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#### Our thesis is that the world is in *fundamental opposition* to disability – the crip is always caught in an ontological antagonism due to disgust, psychogenesis, and the ‘disability drive’. The 1ACs attempt at progress in civil society is a way to export disgust based ontological the violence.

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Elimination and/or correction have been the primary social response to disabled people in modernity. The primary form of experience (of disability), during the same period, has been one of invalidation. Invalidation carries a ‘dual meaning’ as both ‘confinement through incapacity’ and ‘deficit of credibility’ (Hughes, 2000: 558). This (latter and more crucial) claim is based on the view that in the non-disabled imaginary disability is an ‘ontological deficit’ – a reduction of ‘leib’ to ‘korpor’, human to animal, subjectivity to flesh, identity to excessive corporeal presence. It is this deficit of credibility that provides the spurious rationale for the disposal of disabled bodies by means of elimination (inter alia extermination or segregation) or correction (inter alia sterilisation or rehabilitation). These are the social practices that have been used to erase both the psychological aversion and the problematic social difference that disability has come to represent. In this chapter, I will argue – using Norbert Elias as a touchstone – that the treatment of disabled people in the modern period is a barbaric sideshow in the long march of the ‘civilising process’ (Elias, 2000). The ‘personality structure’ ableism (see Kumari Campbell (2001) and in this volume) in modernity transforms its own ontological precariousness into aversion for and disposal of disability. The negative response to biological and intellectual difference in modernity is strongly influenced by the tendency embedded in the ‘civilising process’ to incrementally deride the value of physical and intellectual difference and promote a sanitised norm of human behaviour and appearance (Elias, 2000). The social and social policy response to disability in the modern period cannot be separated from the emotional aversion to impairment characteristic of non-disabled hegemony. I will utilise Elias’s concepts of psychogenesis and sociogenesis1 to explain that the story of disability in modernity is one that develops towards the social and ontological invalidation of disabled people’s lives. The sociogenisis of disability is, in practice, twofold: it can be ‘anthropoemic’ or ‘anthropophagic’. The first refers to social processes that rootout and eliminate people: if error and imperfection are the anti-heroes of modernity, then one might expect to find examples in which the desire for truth and purity is exercised through the root and branch elimination of those who offend against this moral universe. Locking disabled people into a ‘zone of exception’ (Agamben, 2004) in which they are subjected to the eugenic gaze and categorised as inhuman or sub-human is one strategy for dealing with disability (Reave, 2008). ‘The real solution to heresy’ suggested George Canguilhem in his discussion of the normal and the pathological (1991: 280) ‘is extirpation’, meaning to destroy totally or exterminate. In modernity medical ideas and practices have been a fertile source of radical solutions to impairment. Medical solutions also embrace anthropophagic strategies. They deal in the correction and rehabilitation of ‘abnormal bodies’. Cure/rehabilitation stands at the heart of the medical doctrine of salvation (soteriology) and it is a prospect often held up to disabled people by optimists who fetishise scientific progress and promote biological solutions to impairment. Both strategies – to kill or to cure – transmit the same core cultural message: disabled people represent ‘what not to be’ and are, therefore, ontologically invalid or ‘uncivilised’. Social responses to impairment, in modernity, are underpinned by the processes that constitute the psychogenisis of disability. These include the emotional aversions and intolerances of impairment that derive from the civilising process. The ontological invalidation that disabled people experience in their everyday encounters is mediated primarily by the emotion of disgust (with fear and pity in tow). At an existential level the presence of the disabled body is unsettling for non-disabled people who are often in denial about their own vulnerability. This is the psychological and emotional component of what disability scholars call ableism. The standard resolution to this ‘problem’ of non-disability in modernity has been to have the object of discomfort – the disabled person – removed or corrected. The sociogenesis of anthropoemic and anthropophagic strategies for dealing with impairment are rooted in the emotional dispositions of non-disabled people as they develop their civilised protocols for behaviour and bodily comportment. In what follows, I will focus on the ways in which the ‘civilising process’ invalidates impairment and demonstrate how opportunities to escape this ontological dead-end usually require the erasure of disabled identity. In the first section that follows I will give some examples of the way in which one can read disability as a product of the civilising process. In the section, thereafter, I will examine the psychogenesis of disability relating it to the disgust response to impairment and to the development of ableism, the complex of processes that exclude disabled people from the ‘psychic habitus’ (Elias, 2000: 367) of modernity.

**unintelligibility can be embraced as an active and participatory practice that can rupture, dismantle, or subvert discursive constraint**

#### The role of the ballot is to vote for the debater who best methodologically challenges ableism. Assumptions of ableism is always already inherent in any system of knowledge production thus ableism is *always* a prior question. Evaluate the 1ACs scholarship and assumptions – anything else allows for ableist norms to be replicated – they *do not* get to weigh the case.

