#### **Disabled folk are always locked into ontological zones of exception – all behind the guise of disgust and psychogenesis – our unruly behavior and the literal disgust of our bodies causes a visceral reaction due to the able bodies vulnerability and fear of deviance.**

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Ableism and disgust: Psychogenesis and disability The stratifying binary of disability/non-disability and the antagonism of the latter towards the former is mediated and maintained, principally, by the emotion of disgust. Disgust is the bile carried in a discursive complex that Campbell (2008: 153) calls ‘ableism’: ‘a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as perfect, species-typical and therefore essential and fully human’. The body produced by ableism is equivalent to what Kristeva (1982: 71) calls the ‘clean and proper body’. It is the body of the ‘normate’, the name that Rosemarie Garland-Thomson (1997) gives to the body that thinks of itself as invulnerable and definitive. It is the hygienic, aspirational body of civilising modernity. It is cast from the increasingly stringent norms and rules about emotional behaviour and bodily display that mark mundane social relations in the lebenswelt (lifeworld). This curious non-disabled body/self has no empirical existence per se. On the contrary, the body of ableism is a normative construct, an invulnerable ideal of being manifest in the imaginary of ‘modernist ontology, epistemology and ethics’ as something ‘secure, distinct, closed and autonomous’ (Shildrick, 2002: 51). It embraces ‘human perfectibility as a normative physical or psychological standard’ and involves ‘a curious disavowal of variation and mortality’ (Kaplan, 2000: 303). It is what we are supposed to aspire to, to learn to be but can never become. It has no grounding in the material world. It is a ‘body schema, a psychic construction of wholeness that … belies its own precariousness and vulnerability’ (Shildrick, 2002: 79). It is a ‘body divorced from time and space; a thoroughly artificial affair’ (Mitchell and Snyder, 2000: 7), the epitome of civilisation, closed off from any connection with the animal side of humanity and from the ways in which our bodily nature wallows in its carnal improprieties. It is a body aghast at the messiness of existence. Disability is the opposite of this ideal body, its ‘inverse reflection’ (Deutsch and Nussbaum, 2000: 13). The disabled body is or has the propensity to be unruly. In the kingdom of the ‘clean and proper body’, disability is the epitome of ‘what not to be’. As a consequence the disabled body can be easily excluded from the mainstream ‘psychic habitus’ (Elias, 2000: 167). The ‘clean and proper’ – a normative body of delicacy, refinement and selfdiscipline – has powerful social consequences most manifest in its normalising dynamics. It is the standard of judgement against which disabled bodies are invalidated and transformed into repellent objects. It is the emblem of purity that by comparison creates existential unease. It apportions the shame and repugnance that underwrite the civilising process (Elias, 2000: 114–19, 414–21). Through ableism, modernity has been able to structure disability as uncivilised, outside or on the margins of humanity. One of the great books of the science of natural history published under the title Systema Naturae by Linnaeus in 1735 distinguishes between homo sapiens and homo monstrosus. In this classification impairment – at its extreme and highly visible end – is excluded from the human family. The distinction is, in itself, an act of violence and invalidation, an object lesson in transforming difference and ‘defect’ into the abominable. The distinction mobilises the aversive emotions of fear and disgust. Ableism is a cruel teacher. It embodies violence at many levels: ‘epistemic, psychic, ontological and physical’ (Campbell, 2008: 159). It is at its most bellicose when it is mediated by disgust: a mediation invoked mostly in the social fabrication of taboo and most compellingly in a context when the human/animal boundary is under threat. Ableism rests on the effort to eliminate from awareness, chaos, abjection, animality and death: all that civilisation seeks to repress. It encourages us to live in the false hope that we will not suffer and die, to adopt a