## T

#### Our interpretation is that debaters must use the resolution as a starting point for deconstructing ableism both within and out of debate. This means we as students must focus on the “rhetoric of disability” surrounding the resolution and debate.

Cherney 11 [James L Cherney, former college debater, PhD in Communication and Culture @ Westminster, and undergraduates in Public Speaking, Body Rhetoric, and the Disability Rights Movement; “The Rhetoric of Ableism”; Disability Studies Quarterly, Vol 31 No 3; 2011; accessed 07/31/2015; <http://dsq-sds.org/article/view/1665/1606>.]

As Disability Studies continues its exploration of disability in society, scholars have paid growing attention to the rhetoric of disability. This scholarship approaches the subject from different angles, but it generally works with similar premises including the position that rhetoric can shape the way disability is understood and (in)forms its political implications. These studies range from considering how rhetoric crafts disability to examining how ideas of disability impact theories of rhetoric. Brenda Jo Brueggemann explores how rhetoric constructs the disability of deafness, revealing how Hearing culture oppresses Deaf culture.1 Jay Dolmage shows how contemporary histories have "imported [exclusion] into the classical world" and oversimplified the complex views of disability that informed that era's influential theories of rhetoric.2 James C. Wilson and Cynthia Lewiecki-Wilson's Embodied Rhetorics collects several works covering the terrain between these studies.3 I seek to build upon these authors' valuable work by continuing to examine rhetoric but turning to a related yet different focus: I analyze ableism instead of disability. While disability and ableism clearly relate, I consider attending to the latter to be similar to studying racism instead of race. Neither project makes sense without the other, and arguably studying disability has greater potential for promoting awareness and emancipatory politics, but studying ableism promises unique results such as identifying the identical mechanisms that propagate different types of discrimination.

#### Violation- They don’t

#### Standards-

#### Accessiblity: Status quo debate is reflective of violent forms of education in the status quo – our model of debates interjection of disability studies in debate carves out debate as a safe space for disabled students in debate and crafts debate into a forum to test different liberation strategies.

#### **Lanning 14** (Eric Lanning< Eric Lanning was a debater at the University of Houston and former National Debate Tournament Champion.> January 22, 2014, “What is Access?”, access debate, http://accessdebate.com/2014/01/22/what-is-access/ The website is now no longer working, but you can access an archive of the website through this link: https://web.archive.org/web/20151215072330/http://accessdebate.com/2014/01/22/what-is-access/ Brackets already in the article)

