what is at stake when we claim a crisis. However, here there is a collapse. The crisis impacts the person because they have become gravely sick. Claiming the crisis as such creates the valid conditions for choosing to embrace death rather than strive for recovery. Other stakes are no longer relevant beyond that horizon—at least for the person choosing to embrace death. The anthropogenic forces that have created pandemic conditions are of no interest or importance to the one who will die.

This is a radically challenging subjectivity to approach. Our sense of responsibility as scholars and as humanitarians generally urges us to attend insistently to the pandemic, as crisis and otherwise,

taking it as central to its causes and effects and their far-reaching horizons. Yet in this case, the pandemic appears as almost incidental, and then becomes instrumental, facilitating this woman's socially sanctioned decision to embrace death. More broadly, her case is haunted by the hypothetical otherwise. Would she have made this decision under other circumstances, if she had undergone another heart surgery in non-pandemic times rather than enduring a persistent lung infection during the pandemic? Would her hospitalization, her treatment, her dispensation, her own attitude towards her mortality and future prognosis, have been different? What alternative affects does *sallekhana* contain and carry for her family and community now that it might not have otherwise? We cannot know. We know that "her lungs were severely affected, and she was finding it difficult to breathe." We know that long-haul Covid-19 sufferers can face months of organ failure and respiratory distress. Negative test notwithstanding, we know that she did not recover.

PTI. (2020, October 9). Jain woman recovers from Covid-19, embraces 'sanlekhna' death. *Deccan Herald*. Accessed online November 10.

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