Campbell 13 (Fiona Kumari Campbell, Adjunct Professor in the Department of Disability Studies at Griffith University. Wednesday 27 November 2013. Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence. Keynote speech at Disability at the Margins: Vulnerability, Empowerment and the Criminal Law)

What is meant by the concept of ableism? The literature suggests that the term is often used fluidly with limited definitional or conceptual specificity. The work of Carlson (2001)5 and Campbell (2001) represented a turning point in bringing attention to this new site of subordination not just in terms of disablement but also ableism’s application to other devalued groups. **Ableism is deeply seeded at the level of knowledge systems of life, personhood and liveability.** Ableism is not just a matter of ignorance or negative attitudes towards disabled people; **it is a schema of perfection, a deep way of thinking about bodies, wholeness and permeability.**6 As such integrating ableism into social research and advocacy strategies represents a significant challenge to practice as ableism moves beyond the more familiar territory of social inclusion and usual indices of exclusion to the very divisions of life. Bringing together the study of existence and knowledge systems, ableism is difficult to pin down. Ableism is a set of processes and practices that arise and decline through sequences of causal convergences influenced by the elements of time, space, bodily inflections and circumstance. Ability and the corresponding notion of ableism are intertwined. **Compulsory ablebodiedness is implicated in the very foundations of social theory,** therapeutic jurisprudence, advocacy, **medicine and law; or in the mappings of human anatomy.** Summarised by Campbell (2001, 44) Ableism refers to; …A network of beliefs processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, speciestypical and therefore essential and fully human. Disability then is cast as a diminished state of being human. Writing today (2013) I add an addition to this definition: ‘The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability’. Sentiency applies to not just the human but the ‘animal’ world. As a category to differentiate the normal from the pathological, **the concept of abledness is predicated on some preexisting notion about the nature of typical species functioning that is beyond culture and historical context**. Ableism does not just stop at propagating what is typical for each species. An ableist imaginary tells us what a healthy body means – a normal mind, the pace, the tenor of thinking and the kinds of emotions and affect that are suitable to express. Of course these ‘fictional’ characteristics then are promoted as a natural ideal. **This abled imaginary relies upon the existence of an unacknowledged imagined shared community of able-bodied/minded people held together by a common ableist world view that asserts the preferability** and compulsoriness **of the norms of ableism.** Such ableist schemas erase differences in the ways humans express our emotions, use our thinking and bodies in different cultures and in different situations. This in turn enacts bodily Otherness rendered sometimes as the ‘disabled’, ‘perverted’ or ‘abnormal body’, clearly demarcating the boundaries of normal and pathological. A critical feature of an ableist orientation is a belief that impairment or disability is inherently negative and at its essence is a form of harm in need of improvement, cure or indeed eradication. **Studies in Ableism** (SiA)inverts traditional approaches, by shifting our concentration to what the study of disability **tells us about the production, operation and maintenance of ableism.** In not looking solely at disability,we can focus on how the abled able-bodied, non-disabled identity is maintained and privileged. Disability does not even need to be in the picture. SiA’s interest in abledness means that the theoretical foundations are readily applicable to the study of difference and the dividing practices of race, gender, location and sexual orientation. Reframing our focus from disability to ableism prompts different preoccupations: • What does the study of the politics of ‘vulnerability’ tells us about what it means to be ‘non-vulnerable’? • Indeed how is the very conceptualisation of ‘autonomy’ framed in the light of discourses of ‘vulnerability’? • In representing vulnerability as universal does this detract from the specificity of disability experiences? **SiA examines the ways that concepts of** wellbeing, **vulnerability and deficiency circulate throughout society and impact** upon economic, social, **legal and ethical choices**. Principally SiA focuses on the limits of tolerance and possessive individualism. Extending the theorization of disability, **studies in ableism can enrich our understanding of the production of vulnerability and the terms of engagement in civic life and the possibilities of social inclusion.** I now turn to unpacking the nuances and structure of a theory of ableism.

#### Vote negative to affirm radical failure – to affirm the idea that disability is something that is beautiful which is in opposition to the world’s biopolitical portrayal of disability.