perspective of invulnerability, to confuse morality with beauty and to see death, pain and disability as the repulsive woes of mortality rather than as the existential basis for community and communication. Kolnai (2004: 74) reminds us that, ‘in its full intention, it is death … that announces itself to us in the phenomenon of disgust’. Disability, in modernity, has been produced in the ontological household of the abject, as the antithesis of communication and community, in a place that we might on occasion peer into only to ‘choke’ on the unsavoury sights that greet us. Disability is put out, put away, hidden, segregated or transformed into its opposite, covered up by whatever medical or aesthetic techniques are available to achieve this end. Any opportunity that disability might have to take its place at the heart of communication and community is thwarted by the ablest sensibilities that push it back down among the disgusting, the sick, the dead and the dying. In fact, as Elias (2000) suggested, the making of ‘civilised’ community and communication in modernity proceeds by exclusion and interdiction, by cutting out and hiding away whatever causes or might come to inspire angar (choking) or anguista (tightness). It is important to understand ableist disgust as an emotion that attests to the failure of non-disabled people to fully recognise their own vulnerabilities and imperfections particularly as these relate to their mortal selves and to the death and decay that is the fate of all. Although it appears as an aversion to ‘the other’, it is a form of self-aversion or a means by which we hide from the bodily basis of our own humanity (Nussbaum, 2004). Indeed, disgust begins close to home and is derived from our discomfort with our own bodily functions, our oozy, sticky ‘leaky selves’ (Shildrick, 1997; Kolnai, 2004), the fact that we cannot contain ourselves within our own boundaries and the shame and embarrassment that the ‘civilising process’ brings to bear upon us if our leakiness is exposed to others. Because modernity is a charter for anal retentiveness, we cannot forgive ourselves for our physical impurities. We hold ourselves ransom to the myth of the ‘clean and proper’ body; the perfect body of ableist culture is a myth that we use to screen ourselves from the visceral realities of our own lives. The ableist body ‘helps’ non-disabled people cope with their fears about their own corporeal vulnerability. It does so by invoking its opposite, the disabled body, a foreign entity that is anomalous, chaotic and disgusting. Modern history helps to make this object of disgust more tangible. Civilising processes clarify stigma and make biological differences into socio-moral categories. Disgust provokes the civilising sensibilities. It warns them of the presence of possible contaminants (Miller, 1997). Consequently, psychological and social distance between disability and non-disability expands. Disgust in ‘it’s thought- content’ is ‘typically unreasonable, embodying magical ideas of contamination, and impossible aspirations to purity, immortality, and non-animality, that are just not in line with human life as we know it’ (Nussbaum, 2004: 12). Disgust is an emotion that has a central role in our everyday relationships with our bodies, our patterns of social interaction and – most pressingly from the perspective of this chapter – in processes of social exclusion. Disgust is the emotional fuel of ableism. The threat posed by ourselves to ourselves (and projected onto others), the threat of our ‘bodiliness’ and the shame and anxiety associated with it is a product of ableism, of the ‘tyranny of perfection’. Ableism makes the world alien to disabled bodies and, at the same time, produces impairment as an invalidating experience. It is manifest in our cultural inclination towards normalcy by way of correction, towards homogeneity by way of disparagement of difference. What this means for disabled people is that they are ‘expected to reject their own bodies’ and ‘adjust to the carnal norms of nondisabled people’ (Paterson and Hughes, 1999: 608). The ‘corporeality of the disabled body’ is, according to Campbell (2008: 157), ‘constantly in a state of deferral’ awaiting the affective response that will demean it or the travails of sociogenesis that will either do away with it or ‘make it better’.

