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People, Places and Transport: St. Paul's Parish Then and Now

Kimberly Pyszka

Auburn University at Montgomery

Maureen Hays

College of Charleston

As archaeologists we study change through time. Certain themes, however, timeless. One such theme is how relationships and communities are formed when people gather together. In her book, *St. Paul's Parish*, Jennifer Gilliland (2012) provides an historical overview of twentieth century St. Paul's Parish, South Carolina, focusing on four themes: 1) Agriculture and Industry, 2) Gathering Places, 3) Trains, Planes, and Automobiles, and 4) Parish People. In this essay, we apply archaeological methods in St. Paul's Parish on a property known today as Dixie Plantation to argue that these themes were as critical in the parish's development during the first half of the eighteenth century as they were in maintaining the parish community amid rapid cultural changes in the twentieth century.

Introduction

St. Paul's Parish was one of the original parishes created by the 1706 Church Act establishing the Church of England in the colony. It is located south and west of Charleston, South Carolina, and today is made up of several small communities including Meggett, Yonges Island, Hollywood, Rantowles, Ravenel, and Adams Run. In the 300 years since its founding, St. Paul's Parish transitioned from an early eighteenth century remote, sparsely settled frontier parish, to an eighteenth and nineteenth century agricultural parish with numerous large rice and cotton plantations, wealthy planters, and enslaved people. As with many other areas of the South, the end of the Civil War and the fall of the plantation economy brought hard times to St. Paul's Parish, but throughout the twentieth century and into the twenty-first century, the parish remained true to its agricultural history.

In her 2012 book, *St. Paul's Parish*, Jennifer Gilliland (2012) provides an historical overview of twentieth century St. Paul's Parish, focusing on four themes: 1) Agriculture and Industry, 2) Gathering Places, 3) Trains, Planes, and Automobiles, and 4) Parish People. As archaeologists working in the early St. Paul's Parish, we recognize Gilliland's twentieth century themes as those we also see as pivotal to the parish's development during the first half of the eighteenth century. In addition to these themes, we recognize the role of the natural landscape and the Anglican Church in the growth and development of the parish. This essay uses archaeological and historical methods to address these themes—the parish's natural landscape, certain “charismatic personalities,” and the role of the Anglican Church. In particular, we intend to demonstrate that the Anglican Church played a significant role in the growth of St. Paul's Parish in two ways. First, it provided social gathering places for early eighteenth-century residents facilitating a means for social, economic, and political interactions. Second, it acted as a catalyst for the development of transportation networks facilitating the growth of agriculture in the parish and later the movement of people into the interior.

Our research centers on the 900+ acre Dixie Plantation, located within St. Paul's Parish. Originally granted in the 1680s, Dixie Plantation was nearly continuously occupied until 1995. The name “Dixie Plantation” in reference to this property is first documented in 1882 when Ann Eliza Richards, the widow of Frederick Richards who purchased the property in 1863 wrote, “I leave Dixie Plantation, and all proceeds therefrom to my son Frank Richards, for his lifetime” (Abstract of Title 1917). Dixie Plantation is historically and archaeologically significant and holds tremendous potential for better comprehending many aspects of the history of the South Carolina Lowcountry. Most recently, the property was the home and nature sanctuary of naturalist and artist John Henry Dick. Upon his death in 1995, Dick bequeathed the property to the College of Charleston Foundation, its current owners. In the past, this area was pivotal to colonial expansion and development while today it provides a buffer from encroaching development, preserving both the cultural and the natural resources.

In order to address Gilliland's twentieth century themes within the context of the founding and expansion St. Paul's Parish in the first half of the eighteenth century, it was necessary to utilize archaeological methods in addition to researching historical documents. Our archaeological field

methods included non-invasive ground penetrating radar (GPR) to obtain information on sub-surface features, shovel testing at fixed intervals to conduct an initial survey of the sites and determine site boundaries, and excavating test units of a fixed dimension (typically 5x5 feet) to focus on data collection of artifacts and to study architectural features below the surface. Our historical document research primarily focused on letters written by the parish's early Anglican ministers back to the Society for the Propagation of the Gospel in Foreign Parts (SPG) in London. The SPG was a privately funded group based out of London whose vocation was to supply the colonies with Anglican missionaries. In addition to those letters, biographical information about colonial land owners, their titles and land grants, and early maps were also utilized.

Our archaeological data comes primarily from two sites—the original 1707 St. Paul's Parish Church and its parsonage. The ruins of the former church are located within a clearing in the northeastern portion of Dixie Plantation. The only above ground evidence of the structure are four eighteenth-century gravestones and an earthen mound that covers the remaining church foundations. Archaeological investigations at the church site occurred between 2009 and 2011 (Pyszka et al. 2010; Pyszka 2012a). Excavations at the parsonage site, located approximately 175 yards north of the churchyard, occurred concurrently with those at the church. Through the excavation of test units, thousands of early-eighteenth century ceramics, bottle glass, tobacco pipes, and architectural materials have been recovered, as well as the parsonage house foundations (Pyszka 2012a; Pyszka 2012b; Pyszka et al. 2011 (2013)).

Religious sites, such as these two, have the potential to inform us about many aspects of colonial life, including information about the expression of religious and social identity, consumerism and trade networks, and colonialism in practice. Whether in South Carolina or elsewhere, religion played a significant role in colonial life. For many colonists, the freedom to practice their religion openly was the primary reason they left their homes and families in Europe. Many such colonists found their way to the Carolina colony, in large part due to its stance of religious tolerance. Although the Church of England was considered the colony's "only true and orthodox" religion, any Christian groups, with the exception of Catholics, that had "any seven or more persons agreeing in any religion," including "Jews, Heathens, and other Dissenters" were welcomed

(Dalcho 1820:4-5). Throughout the colonies, religious institutions such as the Anglican Church, the Catholic Church, the Congregational Church, and the Moravian Church, played important religious and social roles, as well as influential roles in colonial politics (Brinsfield 1983; Sirmans 1966). The Church Act in 1706 gave the Church of England political and social power over *all* South Carolinians—Anglicans, dissenters (Christians who separated from the Church of England), and enslaved people.

Parish History and Landscape

Even though the Carolina colony was founded as a place of religious tolerance, the Church of England was the dominant religion. Anglicans and dissenters lived and worked together in relative harmony until the late 1600s when growing religious divisions in England carried over to the colonies. South Carolina Anglicans, especially those who were General Assembly members, sought to establish the Church of England as the official state church and provide the Church with political and financial backing. This process was not easy. After several years of debate and “tricky” politics, the General Assembly passed the Church Act in 1706, which finally established the Church of England in the colony. It remained so until 1790 when the new state of South Carolina passed its constitution, separating church and state. The Church Act called for the creation of nine parishes, among them St. Paul’s Parish. As originally defined, the parish’s boundaries included the South Edisto River to the west, the Stono River to the northeast, the Atlantic Ocean to the southeast, and the Berkeley county line to the northwest (Cooper 1837). Today this area comprises the towns of Hollywood, Ravenel, Meggett, and Adam’s Run, as well as the Sea Islands of Johns Island, Wadmalaw Island, Yonges Island, Kiawah Island, and Seabrook Island. Because of a rapidly growing population, in 1734 the parish was divided, with the Sea Islands forming St. John’s, Colleton Parish, while the area on the mainland north of the Stono River remained St. Paul’s Parish (Figure 1).

Throughout its history, the natural landscape surrounding St. Paul’s Church was pivotal in its development for two main reasons; the Stono River provided transportation and the low-lying marshes were ideal for growing rice. European settlement began in the early 1680s. During the late seventeenth century and early eighteenth century this area, then located within Colleton County, was considered wilderness. The Stono River and

other waterways allowed for the initial population movements of European settlers south of Charles Town in pursuit of the Indian trade, while also allowing them to maintain access to and contact with Charles Town and England. Its relatively high ground allowed for settlement immediately adjacent to the deep water tidal waterways (South and Hartley 1980). Initially this area attracted entrepreneurs involved in the growing Indian trade with the Yamasee and other Indian groups further to the south, as well as with those settlers seeking large tracts of land (Zierden et al. 1999). In addition to their own homes, early settlers founded the frontier community of New London, later called Willtown, along the Edisto River that served as a trading center and provided protection to English settlers from the Spanish and Native American groups (Zierden 2002; Zierden et al. 1999). According to the Thornton-Morden Map, by ca. 1695 a few widely scattered settlers were living along the Stono River and surrounding waterways. The landscape's low-lying marsh areas that surrounded the waterways were ideal for growing rice, which would become the most important cash crop in colonial South Carolina. After the rise of the plantation economy during the first half of the eighteenth century, the waterways facilitated shipping crops to Charles Town's ports.

While the natural landscape was significant to the growth of St. Paul's Parish, and more specifically the development of the property adjacent to the church, there are also cultural factors that acted as catalysts facilitating population movement and development in the parish. We have identified three catalysts—"charismatic personalities" (our equivalent to Gilliland's "Parish People"), the Anglican Church (Gathering Places), and transportation networks (Trains, Planes and Automobiles) as pivotal to understanding life in the early decades of St. Paul's Parish.



Figure 1: Map illustrating Dixie Plantation situated in the center of St. Paul's Parish 1707. Dotted line indicates the 1734 division from the southern portion of the parish. The portion of the parish within the dotted line became St. John's, Colleton Parish, while the area to the north remained St. Paul's Parish.

Parish People: Charismatic Personalities

As Gilliland states, “There are numerous people over the years that have made St. Paul’s Parish what it is today, and this area has been blessed with a large number of distinguished inhabitants” (2012:9). Unfortunately, most of St. Paul’s earliest “Parish People” remain nameless and faceless. However, there were a few “distinguished inhabitants,” whom we refer to as “charismatic personalities.” These are individuals who through force of personality not only drew settlers to the frontier but also held the community together religiously and politically, and when the parish was all but deserted

during the 1715-16 Yamasee War between colonists and local Native American tribes, they helped draw people back to the parish in a critical time of development. These “charismatic personalities” included an Anglican minister, General Assembly members, a Speaker of the House, a landgrave, a two-term governor, and several traders and planters. This section discusses the known people associated with the early decades of the property immediately adjacent to St Paul’s Church and a couple of seemingly strong-willed, charismatic personalities that affected the church’s history, as well as that of the entire parish.

The Thornton-Morden Map of Carolina provides clues to the first white settlers of the area around what would later become the location of the St. Paul’s Church and parsonage house, glebe lands, and, later, Dixie Plantation. On the map, three names are associated with modern property’s boundaries—Mr. Peters, Mr. Blake, and Captain Bristow. Mr. Peters is William Peters, the first known settler associated with present-day Dixie Plantation. Peters arrived in South Carolina at some point prior to September 1682 and later became a member of the General Assembly and High Sheriff of Colleton County (Baldwin 1985:184). The land immediately to the north was granted to Captain John Bristow, a sea captain from Bermuda who arrived in the region prior to 1678 (Baldwin 1985:35). Joseph Blake, one of the Lords Proprietors’ deputies who arrived in the region prior to 1685, and who eventually served two terms as governor, owned the land immediately to the south of Mr. Peters (Baldwin 1985:26).

The charismatic personality to most influence the development of the parish was Landgrave Edmund Bellinger. Under the proprietary government of South Carolina, landgraves such as Bellinger, fulfilled important roles in the colony as they held at least 48,000 acres and served as members of the colonial Parliament. New governors were typically appointed from among them. Bellinger gained his landgrave title on May 7, 1698 (Smith 1914:65), and he held large tracts of land in the southwestern portions of the colony that included parts of Colleton County and what would later become St. Paul’s Parish. In addition to this large tract of land, which would later include the settlement of Edmundsbury, Bellinger began buying up land as it became available. As an important member of the community, Captain Bristow hosted a meeting at his home to discuss with nearby residents to discuss rents due to the Lords Proprietors (Rivers 1719:182). At this meeting it was decided that a petition would be made at

a General Assembly meeting in January 1696 for the abatement of debts due, which stated that three- to four-year extensions were to be given on all quit-rents (Rivers 1856:185). On May 16, 1701, four years after this petition at the point quit-rents were to come due, Bellinger filed a warrant for all the land from Peters to Bristow (Salley 1915:170), possibly because neither one had yet paid rent. One of the reasons he illustrates a charismatic personality is that it was from this land in 1706 that Bellinger donated 39 acres to St. Paul's Parish for their church and cemetery (Conveyance from Estate of Edmund Bellinger; Dalcho 1820). While Protestant, Bellinger was a well-known dissenter, disagreeing in many matters with the Anglican Church (Bolton 1982:24). However, this did not cloud his judgement in matters of business. He must have known if the Anglican Church could establish itself in this area, the settlers would follow and the economy would thrive. This would have also allowed him to sell or rent land to settlers and thus increase his profits and influence.

Another one of the parish's early eighteenth-century charismatic personalities is Robert Seabrook, who is buried in the St. Paul's churchyard. The Thornton-Morden Map places a Seabrook (probably Robert) as owner of land across the Stono River from Peters and Blake. This charismatic personality is pivotal to the history and development of the land in many ways. While much has been written about the Seabrook family history (Webber 1916:14-25), little is known about Robert, a merchant who arrived from England prior to June 1680. At that time he received 200 acres of land and a few months later, Seabrook owned two lots in Charles Town (Webber 1916: 14). Seabrook eventually owned several tracts of land in Colleton County. In 1692, Seabrook was fined by the General Assembly for the "unlawful Commerce wth pyratts selling unto them provisions arms & ammunition" (Salley 1907:54, 60). Despite his transactions with pirates (or possibly because if it), Seabrook became an influential and prominent figure in colonial politics and the South Carolina Anglican Church. In 1705, he was elected to the General Assembly, later becoming Speaker of the House, and with the 1706 establishment of the Church of England, Seabrook was selected to be one of the nineteen church commissioners (Webber 1916:15). In addition, he was named one of the original three church supervisors to St. Paul's Parish. Seabrook and the other two supervisors, Hugh Hicks and Thomas Farr, oversaw all construction and design aspects of the original St. Paul's Parish Church (St. Paul's Vestry to SPG Secretary, January 20, 1715).

