# 1AC – Harvard R1

### The Disabled Narrative

#### The world is irredeemable – abled subjectivity is tied up in a two-tiered affective response that explains disabled life – primary pity which reflects disability upon the ego threatening its ability status, which invokes secondary pity to overcorrect for the shattered-ego necessitating disabled death.

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 //ACCS JM

Much as the differentiation between the inseparable processes of primary and secondary narcissism rests on a distinction between building up and breaking down the ego, a similar heuristic distinction gives structure to my concepts of primary and secondary pity. To be clear, pity and narcissism are not the same thing: if narcissism can be understood as love of the self, pity involves a complex affective reaction to the suffering of someone else. Primary pity entails a response to the image of another person succumbing to what I have termed the “tragedy of disability.”121 Primary pity arises when one witnesses a fall of the self, a collapse of the ego; such falling is at once painful and pleasurable to observe. In other words, primary pity could be described as a vicarious experience of the tragedy of disability. 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 primary- secondary 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?

#### The notion of a “better future” is an engagement in the logic of rehabilitative futurism, whereby the signifier of the fantasmatic child is placed forward to cure and ontologically eradicate disability as a method of actualizing the desired future – only a categorical rejection of futurity can recognize disability as a life worth living.

Mollow 2 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 //ACCS JM

“Let us begin our reexamination of Tiny Tim with a discussion of No Future, a text in which Tiny Tim takes a prominent position. No Future is a text with a target: the book takes aim at “the Child whose innocence solicits our defense,” a trope that Edelman names as the emblem of an ideology that he terms “reproductive futurism” (2). According to Edelman, commonplace cultural invocations of the figure of the Child (“not to be confused with the lived experiences of any historical children”) uphold “the absolute privilege of heteronormativity” (11, 2). Defying pronatalist social imperatives, Edelman names queerness as “the side of those not fighting for the children‟” (3) and urges queers to accept the culture’s projection of the death drive onto us by saying explicitly what Law and the Pope and the whole of the Symbolic order for which they stand hear anyway in each and every expression or manifestation of queer sexuality: Fuck the social order and the Child in whose name we’re collectively terrorized; fuck Annie; fuck the waif from Les Mis; fuck the poor, innocent kid on the Net; fuck Laws both with capital ls and with small; fuck the whole network of Symbolic relations and the future that serves as its prop. (No Future 29) Elsewhere, I have argued that No Future’s impassioned polemic is one that disability studies might take to heart. Indeed, the figure that Edelman calls “the disciplinary image of the ‘innocent’ Child” is inextricable not only from queerness but also from disability (19). For example, the Child is the centerpiece of the telethon, a ritual display of pity that demeans disabled people. When Jerry Lewis counters disability activists’ objections to his assertion that a disabled person is “half a person,” he insists that he is only fighting for the Children: “Please, I’m begging for survival. I want my kids alive,” he implores (in Johnson, Too Late 53, 58). If the Child makes an excellent alibi for ableism, perhaps this is because, as Edelman points out, the idea of not fighting for this figure is unthinkable. Thus, when Harriet McBryde Johnson hands out leaflets protesting the Muscular Dystrophy Association, a confused passerby cannot make sense of what her protest is about. “You’re against Jerry Lewis!” he exclaims (61). The passerby’s surprise is likely informed by a logic similar to that which, in Edelman’s analysis, undergirds the use of the word “choice” by advocates of legal abortion: “Who would, after all, come out for abortion or stand against reproduction, against futurity, and so against life?” (16). Similarly, why would anyone come out for disability, and so against the Child who, without a cure, might never walk, might never lead a normal life, might not even have a future at all? The logic of the telethon, in other words, relies on an ideology that might be defined as “rehabilitative futurism,” a term that I coin to overlap and intersect with Edelman’s notion of “reproductive futurism.” If, as Edelman maintains, the future is envisaged in terms of a fantasmatic “Child,” then the survival of this future-figured-as-Child is threatened by both queerness and disability. Futurity is habitually imagined in terms that fantasize the eradication of disability: a recovery of a “crippled” or “hobbled” economy, a cure for society’s ills, an end to suffering and disease. Eugenic ideologies are also grounded in both reproductive and rehabilitative futurism: procreation by the fit and elimination of the disabled, eugenicists promised, would bring forth a better future.” (68-69)