I’ve been thinking a lot lately about what “access” means in the context of the debate community. I don’t have all (or even a lot) of the answers to this question, but I’m beginning to think that might be the point. We can’t figure this out alone. We need each other. Disability Studies gives the means, motives and opportunity to reframe this “dependence” as inevitable, necessary and valuable. **What would it mean to universally design debate? What would it mean to ask and answer this question together? I believe that “access” is the process (not outcome) of answering that question over and over. It is the process of destabilizing our assumptions about what debaters “are” and “do”.** What assumptions do we make about debaters inherent “abilities” or natural “capabilities” when we debate in particular ways and in particular spaces? What changes should we make to debate practice and culture? These are questions that I am asking and answering in every negative debate – but the “pre-requisite” for me to asking and answering these questions in any debate was my own disability consciousness. The most portable skill debate ever gave me was consciousness. Debate gave me a vocabulary and audience to articulate what my lived experience with disability teaches me everyday. It gave me the experience and environment to develop and explain my own consciousness of disability. For me, that is the beginning of access. Before we can debate about what access means, it is worth thinking about the status quo – what does it mean for debate to be “inaccessible” to particular debaters and particular identities?  What is wrong with the status quo? For many years and for most debaters, “ableism” was nothing more than a list of words you should not use: blinded, silenced, paralyzed, crazy, lame, disabled, crippled, etc. To be clear, I think that ableist language is problematic and constitutes a micro-aggression against disabled people that we should all work to stop. But it is about SO much more than language. **Disability is an embodied experience.** In a poem I wrote called “Broken” – I explain this distinction as, “disability is not something you have, its something you are” (If you’re interested in hearing/reading the entire poem, I’ve included a link at the end). **This recognition of the lived experience of disability – of disability as a social and political fact – of disability as a category of human existence is missing from our current debates about ableism and access.** One of the most meaningful and empowering contributions of disability studies is expressed in the mantra, “nothing about us without us”. **It is a call to foreground and privilege the experience of disability.** This is not to say that TABS (temporarily abled bodies) can’t participate and contribute to the conversation about access, but instead it is a call to reverse the history of marginalization [of] disabled people[‘s] experience in the academy and our society.  Obviously not every debater has a lived experience with disability, but we all do research. **In debate, this research is a reflection of our priorities – if you want to be part of the solution instead of part of the problem: read a book! Cut some cards!** Ask and answer (yourself) the question, “what is access”! In my negative debates this year, I’ve learned a lot about disability and access. **I’ve learned that the process of “debating it out” is powerful and revolutionary. I’ve learned that my opponent’s willingness to listen and engage with my arguments makes me a better advocate.** But even more than the potential of the debate round – I’ve been inspired by the potential of the debate community. I’ve had countless conversations, emails and chats with disabled and non-disabled debaters, coaches and judges that have fundamentally changed my answer to the question, why do you debate? Debate made me the person I am today. Everything I love about my self and my life is a result of my decision to debate. Why do I debate? For access. I debate because I believe in this activity and community. I believe we could and should make debate accessible to everyone, but we can’t do it alone. We need each other. **I’ll end with a quote: “[Access] is not a thing that can be delivered by politician, policymakers or educators, but a process of struggle that has to be joined”**

#### 2. Communicative form- focus on deconstructing ableism in activities focused on speech acts opens up spaces for alternative forms of communication. Clifford

(Stacy, Dept. of Political Science, Vanderbilt University – *Making disability public in deliberative democracy – Contemporary Political Theory* July 2011. <http://www.palgrave-journals.com/cpt/journal/v11/n2/full/cpt201111a.html>)

**Deliberative theorists’ promise of inclusion, however, is threatened by their [a] conception of participation** **as reasonable speech acts. By neglecting alternative modes of non-verbal and embodied communication, deliberative theorists *disable* the speech of multiple populations. *Disabled speech* affects persons who are refused the opportunity to speak because their mode of communication defies reasonable and coherent standards; others who are capable of communication but are presumed incompetent; those able to speak but systematically misinterpreted; and individuals who are physically unable to speak. People with disabilities fall into all four categories and I use their experiences as a way to challenge conceptions of speech in deliberative democratic theory.** Informed by disability studies and the disability rights movement, my analysis detaches disability from a medical model that interprets impairment as bodily pathology, and instead emphasizes the disabling consequences of able-bodied social norms and environments (Shakespeare, 2006).By emphasizing the ideal of inclusion, this article differentiates between liberal and critical strands of deliberative theory. According to Denise Walsh, ‘critical deliberative theorists argue that “**the best of democratic norms” are not reasonableness, rationality, and consensus, but openness and inclusiveness** that embrace contestation’ (2011, p. 8). For critical deliberative theorists**, liberal requirements of rationality and consensus enact unjust forms of exclusions.** While critical deliberative theorists contest the boundaries of legitimate speech and at times provide examples of non-verbal participation (Benhabib, 1992; Langsdorf, 2000; Young, 2000; Walsh, 2011), they have yet to fully theorize non-verbal speech acts as an integral component of deliberative theory.

deliberative theorists contest the boundaries of legitimate speech and at times provide examples of non-verbal participation (Benhabib, 1992; Langsdorf, 2000; Young, 2000; Walsh, 2011), they have yet to fully theorize non-verbal speech acts as an integral component of deliberative theory.