William Peters, Joseph Blake, John Bristow, Edmund Bellinger, and Robert Seabrook were just a few of the early settlers of Colleton County who built their homes in the frontier areas of the developing colony. Their prime location along the Stono River allowed these early settlers to maintain contact with Charles Town and with the Lords Proprietors back in England. Each in his own way, helped to shape the landscape and history of the Dixie Plantation property, St. Paul's Parish, and Colleton County through the early-eighteenth century. These "charismatic personalities" become less of a catalyst for the movement of European Americans into the frontier areas of the developing colony after this initial early settlement. However, one personality is still pivotal, Reverend William Tredwell Bull, minister at St. Paul's Parish Church from 1712 to 1723. It was the Reverend Bull who saw the parish through the 1715 Yamasee War and its aftermath when the parishioners, old and new, return to the nearly-deserted parish, ultimately expanding the parish population and church structure. In the period to follow, the Anglican Church and the physical location of the St. Paul's Parish Church as a gathering place became significant forces behind the development of new transportation networks that facilitated the movement of agricultural products to the ports, as well as settlers into the frontier.

Gathering Places: St. Paul's Parish Church

At the beginning of her chapter titled "Gathering Places," Gilliland writes that parish residents would gather at stores, houses, churches, and schools to "share stories, celebrate birthdays, remember loved ones, or simply to discuss their children, what is going on in town, and to catch up on the latest gossip" (2012:35). Social gathering places would have been especially important to early eighteenth-century residents of St. Paul's Parish given their frontier location, limited access to good roads, and reliance upon the tides for transport by water. Because of the remoteness and vast size of the parish, with the possible exception of the Willtown community, such gathering places were very few and far between. Our argument is that St. Paul's Parish Church and specifically its parsonage served as two of the earliest and most significant gathering places for parish residents.

Historical documents provide little evidence of the history and architecture of St. Paul's Parish Church and its parsonage house. Letters written by Anglican missionaries, local vestrymen, and some of the

colony's political leaders written to the SPG provide the only surviving description of the original church. Completed in 1707, the original St. Paul's Parish church was "A Small but convenient Brick Church in length 35 in breadth 25 feet having been begun soon after ye ratification of ye said Act and finished by them upon one acre of Land given by Landgrave Edmund Bellenger" (St. Paul's Vestry to the SPG Secretary January 20, 1715).

The parish also acquired an additional 71 acres to be used as the glebe land on which "a small, but Convenient House of Brick [was] Erected there upon with a small Out Kitchen and some few other necessary Timber Buildings" (William T. Bull to the SPG Secretary January 3, 1717). Three different SPG missionaries—Reverends Dun, Maitland, and Bull—lived at the parsonage house during their respective tenures in the parish. The parsonage house and outbuildings, with the exception of the kitchen, were burned in late July of 1715 during the Yamasee War (William Bull to the SPG Secretary August 10, 1715). By the 1720s, the population of St. Paul's had increased largely due to the growth of rice production in the colony and the parish's prime rice-producing lands along the Stono River and other waterways. To help meet the parish's growing population, the church was enlarged during the 1720s with renovations completed in 1732 (Andrew Leslie to SPG Secretary, January 12, 1732); however, there is no description of the size of the addition or its relation to the original 25x35ft. rectangular church. During this period, the glebe lands were also expanded when parishioners purchased an additional 400 acres in 1727, bringing the church holdings to over 500 acres (Churchwardens and Vestry of St. Paul's Parish to SPG Secretary, February 5, 1729). After the division of the parish in 1734, the original parish church was no longer centrally located. Therefore, at some point between 1736 and 1739 a chapel of ease was built at Beech Hill about eight miles to the north. In 1742 parishioners first petitioned to have this chapel of ease declared the parish church due to its central location (William Orr to SPG Secretary, March 31, 1742). When the South Carolina Anglican Church approved their petition is not known, but it did occur by 1756 when the original church along the Stono River was dismantled and the materials reused at the Beech Hill church (Dalcho 1820:357).

Today, the only above-ground evidence of the former St. Paul's Parish Church are two slight mounds with a few fragmented bricks laying on the ground surface and four early-eighteenth century gravestones. Through the use of GPR and archaeological excavations, it has been

determined that the two slight mounds do represent the ruins of St. Paul's Parish Church (Pyszka et al. 2010). This GPR testing makes it possible to "see" the footprint and brick foundations of St. Paul's Church (Figure 2). The GPR data also provided the information needed to determine that the original 25x35 ft. rectangle church was transformed into a cruciform after the completion of the 1720s addition. Three gravestones located in the southeastern portion of the present-day churchyard belong to St. Paul's Parish Church supervisor, Robert Seabrook (d. 1710), his wife Sarah (d. 1715), and their son Benjamin (d.1717). The fourth gravestone is that of Amerinthia Elliott Lowndes (d. 1750). Amerinthia's gravestone also provides evidence of other burials as it states that even though she lived in Charles Town with her husband, she wished to be buried near her deceased parents, suggesting that they are also likely buried in St. Paul's cemetery. Archaeological testing indicates a strong likelihood of additional unmarked burials in the churchyard, especially in its northwestern quadrant (Pyszka 2012a:218).

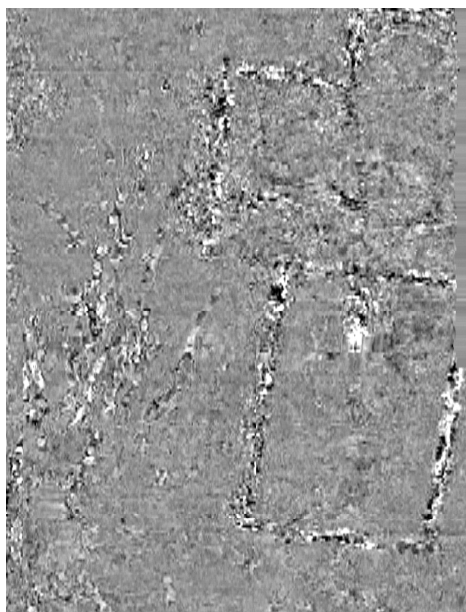


Figure 2: Results of Ground Penetrating Radar illustrating church foundations. Image created by Scott Harris (Pyszka et. al. 2010).

In colonial America, churches were often at the center of nearly every community — whether a Spanish mission town, a small New England

village, or larger towns such as Williamsburg and Charles Town. Located in the center of St. Paul's Parish and along the Stono River, the primary means of transportation through the parish, St. Paul's Parish Church was literally and figuratively the "heart" of the parish for Anglicans and dissenters alike. The parish had a reputation of having a large number of dissenters living within it, in particular Presbyterians (Bolton 1982:24). Reverend William Dun, the first SPG missionary assigned to St. Paul's, provided a census of his parish in 1708. In this census he stated that of the approximately 300 adults in his parish, 220 were dissenters—150 Presbyterians, 8 Independents, 40 Anabaptists, 10 Quakers, "& above 12 others, whom I cannot tell what to make of" (William Dun to SPG Secretary, September 20, 1708). Reverend Guy from neighboring St. Andrew's Parish wrote of the large number of dissenters in St. Paul's Parish and his concern that "some of our Church people [Anglicans] will be in danger of being Seduced by them." (William Guy to SPG Secretary, January 7, 1723).

While Reverend Dun did not provide specific information about how many dissenters actually attended church services, there is every indication that throughout the colony, dissenters often attended Anglican church services. A simple explanation is that churches were few and far between. While nearly each parish had an Anglican church, and some parishes had chapels of ease, dissenting churches were fewer in number. For dissenters who found themselves without a church or who had to travel great distances to their faith's church, attending any church service, even an Anglican one, may have been more preferable than not attending church at all. However, there are more complex explanations. Throughout the British New World, the Anglican Church remained very popular with English settlers, even among a number of dissenting groups, because it provided a sense of English identity to its members. For colonists far from England and in a new, unsettled, and foreign land, the familiar language, culture, and customs likely provided a sense of home and made their new life more bearable. Attending Anglican church services, being surrounded by English customs and practice, people who looked and talked like themselves, must have provided dissenters a sense of home, and a way to remain English even though far from home (Hawkins 1983; Woolverton 1983).

As a dissenter, attending church services at one's Anglican church had its advantages. Because the Anglican Church was the government-

backed religion in the colony, dissenters who sought political position often found it advantageous to show themselves as allies of the Anglican Church, even if they did not officially join. While at St. Paul's Church, or one of the other Anglican churches, dissenters had opportunities to discuss political events with their fellow parishioners and to gain favor.

Archaeological testing (shovel testing outside the churchyard and excavation units within it) revealed very few artifacts that would provide any supporting evidence that St. Paul's parishioners used their churchyard as a social gathering area — a place to eat, drink, and socialize before or after church. This result was not entirely unexpected since previous work at Anglican churchyards in Virginia indicates that they were often kept clear of debris likely out of respect for the sacred nature of the churchyard (Brown and Harpole 2004; Harpole and Brown 2005; Harpole and Brown 2007). Although their numbers were too low to suggest even moderate use of the churchyard by parishioners, a few tobacco pipe fragments and ceramic sherds associated with the consumption of food and beverages (i.e. plates, platters, cups, and mugs) were identified. The recovery of these types of ceramic vessels is consistent with those from other churches sites (Scharfenberger 2009; Ward and McCarthy 2009). Much like today's church potlucks, parishioners would have brought already prepared food to enjoy before or after church services.

At the nearby parsonage site, there is solid archaeological evidence that it was a significant social gathering area for parishioners. Analysis of recovered artifacts (Figure 3) revealed a larger number of tobacco pipe fragments, multiple ceramic tankards and other drinking vessels, and glass "onion" bottles, typically used to hold rum, wine, or other spirits, than would be expected at a residential site such as the parsonage. During the early colonial period, liquors of various types such as rum, whiskey, gin, and brandy were the beverages of choice for most people. This practice was largely due to the belief that alcoholic spirits were healthier than water which was often considered unsafe to drink (Salinger 2002:2-3). A comparison of the artifact assemblage from the parsonage site to four known colonial taverns—one located in Jamestown, Virginia, the Lovelace Tavern in New York City, the John Earthy Tavern site in Pemaquid, Maine, and Cape Cod's Wellfleet Tavern—indicates that the parsonage house functioned in a way similar to that of a tavern (Pyszka 2012b:75-84). Taverns, more commonly called ordinaries during the Colonial period, were

places where guests could enjoy food, drink, tobacco, and various forms of entertainment, or even spend the night while traveling (Lounsbury 1994, 369). As guests congregated at the tavern, other activities would ensue such as business and political meetings and the sharing of the latest news from around the parish or Charles Town. In a remote frontier parish such as St. Paul's that had little, if any, gathering places outside of the church, the parsonage house would have provided another place to meet, but with more of an emphasis on the secular rather than religious activities. The use of the parsonage house as a gathering place for the larger community would have been a familiar practice to the Anglican missionary and many parishioners. Back in England, residents would often assemble at the local parsonage house to socialize, as well as to receive medical treatment, and to further one's education (Bax 1964:3).



Figure 3: Selection of artifacts from the parsonage site. Example of onion glass bottle, pipe bowls and stems, and ceramic types.

With the exception of Willtown in the very southern portions of the parish, St. Paul's Parish lacked other villages, towns, or even large settlements until at least the 1720s. Outside of Willtown, there was no

central place for people to conduct business transactions, hold political meetings, or socialize with other settlers. In addition, difficult traveling conditions due to the lack of roads and the great distances between plantations would have made social visits even more difficult. In the case of St. Paul's Parish and likely South Carolina's other rural parishes, the local Anglican church and parsonage house became the center of the larger parish community. Many of St. Paul's residents traveled to the church to attend Sunday services and to worship together. The period before and after church services was likely the only time throughout the week that many parishioners saw one another outside of their own family, enslaved laborers, or immediate neighbors. As most parishioners traveled to the church via the Stono River and other tidal waterways it would have been preferable to travel in the direction of the current because the tidal currents in the rivers are often very strong. These tidal currents come in and out at about six hour intervals with the elevation of the rivers and creeks rising and falling between six and eight feet in the process. Parishioners may have spent several hours at the church or the nearby parsonage, socializing with one another as they waited for the tide to turn. Throughout the week, the parsonage house likely served as the primary gathering place in the parish, especially when guests arrived from Charles Town or other areas of the colony bringing the latest news and gossip from outside the parish.

Trains, Planes, and Automobiles: Transportation Networks

For twentieth century St. Paul's Parish residents, automobiles and trains were the primary means of transporting people, agricultural products, and other goods around the parish, to Charleston, and beyond (Gilliland 2012:79). For St. Paul's early eighteenth-century residents, "trains, planes, and automobiles" were still 200 years in the future. The waterways of the Lowcountry, such as the Stono River, were the "roads" of the region, and residents relied primarily on boats for personal transportation and as a means for transporting their goods to Charles Town and its ports. From there, goods were shipped elsewhere in the American colonies, the Caribbean Islands, and across the Atlantic Ocean back to England. However, as settlement moved into the interior, travel by water was no longer adequate. By the mid-eighteenth century, a number of roads, bridges, and ferry crossings had been constructed in St. Paul's Parish, and while overland travel was an option, traveling by water remained the primary methods of transportation throughout the nineteenth century. In this section,

we argue that the presence of St Paul's Church as a gathering place influenced the development of early transportation networks in the parish, allowing for a rapid growth of its agricultural products during the early decades of the eighteenth century, as well as making it easier for people to move around the parish and into the interior areas of the colony (Pyszka 2013).