#### **Academia is riddled with ableism – knowledge production requires assumptions to be made, and absent talking about disability, those assumptions are always violent. Anything that doesn’t begin with the question of disability allows for ableism to infiltrate modes of thought and culminates in crip-erasure, which means we’re an epistemic prerequisite. Thus, the role of the ballot is to vote for the debater who bests methodologically deconstructs ableism.**

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 //ACCS JM

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. The development of **ableist knowledge occurs on the basis of relationships shaped by binaries** that are mutually forming. For example it is not possible to have a fully inclusive notion of ‘health’ without a carefully contained understanding of not-health (we call this disability or sometimes chronic illness). The ableist divide can also capture lopsided relations based on differences of sex, (not white) race, and animality which in knowledge and social practices have been constituted as sites of aberrancy or disability. There are two features that produce ableism relations: the idea of normal (normative individual); and a Constitutional Divide, the division enforced between the ‘normal’ and the ‘aberrant’ enacted through the processes of purification and translation. What Normal? People who fall short of this norm (to a greater or lesser degree) are thought of as aberrant, unthinkable, underdeveloped and not fully human resulting in a comprised social and legal status. Whilst it might be easy to speculate about the kinds of people that maybe regarded as disabled and their interior life, when thinking about the essential aspects pertaining to able-bodiedness this task becomes difficult and elusive. Being able-bodied is always relational to that which is considered its opposite, whereas disability involves assigning labels to bodies and mentalities outside of the norm. Hence relations of ableism are based on an ontology of negation. As a practice, ableism demands a form of individualism that is pre-occupied with self-improvement and bodily enhancement that struggles with the reality of illness, disability and misfortune. Ableism is married to a sense of permanency of the idealized human form and competencies. With the development of enhancement technologies (cosmetic neurology and surgery for instance) the notion of the norm is constantly sliding, maybe creating a larger pool of ‘abnormal’ persons who because of ‘choice’ or limited resources cannot improve themselves and hence lapse into deficiency and are characterised as ‘risk populations’.. A counter-ableist version of impairment might explore what the experience of impairment produces and ask how does disability productively colour our lives? The second feature is a constitutional divide between the normal and pathological. Constitutions are related to the structure or attributes of an entity which shapes a characterisation. Constitutions are concerned with jurisdiction and boundaries between persons, things and actions and the ways that each of these elements assemble and interpenetrate (Mussawir, 2011). As such constitutionality is linked to cosmography and order the terms of relations. Constitutions (rule matrices) establish the terrain, the ground rules for governance, processes for clearance and right relation and how things are or how they are meant to be. Divisions of constitutionality requires people to identify with a category – ‘are you disabled or not?’ ‘Oh, no I am not disabled, I am ill or depressed!’, or ‘I am able-bodied’, or “Are you fit or unfit to plead’? For the ease of conversation we often feel the need to minimise any confusion. Many of this audience will know of that such a clear divide is blatant propaganda even if they have not up until now had a name for it or find the language of constitutions a bit bristly. Bruno Latour (1993, 10 - 11) states “...these two independent practices of normalising and pathologizing] ... must remain distinct in order for them to work/function.” If the definitions of abled-bodied and disabled become unclear or slippery the business of legal and governmental administration would have problems functioning.8 Alarm would arise due to uncertainty as to how to classify certain people and in which category; the distribution of resources would unravel. Social differentiation produces difference: the abled and disabled which in turn are products of our ways of looking and sensing. People are made different by a process of being seen and treated as disabled, as outlawed disability or abled9 (Lawson, 2008, 517). Clarification of this perceived ‘uncertainty’ is achieved through a division called Purification, **the marking of distinct archetypes.** Ableism assists in the government of disability ensuring that populations that appear dis-ordered (maybe even causing social disorder) become ordered, mapped and distinct. **The notion of inclusion is not all that it seems, for** normative inclusion to be enacted one must have a permanent under-cohort of the excluded. Purification is essential to be able to count populations even if this counting and classifying does not reflect and in fact distorts reality, in any event demeanours and lives are judged according to constitutional arrangements (Altman, 2001; Mussawir, 2011). Purification has difficulty negotiating intersectional marginality and interdependent forms of impairment.