#### Using the ballot as a tool of punishment for debaters who support exclusionary practices makes debate more safe

Alfred C. Snider 04 (Edwin Lawrence **Assistant Professor of Forensics** - University of Vermont**,** ‘04(<http://debate.uvm.edu/ReplyFrank.doc>, date from Archive.org, article also cites 2002 articles) BL

The challenges to the game of debate mentioned in my essay also directly address this. **The critical move** in debate, **where debaters** step outside of the traditional “box” to analyze the ethical issues of argumentative perspectives and to **analyze the language employed in a debate belies this** concern. **Almost all** American **debaters know that making a racist or sexist comment in a debate is one of the easiest ways to lose a ballot, as the** opposing team is likely to make that the only issue in the debate, and the **judge will make an example of you.** There is no time in debate history when falsification and fabrication of evidence has been better monitored or when the behavior of debaters as regards evidence has been better. This may be more due to the ability to check the evidence used by others, but it still is the case. **This** sort of **ethical dimension of argument and presentation has been made an issue in the decision. Winning at all costs could cost you the win.**

**Their attempts to set the terms for debate before it even begins is gatekeeping- students are currently locked out of debate meaning any discussion of “participatory parity” is meaningless and results in exclusionary. Berube 3**

[Berube is the Paterno Family Professor in Literature at Pennsylvania State University, May 1, 2003, Citizenship and Disability, Dissent Magazine, http://www.alternet.org/story/15809/citizenship\_and\_disability]

**Imagine a building in which political philosophers are debating, in the wake of the attacks of September 11, 2001, the value and the purpose of participatory parity over against forms of authoritarianism or theocracy. Now imagine that this building has no access ramps, no Braille or large-print publications, no American Sign Language interpreters, no elevators, no special-needs paraprofessionals, no in-class aides.** Contradictory as such a state of affairs may sound, it's a reasonably accurate picture of what contemporary debate over the meaning of democracy actually looks like. How can we remedy this? **Only when we have fostered equal participation in debates over the ends and means of democracy can we have a truly participatory debate over what "participatory parity" itself means. That debate will be interminable in principle, since our understandings of democracy and parity are infinitely revisable,** but lest we think of deliberative democracy as a forensic society dedicated to empyreal reaches of abstraction, **we should remember that debates over the meaning of participatory parity set the terms for more specific debates about the varieties of human embodiment. These include debates about prenatal screening, genetic discrimination, stem-cell research, euthanasia, and, with regard to physical access, ramps, curb cuts, kneeling buses, and buildings employing what is now known as universal design.** Leftists and liberals, particularly those associated with university humanities departments, are commonly charged with being moral relativists, unable or unwilling to say (even after September 11) why one society might be "better" than another. So let me be especially clear on this final point. I think there's a very good reason to extend the franchise, to widen the conversation, to democratize our debates, and to make disability central to our theories of egalitarian social justice. **The reason is this: a capacious and supple sense of what it is to be human is better than a narrow and partial sense of what it is to be human, and the more participants we as a society can incorporate into the deliberation of what it means to be human, the greater the chances that that deliberation will in fact be transformative in such a way as to enhance our collective capacities to recognize each other as humans entitled to human dignity.** As Jamie reminds me daily, both deliberately and unwittingly, most Americans had no idea what people with Down syndrome could achieve until we'd passed and implemented and interpreted and reinterpreted a law entitling them all to a free appropriate public education in the least restrictive environment. I can say all this without appealing to any innate justification for human dignity and human rights, and I can also say this: **Without a sufficient theoretical and practical account of disability, we can have no account of democracy worthy of the name.**

## K

#### 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 through policy and very placement in civil society is a way to export disgust based ontological the violence.

Hughes 12 (-Disability and Social Theory pp 17-32 | Civilising Modernity and the Ontological Invalidation of Disabled People Authors Authors and affiliations Bill Hughes-) BL

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.

#### 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 – their arguments are epistemically suspect.

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.

#### disabled folk internalize the disability drive which views disability as ontological negative causing a rupture between the self and the normal resulting in psychological violence.

