Discussion questions for week 9

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

In modern capitalist societies there are those who do not and cannot/are prevented from meet neoliberalism’s increasing demands for bodily capacity. This group of people is not stuck in a state of disability (cosnidered as recognisable conditiosn….) but rather debility, destined for premature or slow death. Lauren Berlant describes slow death as “populations marked out for wearing out” (berlant 2007 as cited in Puar 2011, p 152). Slow death is therefore not an individual death, but rather an ongoing suffering, of getting by, a maintenance of living for a certain group of people.

Slow death does not necessarily have to derive from an undiagnosed physical or mental disability but can also stem from being from a marginalized community, poverty, debt or other structural societal disadvantages. Berlant’s theory suggests that Western society disavows debility and debilitation that it produces! present within it.debility is profitable! Furthermore, Jasbir K. Puar insists that there is no clear distinction between non normative and normative, rather there are diverse accumulations of capacity and debility, such that the quest for health can become a debility (debt…).

The medical industry and financial capitalism are intertwined and therefore debility and slow death are very profitable for capitalism. People can be forced into foreclosing their homes and going into bankruptcy simply to pay their medical debt to get the help and services they need. Because of this, debility is endemic to voiceless communities.

These slow deaths are such agony that suicide can serves as an escape from it and in the beginning of Puar’s article she focuses on queer youth suicide. Puar also mentions however the other forms slow death can take form, for example the slow death teenage girls experience through ongoing sexual assault and from the suffering of anorexia and bulimia. So it’s a broadening of perspective that she suggests, not suicide as resulting from one time bullying…

Good answers, would be nice to have had more input from you in the sessions

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

Within contemporary Western culture a bounded and sealed body is central to identity and selfhood. The West’s “intolerance of bodily disintegration and bodily emissions” (p 134) is possibly related to its emphasis on the person being a stable, autonomous, bounded entity. Due to these normative ideals, a dying person who is disintegrating with an unbounded body suffers from an undignified death. To be unbounded is where fluids and matter normally contained within one’s body leak and secrete in an uncontrolled and sudden fashion. This is often followed by strong smells and invokes revulsion from the people around the person, which causes even more distress to the dying person. Julia Lawton suggests that negative reaction from people close to the unbounded individuals towards them can be related to “the capacity of the unbounded body to breach and percolate their own body boundaries” (p 134). The person’s body seeps into the spaces of other persons for example through smell.

The person’s state is also accompanied with deep shame, not only from the individuals themselves but also from family members. Lawton notes that carers’ repulsion with the patients’ unboundedness within their own homes was the main reason they wanted them to be admitted into hospice. This is in accordance with Lawton’s theory that hospices serve as mediators between the bounded and unbounded body, where they sequester these types of deaths from Western society. This sequestering has to do with contemporary Western culture and ideals. Odors from the unbounded patients disturb and oppose the world view of the “deodorized West” (p 134). The odors from the patients’ bodies are therefore contained within the walls of the hospice that serve as new boundaries for the patient’s unbounded body.

Lawton noted that all patients that suffered from severe and irreversible unboundedness in her case study of cancer patients in an English hospice seemed to suffer from a total loss of self and social identity. This is undoubtedly related to above mentioned Western ideals. The patients no longer had the capacity for self-containment and they were therefore no longer a person. An unbounded body is perceived symbolically as a source of and a site for dirt within Western society. The hospices remove this dirt from mainstream society. Therefore, the patient’s admission has a lot to do with the benefit of the society, rather than the patient’s own well-being.