#### The 1ACs desire of the better future is in opposition to the disgusting disabled child, their attempt at progress through policy requires the erausure of disability due to their psychogenesis tied desires.

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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.

#### I affirm crip pessimsim – we embrace deviancy and failure of disabled folk – I lose hope in a society that is based on my erasure.

Kolářová 14 (Kateřina Kolářová, Ph.D. Charles University, Prauge, “The Inarticulate Post-Socialist Crip On the Cruel Optimism of Neoliberal Transformations in the Czech Republic” Journal of Literary & Cultural Disability Studies Volume 8, Issue 3, 2014 p.270-3)

The aspiration of post-socialism was progress, moral emancipation, and eventual happiness. I recall the quotation above that attempted to articulate the vision of the optimistic future as a moment when “every citizen of this country fe[els] content and happy” (Váchalová, 2). Yet, as Sara Ahmed cautions, happiness is a troubled notion. She asks, “What are we consenting to, when we consent to happiness?” and offers us a troubling answer: “perhaps the consensus that happiness is the consensus” (Promise, 1). Ahmed’s questioning of happiness as the normative horizon of our orientation resonates with the key issues that I address; the promise of happiness is a twin of “cruel optimism.” Most acutely, Ahmed’s critical discussion focuses on revealing how (the vision of and desire for) happiness participates in establishing structures of consensus, which are in fact structures of dominance. With (falsely) positive energy, recuperative logic said, “you should be happy communism is over”; the promise of happiness was used to justify the oppression of “the disabled” through ideologies of ableism constitutive to liberal individualism and liberal humanism. The impossibility of seeing and envisioning crip(topias) in the situation of (post-)shameful identity illustrates not only the harmful and utterly disabling work of certain affective attachments, it also and just as vividly illustrates the equally harmful impacts/effects of attachments to affects, in particular attachments to affects of positivity, affects seemingly necessary to foster self-embracing identity and subjectivity. In other words, the post-socialist crip challenges Western-developed theories of (disabled) identity that argue that positive affects are necessary to foster self-embracing and affirmative understandings of disability and disabled subjectivity. The symbolic violence embedded in recuperative positivity offers us the opportunity to think about crip failure and crip negativity. The violence also points toward conditions that (could) make (some forms of) failure useful for cripistemologies and that (could) map crip horizons. Cripness is already rich with failure; cripness is infused with negativity that sustains. The crip negativity I plead for is a critical strategy rupturing ideologies of cure, rehabilitation, and overcoming, ideologies that inflict hurt and violence (not only) on crips. I wish to initiate a discussion about crip negativity as a political practice working toward (if never reaching) crip utopian horizons. Still, the post-socialist crip opens other and new questions about what crip failure would mean if it were to foster and sustain life, what forms of crip negative energies would allow for crip utopias and make possible the desire for crip survival. J. Jack Halberstam’s theory of failure elucidates how the compulsory positive nature of optimism, hope, pride, and success precludes the realization that failure can be a form of sustenance and strategy of critique/survival. In failing the normative prescriptions of compulsory heterosexuality (and able-bodiedness), failure “imagines other goals for life, for love, for art, and for being” (88). Coming back to the image of the women failing/surviving with AIDS at the post-socialist Odessa hospice, failure also imagines signs of crip solidarity and sustenance where the visions of an optimistic future create spaces of abandonment for subjects who will never be offered a fantasy of the “good life.” Despite its lack of substantial attention to cripness that would surpass the level of metaphorics, The Queer Art of Failure does offer some lines along which to think also about crip failures. The most helpful to the current analysis of post-socialist affects would seem to be Halberstam’s discussion of the failure to remember. Forgetting, losing, and looping between past and future are the techniques of resistance to normative temporalities. Such failures at temporalities of progressive and curative futurity, I argue, could offer forms of sustenance (for the post-socialist crip). The failure to remember would produce a rupture in the dominant narratives of shame (of a failed socialism) and the futurity of “getting better.” It would forget visions of pride based on overcoming the failed socialist crip, and it would loosen/lose the compulsory vision of optimism of (neoliberal) humanism. It would forget the ideologies that we have seen hurt and violate crips and our futures. Cripping, disjointing, the normative forms of (linear) knowing about the past-presentfuture, could offer resistance to the cruel hope that directs our desires into (an evacuated) future while foreclosing the negotiation of difficult yet important relationships, past and present. The rejection of the curative and always already deferred future opens up a space for developing a more complicated relationship with failed pasts. Queer theorist Heather Love devises the politics of “feeling backwards/backwards feelings” as an affective strategy of resistance to liberal understandings of the “repressive hypothesis” and emancipation. Her concept is both a corrective to the deeply problematic progressivism of “gay pragmatism” with its compulsorily positive futurity of “getting better,” and an affective reaching backwards to legacies of difficult pasts. As she puts it, “[b]ackward feelings serve as an index to the ruined state of the social world; they indicate continuities between the bad gay past and the present; and they show up the inadequacy of queer narratives of progress” (27). I wish to add that they show up continuities between crip pasts and presents obscured by the undisputedly “good intentions” (McRuer, Crip, 110) of rehabilitation. Halberstam for his part appreciates the strategies of backward feeling as a way of recovering the past of queer and racially marked subjects erased in the tidy versions of the past: “[w]hile liberal histories build triumphant political narratives with progressive stories of improvement and success, radical histories must content with a less tidy past, one that passes on legacies of failure and loneliness as the consequence of [ableist] homophobia and racism and xenophobia” (98). To retrieve lives undone by ideologies of ableism, homophobia, racism and xenophobia, and practices of institutionalization, forced sterilization, ethnic segregation, and on and on, we need backward feelings. The project of “reformulated histories” feels backwards to past forms of crip survivals and past experiences that have been erased (see also Kafer’s discussion of Halberstam 42–44). Alongside this move, I also want to “feel backwards” to the hurt caused by the shame of the bad past itself. This is not a naïve reclamation of the idealized communist past ignorant of the violence committed by the communist regime (violence and hurt inflicted on disabled people still remains mostly undocumented, unspoken, and unanalysed). What I argue is that the notion of the bad and failed past is too comfortable and too tidy and serves only the ideology of capitalist recovery that prescribes only one version of futurity, a futurity—I argue—that is constructed upon the abjection of cripness. To open critical discussion I propose that we need to continue to produce untidy, crooked, queer, twisted, bent, crip versions of pasts. Only they will provide for more generous horizons of the present and future.