Campbell 08. Dr Fiona Kumari Campbellis a Senior Lecturer in the School of Health and Wellbeing at the University of South Queensland <http://www98.griffith.edu.au/dspace/bitstream/handle/10072/21024/50540_1.pdf> “Exploring Internalized Ableism using Critical Race Theory” Disability and Society, Vol. 23 (2), p. 151-162 NT 16 recut by BL

Internalized oppression is not the cause of our mistreatment; it is the result of our mistreatment. It would not exist without the real external oppression that forms the social climate in which we exist. Once oppression has been internalized, little force is needed to keep us submissive. We harbour inside ourselves the pain and the memories, the fears and the confusions, the negative self-images and the low expectations, turning them into weapons with which to re-injure ourselves, every day of our lives. (Mason, as cited Marks, 1999, p.25). Internalised ableism means that to assimilate into the norm the referentially disabled individual is required to embrace, indeed to assume an ‘identity’ other than one’s own – and this subject is repeatedly reminded by epistemological formations and individuals with hegemonic subjectifications of their provisional and (real) identity. I am not implying that subjects have a true or real essence. Indeed the subjects' formation is in a constant state of fluidity, multiplicity and (re)formation. However, disabled people often feel compelled to fabricate ‘who’ they are – to adopt postures and comportments that are additional to self. The formation of internalised ableism cannot be simply deduced by assessing the responses of individuals to Althusser’s famous interpolative hailing “Hey you, there” (Althusser & Balibar, 1979). Whilst a subject may respond to “Hey you there, crip!” – it is naïve to assume that an affirmative response to this hailing repressively inaugurates negative disabled subjectification. In fact the adoption of more positive or oppositional ontologies of disability by the subject in question may be unexpectedly enabling. As Susan Park (2000: 91) argues “what is at stake here is not so much the accuracy behind the hailing privilege, but the power of the hailing itself to instantly determine (or elide) that thing it is naming”. Nonetheless, censure and the cancellation of the legitimacy of oppositional subjectivities remains common place as Cherney reminds us with respect to Deaf culture: “If abnormal [sic] bodies must be fixed to fit within dominant cultural views of appropriateness then the Deaf celebration of their differences must be read as an illegitimate model of advocacy”. (Cherney, 1999, p. 33). Foucault’s (1976; 1980) theorisation of power as productive may provide some offerings from which to build a conversation about internalised ableism. I am not so much interested in the ‘external’ effects of that power, but for the moment wish to concentrate on what Judith Butler aptly refers to as the ‘psychic life’ of power. She describes this dimension: … an account of subjection, it seems, must be traced in the turns of psychic life. More specifically, it must be traced in the peculiar turning of a subject against itself that takes place in acts of self-reproach, conscience, and melancholia that work in tandem with processes of social regulation (Butler, 1997b, p.19). In other words, the processes of subject formation cannot be separated from the subject him/herself who is brought into being though those very subjectifying processes. The consequences of taking into oneself negative subjectivities not only regulate and continually form identity (the disabled citizen) but can transcend and surpass the strictures of ableist authorizations. Judith Butler describes this process of the “carrying of a mnemic trace”: One need only consider the way in which the history of having been called an injurious name is embodied, how the words enter the limbs, craft the gesture, bend the spine …how these slurs accumulate over time, dissimulating their history, taking on the semblance of the natural, configuring and restricting the doxa that counts as “reality”. (Butler, 1997b, p. 159) The work of Williams and Williams-Morris (2000) links racism experienced by AfricanAmericans to the effects of hurtful words and negative cultural symbols on mental health, especially when marginalized groups embrace negative societal beliefs about themselves. They cite an international study by Fischer et al (1996) which inter alia links poor academic performance with poor social status. Although using different disciplinary language Wolfensberger (1972) in his seven core themes of SRV, identified role circularity as a significant obstacle to be overcome by disabled people wanting socially valued roles. Philosopher Linda Purdy contends it is important to resist conflating disability with the disabled person. She writes My disability is not me, no matter how much it may affect my choices. With this point firmly in mind, it should be possible mentally to separate my existences from the existence of my disability. (Purdy, 1996, p. 68). The problem with Purdy’s conclusion is that it is psychically untenable, not only because it is posited around a type of Cartesian dualism that simply separates being-ness from embodiment, but also because this kind of reasoning disregards the dynamics of subjectivity formation to which Butler (1997a; 1997b) has referred. Whilst the ‘outputs’ of subjectivity are variable the experience of impairment within an ableist context can and does effect formation of self – in other words ‘disability is me’, but that ‘me’ does not need to be enfleshed with negative ontologies of subjectivity. Purdy’s bodily detachment appears locked into a loop that is filled with internalised ableism, a state with negative views of impairment, from which the only escape is disembodiment; the penalty of denial is a flight from her body. This finds agreement in the reasoning of Jean Baudrillard (1983) who posits that it is the simulation, the appearance (representation) that matters. The subject simulates what it is to be ‘disabled’ and by inference ‘abled’ and whilst morphing ableist imperatives, in effect performs a new hyper reality of be-ing disabled. By unwittingly performing ableism disabled people become complicit in their own demise – reinforcing impairment as an outlaw ontology.

