**Q1:** How do Berlant and Puar understand “slow death”? What is the difference between disability and debility?

**A1:** “**Slow Death**” is a trope meant to invoke a visceral understanding of the sustained **inequality** and **suffering it describes**. Berlant describes Slow death as the intended outcome of the ongoing neoliberal project - understood as a program of profiting from debility.   
  
In this profit-oriented project, particular individuals are “singled out” to undergo a preputial deterioration and struggle under such late-capitalist condition as the privatization of healthcare into the establishment of the medical-industrial complex, the voucher-like quality of the debt economy, and the dominance of big data conglomerates – new oil - benefiting from the cybernetic turn in which “there is no such thing as non-productive excess but only emergent forms of new information.” (Puar p153).  
  
In this context, **debility** is to be understood in contrast to **disability**.   
Disability one (absolute) end of the singular, predictable axis of difference whose opposite is ability (akin to the axis of homo-to-hetero sexuality). Dis-ability is a political project and a representational minority. It posits that a just and dissent society is one which accommodates disability. Which leads to the conclusion that disability **is** anticipated. Today, these politics acknowledge and make visible the “scope and range of cognitive and mental disabilities” (p156) to the effect of destabilizing the precedence of the human capacity for language, thought, and cognition as the clear frontier between the animal and the human. Disability is therefore giving a face to the abstract notion of insufficiency (p152).

Debility, on the other hand, refers to a capacity constantly lacking “in relation to [the body’s] ever-expanding potentiality.” (p153). Debility, unlike disability, entails a shortcoming of “**sub** individual capacities”. It, therefore, adds a third, folded dimension, on the difference axis of ability🡪disability, greatly complicating the linear scheme. Debility is profitable precisely because of its muteness, microscopic character and salience in the neoliberal scheme – with its (ever-increasing) demand for bodily capacity.

We could perhaps test Puar’s theoretical framework by applying it on the “Prozac revolution” of the 1990s. <https://youtu.be/qgCFQ5no2jg>  
**“neoliberal demands for bodily capacity as well as the profitability of debility”** (152) e.g.:

*“These drugs were responding to genuine human needs and desires, but these needs and desires haven’t always been configured as illnesses in the way they were during and after the Prozac era.”[[1]](#footnote-1)*

*“Prozac made people very aware of the possibility that medicines are gonna step out of their bounds and be used by people who may be had some quality which wasn’t rewarded socially to [enable them to] move to some state that is more socially rewarded.”[[2]](#footnote-2)*

**Q5:** 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?  
  
**A5:** *The cartesian model of the body: a young male healthy body with linear lines* ***X****, predictable, rational****[[3]](#footnote-3)****.*   
**Healthy, enclosed, disciplined. Privacy, discrete division, superficial interactions.** All these are the conceptual ideals bounding the body, giving it its borders and describing the boundaries of its interactions.

The body in the Western context is a closed-off entity – a singular individual nucleus.  
In the deadly grip of sickness, such as cancer, however, the boundaries of the body deteriorate. Its disintegration and decay thus, ought to be put away from the senses, for the smells, substances and matter it emits - abruptly, chaotically, uncontrollably - extend the boundaries of the patient’s corporeality “such that the patient’s body ‘seeps’ into the boundaries and spaces of other persons...” (Lawton p134). The smell, emitted by a body, yet disembodied, with its boundary-transgressing quality, is the antithesis to our linear world view which was itself constructed in the image of the body’s **X**. “the body can act as a ‘model for society’ by affording ‘a source of symbols for other complex structures” (Douglas in Lawton p.135). In the process of dying, the unbounded body, poses the grates challenge the conception of the ‘civilized’ human person as distinguished by the observance of **personal discipline, autonomy, and self-responsibility**. For in ‘the West’ the notion that the body is at once “the mediator between social structures and individual action (being shaped by the former and itself regulating the latter)” (Bourdieu in Lawton p135) is indispensable for the maintenance of form and order. Thus, “issues of dirt, decay, disintegration and smell are ‘glossed over’ as ‘symptoms’ requiring ‘**control**”. (Lawton 139).

The “side room” of the hospice, meant to bound the body gives four concrete walls for the “ gradual (\*historical\*) transition from an ‘open’, ‘incomplete body’, to a body with clearly defined boundaries, isolated, **alone**, and fenced off from other bodies” (Elias in Lawton p.135).

*We are going to shit ourselves upon exiting this plain – either before or after, many times or once.*

*Let us not die alone because of it.*

1. Interview with David Herzberg – historian and author “Happy Pills in America” – Prozac: Revolution in a Capsule. 2014, New York Times [↑](#footnote-ref-1)
2. Interview with Dr Peter Kramer – psychiatrist and author “Listening to Prozac” - Prozac: Revolution in a Capsule. 2014, New York Times [↑](#footnote-ref-2)
3. Robbie Davis-Floyd: Birth as an American Rite of Passage (1992) [↑](#footnote-ref-3)