On Nov 24, 1707, St. Paul's Reverend Dun wrote, "I am settled in a place where I can see but very few of them without going by water and it is very chargeable to keep a boat and slave to row me" (William Dun to SPG Secretary November 24, 1707). In this same letter, he also mentioned that the only way he could travel to Charles Town was via water. Transportation was not just an issue in St. Paul's Parish, but elsewhere around the developing colony. In 1705, the General Assembly of South Carolina began passing several acts for the building of bridges and roads, including two located specifically in St. Paul's Parish (McCord 1841). In 1712, the General Assembly commissioned a bridge to be constructed across the Wadmalaw River (lower Stono River) from Thomas Seabrook's land to Elizabeth Blake's lands because the people were "greatly interrupted in their communication with other parts, and are kept from the worship of God" (McCord 1841:24). Elizabeth Blake was the widow of Governor Joseph Blake, who owned the property immediately south of the present-day Dixie Plantation property and the Seabrooks owned the land immediately across the river from both properties. Therefore, this bridge was likely a mile or so south of St. Paul's Parish Church. A year later, the General Assembly commissioned a number of other roads and stated that the people of John's and Wadmalaw Islands "shall make and keep in repair the aforesaid path from Stono Bridge to the Ferry path; as also, to the Church [St. Paul's Parish Church] (McCord 1841:31). Today, the 14th tee of the Links at Stono Ferry golf course marks the location of the former ferry crossing, approximately one mile north of the St. Paul's churchyard.

Throughout the colony, there are other examples of the General Assembly commissioning roads, bridges, and ferry crossings for the purpose of easing the movement of people to church services. In 1705, one act stated that the people of Craven County (St. James' Santee Parish) were in need of a road and bridge over Echaw Creek so that they could join "themselves together on the Lord's day, commonly called Sunday, for the public service and worship of God" (McCord 1841:3). Similarly, on April

17, 1725, the General Assembly ratified an act “to open and make a road from William Smith’s plantation on Wassumsaw Swamp, to the Chappel at Goose Creek” (McCord 1841:62). In total, between 1705 and 1750, the General Assembly passed 68 acts relating to the construction of various types of transportation infrastructure projects. Of those 68 acts, 9 specifically stated that at least one of the reasons for the construction of the road, bridge, or ferry crossing was to aid in the movement of people to their local church (McCord 1841). It is also during this time period that Willtown Road was constructed which connected Willtown to Charles Town. Willtown Road still exists; however, it is now called Dixie Plantation Road and runs through the property. The creation of Willtown Road would have also provided St. Paul’s parishioners a convenient means of transportation to the church as the road runs within one-third of a mile of the church site.

Even with the construction of roads, residents of St. Paul’s and other rural parishes still relied heavily on water travel through the nineteenth century, largely because it was still the easiest way to move around. In 1723, St. Andrew’s Reverend Guy described the terrible conditions of the roads between his church and St. Paul’s Parish Church. Even though the two churches were separated by only about eight miles of land, he wrote that he was “forced sometimes to go by water by reason of ye badness of ye roads” (William Guy to SPG Secretary, January 7, 1723). He further describes his trip to St. Paul’s Church via two rivers, which suggests that he traveled down the Ashley River to the Stono River in order to reach St. Paul’s Church. However, the creation of roads, bridges, and ferry crossings did affect life in the frontier parishes, including St. Paul’s. Besides aiding the movement of people to church, the development of transportation networks aided in the movement of people and goods to Charles Town. In the earliest years, furs, English goods, and enslaved Africans and Native Americans could easily be transported between Charles Town and frontier areas and towns, such as Willtown, via these transportation networks. As the plantation economy began to take root in South Carolina, the roads, bridges, and ferry crossings put in place, at least in part to help people attend their local Anglican church, provided ways for planters to quickly move their crops to Charles Town's ports.

The More Things Change, the More They Remain the Same

The more things change, the more they remain the same, and the themes that Jennifer Gilliland identified as characterizing twentieth century St. Paul's Parish—people, agriculture, transportation, and gathering places—are timeless. These same themes were as critical in the parish's development during the first half of the eighteenth century as they were in maintaining the parish community amid rapid culture change in the twentieth century. Whether it was the waterways, bridges and ferry crossings of the eighteenth century or the twentieth century's "Trains, Planes, and Automobiles," these various modes of transport served the same purpose – to gather people together. This gathering of people allowed for the formation of relationships and communities, and the maintenance of those ties.

Here we have taken a look at a portion of St Paul's parish located on property known today as Dixie Plantation. While only a small portion of the parish, in the eighteenth century this landscape and the place of the church were pivotal for colonial development and expansion. Initially, charismatic personalities were granted land, and as they moved into the area, they were followed by others. After one of these individuals had the foresight to donate land to the Anglican Church to establish a parish church and glebe for its maintenance, these specific points on the landscape, church and parsonage, became gathering places for the early eighteenth-century residents. These religious gathering places also provided a means for secular economic and political interactions. For the sole means of transporting people to the church, transportation networks developed linking waterways, and ferries with newly commissioned bridges and roads. However, these same networks later spurred the growth of agriculture and the transport of goods thus allowing strong economic ties to be built and maintained with the growing local cities and England. These ties to place bind residents together and create community through time.

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Islamic Moral Values and End-of-Life Care: Examining the Intersection of Religious Beliefs and the U.S. Health Care System

Cortney Hughes Rinker

George Mason University

Oliver Pelland

George Mason University

Serena Abdallah

George Mason University

End-of-life care is a central aspect of health care in the United States. Given the country's diverse population, it is crucial to understand different religious perspectives on policies, standards of care, and medical practices. Religious beliefs impact the ways that end-of-life care is perceived and administered to patients of different faiths. This article examines Islamic approaches to end-of-life care within the context of the US health care system. Drawing on data collected through a literature review and interviews with Muslim physicians, imams, and scholars with extensive knowledge of Islam, four areas are identified in which end-of-life recommendations in the US medical care system parallel Islamic moral values: care for aging parents, time spent in the hospital, use of medication, and the preparation of advance directives. We argue that individuals' Islamic beliefs and the initiatives and policies for end-of-life care in the United States are not oppositional and provide insight into how our Muslim participants turn theological perspectives and ethics into health practices.

Introduction

End-of-life care is a critical part of the United States health care system today because individuals are living longer and more people are suffering from chronic health conditions. In the United States, the "oldest old" comprise one of the fastest growing age groups (Kinsella and He 2009).

Given this demographic trend, end-of-life care has become a staple in both medical and political discourse over the past decade in part because of the complex cultural, religious, and ethical issues at stake in providing care for this population.

Research demonstrates that end-of-life conversations between medical providers and patients do not occur soon enough in the United States, often leaving patients unaware of their options and doctors unsure of what treatments patients would or would not have wanted (Kaufman 2005). In 2010, the Obama administration implemented a policy that would allow physicians to be reimbursed by Medicare for discussing options for end-of-life care with their patients. In early 2011, however, end-of-life planning was removed from this Medicare benefit for fear it “would force older adults to hasten their own deaths because they would be encouraged to reject life-extending treatments” (Sharp, Carr, and Macdonald 2011, 275-276). Not reimbursing physicians for end-of-life planning makes it difficult for many to fit this into an already cramped office visit, which usually is scheduled for 15 minutes (Fiscella and Epstein 2008). Such discussions would allow patients to detail their wishes for end-of-life care regardless of what they may be; patients could choose to have life-sustaining treatments or solely comfort care.

In addition, end-of-life conversations may not occur frequently because death evokes people’s core religious and spiritual beliefs. Death is unsettling to think about, and people may leave their fate up to a higher power rather than directly confronting the prospect of dying. Ethnic, cultural, and religious pluralism in the United States necessitates consideration of differing approaches to end-of-life conversations and decision making. We seek to build on the anthropological understanding that within a pluralistic society the way health care is provided and received varies according to the cultural and religious identities of providers, patients, and families (Keefe 2006).

To date, there have been few anthropological or ethnographic studies on Islam and end-of-life care, and research on this topic has mainly taken place outside of the United States (e.g., Hamdy 2012; Van den Branden and Broeckaert 2009). Existing scholarship on Islamic ethics and the end of life is abundant in medical journals (e.g., Salman and Zoucha 2010), and there has been much work from the religious studies standpoint

outlining what Islam does and does not permit (e.g., Brockopp and Outka 2003). Our objective is to expand on this literature by offering insight into how Muslims in our study actually experience end-of-life care and examining how theological perspectives are turned into practice.¹ Specifically, this article examines how Islamic principles and Muslim beliefs about death and illness intersect with medical discourse and practices in the United States. Using qualitative research methods, we analyze how Islamic principles—and more importantly Muslims’ diverse and varied understandings of them—cohere in the United States with care recommendations, medical standards, policies, and guidelines in four areas: the role of the family in the care of aging parents, length of hospital stays, the use of medication, and the preparation of advance directives.

Ultimately, we argue that Islamic moral values and principles, as expressed by our participants, actually facilitate many of the practices and policies that are advocated by administrators and medical providers within the US health care system, demonstrating a significant overlap between Islamic beliefs and the current health care system. Although the biomedical model of death common in the United States tends to champion technology and view death as failure (Chapple 2010; Kaufman 2005), we demonstrate that Islamic medical ethics do not contradict or prohibit advances in technology or the use of biomedicine at the end of life. Rather, they frequently parallel clinical ethics and the recommended practices of medical providers.

Religion/Spirituality and End-of-Life Care

Anthropologists and health researchers have often called for medical professionals to care for the “whole person,” which includes addressing religious and spiritual needs (Kleinman and Benson 2006; Schilder et al. 2001). Daniel Sulmasy writes, “Genuinely holistic health care must address the totality of the patient’s relational existence—physical, psychological, social, and spiritual” (2002, 24). He notes, however, that much work remains in understanding the religious aspects of end-of-life care and how to address religious concerns in medical practice and research. Religion is

¹ This research has focused on Sunni Muslims. Data in this article come mainly from those who were born abroad and immigrated to the United States. A future study might focus on Shi’a perspectives.

often considered as “baggage” that needs to be accommodated by providers instead an integral aspect of health care; learning about patients and families’ religious traditions can help providers better understand how they are making health decisions at the end-of-life.²

The literature shows that religious faith impacts ill patients’ health decisions at the end-of-life in the United States and shapes the type of care they request and receive (Lo et al. 2002; Steinberg 2011). Karen Steinhauser et al. (2000) discovered that making peace with God was important for the severely ill in their study of randomly selected Veterans Affairs (VA) patients. The ranking was similar to concerns for mental awareness and not being a burden to anyone, helping others, and having funeral preparations completed. In a multi-site study in the United States, Tracy Balboni et al. (2013) found that terminally ill cancer patients who had the support of religious communities would access hospice care less often and have more aggressive medical interventions towards the end of their life. Balboni and colleagues theorize that religious patients have more hope and believe more in their faith than in their medical providers; patients would not believe their providers when they explained that cancer would end their lives in the near future (Sherman 2013).

Although there is a great deal of research on patients’ religious beliefs and how they impact health decisions, Clive Seale notes that, in comparison, there are few studies of the religious faith of medical providers and how faith impacts their decisions regarding the administration of treatment for patients at the end of life. In conducting a survey of medical providers in the United Kingdom, Seale (2010) found that physicians who identified themselves as not religious were less conservative in the treatments they provided to patients and more likely to administer continuous deep sedation until death while also offering services that would not prolong patients’ lives. J. Carlet et al. (2004) echoe this position by arguing that religion, ethnicity, and the culture of medical providers

² We realize that religion and spirituality are not synonymous (Daaleman and VandeCreek 2000, Sulmasy 2002). One does not need to follow a religious tradition to believe in God (Bruce 1992; Haring 1973). We reference religion along with individual religious beliefs and practices because we are interested in the specific relationship between Islam and end-of-life care in the United States. Both religion and spirituality intersect with the contemporary practice of medicine.

influence their attitudes and how they approach end-of-life care. We cannot forget, therefore, that the religious faith of the medical providers offering the care will also shape how end-of-life care is administered.

Some scholarship on religion and health care in the social sciences and public health suggests that religion lies at the periphery of end-of-life decision making and, as such, must be taken as just one part of the whole context of care (e.g., Marks 2005). This research, however, fails to interrogate the points at which religious belief and practice become inseparable from medical services. We draw on the work of Rosalind Petchesky to argue instead that people often remain “in dialogue with religion” (1998, 305) while undergoing medical care even as they adapt doctrinal perspectives to achieve particular objectives. Our research suggests that religion is never on the margin of individual decision making (if a person identifies as religious) at the end-of-life, regardless of whether decisions are made for oneself or for a family member. Instead, religion is at the core of how medicine is viewed and health care decisions are made.