#### Our theorization of disability does not center around stable identity or diagnostic cateogrization – we instead theorize about suffering as a disabling and psychic force that structures the subject and explains myriad forms of exclusion.

Mollow 3 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 //ACCS JM

Seeking to destabilize the disabled-nondisabled binary, this thesis employs the term “disability” in expansive and open-ended ways: the texts that we will examine thematize bodily suffering, emotional distress, and loss of physical and mental capability without always using “disability” as the sign for discrete diagnostic or identity categories. In this regard, my approach accords with the ways that the drive continually upsets stable conceptions of identities. However, in figuring the drive as a force that shapes the lives of disabled and nondisabled subjects alike, I do not suggest that differences between disabled and nondisabled identities do not matter. As disability scholars such as Carol Gill, Simi Linton, and Robert McRuer have pointed out, the assertion that “we are all disabled in some way” erases profound differences between the social realities faced, respectively, by disabled and nondisabled people (Gill 46; Linton 12-13; McRuer, Crip 157). As McRuer puts it, the question “Aren’t we all queer/disabled?” is a strategy of political “containment”: “an able-bodied/heterosexual society doesn’t have to take seriously disabled/queer claims to rights and recognition if it can diffuse or universalize what activists and scholars are saying as really nothing new and as really about all of us” (157). Following McRuer, who affirms a wish to “resist that containment” but nevertheless argues that “there are moments when we are all queer/disabled,” I utilize the concept of the disability drive to bring those moments into view (157).

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive – cementing an order of signification that relies upon ableist value systems.

Mollow 4 [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 // WHSRS and Lex VM]

