Daphnée Chauvette December 2020

**Discussion Questions week 11:**

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

The idea of ‘undignified death’ in western culture is associated to a death in which the body’s boundedness becomes unbounded. Annie compares her deterioration that leads to an undignified death “convinced she was being punished for all the wrongs in her life” and “complained of felling worthless and the object of other people’s pity” (Lawton, 1998, 126). To die in a state of indignity is importantly related to the boundedness of the body associated to poor symptom control which connects to situation in which fluids/smell/matter usually contained in the body come out/leak out of the body in an “uncontrolled and ad hoc fashion”(Lawton, 1998, 127). When the deterioration gets the point where to regain the control of the boundedness of the body, it is associated to a complete loss of dignity. It is believed to be linked to the social and relational entity that constitute the Western’s identity of the ‘self’ (Lawton, 1998,130). As we can see in Annie’s situation, her family is not present at the time of death and Doris is distressed by Annie’s deterioration because socially there is no place for unboundedness and slowly people around detach themselves of the dying patient as the patient usually detaches themselves from their body/person (Lawton, 1998, 1280/30). These deaths compared for instance to cardio-vascular diseases rarely affect the body-image while ‘undignified death’ are associated to ‘physical disfigurement’ (Lawton, 1998, 132).

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?

According to Douglas in her analysis of pollution concepts and taboos, her argument states that “symbol classificatory approach to culturally embedded ideas of defilement and disorder” (Lawton, 1998, 134). She evokes the concepts of ‘dirt’ which “emerge in situations where a set of ordered relations and classificatory schema are directly contravened” (Lawton, 1998, 134). As pollution behaviour is a rejection of anything or anyone which contradict/confuse one’s classifications (Lawton, 1998, 134). The West is marked by such distress towards bodily emissions and smells would trace back to European social life characterized by a perversion by “smells of bodies, bodily emissions and other pungent odours” (Lawton, 1998, 134). The fact that odors cannot be contained, they are “opposed to our modern linear world view (Lawton, 1998, 134). This would explain sequestrations in hospice. Indeed, unbounded then relates to ‘dirt’ as body limits are “transgressed” by the “lack of control” of the patient. It is analyzed as affecting others “own body boundaries” (Lawton, 1998, 134). In hospice, “strategies such as avoidance and/or removal of a patient to a side room [are] employed. […] [Hospice] were trying to maintain the integrity of their own selves, by avoiding having their body boundaries breached by the corrosive effects of the sick person’s bodily disintegration” (Lawton, 1998, 134).

**Reference:**

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