#### 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.

## 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.

#### Their assumption that changing subjectivity/epistemology causes societal change is inaccessible and pathologizes mental disability.

**Siebers 06.** Tobin Siebers was a Professor of English Language and Literature and Co-Chair of the Initiative on Disability Studies, and V.L. Parrington Collegiate Professor at the University of Michigan “Disability Studies and the Future of Identity Politics” in “Disability Theory” “///” indicates paragraphs Language edited [RECUT NT 17] DR 16

Recent theoretical emphases on **"performativity;' "heterogeneity;' and "indeterminacy" 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 **[disabled people]; 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 **coax**ing **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 effect 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, and "that reality has to be explained" ( 55 ) . /// Consider a s one example o f the psychology o f the social model Judith Butler's writings on power. I choose the example deliberately because her work represents an extraordinarily nuanced version o f social construction, offering a good idea of both its strengths and weaknesses on the subject of disability. A curious thing about Butler's work is that **bodies**, disabled or otherwise, **rarely appear in it**. This includes Bodies That Matter-a book that seems at first glance to describe how oppressed people are constrained to think about their bodies as deviant but that actually takes as its topic the psychological relation between guilt and subject formation. For Butler, psychic pain and guilt are the preconditions of subjectivity. Power puts the subject in place via a process of subjection that constitutes the materiality of the self. **Subjection**, however, **is a psychological process rather than a** physical or **material one** - a conclusion made apparent by the fact that Butler reserves the defining use of"materi ality" for the "materiality of the signifier" ( 1993, 30 ) . Guilt not only regulates the body, Butler insists, it projects specific morphologies of the body. Consequently, **political emancipation requires a revolutionary change in the mental state of the subjected person** - a throwing off of every feel ing prosaically referred to as guilt - but a change extremely difficult to achieve because guilt is anchored by an apparatus of social power well beyond the ken of the individual. Indeed, guilt predates the formation of subjectivity, for the subject comes into being only as the self-inscription of guilt on the body. **Guilt** is a regulatory idea that **saturates** the surface of **the body and appears as physical illness** ( 1993, 64). /// It is to Butler's credit that she is able to read so clearly what might be called the tendency in the philosophy of mind to represent the body only in terms of its encasement of the mind. In fact, another book, The Psychic Life of Power, seems designed to apply her ideas about bodily subjection to the philosophy of mind, where she demonstrates with considerable skill the long tradition of philosophical misunderstanding of corporeality. What is not obvious, however, is whether she offers an alternative to this tradition because her main concern remains the psychic life of power. Butler's work refers most often to the mental pain created by power, almost always referenced as guilt, and the ways that power subjects the body to fit its ends. But if power changes the body to serve its perverse agenda, Butler seem to indicate, changing the body may also be an option for those in search of a way to resist power. **It is a matter**, then, **of finding a way to imagine one's body differently**. This last point bears repeating with an emphasis: to resist power, one imagines changing one's body, but **one does not imagine a** different body, for example, **a disabled body**. /// Butler's "psychoanalytic criticism" of Foucault provides an illustration of this last idea ( 1997, 87) . For Foucault, according to Butler, the psyche oppresses the body, whereas Lacan permits a psychoanalytic reading of the psyche as a site of resistance to bodily oppression. Butler identifies this site as the Lacanian imaginary, arguing that it thwarts any effort by the symbolic to constitute a coherent identity ( 97 ) . Butler's reading of Lacan is not particularly strong, since the relation between the imaginary and the symbolic is not a simple binary, but my main point about her use of the imagination to fight suffering is exemplified. Despite the Lacanian vocabulary, **she is arguing that imagination can cure what ails the body**. /// **The body supporting Butler's theories is an able body** whose condition relies on its psychological powers, and therefore the **solution to** pain or **disability is** also **psychological**. **The able** or healthy **body is**, first, **a