Campbell 2012 (Fiona Kumari Campbell, Associate Professor in Law for Griffith Law School, and a Adjunct Professor in Disability Studies at the University of Kelaniya. "Stalking Ableism: Using Disability to Expose 'Abled' Narcissism." In the book "Disability and Social Theory: New Developments and Directions." Chapter 13. Palgrave McMillan, 2012. Brackets in article)

Difference can be a vexed issue even within modern liberal societies. The tendency for many people is still to emulate or at least appear to refashion normative ways of being. Much of the intellectual traffic for the rethinking of disability in terms of anti-sociality has emerged through debates about the merits of social inclusion and liberal notions of equality and resilience strategies to break the abled stranglehold. Legal theorists like Ruth Colker who argues that anti-subordination rather than integration should be the measure of equality are the exception (Colker, 2006). There is limited work within disability studies, especially in approaches influenced by the social model of disability or social role valorisation theory, that take a trans-integration or post-normalisation perspective. What if we turned our backs on ‘fitting in’ – what would be the opportunities, the consequences and maybe dangers, to give ‘attention to the lived intricacies of embodiment offer[ing] alternatives to normalization efforts aimed at homogenizing social outsiders (Snyder & Mitchell, 2010, 113)’? For this imaginative undertaking it is necessary to turn to the theoretical work by other ‘outsider’ groups – queer theorists. Spearheading the critique of the ‘different but same’ stance of social justice formulations are ‘anti-social’ queer theorists (Bersani, 1986, 1996; Edelman, 2004; Halberstam, 2005, 2008; Muñoz, 2007). This section will outline some of the conceptual drivers of the anti-social argument and their adoption for developing an anti-sociality posture of disability. Leo Bersani’s seminal work (1986, 1996) formulated an anti-social, negative and anti-relational theory of sexuality. These works along with the writings of Edelman (2004), Halberstam (2005, 2008) and Muñoz (2007) set the stage for the decoupling of queer marginality from the liberal projects of tolerance and social inclusion. Before moving into a consideration of how certain conceptual renderings may be applied to the disability situation, it is useful to familiarise ourselves with how the neologism queer is understood by anti-social theorists. Lee Edelman’s No Future: Queer Theory and the Death Drive does not indicate the parameters of queer, but concludes that ‘queerness can never define an identity; it can only ever disturb one’ (2004: 17). Queer, while originating from the purview of diverse sexualities, easily extends to other kindred forms of ontological and corporeal aberrancies and ambiguities (such as disability). So it is right for Halberstam (2005: 6) to embrace a more elastic connotation of queer which refers to ‘non-normative logics and organizations of community, sexual identity, embodiment and activity in space and time’. From this reckoning, the disabled person is already queered. Queer, then is antitheoretical to the regime of ableist translation. In a world that makes claims to integrity using the argument based on equality as sameness (we are normal, we are everyday people), it would seem a bit bold or offensive to suggest that people with disability are different from the run-of-mill ableist norm emulators. Ahmed (2006) points to an alternate prism, a ‘migrant orientation’ to capture a disorientation faced by queer folk which I extend to include disabled people. The disorientation, a form of radical estrangement propels a lived experience of facing at least two directions: towards a home that has been lost (the desire to emulate ableist norms), and to a place that is not yet home. Regimes of ableism have produced a depth of disability negation that reaches into the caverns of collective subjectivity to the extent that disability negativity is seen as a ‘naturalized’ reaction to an aberration. Not negating queerness or disability can cultivate alternate kinds of liberty that de-identify with the rhetoric of social inclusion. A key marker of the anti-social turn is temporality – contemporarity and futurity – an explication of the current marginal stance and the vision for future. It is this orientation of predicament and utopianism that can speak to the disability realm. For disability, utopianism is a conflicted zone – there is no future existence, disability dreaming is expunged and the utopian drive is a device for promise (of curability), hence extinction of the impairment state. Jose Esteban Muñoz (2007: 453) in speculating about the absence of a queer imagination elicits a desire to engage in a queer horizon, a utopian hermeneutics where re-imagining futurity requires that ‘the not quite conscious is the realm of potentiality that must be called upon’. The distance between imagination and potentiality means that ‘queerness is not quite here’. Our imaginations are not yet exhausted. Muñoz explains: to argue that we are not quite queer yet, that queerness, what we will know as queerness, does not yet exist. I suggest that holding queerness, in a sort of ontologically humble state, under a conceptual grid wherein we do not claim to always already know queerness in the world, potentially staves off the ossifying effects of neoliberal ideology. (Muñoz, 2007: 454) How does an alternative horizon for disabled people come to be formulated? Living in the now and not yet, as outsiders, not quite inside, requires a disposition or habit of contemporariness. Contemporariness signifies a relationship with the present but also a distance, a critical space from it. As Agamben explains: Those who are truly contemporary, who truly belong to their time, are those who neither perfectly coincide with it nor adjust themselves to its demands. They are in this sense irrelevant [inattuale]. But precisely because of this condition, precisely through this disconnection and this anachronism, they are more capable than others of perceiving and grasping their own time. (2009: 40) Disabled people are called to live as contemporaries. The queering or cripping of contemporariness is the grasping and holding tight to ambivalence and obscurity so fundamental to the alternate lifestyle which is obtained through fixing the gaze not on our era’s light but the underbelly, or in Agamben’s language ‘darkness’ – which shines into the staree. In this sense, the contemporary queered and cripped person, in touching an elusive imaginary, sees the now and the emergent not as a death drive, but in terms of unlivedness: The present is nothing other than this unlived element in everything that is lived. That which impedes access to the present is precisely the mass of what for some reason … we have not managed to live. The attention to this ‘unlived’ is the life of the contemporary. (Agamben, 2009: 51) The matter of re-imagining a disability or cripped horizon, a future without the stain of ableism, although elusive and out of grasp, is nonetheless fundamental in order to move to hopefulness and capture that unlived possibility in the lives of many with disability. Can the so-called shadows of a disabled life be sites of invigoration? What is ‘unlived’ in our lives? Crippin’ the human involves a differential gaze – where sometimes signs and gestures predominate, where there is a different mind style such as Tourette’s syndrome or autism, or a centring on visuality or tactility. A grounded earthiness can be ‘different’ through echolocation and waist heightedness. Halberstam (2008) speaks of acts of unbecoming. Through what she describes as ‘wilfully eccentric modes of being’, it is worth conjuring and queering concepts of passivity held against disabled people, as a refusal to live up to ableist expectations of performativity: [I]n a performance of radical passivity, we witness the willingness of the subject to actually come undone, to dramatise unbecoming for the other so that the viewer does not have to witness unbecoming as a function of her own body. (Halberstam, 2008: 151) This radical passivity, for disabled people, would indeed have to be radical, as disabled people already live under the enormous weight of being characterised as passive. It is a tough ask to claw back and produce a cripped notion of passivity. Sunny Taylor does this in her quest for the right not to work: I have a confession to make: I do not work. I am on SSI [social security benefit]. I have very little work value (if any), and I am a drain on our country’s welfare system. I have another confession to make: I do not think this is wrong, and to be honest, I am very happy not working. Instead I spend the majority of my time doing the activity I find the most rewarding and valuable, painting. (Taylor, 2004: 30) Such strange temporalities, imaginative life schedules present alternative temporalities which disability studies scholars have all along known, disrupt the parameters of the human (Halberstam, 2005; Campbell, 2009; McRuer, 2006). Having said this, it is all the more extraordinary that disabled people have not yielded to this repression but have resisted docility and engaged in transgressive ways of living disability. Ableism is founded on a utopian hermeneutics of the desirable and the disgusting and therefore it is, as Halberstam (2008: 153) puts it, necessary to inculcate alternative political imaginaries. McRuer (2008) drew my attention to the way Halberstam’s perspective can incorporate disability as also outside the lifecycle: I try to use the concept of queer time to make clear how respectability, and notions of the normal on which it depends, may be upheld by a middle-class logic of reproductive temporality. And so, in Western cultures, we chart the emergence of the adult from the dangerous and unruly period of adolescence as a desired process of maturation; and we create longevity as the most desirable future, applaud the pursuit of long life (under any circumstances), and pathologize modes of living that show little or no concern for longevity. Within the life cycle of the Western human subject, long periods of stability are considered to be desirable, and people who live in rapid bursts (drug addicts, for example) are characterized as immature and even dangerous. (Halberstam, 2005: 4–5) Cripped time can be staggered, frenzied, coded, meandering and be the distance between two events. Some of our time is shaped according to another’s doing – service time – the segmenting and waiting on assistive agencies. Aside from service time, there is a transient time whereby our cripped selves rub up against biology, environmental barriers and relationality. Like queerness, the lifecycle refuses patterning – there is a different vision with localised goals. Instead of proposing argument based on normalisation and similarity to the heteronormative (and by extension ableist normativity), Edelman (2004) proposes a politics of negativity, on the basis that queers, as outsiders, are embodied differently having counter-intuitive, queered forms of negative knowing (Halberstam, 2008: 141). Edelman implores queers to be norm resisters, to come out from normative shadows and fess up to futurist ‘inability’: ‘instead of fighting this characterization by dragging queerness into recognition, he proposes that we embrace the negativity’ (Halberstam, 2008: 141). Relinquishing the norm as a lost cause enables an outlaw flowering of beingness that is anti-social.

