1- **Discuss the idea of an ‘undignified death’ in western culture and practice with respect to what Lawton terms the unbounded body.**

Some illnesses may affect the boundness of the body. such patients feel ‘being eaten away by their illness’. At the end of their lives, those patients who suffer from loss of selfhood due to unbounded body didn't believe they had any dignity. They feel bad and have done some sin in the past, or they have to.

Since they lack the corporeal ability for self-containment, unbounded patients fall out of the category of personhood. Unbounded body can be conducive to total loss of self and social identity, so the patient become increasingly anxious about the possibility of being discharged home. Consequently, the dignity can be faded.

**5. How has the idea(l) of the bounded bodies been historically constituted (following Douglas, Bourdieu and Elias) and how is it maintained in the hospice?**

Douglas claims that the body should function as a 'TEXT' that represents the concerns, beliefs and concerns of the individual society within which it is situated and reproduces them. Symbolically, the unbounded body is seen as both a locus and a source of 'dirt'; as 'matter out of place'. It thus becomes apparent that contemporary hospices serve to eliminate from conventional culture the dirt of the patient and the patient as dirt. “Douglas also suggests that the ‘social body constrains the way the physical body is perceived’” (P, 135).

Bourdieu points to the relationship between the behaviors that are embodied and the 'habitus' inside which they are situated. The body joins the development of the habitus, he suggests; it serves as the mediator between social institutions and individual behavior, being influenced by the former and controlling the latter itself.

Elias suggests that In Western Europe, bodily taboos and effect controls first became commonplace among the upper classes and eventually spread down to the bourgeoisie, followed later by the lower social classes, and became established among them. Therefore, Elias traces a slow historical shift from an open body to a body with distinctly established borders, separated, alone and fenced off from other bodies. Elias' argument that contemporary Western body constructions are neither normal nor inherent as a 'peculiarly intimate and private matter' but rather the result of a long, gradual and historically relevant 'civilizing phase’.

**Reference**

Lawton, J. (1998). Contemporary hospice care: the sequestration of the unbounded body and ‘dirty dying’. Sociology of Health & Illness, 20(2), 121-143.