body that the subject cannot feel**. As Butler puts it, pain "may be one way in which we come to have an idea of our body at all" (1993, 65) . The healthy subject is either disinterested in its body or in control of its feelings and sensations. Second, the health of a body is judged by the ability not only to surmount pain, illness, and disability but to **translate by force of will their effects into benefits**. It seems, to use the Foucauldian vocabulary often favored by Butler, that the body is "docile" only when the mind is docile, for her heady analyses intimate that the only way to save the body is by awakening the brain. It is almost **as if the body is irrelevant** to the subject's political life. The physical condition of the body is not a factor in political repression; only the inability of the mind to resist subjugation ultimately matters. /// Butler's reading of Hegel replays the same logic and provides a final case in point. In Hegel the body is enslaved because it has fallen into "unhappy consciousness," and this unfortunate mental state either denies or sacrifices bodily life: " bodies are, i n Hegel, always a n d only referred t o indirectly as the encasement, location, or specificity of consciousness" ( 1997, 3, 34) . Power i nvolves forgetting that one is a body, while projecting one's body into the place of the subjected other. To use the familiar terms, the Master is thought, the Slave, body. Moreover, it is the fear of death, Butler explains, that causes the wholesale abandonment of the body and privileging of thought. The finite character of the body causes great terror, but this terror becomes the very condition by which self and other might recognize each other. The result is a dialectical process, Butler argues, in which "Hegel shows that if the suppression of the body requires an instrumental movement of and by the body, then the body is inadvertently prese rved in and by the instrument of its suppression" ( 1997, 33). Butler's recognition of this dialectic would presumably lead her to give some representation to the body, perhaps with attention to how complex embodiment relates to oppression. It does not. She continues to describe the body, with Hegel, as the graveyard where the subject is buried. **The body is deaf, dumb, blind, crippled**, dead - **described implicitly as impaired but never recognized** explicitly **as such**, since disability for Butler refers ultimately to a mental, not a physical state. /// **Physicality is part of the reality of the disabled body**, and if embodiment contributes to the experience of people with disabilities [disabled people], then its misrepresentation as a mental condition will have a detrimental effect on their ability to organize themselves politically. 1 The tendency of the social model to refer physical states to mental ones, then, especially to those that privilege acts of the imagination, is a political act, and hardly a neutral one, because it often **represents impairment as the product of mental weakness**. There may be **no more damning political gesture**. Many are the obstacles placed before people with physical disabilities who want to participate fully as citizens in political process, but the majority of nondisabled people does not dispute that the disabled should have rights of citizenship. This belief does not extend to people with mental disabilities. The "feeble-minded" hold rights of citizenship nowhere, and few people in the mainstream believe this fact should be changed. Behind the idea that physicaldisability may be cured by acts of will or the imagination is a model of **political rationality that oppresses** people with mental disabilities **[mentally disabled people]**. I turn to the problem of rationality and political representation in the second half of this chapter, but two ideas are worth stressing immediately. First, if the social model relies for its persuasive power on a shift from physical to mental disability, its claim to locate disability in the social environment rather than in the disabled person is less complete than it pretends, since **the concept of individual defect returns to haunt its conclusions.** Second, **that one fails to throw off one's physical disability because of mental defect implies a caste system that ranks** people with **physical disabilities as superior to** those with **mental ones**. This caste system, of course, **encourages the vicious treatment of** people with mental disabilities **[mentally disabled people]** in most societies. Its influence is fully apparent in models of political citizenship, the history of civil and human rights, structures of legal practice, the politics of institutionalization, employment history, and the organization of the disability community itself. ///

#### Poststructuralism overlooks material forces underpinning disability, delegitimizes essential tech, and discounts the embodied experience of disability.