[as] a resistance to operations of civility, obedience, and heteronormative public life

## Case

#### The 1ACs failure to analyze how the disability drive effects their politics both dooms them to fail and deems their impacts inevitable. All subjectivities are governed by self reflection - disability drives invokes a two tiered affective response of pity between the non disabled subject and the disabled object. Primary pity removes the ego’s ability to distinguish itself from the disabled other by forcing the self to reconcile with the fact that ability status is temporary. The temporariness of ability status exists in opposition to the egos investment in healthiness and control – to regain itself the ego invokes secondary pity - a distancing of the ego from disability by invoking emotions of superiority through sadness and a desire to eliminate disability from social consciousness through medicalization or institutionalization.

Mollow 15 (The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015) BL

A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman‟s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one‟s self. This affective response can feel unbearable, as seen in Siebers‟s formulation: one “cannot bear to look…but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego‟s investments in health, pleasure, and control—because to contemplate another person‟s suffering is to confront the question, **“Could this happen to me?”** Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud‟s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body‟s „normal‟ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity‟s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else‟s expense. Secondary pitsy refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture‟s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people‟s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity‟s incursions, reinforces the ego‟s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud‟s primarysecondary narcissism distinction at the level of genealogy. Like Freud‟s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual‟s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person‟s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability‟s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one‟s own self undone? Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people‟s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism‟s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.122 If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by becoming object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject‟s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in…self-regard” that typically accompanies melancholia results from the subject‟s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246). Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there is an innate desire to destroy one‟s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized. Freud‟s notion of a primary masochism is tied very closely to his conceptualization of the drive. Beyond the Pleasure Principle, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud‟s speculations about the death drive lead him to acknowledge that “there might be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. A third example is secondary pity, as in the query, commonly addressed to disabled people, “Have you ever thought of killing yourself?”123 In this question, disabled people correctly hear the wish, “I‟d like to kill you.” Indeed, primary pity is so unsettling that our culture has been driven to “mercifully” kill people in the name of secondary pity. We have also been driven to lock people in institutions, to let them languish on the streets, to stare, to punish, and to sentimentalize—all, I would suggest, in the interest of not owning, not naming, not acknowledging that self-shattering, ego-dissolving, instantaneous and intolerable moment of primary pity. Because primary pity is tied up with the disability drive, it must, like the drive itself, be regarded as unrepresentable. However, I will quote at length from a passage of writing that comes close not only to representing primary pity but also perhaps to producing it. In his memoir, One More Theory About Happiness, Paul Guest describes an experience that he had in the hospital after sustaining a spinal cord injury when he was twelve years old: My stomach still roiled and it was hard to keep anything down. Late one night, a doctor came to my bedside, leaning over me, his hands knotted together. He seemed vexed, not quite ready to say anything. Used to the look, I waited. And then he began. “The acids in your stomach, Paul, because of everything you‟re going through, it‟s like your body, everything about it, is upset. That‟s why you feel so nauseous all the time. We‟re going to treat that by putting a tube into your nose and down into your stomach, so we can give you medicine, OK?” When he walked away, I felt something begin to give way inside me. Up until then, I‟d faced more misery and indignity than I would have thought possible. I lay there, numb and sick in a diaper, helpless. It was too much to bear, too frightening, a last invasion I could experience and not break, utterly. When he returned with nurses, I was already sobbing. Anyone so limited could hardly fight, but I tried. I tried. The neck collar prevented much movement, and any was dangerous, but I turned my head side to side, just slightly, a pitiful, unacceptable range. Fat tears rolled down my face like marbles. I begged them all, no, no, no, please no. “Hold him, hold him still,” the doctor said. Nurses gripped my head on either side. From a sterile pack, the doctor fished out a long transparent tube and dabbed its head in a clear lubricant. He paused almost as if to warn me but then said nothing.

#### The 1ACs affective strategy of focusing on narratives is anti crip - the appeal to an affective connection in excess of "rational" communication is exclusive – turns case