## FW

#### 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

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 for the most accessible framing mech – accessibility comes

Exclusive models of education that are innaccessible produce violent education

Our model of debate is most accessible focus on deconstructing flawed assumptions

## Case

### Shell

#### The adoption of European humanism became the basis of “the disability drive” - the psychic force governing the subjectivities of both disabled and nondisabled folk. Disability drive is fear and fascination of the temporariness of one’s ability status.

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)

This is why I have proposed that the “death drive”—a force that has less to do with literal death than with a strange persistence of life in death, or of death in life (perhaps like the “life not worth living” of which disability is often supposed to consist)—would more accurately be termed the “disability drive.” Writing of the contingency of disability as an identity category, Michael Bérubé observes: Any of us who identify as “nondisabled” must know that our self-designation is inevitably temporary, and that a car crash, a virus, a degenerative genetic disease, or a precedent-setting legal decision could change our status in ways over which we have no control whatsoever. If it is obvious why most nondisabled people resist this line of thinking, it should be equally obvious why that resistance must somehow be overcome. (viii) Could part of this resistance be attributable to a fear that, in the car crash or other identityshattering event, it might be the driver‟s own hand that makes that disabling turn, that is, that the driver might be driven by an impulse, unwanted and unconscious, toward something beyond the principles of pleasure and health? Applying the name “the disability drive” to this “beyond” affords insight into the reasons that images of disability so powerfully excite and repel, becoming, as Tobin Siebers writes, “sources of fear and fascination for able-bodied people, who cannot bear to look at the unruly sight before them but also cannot bear not to look” (178). Later in this chapter, I will define the affect that Siebers references here as “primary pity.” For now, though, I simply want to point out that Siebers‟s important observation can be extended by noting that it is not only nondisabled people who react to images of disability with a mixture of aversion and attraction. Disabled people may also respond in this way, especially when contemplating impairments other than those that currently disable us.116 Building on Douglas Baynton‟s famous assertion that “disability is everywhere,…once you begin looking for it,” I suggest that the same may be true in regard to the disability drive: this ego-undoing psychic force shapes the subjectivities of disabled and nondisabled subjects alike (52). Manifestations of the disability drive may be present in Edelman‟s discussion of Tiny Tim. Take, for example, Edelman‟s contention that “the pleasurable fantasy of survival” in Dickens‟s story requires the survival of the fantasy that Tiny Tim “does not excite an ardent fear (or is it a fearful ardor?) to see him . . . at last cash in his chips” (45). It‟s a familiar cultural fantasy: cure ‟em (as Dickens might hope) or kill ‟em (as Edelman suggests readers must secretly wish).117 But in this unacknowledged wish, there may be more at stake than either killing or curing. In the chapter that follows his reading of A Christmas Carol, Edelman adduces Lacan‟s discussion of the legend of Saint Martin, who was said to have cut his own cloak in two in order to give half of it to a beggar. “Perhaps,” Lacan suggests, “over and above that need to be clothed, [the beggar] was begging for something else, namely that Saint Martin either kill him or fuck him” (qtd. in Edelman 83). Drawing upon this passage in his analysis of North by Northwest, Edelman proposes that as Leonard attempts to push Roger Thornhill to his death from atop Mount Rushmore, he “enacts . . . the one [killing] as displacement of the other [fucking]” (85). Killing as displacement of fucking: might a similar displacement be at work in Edelman‟s attribution, to Dickens‟s readers, of a “fearful ardor” to see Tiny Tim “at last cash in his chips” (45)? As evidence for this suggestion, take the mode by which Edelman introduces his discussion of A Christmas Carol: “Take Tiny Tim, please!,” “with a nod to the spirit of the late Henny Youngman” renders Tiny Tim wifelike—clearly undesirable in this context, but not wholly uneroticized (41). And then there is the word “take,” which, particularly when followed by the word “please,” has a meaning other than the ones Edelman seems deliberately to invoke: “take” means “fuck,” and so Edelman‟s directive to “take Tiny Tim, please!,” which echoes his earlier injunction to “fuck Annie; fuck the waif from Les Mis; fuck the poor, innocent kid on the Net,” seems to authorize an additional imperative: fuck Tiny Tim. “Fuck” here means, of course, “remove” or “the hell with,” but it also means fuck.118 Arguably, these two ways in which No Future says “fuck Tiny Tim” coincide with what disability studies most ardently desires. “Fuck Tiny Tim, please!” disability scholars beg: rid us, please, of this most reviled textual creation. And also: if it is our cultural mandate to embody this pitiable, platitude-issuing, infantilized, and irritating figure—well, then fuck us, every one. Fuck us because figuratively, we are already “so fucked” by our culture‟s insistence, through this figure, that the disabled are not fuckable. This insistence must be understood as a form of reactive reinforcement: propelling every cultural representation of disability as undesirable, there may be a “fearful ardor,” an unacknowledged drive. Such representations include Edelman‟s abjection of Tiny Tim. And, I will argue, they also pertain to a similar abjection of Tiny Tim in the field of disability studies. As we shall soon see, the drive that infuses affective reactions to disability with ardor is often expressed through the emotion of pity. In taking account of the various forms that pity can take, we will be led to pose a question to disability studies and to queer antisocial theory together: are we sure that we want to take Tiny Tim out of the cultural text?