Tropes of disability are also present in what Edelman reads as Jean Baudrillard‟s “panicky offensive against reproduction without heterogenital copulation,” in which sex is described as devolving into a “useless function” and humans are distinguished (unsuccessfully, Edelman argues) from “the order of the virus” (qtd. in Edelman 64, 62).111 Edelman‟s apt reading of these remarks by Baudrillard in relation to what was once called “the gay plague,” as well as his own plays on the word “bent,” suggest that it can be difficult, in homophobic and ableist culture, to distinguish between queerness and disability (62, 90).112 Anti-queer religious leaders, Edelman notes, characterize queer sexualities as “unhealthy” and “ugly,” and “ministries of hope” offer cures to those who have “grown sick-to-death of being queer” (91, 47). 113 Against the “pathology” or “social disease” as which queerness is diagnosed, queer-baiting of children, Edelman argues, functions as a form of “antigay immunization,” while the narrative of A Christmas Carol serves as an annual “booster shot” (143, 19, 49). These repetitive references to disability suggest that not only queerness but also disability might be a fitting name for what Edelman, alluding to the death drive, calls “the remainder of the Real internal to the Symbolic order” (25). Indeed, disability metaphors are often the closest approximations that Edelman can find for the “unnameable” death drive (25). The terms that Edelman uses to describe the death drive include “wound,” “fracture,” “stupid enjoyment,” “mindless violence,” “lifeless machinery,” “senseless compulsion,” “disfiguration,” and a “shutdown of life‟s vital machinery” (No Future 22; “Kid” 28; No Future 38, 23, 27, 38, 37, 44). Although these signifiers do not directly refer to specific impairments, they do, taken together, evoke the physical and mental injury and dysfunction as which disability is commonly understood. And then there is Edelman‟s term “sinthomosexuality,” a neologism formed by “grafting, at an awkward join,” the word “sexuality” onto Lacan‟s term “sinthome.” With its “awkward” “grafting,” the word “sinthomosexuality” embodies disability at the level of the letter.114 Etymologically, too, Edelman‟s term harkens back to disability: “sinthome” is an archaic way of spelling the French word for “symptom” (qtd. in Edelman 33). The root meaning of “sinthomosexuality,” then, is something like “symptom-sexuality.” However, Lacan‟s “sinthome” means more than simply “symptom”: it refers, Edelman explains, to “the particular way each subject manages to knot together the orders of the Symbolic, the Imaginary, and the Real” (35). The sinthome is the only means by which the subject can access the Symbolic order of meaning production; but paradoxically, because each subject‟s sinthome is arbitrary and meaningless (as individual as a fingerprint), the sinthome also threatens the Symbolic order to which it provides access (36). Both this access and this threat are figured as disability. In order to be constituted as a subject and to take one‟s place within the Symbolic order, one must be metaphorically blind: the cost of subjectivity is “blindness to this determination by the sinthome,” “blindness to the arbitrary fixation of enjoyment responsible for [the subject‟s] consistency,” “blindness” to the functioning of the sinthome (Edelman 36, 38). The alternative to subjectivity as disability would be, according to remarks that Edelman attributes to Lacan, “radical psychotic autism” (qtd. in Edelman 37).115 That is, whatever might alleviate our constitutive “blindness” by exposing “the sinthome as meaningless knot” must effect a “disfiguration” (Edelman 38), the consequences of which would be “pure autism” (Žižek 81, qtd. in Edelman 38). On the one side, blindness; on the other, disfiguration, psychosis, autism: when it comes to recognizing the senselessness of one‟s sinthome, it seems we‟re disabled if we do, disabled if we don‟t. 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 identity- shattering 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 72 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? A Tale of Two Pities “Piss on pity,” declares a well-known disability activist bumper sticker. A more polite companion to this tag, the slogan “No pity” is a rallying cry of the disability rights movement.119 For disability studies, a field that since its inception has vigorously resisted the imposition of pity upon disabled people, Tiny Tim is anathema. Understandably so: every year, the image of Tiny Tim is used to drum up pity for disabled people; the widespread circulation of this affect, disability scholars have compellingly argued, does not alleviate the social barriers that we face but instead reinforces our oppression. Indispensable as this disability studies analysis is, it leaves some important questions about pity unanswered. For example: if, as is commonly said, “No one wants to be pitied,” then why is this so? And also, if nobody wants to be pitied, who, if anyone, wants to feel pity? At first glance, the answer to the latter question might seem to be “everyone.” Certainly, multitudes of moviegoers appear to enjoy our culture‟s annual recitations of Tiny Tim‟s pity inducing tale. If it can be fun to perform pity, perhaps this is because pity gives a boost to the ego of the pitying person. “You are broken, and I am whole,” the pitier says to the one who is pitied. “I look down on you because you suffer.” Naturally, disabled people resist performing this service for the nondisabled. “Spare us your pity,” we say, because pity is felt to be demeaning. 73 Yet an incoherence structures this familiar account of pity: if pity fortifies the ego of the subject who feels it, then why do people so often resist feeling pity? Some folks get pissed when they are prodded to pity. “Your appeals to pity won‟t work,” they say. “I have no pity for you.” This is the attitude that Scrooge takes toward Tiny Tim. It‟s also the stance that Edelman invites queers to take in relation to the Child—and not only to the Child per se, but also to anyone who calls for a performance of pity. Edelman argues that compassion (which, of course, is a close relative of pity) is fundamentally narcissistic (73). When we call ourselves compassionate, we think we‟re feeling for the other; but, Edelman contends, we‟re really only feeling for ourselves (83). That is, compassion involves projecting one‟s own ego onto the object of one‟s compassion. In this schema, the pitied person is used as a vehicle for the pitier to feel sorry for his or her own self.

#### The 1AC is distinct from psychoanalysis – we integrate feminist, queer, anti-colonialist, and anti-white supremacist perspectives.