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My talk investigates the means through which disability is constituted by affective labour and neoliberalism. Paralleling the shift from modernization to postmodernization of labor, the constitution of disability has likewise been changed. There are accordingly two questions that will structure my exploration: 1) how are disabled subjects marginalized within an information economy and 2) what kind of disabled subjectivity does informationalization produce? This is largely a new area of inquiry for me and as such I welcome ideas of how to further these questions. To start off, allow me to rehearse a simple truism: capitalism produces competition. Simon Clarke notes that “the intensiﬁcation of the demands of capital throws more and more people into the ranks of the unemployable. The accumulation of capital necessarily leads to the polarisation of overwork and unemployment, prosperity and destitution” (25). As has been well noted within disability studies, this competition notoriously privileges the able-bodied since those bodies which cannot move quickly or efficiently, unable to meet the demands of labour intensification, are the first to be cut from employment. If this resulting exclusion was true within industrial capitalism, then it is even more so within neoliberalism. Here, knowledge and education are translated as human capital to be exploited, and asetheticization gains centre stage. Here,the performance of competencies is a necessary trait since skill no longer determines competency; what is furteher needed for full-participation in the socio-economic system is to project the right sort of image as a marketable and desirable embodied subject. In this way, it is not uncommon for the compulsion to appear normal and able-bodied to overshadow one’s actual skills. The phenomenon of advertising and marketing the self trades upon communication. Unlike human knowledge and education, I suggest that communication is not capital per se, but serves a more basic function as the conductive medium through which human capital becomes salient and exploitable. Communicative disabilities are the most obvious examples of disabilities marginalized here, but the drive to perform competencies in normalized fashion allows all disabled bodies to be exploited in ways impossible within industrial capitalism. To explain this move, I turn to Michael Hardt and affective labour. In his ground-breaking piece “Affective Labor,” Hardt outlines the succession of economic paradigms since the middle ages: “a first paradigm, in which agriculture and the extraction of raw materials dominated the economy; a second, in which industry and the manufacture of durable goods occupied the privilege position; and the current paradigm in which providing services and manipulating information are at the heart of economic production” (90). The most recent shift of post-modernization, from the secondary sector to the tertiary, marks the overshadowing economic importance of knowledge, information, communication, and affect. It is not that industrial production and the extraction of raw materials cease to play an important role, but rather that their role has been redefined through the informational economy such that production has become informationalized. Hardt argues that within this economy, the quality and nature of labour has shifted from material—the production and selling of “stuff”—to immaterial labour—labour that produces immaterial goods. In particular, there are three types of immaterial labour: 1) industrial production that has been informationalized 2) labour of analytic and symbolic tasks 3) production and manipulation of affect (which requires actual or virtual human contact and proximity). This third category is the one that most interests both Hardt and myself, for while those with communicative disabilities are generally disadvantaged by the move to an informational economy and immaterial labour, affective labour significantly reshapes the terrain of disability. The first two forms of immaterial labour are directly concerned with the exchange of information and knowledge; affective labour produces affect: “a feeling of ease, well-being, satisfaction, excitement, passion—even a sense of connectedness or community” (96). In the most obvious sense, affective labour describes the service industry—Disneyland is in the business of selling a particular experience—but affective labour has also reconstituted the socio-economic terrain such that material goods are not sold anymore; that is, Starbucks does not sell coffee, but Zen, wholeness, and friendship while Mazda sells not cars but a lifestyle of freedom and adventure. The creation and manipulation of affect is central. Affective labour collides economy and culture, insofar as “production has become communicative, affective, de-instrumentalized, and ‘elevated’ to the level of human relations” (96). Through affective labour the human is constituted as a node of informational conductivity in relation to systems of communication between the production and consumption of commodities. Since communication is that which holds the fluid socio-economic structure of post-modernization together, informational conductivity becomes key to competing and surviving. Existing as informational nodes, those with communicative disabilities distort and put stress on the mechanisms of production and are therefore disadvantaged in highly competitive markets that exploit human capital. Yet labor is not only produced communicatively, but reciprocally produces informationally structured subjectivities. While Hardt does not here make this connection, affective labour dissolves the informationally closed body-as-organism/body-as-machine constituted by industrialism and ushers in the informationally open posthuman. Through affective labour, communicative disability thus threatens posthuman subjectivity by being unmalleable and impermeable to information flow. Those who are disabled communicatively are further marginalized insofar as affective labour is particularly concerned with producing marketable affects. This has led to the aestheticization of socio-economic space. The common fear, anxiety, and discomfort experienced in the presence of disability—the disruption of the perceptual field—is now internal to the production of capital. The marketable product of affective labour depends upon aesthetically normalized human contact, communication, and projection of ability and the self. The drive to advertise ourselves troubles the borders of ‘disability’ and oppresses those who, for example, stutter, far beyond what was experienced in industrialized capitalism. In this way, neoliberal ableism and affective labour stretch the conception of a normalized body to often unlivable proportions. It is of course true that the stigmatization and enfreakment of the disabled body was economically marginalizing within industrial capitalism (and before), however, the turn to affective labour collapses any previously existing space between asethetics and economics. Consider this response of one forthright interviewer to Marty Jezer, a stutterer: “I’m going to be frank. You’ve got all the qualifications to be a good copywriter. But in advertising it is image that counts. Executives aren’t as impressed by talent and creativity as they are by a person’s ability to fit in . . . Take care of your speech and come back. You’ll never get a job in advertising until you learn to talk.” Jezer’s marginalization is twofold: in the first place, he is marginalized by disrupting information flow since according to post-modernization, the entirety of journalism is structured by informationalization. Yet secondly, the drive to perform competencies in a normalized fashion runs roughshod over bodies affectively abnormal. Jezer’s marginization is inseperable from the asethetics of human interaction and the production of marketable affect. While people with explicit communicative disabilities are the most obvious examples of those sidelined within an informational economy, all disabilities are reconfigured by neoliberalism and affective labour. Through the logic of affective labour all disabilities, like all abilities, are now communicative. Bodies now primarily produce not material goods but affect and are situated within communicative socio-economic networks. Thinking seriously about communication and disability may thus be an important move in pushing disability theory further, into uncharted territory.