#### 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 invoking 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)

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 pity 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.

### **Dump**

#### Food insecurity isn’t created by a lack of food but the condition of being disabled – vote neg on presumption.

Jensen and Nord 13 (Alisha Coleman-Jensen and Mark Nord, social science analyst with the Food Assistance Branch. Her research focuses on the measurement and determinants of food insecurity, “Disability Is an Important Risk Factor for Food Insecurity,” https://www.ers.usda.gov/amber-waves/2013/may/disability-is-an-important-risk-factor-for-food-insecurity)

In 2011, close to 15 percent of U.S. households were food insecure. At some time during the year, these households lacked adequate food for one or more household members due to insufficient money or other resources for food. Disability has emerged as one of the strongest known factors that affect a household’s food security. Recent ERS research found that in 2009-10, one-third of households with a working-age adult who was unable to work due to disability were food insecure and one-quarter of households that included a working-age adult with a disability that did not necessarily prevent employment were food insecure. In comparison, 12 percent of households that had no working-age adults with disabilities were food insecure in 2009-10. There is substantial overlap between households that include adults with disabilities and food-insecure households. Among factors known to correlate with food insecurity, only low income and participation in food and nutrition assistance programs identify such a large portion of the food-insecure population. It appears that current food and nutrition assistance programs and disability assistance programs designed to help people with disabilities meet their basic needs, including food security, are not fully compensating for the reduced earnings and higher costs associated with disability. Reduced Earnings and Increased Expenses Put Households at Risk Disability generally refers to a medical condition or health impairment that limits participation in usual roles or activities. In 2010, 21.3 percent of the U.S. population age 15 and older reported having a disability. ERS researchers used questions from the U.S. Census Bureau’s monthly Current Population Survey to identify two groups of households with working-age (ages 18-64) adults who have disabilities: those not in the labor force due to a disability and those with other reported disabilities that are not necessarily work limiting (see box, “What Types of Disabilities Are Identified?”). People with disabilities who are unable to work due to their disability may be more severely disabled or have poorer health than people whose disabilities are not keeping them out of the workforce. Households that include people with disabilities may be particularly vulnerable to food insecurity. Disabilities often lead to reductions in earnings for the person with a disability and for other household members who may need to care for the individual with a disability. Monetary expenses related to health care, adaptive equipment, such as wheelchairs or special telephones, and other expenses associated with disability may result in an increased likelihood of food insecurity. Prior research has shown that people with disabilities require more income to meet basic needs than do persons without disabilities because they face higher expenses related to their disabilities. A study by Mathematica Policy Research found that a person with a persistent work-limiting disability would require more than two and half times the income of an able-bodied person to have the same likelihood of food insecurity. Individuals with disabilities may also have difficulty shopping for food, preparing healthy meals, and managing food resources. Food insecurity, besides being more likely in households affected by disabilities, may also be more problematic for those households. A number of studies have shown that food insecurity has negative effects on health and diet quality, and these effects may be greater for people with disabilities. Disabling or chronic health conditions may be exacerbated by insufficient food or a low-quality diet.