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Poststructuralist approaches have been the subject of much critique within academia in general, and disability studies in particular. Critics regularly cite three problems: these approaches **overlook the (often inaccessible) material world** that disabled people inhabit; they are **unable to engage productively rather than critically with science** and technology; and **they discount the importance of embodied experience, including pain**. /// Regarding poststructuralism’s failure to deal with the realities of the material world, Shakespeare (2014, 52) suggests that ‘critical disability studies writers generally seem much **more interested in texts and discourses than** in the ordinary **lives of disabled people’**. Meanwhile, Wendell (1996, 45) notes that ‘in most postmodern cultural theorizing about the body, **there is no recognition of** – and, as far as I can see, no room for recognising – **the hard physical realities that are faced by** people with disabilities’ **[disabled people]**. Similarly, Barnes (2012, 23) argues that poststructuralist accounts ‘**downplay the material reality of disabled people’s lives’** and have served to **de-radicalise disability studies** by **diverting critical attention from** identifying and **challenging material forces** underpinning disablement **‘towards a politically benign focus on** culture, language, and **discourse’**. /// Poststructuralism’s difficulty with discussing the material world also leads to problems engaging productively with the material sciences and new technologies. These shortcomings have been highlighted by philosophers, scientists and disability scholars. The philosopher Searle (1998, 38), for example, suggests that while cultural practices may be relative, treating the knowledge produced by material **sciences as simply a social construction** is foolish and **prevents meaningful engagement** with ‘the most successful system that the human intellect has ever produced for getting knowledge of how the world works’. Material scientists have voiced similar objections, sometimes in very creative ways. In 1996, for instance, the physicist Sokal submitted a spoof paper – which suggested quantum gravity was a social construction – to a postmodern journal, Social Text. The journal published the jargon-rich but utterly meaningless paper, prompting a gleeful Sokal (1996) to invite poststructuralists who believed gravity to be a social construction to jump from his apartment window. Poststructuralism’s ambivalent and often suspicious position on science and technology is also **problematic and limiting for disability studies**. To explain, from a **Foucauldian** perspective, a prosthetic arm might be treated with suspicion as a normalising device whilst overlooking **[ignoring] its positive potential to increase a body’s capacities**. Similarly, psychiatric medications might be understood as disciplinary technologies that produce docile patients whilst overlooking **[ignoring] their capacity to reduce mental pain and visceral suffering**. /// This brings us to a third common criticism of poststructuralist approaches: that they **fail to provide an account of embodied experience**. In Grosz’s (1994, 116) words: ‘The body remains primarily as a text to be marked, traced, written upon by various regimes of institutional, (discursive and non-discursive) power’. Meanwhile – in common with the **social model** – poststructuralist approaches remain relatively silent on the **embodied and visceral aspects of impairment, including pain**. Shakespeare makes this point by drawing on personal experience: /// I confess to a certain **discomfort** when it comes to **non-disabled researchers** … telling me, who has two rather **painful and disabling impairments, that impairment does not exist or is only the product of discourse** … **My problem is my physical embodiment** and my experience of negative symptoms arising from impairment. (2014, 66–67) /// Similarly, Vehmas and Watson (2014, 649) argue that certain impairments – for example, **motor neuron disease and depression – are undesirable ‘not merely because of the cultural representations attached** to them but because these **conditions … cause suffering** irrespective of one’s cultural environment’. Finally, Siebers (2008) suggests that – in overlooking visceral experience – poststructuralists offer wholly **inadequate solutions to** the problem of **impairment**, and their political strategy of refusing to identify as impaired is deeply flawed because it ultimately **implies that ‘imagination can cure** what ails **the body’** (2008, 76). ///