#### Queer communities are a site of *mass inaccessibility and violent ableism* – culture and core projects of the community prove

Edward Ndopu and Darnell Moore 2012 (https://sunylgbtq.wordpress.com/2015/07/17/on-ableism-within-queer-spaces-or-queering-the-normal/)

We “read” the movement of bodies, the ways people walk, hair styles, and the ways our bodies interact with other bodies in social spaces without ever realizing that all of the aforementioned performances are gendered expressions that center on the privilege of physical movement. We tend to place a lot of emphasis on the body, and one’s use of the body, without attending to the fact that for some the use of the body is an impossibility. Indeed, for one of us, a queer who relies on attendants for personal care and grooming, such understanding wholly ignores the ways he exists in the world. As a result, it is time to fully acknowledge ableism as a pervasive form of oppression within our queer communities. Take, for example, Pride Parades, which are visual representations of queer and trans\* communities. Pride Parades are organized around the notion of marching and, therefore, requires that people are able to physically move to showcase their belonging. This does not account for the experiences of those who are not able to walk or who have to use special equipment to move. And so when we rely on our physical abilities to express ourselves, we inadvertently reproduce disability oppression. In addition, consider the ways that ablesim functions in queer dating spaces, virtual or otherwise. Pervasive in many queer and trans\* dating spaces is a type of self-expression that centers on the body and the need to make ourselves desirable to others. Queer and trans\* folks of different abilities, who live with chronic illnesses, or battle with addictions are left out of so many of the spaces that purport to be designed for “us.” The “party culture” that is ubiquitous within many of our communities alienates those who are not able to feel safe, validated, and affirmed within these contexts. Our lack of access to such spaces has an impact on our ability to claim our identifications and belonging within these communities. That one of us is (dis)abled, black and queer makes his lived experience of the world unmistakably political. His corporeality cannot be separated from a broader sociohistorical context in which (dis)abled bodies are read as tragic and irreparable; queer bodies as immoral; and black bodies as criminal and expendable. These complex layers of dehumanization make it so that his body is deemed undesirable within society.

#### The media promises us that we will be normal but what does it mean to be normal? Modernity and civil society was constructed around European notions of humanism in which to be normal was to be white, European, male, CIS, straight, and abled bodied. To be normal is to deny who we are.

Goodley et’al 14 [Goodley, Dan, Rebecca Lawthom, and Katherine Runswick Cole. "Posthuman disability studies." Subjectivity 7.4 (2014): 342-361. <http://eprints.whiterose.ac.uk/82975/1/Posthuman_disability_studies_paper_for_Subjectivitylibre%20%282%29.pdf>] BL