Islam, Terminal Illness, and Death

Several scholars of Islam from around the world have carefully considered medical ethics, and there is considerable work on Islamic medical ethics surrounding the end of life (Brockopp and Eich 2008; Bülow, et al. 2008). The Islamic Medical Association of North America (IMANA) has published several papers on ethics to help guide patients and physicians in the United States with their medical decisions (e.g., Khan 1983, Saiyad 2009). The vision of the organization is “to become the recognized leader in national and global healthcare, guided by Islamic values” (IMANAa). Papers by IMANA discuss brain death, medical treatments, resuscitation, and nutrition and hydration during the last days of life, providing a basis from which decisions can be made that follow Islamic principles. For example, one paper answers questions posed by community members about Islamic views on medicine. One member asks what to do after a person suffers a massive brain hemorrhage and is left in a coma with little hope of recovery. In the paper, Hassan Hathout, M.D., answers, “Islam does not encourage prolonging misery in a vegetative state and patients should be allowed to die naturally when nothing more can be done. You should agree with the medical decision. You may seek a second opinion, but insist that hydration and nutrition be maintained until death” (IMANAb).

The papers by IMANA note that for Muslims, as for practitioners of many other faiths, life is sacred. Abdulaziz Sachedina, a well-respected scholar of Islamic ethics, states that Muslims recognize “everyone will face death, and the way we and those we love die is of great individual importance” (2005, 775). In a study of end-of-life care among Muslim Moroccan immigrants in Belgium, Stef Van den Branden and Bert Broeckaert write, “The vision of God as the sole determiner of the life span and the physician as the person who must try to cure the patient, or at least alleviate the pain, can be found frequently in literature on Islamic ethics” (2008, 201). Sachedina says Muslims should “entrust nature to take its own course” (2005, 776); he goes on to say that not recognizing the naturalness of death may lead to the administration of life-extending measures that would not be of any benefit to the patient’s health or well-being. These services may in turn cause unnecessary suffering for patients and their families, which Islam discourages.

In presenting our data we show how individuals’ Islamic beliefs actually parallel medical discourse and practices in the United States surrounding death. We avoid pitting cultural and religious traditions against medicine and instead trace how religious and medical discourses and practices come together in confronting oftentimes extremely difficult health care decisions at the end of life for oneself or a loved one. We also recognize that we are providing individuals’ interpretations of Islam and that Islam is not homogenous. The contradictions and overlaps in perspectives flesh out the intricate relationship between Islam and the US health care system while simultaneously highlighting the multiple and sometimes conflicting interpretations of Islam itself. They also point to the important relationship between religion and culture that must be explored in ethnographic research.

Methods

This article draws primarily on data collected through an extended literature review and semi-structured interviews with individuals who are knowledgeable about key issues surrounding end-of-life treatment, Islam, or medical ethics. We draw on semi-structured interviews that we conducted in 2013 and 2014 with a bioethicist who is also a professor, a gerontologist, three Sunni Imams in the Washington, DC, area, and four Muslim physicians who have an interest in Islamic medical ethics. Most of

the physicians have published on the topic. One continues to practice medicine, two others have moved on to other roles at universities, and one has become a staff member at a mosque. We conducted interviews in the D.C. area if the person was based in the region, or over the phone if not. Interviewees were asked a series of open-ended questions about Islamic principles concerning health, illness, and death; ethical dilemmas related to end-of-life care; their own experiences of caring for or counseling Muslim patients who were terminally ill; the meaning of aging; and what constitutes a “good death.”

All participants received and signed informed consent forms prior to the start of the interviews in accordance with the protocol approved by the IRB at George Mason University. With permission, interviews were recorded and later transcribed word-for-word; all participants we reference in this article gave permission to record their interviews. However, all personal identifiers were removed during transcription. We have changed the names of our participants to protect their privacy and have only given general information about the location of their work or mosque. Notes were taken by hand during the interviews to keep track of models they described or complicated concepts they explained in addition to the specific themes discussed.

By bringing together the interviews with a review of relevant literature in anthropology, public health, medicine, and the social sciences, we take a multi-perspective analytical approach to the relationship between end-of-life care and Islamic medical ethics within the context of the US health care system and policies. The research demonstrates that specific circumstances may cause the application of Islamic tenets and medical principles to differ greatly. In the remaining sections, we will examine the four main areas where we found overlap between recommended medical practices, policies, and guidelines for end-of-life care in the United States and the Islamic principles and beliefs discussed by our participants: the role of the family, hospital stays, medication usage, and advance directives.

Findings

The Role of Family in Care

Recent trends in health care in the United States show an emphasis on the importance of family in care for individuals with terminal illnesses. This has been found in other countries as well, as demonstrated by Stajduhar

et al. (2008) in their study of family caregivers in Canada. Families show support for their elders when they are dying, and they view caring for them as a way to show gratitude for being part of their lives (Hayes 2013). In our interviews with Muslims who either cared for dying loved ones at home or cared for terminally ill patients in professional settings, the family responsibility for taking care of ill members was a primary theme.

One imam discussed how his Islamic faith influenced his feelings toward taking care of his parents. In our conversation, he referenced the Qur'an's statements about the importance of taking care of one's parents, specifically as they become older. He said, "When they reach old age don't say '*āuf*' [ugh or oh, meaning you are bothered] . . . show humility as a person." The imam emphasized that children do not recognize all the good things that their parents do for them when they are young. This needs to be acknowledged and then repaid when the roles are reversed, which implies children taking care of parents when their health is failing. He explained that Islam has taught him that he needs to take care of his parents as they age. The imam also believed that it is better to have elderly parents living with their children and having in-home care than sending them to live in nursing homes—unless the family is unable to provide the care that is needed and the patient would suffer more from not receiving particular services (e.g., those that can be provided by skilled providers at extended care facilities). He himself has his aging mother living with his family and strongly believes that since she has moved in with him, she is more energetic and active than if she were in a long-term care facility.

Interestingly, this was a point of contention between the interviews we conducted with imams and with Muslim physicians who work in the United States. The physicians we interviewed had much less conflict with sending patients to live in facilities like nursing homes when necessary because there they receive round-the-clock care, which many families may not be able to provide. This departure could be a result of the physicians' daily experience of working in the US health care system where there is a push for the use of long-term care for those who would not benefit from aggressive treatments.

The imam underscored the special bond that only children can have with their parents and the significance of this bond when children become involved in their parents' care at the end of life. He said that he had an

argument with his wife about this. In response to his wife's complaint about his mother living with them, he responded:

I said, "Honey, you are my wife, I love you, she is my mother, I love her. My mother cannot have another son. . . . My mom comes number one. You come number two. It doesn't mean I love you number two. I love you as my wife, but my mom is my mom." Islam tell me mom have to be in your house. . . . This is mine. The man is responsible.

This conversation between the imam and his wife demonstrates the impact that his beliefs have on how he treats his mother, as well as the influence of Islam on his beliefs about who is responsible for taking care of aging and ill parents.

The imam views the family as an important element of end-of-life care. Taking care of elders should not be a burden, but a "pleasure." He said, "If [family members] reach old age do not talk to them harshly. Do not even say '*āuf*'. . . lay down your wing of honor before them and make a prayer to God. 'O God, be merciful to them, as they were merciful to me . . .' They are not a burden on society, it's a pleasure for a Muslim to serve his parents." He compares his view of present day American culture to his values as a Muslim. In the United States, he has witnessed aging parents being treated as burdens to the family. Instead of taking in aging family members and caring for them, US society finds it more convenient to place them in nursing homes or other long-term care facilities. He responds to the idea of allowing aging relatives to stay in such facilities by providing a personal example of how he expects to care for his mother:

[My mother] will be in my house, and she'll be respected, she'll be loved by me and my wife. Because she's also part of that atmosphere. They will say "Now she's old, now, you know, we have a babysitter for her, have someone else to care for her, somebody else to sit down with her." No, we don't do that and that makes a big difference.

The imam's stance that families are responsible for caregiving converges with the US health care system's emphasis on not overusing more expensive critical care facilities while leveraging care from family, community services, and other health providers when curative treatment will most likely not prove beneficial. This is driven in part by the fact that the Centers for Medicare and Medicaid Services (CMS) estimate that approximately one-quarter of annual Medicare spending is on the five percent of beneficiaries who pass away (Adamopoulos 2013). In 2011, for example, Medicare spent \$554 billion, and twenty-eight percent of this was on end-of-life care (i.e., on services during the last six months of life). Decreasing the amount spent on critical care—the most expensive—during this time by utilizing other services to provide appropriate treatments and pain management, especially to those with a poor prognosis, is seen by the government as a way to create cost savings (Pasternak 2013).

Length of Hospital Stay

Interviewees suggested it was imperative that terminally ill patients spend as little time as possible in the intensive care unit (ICU).³ One Muslim physician we interviewed recalled a personal experience as a consultant for an elderly patient who was in the ICU. He describes the situation of the patient as being dire at best. He explained,

She was on mechanical ventilation and she was on all kinds of support and her son came to me, and he said, “You know, what do you do? What is the prognosis?” And then I shared with him, I told him, “It's not good.” He wanted to know, “Why, why, don't I take her home? She'll die in peace at home.”

The doctor then discharged the patient to her son, and she died at home.

³ Approximately 2.5 million Americans died (CDC) in 2013. It is estimated that one in five deaths occur during or shortly after a stay in an ICU (Angus and Black 2004). Aging patients make up a large percentage of overall ICU admissions at 40 percent (Wunsch et al. 2010), and most deaths in the United States take place in an institutionalized setting (Teno et al. 2004).

He said that not every situation goes the way that one did. Sometimes families do everything possible to keep a loved one alive, but this may only prolong the inevitable, which he believed is an approach that Islam does not favor. Along similar lines, another Muslim physician argued that it is acceptable to withdraw a ventilator when it is only prolonging death because it shows mercy to the patient, which Islam highly encourages. Another imam, however, stated that withdrawing life support, once it is started, is considered murder and a sin, but patients or families could refuse it in the first place.

More recently, there has been a move in the United States to remove life-extending measures when they are not advantageous for the patient and allow a more peaceful and comfortable death (Kaufman 2005). At the same time, there are strong tendencies to intervene in end-of-life care in part because removing someone from life support is seen as “giving up” or losing hope by patients, families, and even providers (Chapple 2010; Levi and Green 2010). This tracks with the biomedical model in the United States that champions the use of technology to keep someone alive and views death as a failure.

“Burdening” is a key term when looking at our data on end-of-life care and Islam. In our interview, a Muslim physician and scholar of Islamic medical ethics referenced the verse in the Qur’an that says how it is important not to burden yourself or your family (Qur’an 2:286). He stated that if someone is dying and it is irreversible, then the person may become a “burden” on family members, and even society, if medical treatments are continued that would not result in an improved condition. For him, being a “burden” means that a patient is taking resources away from others at a high cost to the medical facility or the family. In situations where the patient becomes a “burden,” he stated, “Being a burden on someone else . . . you’re costing everybody too much. That’s being a burden on society, and it’s, in a sense, burdensome on your family because hospice would be a better situation for them to interact with you than in the ICU.”

In contrast to this physician’s remarks, a physician and staff member at a mosque in the D.C. area discussed how some Muslims view aging parents as anything but a ‘burden.’ From his experiences, Muslim families take pleasure in caring for aging relatives whose bodies may be weakening. He said, “They do not mind changing their diapers if they are old, they do

not mind changing their sheets, cooking for them.” He stated that Muslim children are less likely to see their aging parents if they remain in the hospital or enter a long-term care facility. This is especially true “during the last few months of life.” When there are aging parents involved, Muslim families—from his experience—prefer to have their relatives at home with them, which means they will not stay in a medical facility longer than necessary.

The notion of a “good death” is debatable, but overall, our participants agreed that being surrounded by loved ones is an important part of dying peacefully. The physician and religious scholar mentioned above also works as an ethics consultant for medical facilities and has spent a great deal of time talking with families about end-of-life issues. He explained that in some cases families of patients might request a medical procedure even though it is not ethically warranted. They do this more for themselves than for the patients. The scholar recalled telling families,

Why do you want this? Ok, so the doctors have told you. Right. That this really isn’t going to work. I mean, it’s not likely to work and even if this treatment itself, it, in the end won’t do anything for you, right? It’s not going to make you feel better; it’s not going to extend your life. . . . What’s the goal here?

This statement emphasizes a point made earlier by one of the Muslim physicians. Spending time in the hospital and having numerous procedures will only increase the chances of dying in an institutional setting, and thus decrease the chances of being surrounded by loved ones at death. Medical treatments may also become a “burden” on the body if they do not improve the quality of life. Several of our participants emphasized the importance of family within Islam and, therefore, preferred that Muslim patients near the end-of-life return home from a medical facility as soon as possible to receive comfort care.

This position intersects with the US health care system’s general push to reduce hospital stays and visits to critical care facilities, in part because of the high costs associated with these types of care (Gilmer et al. 2005; Mack et al. 2012). One such example of this is the Primary Care (or Patient Centered) Medical Home (PCMH), which reorganizes family

medicine so that it is “accountable for meeting the large majority of each patient’s physical and mental health care needs, including prevention and wellness, acute care, and chronic care” (AHRQ). The goal of this is to provide high quality preventative medicine and to coordinate general and specialized services so that patients do not need to go to the hospital or emergency rooms—which tend to be more expensive—unless absolutely necessary. In a similar vein, many of our interviewees talked about the importance of caring for a patient near the end of life at home by loved ones (with perhaps some health care aides if the family could afford it) instead of going to or remaining in a hospital. This reflects the shift in the US health care system towards seeking care and services outside of more expensive critical care facilities.⁴

Medication

“The saving of one life is as if one has saved humanity” (5:32). This verse in the Qur’an has provided a basis for many advances in Islamic medicine and challenged the idea of only relying on herbal or natural treatments—although some of our participants noted the importance of trying natural remedies before seeking more conventional medical care. Regardless of the imperative to save lives and to limit unnecessary suffering, there are multiple instances throughout the Qur’an where the inevitability of death and the will of God are mentioned with the utmost seriousness.

