1. **What is debility and how is it different from disability according to Puar? How does Puar understand “slow death” in neoliberalism?**

Slow death is according to Puar the continuation of structural inequalities caused by the binarity of capacity and debility or able and disabled bodies. This is enforced by the neoliberal healthcare system in the US based on financial profit. I tis important to nite that i tis not a death as such but a continuous attempt in getting by or Living on (p.152). Debility is in neoliberalism positioned in contract to bodily capacity. The binarity of these two is the base of slow death.

1. **How does the focus on debility, capacity and internet technologies inform Puar’s critical (re)interpretation of Clementi’s suicide and Savage’s It gets better campaign? (for more empirical detail you might read the expanded version of the article in Puar 2017, pp. 1-12)**

Puar argues that internet has become a way that current generations live their affectionate lives or become neoliberal subjects (p.151). Rather than pointing out the difference between Clementi and his bullies through sexual identity, as i tis being done in the public discourse, she invites to see the similarities between all three students through the lense of internet use. The neoliberal binarity of capacity vs. debility divides actors into either roup. Savage’s it gets better campaign insists on queer people being on the side of capacity. Similarly, queer theory is becoming part of the capable just like any other debility will eventually attempt. That way the binarity is feeding capitalism and neoliberalism. Puar instead proposes to step out of the binarity. (p.153)

1. **How is dignified dying understood in Lawton and Gunaratnam and how is this Western ideal threatened by the power of noise in Gunaratnam's text and smell in Lawton's text?**

Lawton writes that although palliative or hospice care should be help to relieve distressing symptoms, it actually designed to remove the patients‘ bodies and cover them or make them invisible. Gunaratnam characterises idelised dying as toned down and quiet through institucinalised cared (such as hospices), while this understanding of dignified dying is culturally specific to the contemporary „western“ world.

Lawton uses Douglas‘ definitionof pollution behaviour as a deviation from cherished classifications to explain how smells that cannot be contained from attacking senses reverse the perfect world artificially constructed due to individualism.She describes how the bodily functions were gradually privatised and removed from public space.Continence is a constituting part of one’s individuality, an important achievemnt on the way to maturity. Incontinence of patients is therefore attacking the core values of the individualist society.

1. **What are elements of a ‘differentialist racism’ (Balibar and Wallerstein) in Eve's exchange with Gunaratnam?**

Even though Eve claims this is not due to her being a white Brit and that she is mostly concerned about the comfort of the other families, she keeps mentioning „we do it like this, they do it differently“ and she deems those two ways of coping with death as incompatible (however noise and silence are incompatible, Gunaratnam also states that quiet gief does not necessarily have to mean silence).

1. **How does a body become “unbounded” and how does this relate to selfhood and identity of the patients, family members and carers in Lawton’s study? To what extent it is a reversible process?**
2. **How is the ideal of body boundedness historically constituted (following Douglas, Bourdieu and Elias) and how is it maintained in the hospice?**

Elias describes the process of bodily taboos and regulations that took centuries to evolve and form together with the formation of western individualism. In this proces, the originally public acts, such as defecation, were according to him removed form public space first in upper clases of the society and graduál emanated to the middle and lower classes as well.

1. **How might we understand the disturbance of bodily boundaries by smell or sound as a gift, an act of bodily hospitality?**

Lawton mentions that in other cultures, bodily fluids can be passed onto another person as a form of bonding ritual. Guanaratnam talks about Eve possibly benefiting from the irregularity and the compromise. She uses Derrida’s term of absolute responsibility of a simultaneous diision and binding between unconditional and conditional hospotality (p.89).