This paper explores the human through critical disability studies and the theories of Rosi Braidotti**. We ask: what does it mean to be human in the 21st Century and in what ways does disability enhance these meanings?** In addressing this question we seek to work through entangled connections of nature, society, technology, medicine, biopower and culture to consider the extent to which the human might be an outdated phenomenon, replaced by Braidotti’s posthuman condition. We then introduce disability as a political category, an identity and a moment of relational ethics. Critical disability studies, we argue, are perfectly at ease with the posthuman because disability has always contravened the traditional classical humanist conception of what it means to be human. Disability also invites a critical analysis of the posthuman. We examine the ways in which disability and posthuman work together, enhancing and complicating one another in ways that raise important questions about the kinds of life and death we value. We consider three of Braidotti’s themes in relation to disability: I. Life beyond the self: Rethinking enhancement; II. Life beyond the species: Rethinking animal; III. Life beyond death: Rethinking death. We conclude by advocating a posthuman disability studies that responds directly to contemporary complexities around the human whilst celebrating moments of difference and disruptioni . (1) Introduction: Have you ever been human? ‘Not all of us can say, with any degree of certainty, that we have always been human, or that we are only that. Some of us are not even considered fully human now, let alone at previous moments of Western social, political and scientific history (Braidotti, 2013: 1). This quote kick-starts Rosi Braidotti’s text and initiates a key task of her book: to target/secure the problem/possibility of the post/human. **The human, as it is classically understood, is a self-aggrandising, abstract ideal and symbol of classical humanity that was born in Europe ‘predicated on eighteenth and nineteenth-century renditions of classical Antiquity and Italian Renaissance ideals’ (Ibid: 13) and shaped, more recently, through modernist and capitalist mouldings. ‘Humanity’ Braidotti (2013: 24) notes, ‘is very much a male of the species: it is a he’. Moreover, ‘he is white, European, handsome and able-bodied’ (Braidotti, 2013: 24), ‘an ideal of bodily perfection’ (Ibid: 13), ‘implicitly assumed to be masculine, white, urbanized, speaking a standard language, heterosexually inscribed in a reproductive unit and a full citizen of a recognised polity’** (Ibid: 65), ‘a rational animal endowed with language’ (Ibid: 141). **This means that while all citizens are humans ‘some or more mortal than others’ (Ibid: 15) and, conversely, some are more disposable than others. This humanism has a Eurocentric core and Imperialist tendencies, meaning that many of those outside of Europe (including many in the colonies) became known as less than human or inhuman.** To this, of course, critical disability studies scholars would add humanism’s convenient relationship with medicalisation and psychologisation as colonizing tendencies of the body and psyche. **‘The disabled’ and the ‘Non-Europeans’ (grouped as homogeneous categories) become known in terms of what they are not. Humanism’s arrogant centering of classical ‘man’ fitted directly with what Lacan (1977) would term a mis-recognition of selfdetermination and authority.** And this authoritative humanist ideal is one that people rarely match up to you.

#### The 1acs focus on *epistemic performativity* erases the material conditions of disability

Siebers 06 **(Tobin, Prof of Literary and Cultural Criticism at the U of Michigan, “Disability Studies and the Future of Identity Politics”) DR 16**

**The attack on identity by social constructionists is designed to liberate individuals constrained by unjust stereotypes and social prejudices. The example of disability in particular reveals with great vividness the unjust stereotypes imposed on identity by cultural norms and languages as well as the violence exercised by them.** It also provides compelling evidence for the veracity of the social model**. Deafness was not, for instance, a disability on Martha’s Vineyard for most of the eighteenth century because 1 in 25 residents was deaf and everyone in the community knew how to sign**. Deaf villagers had the same occupations and incomes as people who could hear.3 This example shows to what extent **disability is socially produced.** In fact, **it is tempting to see disability exclusively as the product of a bad match between society and some human bodies because it is so often the case. But disability also frustrates theorists of social construction because the disabled body and mind are not easily aligned with cultural norms and codes. Many disability scholars have begun to insist that the social model either fails to account for the difficult physical realities faced by people with disabilities or presents their body and mind in ways that are conventional, conformist, and unrecognizable to them. These include the habits of privileging pleasure over pain, making work a condition of independence, favoring performativity to corporeality, and describing social success in terms of intellectual achievement, bodily adaptability, and active political participation.** David Mitchell and Sharon Snyder have noticed that **the push to link physical difference to cultural and social constructs, especially ideological ones, has actually made disability disappear** from the social model. They cite a variety of recent studies of the body that use “corporeal aberrancies” to emblematize social differences, complaining that “physical difference” within common critical methodologies “exemplifies the evidence of social deviance even as the constructed nature of physicality itself fades from view.”4 As Davis puts it, **cultural theory abounds with “the fluids of sexuality, the gloss of lubrication, the glossary of the body as text,** the heteroglossia of the intertext, the glossolalia of the schizophrenic. **But almost never the body of the differently abled.”5 Recent theoretical emphases on “performativity,” “heterogeneity,” and “indeterminancy” privilege a disembodied ideal of freedom, suggesting that emancipation from social codes and norms may be achieved by imagining the body as a subversive text. These emphases are not only incompatible with the experiences of people with disabilities; they mimic the fantasy, often found in the medical model, that disease and disability are immaterial as long as the imagination is free. Doctors and medical professionals have the habit of coaxing sick people to cure themselves by thinking positive thoughts, and when an individual’s health does not improve the failure is ascribed to mental weakness**. Sontag was perhaps the first to understand the debilitating effects of **describing illness as a defect of imagination or will power**. She traces the notion that disease springs from individual mental weakness to Schopenhauer’s claim that “recovery from a disease depends on the will assuming ‘dictatorial power in order to subsume the rebellious forces’ of the body” (43-44). **She also heaps scorn on the idea that the disabled or sick are responsible for their disease concluding that “theories that diseases are caused by mental states and can be cured by will power are always an index of how much is not understood about the physical terrain of a disease**” (55**). The rebellious forces of the body and the physical nature of disease represent a reality untouched by metaphor.** Sontag insists that “the reality has to be explained” (55).