When discussing hospice and palliative care with one Muslim physician, he explained, “If you are in pain, you are expected to seek relief of the pain. . . . It’s not like treatment is forbidden.” In interviews, several of our participants explained that Islam facilitates the use of biomedicine. One imam said, “If you are trained since you were a kid that God is the ultimate, then He is the maker of the disease, and He can take away the disease. It’s His universe. So then, if you get sick, Muslims don’t say, ‘Don’t go to the doctor.’ Go to the doctor . . . to a Muslim doctor.” Marcia

⁴ We acknowledge that some of the things we discuss in the paper are attempts to encourage certain kinds of approaches, although they are not always seen in practice at present. An example of this is the movement to have more patients pass away at home in light of the large number of people who still die in the hospital in the United States. Hospices have also been fined and forced to pay Medicare because patients are living longer than expected in their care. See Sack (2007) and NHPCO (2010) for examples.

Inhorn and Carolyn Sargent suggest that Islam is “a religion that can be said to encourage the use of medicine, biotechnology, and therapeutic negotiation and agency in the face of illness and adversity” (2006, 1). While Islam does not prohibit the treatment of pain at the end-of-life through medications prescribed by physicians, the imam also spoke to us of the intent of physicians when giving these medications to patients:

So, we need to be careful what the religion says and what the culture says. The religion says that if you are ill, go seek treatment. And, what it forbids, is that you take your own life. So, sometimes people are so sick, they are in so much pain and agony they’ll come and say, “Would you please put me out of this misery, give me some strong medication so I can die.” That is forbidden.

Similarly, academic Islamic Studies scholar Abdulaziz Sachedina writes that Islam permits pain-relief and foregoing treatment if an outlook is not positive for the patient, but the patients, families, and providers must be well-meaning.

In Islam, the killing of a terminally ill person, whether through voluntary active euthanasia or physician-assisted suicide, is judged an act of disobedience against God. However, pain-relief treatment or withholding or withdrawing of life-support treatment, in which there is an intention of allowing a person to die when there is no doubt that their disease is causing untreatable suffering, are permissible as long as the structures of consultation between all the parties concerned about the wellbeing of the patient are in place. (2005, 779)

Medications intended to cure and reduce pain are certainly permitted because they can reduce suffering and bring comfort, which Islam encourages. However, providing or taking medications intended to end a life, such as in involuntary active euthanasia or physician-assisted suicide, as noted by Sachedina, is prohibited in Islam. The intentions of the provider

and the patient play an important role in determining what is acceptable when it comes to medication use.

The Muslim physician who is on the staff at a mosque explained that the outcome is ultimately not in the hands of the patient or the physician, but remains in the hands of God even when the physician is administering medication. He described the Islamic concept of *shifa*, a healing prayer in times of illness, which “means it is from Allah who allows the patient to get better or does not allow him to get better. The doctor prescribes the medicines and these medicines, these medicines ask Allah.” The effectiveness of the medication is not the determining factor in the success of the physician in curing or comforting patients; the success lies with the will of God. He expressed further,

I know also that a lot of people taking the same medicine for the same illness get better, and a lot of people taking the same medicine for the same illness get worse. I know that . . . patient says, “I did my best,” all patient’s relatives, “We did their [sic] best.” Still patient died, why. Because Allah did not close this angle. *Shifa*.

One imam we spoke with shared his opinion that “America is high on drugs,” and that the last resort in Islam is to drugs. He told us about the diet of the Prophet Muhammad, which was said to have been “a spoon of honey diluted his [sic] water.” The imam expressed that it would be preferable for Muslims to take natural remedies, like honey, to help with their pain and ailments rather than medical prescriptions or over-the-counter medicines. He provided the example of taking honey over Tylenol or Motrin for headaches. However, one Muslim physician at a hospital saw prescription pain medication as a way to unburden patients from physical pain and their families from the stress of seeing them suffer. But in these cases, the physician added that taking such medications must not cause patients to stray from the comfort of their faith and that they must adhere to overarching Islamic values and ethics.

Advance Directives

Our interviewees emphasized that the greatest preparation for death within Islam is the acceptance that everything has been written and

predetermined by God. This includes every life event down to the location, time, and the method of a person's passing (Qur'an 6:61). Several of our participants stated that Islam encourages people to prepare for death, not be afraid, and accept death as a part of life. As noted, one imam insisted that seeing a Muslim doctor is recommended. This way patients and their families will have no doubt that their beliefs and their religious and spiritual concerns will be recognized and addressed properly as they prepare for death or manage end-of-life care. This involves details ranging from having the patient's body facing Mecca (Qur'an 2:144) to discussing with the family the importance of making sure that the patient's debt and any other unresolved issues are taken care of at the time of death (Qur'an 4:12). But seeking a Muslim physician assumes that all Muslims share the same beliefs, which may not be true.

Polly Mazanec and Mary Kay Tyler discuss the importance of "cultural competence," and how competency "demands that nurses look at patients through both their own eyes and the eyes of patients and family members" (2003, 52). They write that "patients from cultures that place value on suffering—for example, those that view suffering as a means to an important end—may need to be supported in their suffering" (57). Some Muslims believe that the greater your suffering in life, the greater your reward shall be in the afterlife (Qur'an 3:195), but one Muslim physician explained that showing mercy is much more important than suffering by citing the beginning of Muslim prayer, "*Bismillah ir-Rahman ir-Rahim*," which means, "In the name of God, the most gracious, most compassionate." One imam explained that even though Muslims should not seek suffering or allow themselves to be in excruciating pain, it is important to understand that it is all by the will of God.

Since God ultimately determines what happens to the physical human body, death should not be feared in Islam, but rather seen as a natural part of life that we all will experience at some point. Islam promotes embracing and planning for death so that individual and family wishes can be honored, which falls in line with the current recommendation for earlier end-of-life discussions and better planning before reaching the hospital, when it is often too late to make choices about care (Kaufman 2005). Imams and Muslim physicians that we interviewed both noted that a natural death is encouraged and expected in Islam because it is God's decision when one lives and dies. A hadith states, "There is a cure for every malady (except

old age).” Islam recognizes everyone will age and eventually pass away; this is a natural part of life and one that should be expected, but not hastened. This presumption has also been found in many countries in the Muslim world (Takrouri and Halwani 2007).⁵ IMANA’s position is that Muslims in the United States are allowed to, and in fact should, have advance directives in place that outline their wishes for end-of-life care.

Some Muslim physicians we interviewed stated that DNRs (Do Not Resuscitate orders) are also acceptable, but in general, the imams in our study argued against this point, emphasizing that Muslims should not hasten death because it is God who decides when you die and all measures should be taken to save a life. They believed that having a DNR means that one wants to bring about death quicker as opposed to allowing it to come naturally without prolonging suffering or misery through interventions that may not work. However, resuscitating patients can be seen as fighting against God’s will in certain cases, especially if the patients will never have the quality of life and livelihood that they once had or would want (Takrouri and Halwani 2007). This is a contradiction in how death can be viewed religiously and ultimately depends upon the context. One imam we interviewed noted that the main responsibility of a patient is to seek care when sick, while the primary duty of the physician is to provide care and to take away pain. The physician, however, should not cause premature death when trying to comfort a patient, as no one is permitted to take a life.

The relationship between physicians and patients has changed with developments in biomedicine. Husain Nagamia claims that “modern medicine has become a commodity” and that “the physician is no longer a confidante, an empathizer, a restorer of confidence, but one who essentially has become a provider of a service” (1996, 100). As is the case with other consumers of medical services, this leaves it up to Muslim patients and families in the United States to decide between religious and more secular influences as they prepare for death. Several of our participants agreed that regardless of the contradictions or tensions, Islam encourages Muslims to plan and to carefully consider their wishes (and how they do or do not follow Islamic principles) for end-of-life care sooner rather than later. This parallels the recognition that providers and policy makers need to figure out

⁵ Hadiths are teachings, sayings, or ways of the Prophet Muhammad passed down through a chain of narrators (*isnad*) who were his companions.

ways to have more Americans complete advance directives so that their wishes for end-of-life care are documented.⁶

Discussion: Key Intersections between Islamic Beliefs and the U.S. Health Care System

Our open-ended interviews indicate that there are significant overlaps between how health care is delivered in the United States and the ways that Islam approaches medicine, health, and dying. When asked about the relationship between the US health care system and Islam, one Muslim physician based in DC stated, “There is no difference.” He emphasized that Islam and the US system prescribe many of the same things when it comes to caring for dying patients. In our research two key themes emerged regarding US health policies and standards concerning end-of-life care: the need for more cost-effective care at the end of life and the need to better prepare for death through documenting one’s wishes (in writing and verbally with family and loved ones).

Cost-Effective Care

Health researchers and providers alike argue that fee-for-service reimbursement has caused the US health care system to be fragmented and disjointed. Health care providers are paid according to the quantity of services they render instead of the quality of those services. This leads to exponential increases in the cost of care without an increase in the quality of care (Hughes et al. 2011). There are numerous debates occurring at local and national levels about how to provide high quality care at a lower cost to both the facility and patients. Providing more efficient care outside of an acute care hospital setting could be a key piece of the cost puzzle (Angus 2004; Hughes et al. 2011). Some studies have shown that families in the United States are generally dissatisfied with the quality of care received by their loved ones who pass away in the ICU (Levy 2001), while others argue that if certain services could take place outside of the hospital at other facilities, the costs of health care might decrease (Roberts, Maxwell, and

⁶ For example, In the United States there is the National Healthcare Decisions Day each year on which local and national organizations encourage individuals to complete advance directives so that their wishes are honored, whether it is to do everything possible to extend life or not resuscitate. See <http://www.nhdd.org/> for more information.

Gross 1980). As previously noted, a significant portion of Medicare spending each year is on end-of-life care. Even though an increase in medical care at the end-of-life is expected, research illustrates that aggressive treatments are occurring at increasing rates, even though they do not prolong or improve the quality of life (Adamopoulos 2013). Because of this trend, patients remain in the hospital for longer periods or return more frequently. To encourage better longitudinal care, Medicare has begun penalizing hospitals that have a high number of readmissions shortly after discharge (Rau 2012).

In several of our interviews, we noticed that the comments Muslim participants made regarding what is permitted, encouraged, or prohibited in end-of-life care and in regard to caregiving also referenced ways to make care more cost-effective. Many of the experiences they recounted parallel the suggestions being put forth by policy makers and health care administrations to lower the costs of care by moving patients through hospitals in a more timely fashion and discouraging the overuse of services. For example, the imam with the aging mother noted that Islam encourages people to take their loved ones home from the hospital as soon as the doctor allows them to do so. They should not stay longer than necessary and instead should be cared for by family members (or a home health service when this is no longer possible). A former IMANA board member not only echoed this point but also stated that this depends on the context. His wife quit her job so that she could take care of her ailing mother full-time, but this was because he was able to afford the cost of the lost income. For those who are not financially stable, this may not be an option; nevertheless, it is still encouraged. He agreed with the imam in that Islam encourages sons and daughters to take care of their elderly parents given they were their main providers as children. Similarly, the imam noted that Muslims should not remain in the hospital until their deaths because this could decrease their quality of life; rather, they should die surrounded by loved ones in the comfort of the home.

The Muslim physician in DC stated that Islam does not condone individuals overusing resources when there may not be enough for everyone—this includes using treatments that would not improve the quality of life for a person who is dying. Instead, even the terminally ill should only use the services appropriate for their condition so that medical providers can tend to other patients and enough resources will be available for everyone. A key critique of the current health care system is that patients

and families may overuse services by wanting everything possible done in order to save a life, even if the outcome would not change. Or different physicians may prescribe the same services to a patient, albeit for differing purposes, because they did not consult with each other first. This limits access to both facilities and providers and makes hospital beds unavailable for those who need them (Berenson and Docteur 2013). One physician stated, “I don’t know if you’ve heard of the statement from the prophet or the Hadith. . . . ‘Even if you were in the middle of an ocean, you should not waste a drop of water.’ . . . [The] well-being of a community takes precedence over the well-being of an individual.” For him, a key religious principle is not to waste already thin resources in order to preserve some for others who need them, including medical services, resources, and providers. In addition, although it is permissible to take medication to dull pain rather than to cure, providers should not prescribe and patients should not consume excess amounts of medication that may hasten death. Natural remedies, as discussed by one imam, may also be used in place of prescriptions for comfort or as painkillers. All of these principles, either combined or taken separately, encourage patients to use the health care system only when needed, and not in excess, thus helping to lower the costs of services for themselves and the medical facility.

More controlled use of the health care system can curb costs and allow facilities to invest the financial resources needed to provide higher quality care. Part of providing quality care in the United States is being able to care for the whole person and offering culturally competent care to patients. These aspects of health care are the foci of initiatives at national, local, and organizational levels (Chin 2000; Purnell 2013). Policy makers and providers have given great attention to the need to offer high quality care that follows patients’ religious and spiritual beliefs, which requires some medical services to be altered or transformed from how they are traditionally delivered in the US health care system.

Preparing for End-of-Life Care

End-of-life care is an extremely sensitive yet urgent matter in the United States. Interest in the subject has grown as academics, medical professionals, and the public are realizing that patients may not receive quality end-of-life care because they may be unaware of their options (Kaufman 2005). Many argue that the conversation about end-of-life care between patients and providers does not occur soon enough. Patients often

do not know what they want, and when the end of life nears, doctors—both primary care physicians and those in the hospital—are unclear about which services to provide or withhold (Meyer 2011). This compromises the quality of end-of-life care and the ability to provide patients with the care they desire.

