The discussion questions. Week 9.

1. What is the difference between disability and debility? How do Berlant and Puar understand “slow death”?

The concept of debility is tightly connected to the concept of slow death, defined as debilitating ongoingness of structural inequality and suffering. Debility is a slow dying which is beneficial for capitalism and neoliberalism because of demand to fight and overcome it.. The more the body is debilitated the more economic potential it has in the capitalist world. Slow death is slow because it is ongoing, not because it is slow on the timescale.

 An example of slow death is the queer student who is being cyberbullied and as he is becoming more and more drawn to the suicide but somehow maintains the life in the frameworks of the given situation. This maintenance while having a wanted end of life is experiencing this “slow death” the author is talking about.

Another example given is queer girls who try to standardize their bodies and go through anorexia, bulimia or ongoing sexual assaults. Conforming to unhealthy standards they are living in the state of the slow suicide, damaging and killing their bodies. One of the reasons for debilitating is heightened demands of bodily capacity.

Disability, in its turn, is what eventually comes to everybody, it is not stated in the text but supposedly it implies that disability can be the death of the body itself, or any health condition that might lead to it, when the body becomes “insufficient”. Disability haunts people, it is something we want to avoid. Depression is one example of disability.

2. How does the focus on debility, capacity, ‘ecologies of sensation’ and internet technologies inform Puar’s critical (re)interpretation of Clementi’s suicide and Savage’s It gets better campaign? (for those interested in more detail you might read the expanded version of the article in Puar 2017 (The right to maim), pp. 1-12)

3. How would you analyse “neoliberal demands for bodily capacity" and "the profitability of debility” in the context of Covid 19?

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

Undignified death is what the patients in incurable conditions face in hospices. Their bodies lose control over the bodily fluids which produce this inconvenience described as disgusting and undignified in Western culture. Unable to take care of the personal hygiene and such processes as defecating, vomiting, bodily tissue rotting those patients become a serious complication for their families and thus unable to stay at home and require special care in the institution such as hospice. Basically, undignified death is a “dirty” death, causing huge embarrassment and distress to both the patient and their family because the unbounded body is deteriorating and loses its corporeal capacity.

In a very “sanitized” understanding and reception of the body in western culture, an unbounded body with its excessive smell and inability to take control over itself is seen as something dirty, disgusting, inappropriate and if it is the body of a close person - the object of pity. In Western culture the able body is the one that is in control of itself and the identity and dignity is often associated with the self-control which includes personal hygiene and health. Corporeal capacity loss and self containment may thus cause the loss of selfhood. There were examples in the text of the patients who became withdrawn due to their illness: the mind and body dissociated from each other because of the deteriorating nature of the disease.

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?

6. What practices could help us to come to terms and better accommodate bodies that are uncontained, decaying, disordered and smelly?