Advance directives, either in the form of a durable power of attorney or a living will, allow people to specify health care preferences or designate someone to speak for them (Castillo et al. 2011); however, relatively few people (approximately two in five) in the United States have an advance directive (Span 2009). Approximately 50 percent of individuals aged 65 and older have an advance directive, and this decreases to 30 percent for those between the ages of 55 and 64 (GAO 2015).⁷ A Muslim physician and former leader of IMANA noted that Islam encourages followers to have conversations with families and providers about their wishes for care and to document their preferences in an advance directive. Because everything is pre-determined by God, including death, Muslims should accept that they are mortal. Death will happen and it is best to be prepared for it. Several Muslim physicians noted that medical providers are only the facilitators of God's will, and God has bestowed upon them the knowledge that is necessary to treat disease and to heal. As noted, IMANA has developed an Islamic advance directive template that can be found on their website and social media. It provides religious direction concerning care, pain, death, and mortuary customs and can be modified after meeting with an attorney or to conform to state law. While some Muslims may view a DNR as contradictory to God's will—and the imams that we interviewed emphasized this—the Muslim physician based in D.C. explained that using resources wisely and not wasting them are more important virtues. He referenced a verse from the Qur'an: "O Children of Adam! Wear your beautiful apparel at every time and place of prayer; eat and drink, but waste not by excess, for Allah does not love those who waste" (7:31). If resuscitation will only prolong a life of low quality and suffering, and if

⁷ The 2015 report by the Government Accountability Office (GAO) also breaks down advance directive completion in terms of ethnicity and income (although this is for the overall number of advance directives and not specific to age categories). It was found that those who identify as White have a higher completion rate than those who identify as Black, Latino, or Other Races, and those with an income of over \$75,000 are more likely to have an advance directive than those with lesser incomes.

there is little to no chance of recovery, the doctor explained that it is not to be done.

One imam stated that it is preferable for Muslim patients to see Muslim doctors so that religious practices are upheld during the end-of-life. They can then be confident that their religious beliefs and concerns will be taken into consideration over the course of care. Nevertheless, our participants reiterated that it is imperative for Muslims to realize that they are not the ones who determine the place and time of death, and they should, therefore, make preparations well in advance. Research has shown that advance directives may not be completed as frequently as they should be because people do not accept that their lives will end, that it is a natural part of the life cycle. This recognition of mortality within Islam and the subsequent need to prepare for death falls in line with the push by medical professionals, advocates, and researchers to have patients formally document their preferences for care.

Participants in our study explained that while God is the only one who creates life and ends life and physicians are only the facilitators of His will, it is not appropriate to cause unjust suffering to patients particularly if the medical treatments would be greater physical burdens than the ailments themselves. Some research has suggested that better end-of-life preparation could decrease health care costs because documented wishes would reduce the medical resources expended for patients who do not desire extensive medical treatments or if treatments would not improve their conditions. Therefore, Islamic teachings can support the larger movement to encourage the use of advance directives in preparation for the eventuality of death.

Conclusion: Parallels between Islam and Biomedicine in End-of-Life Care

Our research is consistent with increasing demands for more culturally competent health care in the United States. People are seeking end-of-life solutions that recognize their cultural and religious backgrounds (Kagawa-Singer and Blackhall 2001). The Pew Forum on Religion and Public Life (2011) has estimated that the number of Muslims worldwide will double between 2010 and 2030. This is also the case for the United States where it is projected that the number of Muslims will increase over the next twenty years from 2.6 million in 2010 to 6.2 million in 2030

because of immigration and larger family size (Pew Forum 2011, 15). In addition, the United States is an aging society. According to the Administration on Aging, between 2009 and 2030 the 65 and older population will grow from 13 percent to 19 percent, and those who are over the age of 85 will increase by 350 percent (Wiener and Tilly 2002). As a reflection of the general population, it is likely that in the near future more adult Muslim children will seek medical care for their aging parents.

Initiatives by some governmental and health care organizations in the United States designed to enhance the quality of health care—including end-of-life care—parallel the concerns of many members of diverse Muslim communities who evaluate health care from the standpoint of their religious practices. The beliefs and values of the participants in our study emphasize similar preoccupations regarding how end-of-life care is perceived, even as they illustrate how religious values are embodied in the context of providing for the sick and dying.

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Facebook Realness: Exploring Online Authenticity through Drag Queens and the infamous ‘Real Name Policy’

Ray Leblanc
George Mason University

Early September 2014, Facebook profiles of popular drag queens on the West Coast were suspended for violating the rule of authenticity. Facebook profiles are designed to represent “real” people, and a battle began between corporate identity politics and the obnoxiously contradicting, subversive identities of drag performance. Drawing upon my own ethnographic work on drag performance and the social media of drag performers, I present this event as an opportunity to explore how drag queens bring their protest into cyberspace. Drag queens are disruptive cyborgs whose queer identity both on a digital and physical stage, questions what is truly authentic.

“Facebook is a community where people use their *authentic* identities,” (Facebook 2014, emphasis added), reads the policy of today’s most popular social networking service, boasting 2.01 billion monthly active users (Facebook 2017). Users are required to use legal names, avoiding any titles or nicknames. This is policed through an automated process using bots and algorithms that rely on user-submitted flags to distinguish which profiles do not fit the “real name” policy. In early September 2014, the Facebook profiles of popular drag queens in San Francisco were flagged and told to use “legal names,” switch to fan pages reserved for public figures or face the deletion of their accounts (Temprano 2014). Sister Roma, a performer from San Francisco’s Sisters

of Perpetual Indulgence, was one of the first to be flagged. She writes, “Really Facebook? You’ve become so homogenized and generic that you don’t recognize some people CHOOSE their names and that’s what makes them REAL. Fuck you very much” (Roma 2014, emphasis original). This apparent disconnect between Facebook policy and user intentions opens a dialogue on the increasingly complex idea of what it means to be authentic, both online as well as offline.

Realness, popularized by the film *Paris is Burning* (1990) and the series *RuPaul’s Drag Race*, is a vernacular term used within the queer community to describe a drag performance that appears genuine. A performer dressed in a business suit is pursuing “executive realness,” while similarly a performer dressed in cowboy boots and denim has “country realness.” *Realness* can be academically defined as most similar to Baudrillard’s hyperreal simulation, threatening “the difference between ‘true’ and ‘false’, between ‘real’ and ‘imaginary’” (1988:168). To be *real* is to be unreal, a fictitiously perfect simulation of reality. Thus, Facebook *realness*, as I use it, refers to a hyperreal, produced online identity which acknowledges an understanding of authenticity and identity that is unique to drag and queer performance.

By using literature on drag performance to establish the unique situation of drag queens and their navigational experiences of identity, I implement the Facebook/drag queen scandal as a prime opportunity to deconstruct cultural and theoretical notions of authenticity in a digital landscape. I contend that just as drag queens expose gender and identity as a deliberate construction in their physical performance, this is continued in their pursuit of expanding drag to social media and the Internet. Drag performers embody an uncomfortable, unstable multiplicity that is beyond authenticity, giving us some identity *realness*.

First, I explore literature on drag queens to situate their performance within scholarship and elaborate on its meaning, followed by connecting physical drag to the digital world. I establish drag queens as adept navigators who expose the social constructions of identity in their contradictory existence. Second, I document my own experience of creating a drag Facebook account to illustrate the process and produce a reflexive narrative of being a drag performer online. Third, I present Facebook posts from drag queens to summarize the ways performers

utilize the social networking service while simultaneously disrupting the singularity of Facebook identity. Finally, I conclude the analysis by revisiting Facebook's "real name policy" and determining the ways drag queens expose the *realness* of identity and myths of singularity.

Digitizing Drag

Drag queens are most often defined as men who perform as women to an audience that is aware they identify as male (Rupp and Taylor 2003, Taylor and Rupp 2005). Typically, these performances occur at gay bars, pride events or gay pageants. Drag queens take advantage of the fact that gender is a performance (Butler 1990), a set of behaviors that are enacted in society through interactions. Individuals constantly "do gender" and engage in behaviors deemed appropriate through specific social interactions (West and Zimmerman 1987). Similarly, drag queens also "do" and "perform" gender through their use of makeup, mannerisms, dance and wigs. They remind audiences that gender is a creation, a set of rules enforced upon individuals to sort them into categories. Performers break these categories, as Schact and Underwood wrote, drag queens "put a paradoxical spin on the notion of 'to be or not to be' by demonstrating that 'being' need not be an either/or proposition and that there are actually multiple ways that gender can be performed and experienced" (2004: 4). Drag queens take advantage of doing, being and performing gender by presenting it on a stage for the sake of entertainment.

In their ethnography on drag queens in Key West, Florida, Rupp and Taylor extensively explored the lives of drag performers and the meanings behind their performances. They presented the queens as protestors who challenge "the naturalness of what it means to be a man or woman" (2003:5). However, the drag queens were also marginalized and made very little in financial compensation. The performers encountered prejudices from other gay men while also facing the judgment of their families. The drag queens exist within a complicated paradox of marginalized celebrity. This is echoed by Berkowitz, Belgrave and Halberstein (2007) in their analysis of drag queens' relationships with gay men. The authors identified drag queens as complicated public figures, having celebrity status yet facing segregation from the gay community.

While there is extensive research on the identity work of drag queens and their deconstruction of gender, there is seemingly miniscule literature on drag queens and their use of social media or the Internet. However, using Hegland and Nelson's research on cross-dressing bloggers, they asserted the Internet as "an entirely new social realm where the body is both transnational and transgendered" (2002:157). Similarly, Eve Shapiro's *Gender Circuits* (2010) establishes the relationship between gender and technology. Shapiro stressed that through digital technologies, traditional ideas of gender are simultaneously transgressed and enforced. The Internet acts as a space "that offers new opportunities to play with and sometimes adopt new identities" (Shapiro 2010:96). Online gender play is enabled through the possibility of anonymity and removal of repercussions. On the Internet, even on Facebook, an individual can change their gender with a simple click.

In his ethnography on the user community of Second Life, Tom Boellstorff (2008) claimed that online identity is no less real than physical identity. He established all realities as virtual, asserting that digital identities and interactions are no less real than those taking place in the physical world. It is within this pervasive virtual dimension that drag queens reside in their *realness*, and I rely upon this analysis of online vs. offline to bridge the gap between the digital and physical identities of drag queens. Drag queens are capable of fragmenting gender, and identity, both physically and digitally because both are virtual dimensions of reality. Just as Second Life can be viewed through anthropology, I focus on the users of Facebook as a social community who have legitimate identities, connections and experiences.

For this paper, I draw upon my ethnographic research on drag queens in Baton Rouge, Louisiana, which focuses on the body technologies of drag performers and their navigation of identity. I regularly attended drag performances at local bars, pageants and theme nights. I established contact with well over 40 performers, but focused primarily on those living and performing inside Baton Rouge. I interviewed performers and maintain contact through social interactions at the bar and online. Additionally, I began pursuing drag performance myself and began visiting the bars in drag. This background in analyzing drag performance has inspired and guided me to deconstruct drag queens

utilizing Facebook. The aliases of performers and locations in this paper are borrowed from my larger ethnographic work for continuity.

The main data for this paper are a record of Facebook posts from 33 profiles over a period of three months, of which a specific time was selected for no reason besides convenience and timing. However, these posts occurred prior to the Facebook/drag queen scandal. Each of these 33 profiles exists at some level of fluidity between the drag self and boy self: some having their drag and male name combined, others using simply the drag name or male name, but a majority having two separate Facebook profiles. However, I would argue that it is not possible to neatly sort these profiles into categories of “drag persona” and “male persona.” There is always a bleeding through the two identities, as pictures of the performers in full drag would be tagged to their male profiles or they became tired of maintaining two accounts and began consolidating. This is further complicated by transwomen and genderfluid drag queens, who usually have a single profile that acts as a public and private persona under the same name.

Drag queens’ Facebook profiles are too fractured and complex to be sorted into identity categories. Even using the terms “male/assigned name” and “drag name” are problematic, but still implemented for language simplicity. However, consideration of trans and genderqueer identities are also taken into account. The meaning of “drag queen” has surpassed a simple definition of men who perform as women. Therefore, a more open definition of “drag queen” and “drag performer” used in this research is an LGBTQ individual who performs femininities for entertainment or protest.

I created my own drag profile, “Hegemony Flowers” (or simply Gem), for two main reasons. First, because most drag performers created a drag profile and I needed to experience my own attempt at maintaining two profiles; and second, to keep the pictures of my cross-dressing and makeup attempts easily hidden from disapproving family members or acquaintances. Through my own personal desires, it can clearly be seen that keeping two profiles may have strategic advantages. Despite this, “Gem” and “Ray” still merged at certain points, as I became proud enough of my makeup to want even Ray’s friends to see and posted a picture of myself in drag to my “male” profile. Looking beyond Facebook, my

gender play moved into other social media accounts as well. For example, I made an image of myself in drag my Twitter avatar.

The second set of data for this essay is the aforementioned Facebook/drag queen scandal presented in the opening paragraph. I had been interested in the ways drag queens were using Facebook and Internet long before the “real name policy,” but I immediately recognized its relevancy and sought to incorporate it into this initial analysis. The Facebook/drag queen standoff, and the dialogue surrounding it, provides insightful commentary for exploring the ways drag queens may disrupt binaries in the digital world. It disrupted the security felt by many drag performers on Facebook, countering the presumption that the Internet allowed for gender freedom, and some transwomen performers were forced to reveal their legally given names to the public in fear their accounts would be compromised. The “real name policy” was a hard blow to many who were using Facebook to “be themselves” as the service suggested.

Welcome to Facebook

Documenting my own efforts of constructing and publishing a drag account showcases the process of creating and then filling a drag profile. This process is extremely similar, if not the exact same, for any user on Facebook who is creating a profile for any identity, whether deemed “Facebook authentic” or not. Because accounts are policed by algorithms and rely on user-submitted tags, I can create a drag Facebook and not face any immediate consequences.

Pulling up Facebook’s homepage loads a familiar blue layout. Creating an account requires specific information: a first name, last name, email or mobile number, birthday and gender (See Figure 1). Of course, I first had to go through the process of creating an email for Gem, to establish her identity as an entity on the Internet and be deemed eligible for a Facebook account. When I created my drag account, in the midst of the “real name policy,” I deliberately entered Hegemony Flowers, a creatively invented phrase, as my name. Facebook began allowing for over 50 options of gender identity for its U.S. users in February 2014 (Griggs 2014), but when I created a new account in October 2014, the initially prompted choices were still male or female (as seen in Figure 1). I selected female, since most drag performers seem to still prefer this option and

“drag queen” is not a Facebook approved gender. Keeping in the tradition of recognizing the first day you are dressed in drag, I recorded my first day out in drag as my birthday with the year of my actual birth.

Sign Up
It's free and always will be.

First name Last name

Email or mobile number

Re-enter email or mobile number

New password

Birthday

Month Day Year Why do I need to provide my birthday?

Female Male

By clicking Sign Up, you agree to our Terms and that you have read our Data Use Policy, including our Cookie Use.

Sign Up

Figure 1: Screen capture of Facebook’s account creation

Next I am prompted to choose a cover photo, as Facebook suggests “a unique photo from your life.” I look at the profiles of other drag queens, and they upload pictures of themselves in drag. I choose a photo that I am proud of, adjust it to fit the space and upload it. Then, I must select a profile picture – a thumbnail that appears with every post and comment. I select a picture from my first time in drag, when a local queen did my makeup and I feel I looked best. Now, according to Facebook, I must finish my profile by filling out my education and work history (Figure 2). I leave them blank. There is also the option to select that I have no education, which will then hide the education slot from my profile, presumably so that I am not embarrassed (while perhaps suggesting I *should* feel embarrassed).

The screenshot shows a Facebook profile completion dialog box titled "Hegemony, where did you go to high school?" with a progress bar at 66% complete. The dialog contains three rows of school suggestions, each with a profile picture, the school name, a partial name in a text box, and a radio button:

- New Iberia Senior High School** and [text box] LeBlanc studied here
- East Ascension High School** and [text box] studied here
- Louisiana School for Math, Science, and the Arts** and [text box] studied here

Below these is an option: "I haven't gone to high school" with a lock icon and a radio button. At the bottom, there is a text input field labeled "Enter a high school", a "Public" dropdown menu, and "Skip" and "Save" buttons.

Figure 2: Facebook's UI continually prompting me to fill out my profile

Still, I am not done in constructing my Facebook profile and identity. Most importantly, I must add friends. I begin with adding drag performers who I personally know and others I have only met briefly, and then personal friends who I know are especially interested in the progress of my drag. A few days after creation, I begin to receive friend requests from profiles who do not know me personally, or even live near me, but I accept them because I feel there is no room for harm (and a good drag queen would always welcome fans and potential tippers).

In this construction, I encountered Latour's morality-enforcing artifacts. Similar to how his car commands, "FASTEN YOUR SEAT BELT!" (1992: 225), I am confronted by the user interface of Facebook, a series of boxes, blanks and checkmarks heavily suggesting to not only input my information, but in a very specific way. "Your profile is not done!" Facebook repeatedly tells me. The words on my screen attempt to convince me that if I display more information about myself, I will have more friends, and therefore a more enjoyable Facebook experience. But Gem has not been to school, and she has not yet performed at a venue, so I have nothing to offer.

Just as Latour attempts to regain the “excluded middle” (1992: 225), drag queens protest against the morality of Facebook in their clever spinning of the “About Me” section. For education, performers will sometimes write “Drag University,” “Drag U” or another amusing, fictional school. Their employment is often the venues they perform at or the cast they associate with, usually excluding their “day job.” In terms of family, the drag houses of the 1980s and ‘90s have joined Facebook as well. Performers will list their drag mother, sisters, daughters and sometimes husbands. Weston’s “families we choose” (1991) have carried over into the digital age, as drag queens continue to creatively establish meaningful relationships with one another. Although drag queens are constrained by the user interface of blanks and boxes, they innovatively protest and disrupt the instructions to “Tell us about yourself” through their construction of drag identity and Facebook *realness*.

Drag Networking

Drag queens use Facebook to build connections, share information and document their experiences. By drawing upon my own Facebook posts, and the data of other drag performers, I show how these drag users, despite their residency outside binaries and singularity, navigate Facebook very much within the lines of the website’s mission to “stay open and connected” (Facebook 2014). The following statuses, representative of the countless daily posts made by drag queen users under both assigned and chosen names on any of their various profiles, illustrate the typical content of posts made by drag users:

I have to say tonight was So Amazing!! Thank you for everybody who came out tonight!! But especially to my family that made it one for the books!! My niece and nephew that always support there uncle regardless I love yall so much and my mother!! Wich her words made all I this so worth it!!! (I understand why you do this!!! I AM SO PROUD OF YOU) I LOVE YOU MOM TONIGHT MEANT THE WORLD TO ME. I love you all thank you for tonight. I needed this

Tonight at JOE’S the Krewe des Femmes will be in the house entertaining you all! Tonight’s cast features: Georgia Rae, Sharon Cox, May Belline, Ruby Roo, Samantha Adams, and your hostess

*Miss Lady!! Showtime 11:15pm Ladies its time to twirl for Jesus!
I hope to see you all out! mwah! <3*

So I've decided that i want a drag daughter.....one that'll continue my legacy. I've had a total of three but none today continues to perform. I am in the process of working out and i don't want to be a man in a dress although technically that's what we all are. Not that i won't ever perform again...but will be taking a "break' once my body changes. So of you are wanting to do drag and take it seriously....i will be willing to take someone under my wing and teach what i know.....

Wishing all of my friends at the ball this evening a most successful and grand event. Due to unforeseen circumstances/personal mini crisis I regrettably will be unable to attend this evening. Tonight I will still be at the Boys' Room performing at midnight! Xoxo. Hope to see all of my gulf coast friends out and about.

I Juz WONNA take this time to THANK someone that I hold dear to mi HEART TINA GRACE. this lady have MOTIVATED me to push fa NOTHING but the BEST in this industry....without your LOVE, SUPPORT,n KNOWLEDGE fa this art..., WHERE WOULD I BE!!???...THANK U SOOOO MUCH...ps.. I AM UR NEWLY CROWNED MISS BATON ROUGE JOE'S USofA....Yayyyyyyy....LOUISIANA USofA HERE I COME!!!!

With these posts, there is a clear theme of making connections with other Facebook users. The performers reach out to other drag queens, their fans, biollegal families and potential drag family members. While some of these posts can be considered advertisements for the queens' performances, they follow a narrative of establishing relationships with others. As one performer ends her post, "I hope to see you all out!" Friends or fans can be tagged in these promotional posts to encourage a larger crowd while maintaining a sense of personal connectedness. Once, I was tagged in a promo post, and I felt obligated and inspired to attend because a performer thought to tag me in her status. Overall, these posts are multidimensional cultural texts, demonstrating how drag queens build interpersonal identities and relationships through their utilization of Facebook.

My first drag post is a picture of a half-styled wig that I had been working on that day. “I did it once. I guess I can do it again?” I ask in the caption, referencing the need for symmetry in this particular style. “Yes,” a friend comments, encouraging me to continue. I post updates on the status of the wig until the costume is completed. After a few weeks, I display a final picture of the wig, makeup and outfit. My Facebook friends offered advice and support in their interactions with these posts, making my ensemble a communal and social production.

Additionally, this picture of my ensemble is added to my profile, transforming it into a resume or portfolio. A drag performer’s Facebook timeline is one of her most efficient tools for self-promotion. Facebook videos are preferred because YouTube has stricter copyright rules on popular songs, and fans can easily tag the queens in recordings of their performances. Potential employers and casting directors can browse a queen’s Facebook profile to see an extensive record of her performances and talent. Facebook becomes a crucial tool to establishing a fan base and networking with future gigs.

I soon discovered Facebook groups dedicated to drag performance. These groups consisted of geographical categories (Louisiana Drag Queens; Southern Drag) that are most often used for bookings, some for financial transactions (Drag Swap; Cheap Drag Market) and others fulfilling educational functions (Drag for Beginners; Costume Help). Most of these groups are “closed,” meaning they require approval from an existing member to join, usually in order to minimize spam. Drag queens are utilizing Facebook to build connections and cultivate resources similar to the ways cross-dressers use the Internet as “a forum for the exchange of experiences” (Hegland and Nelson 2002:157). The more groups you join, the better your chances of finding deals on evening gowns and learning makeup tricks. The drag queens share their experiences, knowledge and technologies in establishing online friends. The performers cultivate social capital (Bourdieu 1986) through their Facebook connections by capitalizing off a service that encourages dialogue between users and allows for instant, long-distance communication via a communal social page.

These arguments of drag queens' usage of Facebook are further supported and expanded by the dialogue surrounding the Facebook/drag queen scandal. A Change.org petition in support of the drag queens reads:

Many (and, perhaps, most) performers use their Facebook accounts to network, get booked and book each other, produce events, and communicate with each other, because it is simpler, safer, and more effective than divulging our personal email addresses or phone numbers with others. By preventing us from accessing our accounts under chosen names, this hinders our ability to make a living and develop our performance careers. (LaGarce 2014)

With this quote, it becomes clear that another utilization of Facebook is for the safety of performers. Similar to how I decided to make a separate drag profile to keep it from my family, some drag performers are afraid of having their private, male lives exposed to public scrutiny or face repercussions from family and workplace associates. Because queer people must carefully navigate and construct public identities, using alternate names or separate accounts online becomes a crucial component of maintaining identity and safety.

Additionally, keeping a male profile assists in containing the abuse that drag profiles often receive. Even though I have not pursued interactions with others, Gem's Facebook regularly receives messages of sexual harassment:

JJF (10/24/14 9:56pm): Hey how are you

Gem (10/25/14 2:29am): Good

JJF (10/25/14 8:22am): You're really beautiful

JN (10/31/14 2:22pm): Wassup?

AH (11/22/14 10:17pm): Hola

AH (11/23/14 4:45pm): Ey me like yu baby

AH (11/23/14 5:53pm): Ey dis me number d cell 123-456-7890

come

I innocently responded to the first message because I did not want to make assumptions, but it became clear that these unsolicited messages were

ultimately sexual advances. These men are aware of my male body (by no means are my pictures of drag “passing”), but based on speaking with other drag performers, these kinds of messages are the norm, although sometimes becoming more explicit and dangerous as the performer becomes more popular. Drag queens’ Facebook networks are clearly complicated by the threat of online sexual harassment. While performers are more open to fans and bookings, they are likewise vulnerable to harassment and violence.

The “Authentic” Self

Now that I have established the ways drag queens cultivate and utilize Facebook to establish connections and build interpersonal relationships, I will return to Facebook’s claim that Sister Roma and other drag queens are constructing “fake” profiles. Sister Roma and other San Francisco drag performers sought the help of local Supervisor David Campos and scheduled a meeting with Facebook executives. The story, perhaps due in part to the provocative, voyeuristic image of drag queens blasting the executives of one of the largest corporations in the world (see figure 3), soon hit global headlines. The Change.org petition gained over 38,000 supporters. “[Facebook’s policy] undermines the online communities we have built over the past several years using our stage names,” the petition reads. “Although our names might not be our ‘legal’ birth names, they are still an integral part of our identities, both personally and to our communities” (LaGarce 2014). The general public favored the drag queens, and pressure for Facebook to back off its “real name policy” began leading to physical protests at Facebook Headquarters and digital protests of deleting profiles.



Figure 3: Sister Roma at the microphone speaking to the press, surrounded by other drag performers and their supporters. Photo credit Isabel Angell, KQED News

Facebook insisted that its policy was for the protection of its users, allowing them to “always know” who they are connected with (Facebook 2014b). One blogger retorted, “Wait a minute, don’t chosen names protect victims of stalking or abuse, at least as much as perpetrators?” (Michaelson 2014a). The first meeting between the drag queens and Facebook led to the corporation taking a firm stance on their “real name policy” as more drag profiles were frozen, messages censored (see figure 4) and legal documentation requested (Seals 2014). Community efforts continued while some users, most identifying as trans and using a single account, began switching to their legal, assigned names in fear of losing their Facebook accounts.

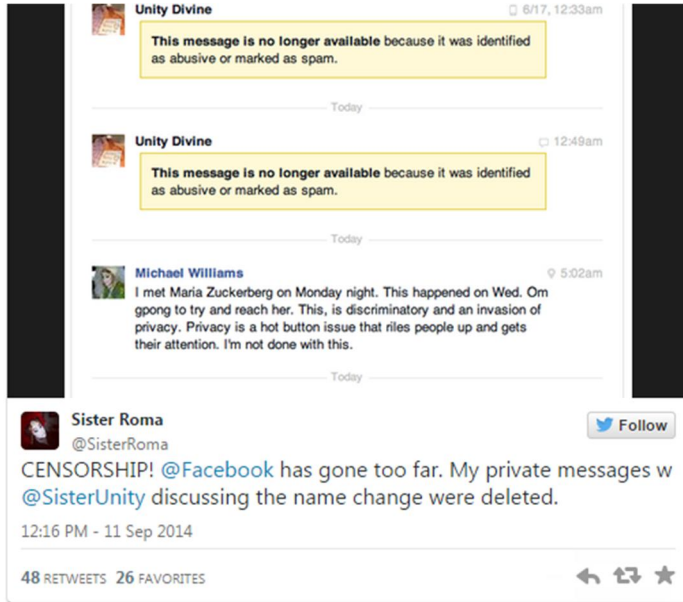


Figure 4: Sister Roma shares a screen capture of her Facebook messages through Twitter.

Following another meeting between the San Francisco drag queens and Facebook executives, Facebook released an apology on October 1, 2014. “I want to apologize to the affected community of drag queens, drag kings, transgender, and extensive community of our friends, neighbors, and members of the LGBT community,” wrote Facebook’s chief product officer. “The spirit of our policy is that everyone on Facebook uses the *authentic* name they use in real life” (Cox 2014, emphasis added). Drag queens disrupted the authenticity guidelines of Facebook, but they did not destroy it. As seen in Cox’s apology, there is still a correlation between a “real life” name and a Facebook profile. The drag queens’ *realness* was capable of causing a considerable disturbance, but no changes were made to the “real name policy.”

The rhetoric of authenticity and self used by both Facebook and the drag queens echoes Elliott’s work on the dialogue surrounding self and medical technologies. Elliot identified contemporary views of the self as relying on the idea that there is an inner, authentic self which individuals must use technologies to produce (2003). Facebook presents itself as one of these identity technologies, encouraging its users to “share and express

what matters to them” (2014) in a very even and direct way. In this case, however, what the drag queens deem as their authentic identities are actually too *real* for Facebook policy.

In *The Facebook Effect*, a book detailing the creation of Facebook, creator Mark Zuckerberg is quoted on his thoughts about identity: “You have one identity...Having two identities for yourself is an example of a lack of integrity” (Kirkpatrick 2010: 199). This claim is echoed by van Dijck in his analysis of how social media presses users into “uniform identity” (2013). These uniform identities allow for easier data collection for advertisements and promotions. Users are expected to fit inside a binary mold, to fit nicely in dichotomous categories for more direct advertising, more profit for Facebook. It is no surprise, then, that drag queens are the ones to expose Zuckerberg’s idealized version of self. Drag queens, in their very being, are fragmented – they are “kaleidoscopes” (Moreman 2010). Drag queens, like other queer individuals, disrupt the binary and exist outside categories. They are a manifestation of Haraway’s cyborg (1987) in their simultaneous, disjointed embodiment of contradictions and dichotomies, acting as queer digital bodies that destroy the structural laws of identity. Drag queens abruptly counter Zuckerberg’s singular authenticity and bask in contradicting multiplicity – keeping it *real*. Drag queens exist within the fractures of identity, and in their very existence inside Facebook’s “authentic world” they have exposed its fallacies.

It’s Got to be Real

As of this writing, Facebook has not changed its “real name policy” and slowly accounts are still being notified to use “authentic” names. A post made on Sister Roma’s wall on November 24 reads, “FYI. Facebook has NOT stopped its bullshit. Sister Titania’s account has been shut down” (Sister Qetesh 2014). I notice performers across the United States are still occasionally flagged and frozen. Facebook continues to enforce heteronormative, simplistic ideals of identity upon its users, which intertwine with white supremacy as Native American names have also become targets (Holpuch 2015). Because drag queens rely on Facebook, as most users do, to establish and maintain personal connections, they are forced to remain within the constraints of the “real name policy” and exist

in the boundary of real and *realness* until another social networking service becomes popular and available.

This research acts alone in its focus on drag queens and their usage of the Internet. I hope this initial work will bring literature on drag performance into the digital age, as I believe the Internet has changed drag culture and identity in a multitude of ways. At the same time, drag has been changing the Internet as it continues to remind us of the artificial construction of identity. I believe Facebook's "real name policy" may resurface once again in the media, and Sister Roma and her drag sisters will act as the foundation for exposing the restrictive identity policies of Facebook and acknowledging that our own identities are fragmented. It is at the conclusion of this paper, and following my own personal experiences with drag, that I select "they" as a Facebook pronoun and "genderqueer" as a gender category. In my efforts to change the hegemonic perception of authenticity, I grow to realize how I am changed by my work.

Here I wish to revisit Sister Roma's quote from the introduction: "Really Facebook? You've become so homogenized and generic that you don't recognize some people CHOOSE their names and that's what makes them REAL. Fuck you very much" (Roma 2014, emphasis original). Returning to this post, it becomes clear how Sister Roma's claims may be truer than she realizes. Facebook structures identity as static and solid. In Zuckerberg's words, Sister Roma and all other drag queens lack integrity in their identities. What Sister Roma labels creativity, Facebook views as inauthenticity; yet, it is in this very creative inauthenticity that so many individuals find the ability to be themselves. The drag queens argue and fight for their right to be fluid and multiple, while institutions such as Facebook force them into singular boxes. To quote the drag anthem, "It's got to be *real*" (Lynn 1978).

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BOOK REVIEWS

Historically Black: Imagining Community in a Black Historic District

by Mieka Brand Polanco, New York: New York University Press, 2014. viii + 184 pp.

This book explores how the idealized understanding of the concept of community, expressed through selection criteria of the National Register of Historic Places (NRHP), belies the complex historical and contemporary interactions of people in the rural small town of Union, Virginia. In 1999, Union was registered as a historic district under the NRHP designation “Ethnic Heritage–Black.” Since its founding, Union has consistently been a majority, but never an exclusively, black community. The book’s author was hired post-designation as an intern by a local research institute to compile archival and oral history resources for public use. Through her research, Mieka Brand Polanco finds that the NRHP’s framing of Union as a monolithic community does not reflect the historical truths or the contemporary complexities of the multiracial nature of the community, nor does it adequately represent how Union residents understand their community. Polanco’s framing of the NRHP description of Union challenges a simplified understanding of community.

Brand Polanco’s ethnographic approach involves an investigation of Union’s residents through interviews, historical research, personal observation, and documents related to the NRHP nomination process. Her exploration into the perspectives of community members leads her to recognize three distinct community groups: 1) history brokers, or relatively new, white Union residents not associated with the community’s founding; 2) a historically black descendant community; and 3) “delegitimized historians,” or historically white Union descendants who were excluded from the nomination process. History brokers, who spearheaded and pursued NRHP status, hoped that the status would maintain the rural nature of the town in the face of suburban encroachment. They are current residents who value the town’s isolation from city life. The black descendants

understand their historical relationship to Union's development, yet did not see the value in the NRHP nomination that the history brokers did. They did not interfere with the nomination and directly supported it by sharing their personal narratives with the history brokers. The "delegitimized historians" hoped to be involved in the process of historical designation, but their presence in the community was not deemed valuable by the history brokers. As a result, they were excluded from the process.

What Polanco does well is closely examine the process through which this historical designation is filtered. While she never thoroughly defines the criteria met, she explains how each group imagined a Union that fit its particular needs. The history brokers had the resources and drive to pursue the information that would ultimately convince the NRHP nomination reviewers to perceive Union as historically significant. Historically black descendants had traditionally referenced historical events in the town from a moralistic standpoint, using these events as aids for navigating their daily lives and to make sense of current events. Their productions of history for the nomination process, however, became more factually oriented. Both groups maintained insider status throughout the nomination process, while the delegitimized historians' whiteness compromised their participation in the nomination process. Their exclusion from the historical designation process caused them to create counter narratives in an attempt to write themselves back into Union history. This process of rewriting takes a most poignant form in a map produced by one such resident. Through this map, Union is reimagined as residentially segregated by race since its founding.

Polanco's major contribution to community research arises from her efforts to involve the perspectives of multiple community groups within a single community to look deeper at the process of gaining an NRHP designation. Her work reflects how the desire to pursue designation under one criterion might cause certain parts of a community's history to be ignored, even as it complicates perceived notions of fairness in historic site and district nominations.

Polanco's work would benefit from a more thorough description of Union's NRHP nomination process. This would provide useful insight for readers unfamiliar with this nomination process and help clarify why and how the history of Union was tailored to fit a certain ideal. Such context

might also better flesh out the NRHP's idealization of the concept of community. Some discussion of how power dynamics inherent in framing the NRHP designation might affect the future of Union as a community is also needed. This would strengthen the comparative value of the text, as well as reinforce the information regarding the underlying drive of each community group's effort to imagine history and community in particular ways.

Polanco's work is useful for anthropologists seeking to understand the nuances of interactions between historical sites and local communities. It is a well-grounded case study for those interested in historical archaeology, public anthropology, and community engagement. She pushes for an understanding of community that relies not only on historical documentation but also on the current realities that shape that history. This text serves as a caveat to all students of history as it illustrates just how the valuation and presentation of the histories of peoples and places are altered under the pressure of present needs.

Robert Waren
University of Mississippi

Cherokee Reference Grammar

by Brad Montgomery-Anderson, Norman: University of Oklahoma Press, 2015. xix + 513 pp.

Brad Montgomery-Anderson's *Cherokee Reference Grammar* is equally useful to language scholars and Cherokee language curriculum developers. In contrast to many descriptive grammars, the work contains a description of structural rules at the beginning (Part I) before discussing complex polysynthetic phonological changes (Part II). Framing the text as a contribution to Cherokee language revitalization initiatives, Montgomery-Anderson offers a concise overview of language revitalization efforts undertaken thus far by the Cherokee Nation, the United Keetowah Band, and the Eastern Band of Cherokee Indians. The grammar is structured as a "teaching" approach, where concepts are presented in order of increasing difficulty in order to appeal to those who develop Cherokee language pedagogical materials.

For linguistic anthropologists and linguists, this grammar gives a thorough description of the Cherokee language as well as a comprehensive compendium of Cherokee language scholarship. It is grounded in the work of other Cherokee language scholars such as Durbin Feeling, William Pulte, Janine Scancarelli, and William Cook, although Montgomery-Anderson departs slightly from previous work on Cherokee verb structure by treating aspect suffixes and verb bases as a single unit, the verb stem. He signals this distinction by naming verb stems that include grammatical aspect as "completive," "incompletive," and "present continuous" rather than perfective and imperfective, where the terms latter refer to grammatical aspect specifically rather than to verb stem type. The author eschews the complex aspect suffix charts of earlier grammars in favor of a simplified five-stem approach, making the grammar more appealing and useful for non-linguists.

At the end of each chapter, Montgomery-Anderson provides a brief "sources and additional reading" section that explains topics discussed in the chapter and offers directions for future research in those areas. In keeping with the goal of making the text accessible to non-linguists, the

author confines discussion of theoretical scholarship to these final sections of each chapter and to the 28-page glossary of linguistic terms in an appendix. This glossary allows readers to refer to the meaning of a linguistic term without needing to consult a separate book or online resource. Each glossary entry includes the definition of a technical term used in the book, a short linguistic example for each term, and a list of relevant sections where the term is applied to language description in the book's text. The glossary enables language researchers conducting comparative research to briefly visit the text to determine if a feature of Cherokee is relevant to their own work.

Montgomery-Anderson nods toward Cherokee literacy by representing each entry in the Cherokee syllabary in addition to a romanized phonetic writing system used by a handful of contemporary Cherokee language scholars. Use of the syllabary signals attempts to decolonize language research by including native systems of representation. The syllabary can also reveal semantic relationships between words and dialects that may not otherwise be evident in phonetic representations. The easily overlooked publisher's colophon at the end of the book provides a small window into issues surrounding the orthography and typesetting of Native American languages and hints at the fascinating orthographic history of the Cherokee syllabary.

The modified phonetic orthography used in this text provides a single vowel for short vowels and a double vowel for long vowels. Diacritic marks over the vowels represent the six linguistic tones of the Cherokee language. This writing system for Cherokee is thorough but presents a learning curve in comparison to the syllabary or the simplified phonetic system used by many Cherokee speakers and learners. Readers who wish to follow the pronunciation rules represented by the modified orthography may consider keeping a separate guide sheet nearby to remind themselves of the meaning of the diacritic markings. Though this grammar is aimed at language revitalization, it is unlikely that Montgomery-Anderson's modified writing system will ever become the popular medium of instruction for language classes. Language researchers, however, will find it effective for representing pitch and accent in Cherokee language. I find the author's descriptions of linguistic tone useful to my own research on the intersection of linguistic tone and melodic pitch contours in Cherokee songs.

Two narrative stories included in another appendix give a sense of Cherokee language structures in more extended texts, although it would be helpful if recordings of the texts were included on one of the two CDs that accompany the book. The audio tracks on the CDs comprise a solid collection of single words and phrases that demonstrate grammatical features described in the book. These recordings are essential for hearing and understanding examples of tone and stress. As a grammar, the work necessarily excludes examples of speech genres and registers that would appeal to linguistic anthropologists and scholars interested in broader pragmatic concerns. Additionally, the book suffers from a handful of minor editorial-type errors, such as listing the incorrect prefix set name and a small error in the English gloss. Given its scope and subject, however, the text is very well edited and arranged.

In conclusion, *Cherokee Reference Grammar* is a valuable tool for guiding language research and creating materials for Cherokee language instruction. I have already read the text to create simplified textbook-style explanations of language features for undergraduate students that are paired with literary texts demonstrating the particular features being studied for that lesson. Advanced undergraduate Cherokee language students and graduate students can use this work for self-study and classroom reference. Of all the Cherokee language resources currently available, this book may prove to be the most broadly usable.

Sara L. Snyder
Western Carolina University