Mollow 5 (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

The theoretical trajectory that I will trace, which begins with Dora‟s account of hysteria as a disorder afflicting a minority of disabled subjects, and ends with Beyond the Pleasure Principle‟s universalizing account of the death drive, is not explicitly articulated by Freud. Throughout his career, Freud held fast to his construction of hysteria; therefore, the death drive cannot be seen as supplanting hysteria in Freudian thought. But my reading of hysteria as both a precursor to the theory of the drive and a way for Freud to avoid naming and confronting the drive demonstrates that a rearticulation of Freud‟s concept of hysteria can be a starting point for a more universalizing approach, grounded in the concept of the disability drive. Departing from Freud‟s tendency to pathologize individual disabled people, such a model may yield more nearly universal insights about psychic life. Questions about universalism are among the most compelling and difficult aspects of psychoanalysis, a discipline that posits a set of psychic structures that are said to govern the lives of all subjects. Does psychoanalysis‟ universalizing model mistake the psychological determinants of middle-class members of western capitalist societies for universal norms? This question can in part be answered by way of a distinction: although Freud specifies that the structure of the psyche that he delineates is universal, his model leaves room for the theorization of a great diversity of particular content that might fill that structure. Factors such as gender, queerness, race, class, colonialism, disability, and historical context can radically alter the ways in which constructs such as “the ego,” “the drive,” and “sexuality” come to be figured. The potential fluidity of Freud‟s paradigm has been the basis of important interventions by social theorists who, working within and beyond the discipline of psychoanalysis, have rethought Freud‟s arguments from the vantage points of feminist, antiracist, postcolonial, and queer criticism.22 My project builds upon this work by bringing a critical disability studies perspective to bear upon Freud‟s concept of the death drive. In the chapters that follow, I will examine the 9 ways in which cultural projections of the disability drive shape intersections of multiple modalities of oppression, including ableism, misogyny, homophobia, fatphobia, white supremacy, classism, and colonialism. I also wish to emphasize that although my argument about the disability drive unfolds within a psychoanalytic framework, in which the structuring components of the psyche are said to be universal, I am not suggesting that a psychoanalytic epistemology should be seen as trumping other ways of knowing human minds, bodies, and bodyminds. Nonwestern models of mind and body, for example, may differ significantly from the frame within which I situate my analysis. For this reason, I will neither assume nor attempt to establish that the psychoanalytic ways of thinking that I employ in this dissertation will be useful or meaningful to every subject and culture. However, I will also not assume in advance that my elucidation of the disability drive does not apply to specific groups or individuals, as I am wary of the danger of effecting harmful and unnecessary exclusions by prematurely designating an argument as inapplicable to particular subjects or experiences. It is for this reason that throughout this thesis I use the term “our culture” to reference the social world(s) in which I understand cultural manifestations of, and defenses against, the disability drive to take shape. I intend for the phrase “our culture” to signify expansively, issuing a deliberately open-ended and indeterminate invitation to any person to whom the language and concepts in this dissertation may be accessible and illuminating. The words “our culture” cannot, of course, reference every person in the world; but because the ableist social and psychic structures that I delineate in this project seem to me to potentially exceed the bounds of demarcations such as “US American culture,” “the West,” or “modern industrial societies,” I employ this “our” to leave open questions about the extent to which my analyses may or may not apply to particular geographies and cultural locations. The problematic of universalism versus exclusions in this project can be illustrated by raising a set of questions regarding my arguments‟ relation to asexual people‟s experiences and identities. If this dissertation‟s opening assertion of disability‟s sexiness were taken to mean that sexiness is a quality that disabled people should aspire to embody—and conversely, that an absence of sexual desire is grounds for social discrediting—then this assertion would contribute to our culture‟s stigmatization of asexual people. Such a reading, however, would run directly counter to my project‟s central aim: the sexual model of disability is intended to complicate efforts to highlight sexualities as causes for pride or empowerment. In conceiving of sexuality as inextricable from failure, loss, and suffering, I hope to make visible sexuality‟s incompatibility with proud identity claims. Yet even this approach presents risks. As I will discuss in the next section of this chapter, some queer theorists‟ citations of sexuality‟s identity-disturbing effects have been articulated in ways that seem to imply that the more sex one has, or the more that one engages in particular sexual practices, the more effectively one can challenge heteronormative cultural imperatives. “The Disability Drive” will not forward such an argument. I emphasize the sexiness of disability to counter our culture‟s widespread desexualization of disabled people; this emphasis, however, is not meant to suggest that disabled people have, or should have, “more” or “better” sex than nondisabled people (whatever those comparatives might mean), or that we should aim to secure social legitimacy by establishing our “attractiveness” to sexual partners. The sexiness of disability that I highlight refers less to attributes of individual subjects than to aspects of disability as it is envisioned and sometimes experienced. Additionally, although Freud assumed that sexuality was universal, I will not make this assumption, since such a claim would contradict many asexual people‟s lived experiences. This 10 does not mean, though, that the sexual model of disability must be irrelevant to asexual people. The Asexual Visibility and Education Network (AVEN) defines an asexual person as someone “who does not experience sexual attraction”; however, AVEN‟s website notes that many (but not all) asexual people experience sexual arousal, have sexual fantasies, or masturbate.23 Even nonlibidoists, those asexuals who “have no sexual feelings at all,” may nonetheless have experiences that fall within the extremely broad rubric of what Freud designates as sexuality. According to Freud, intellectual work, strong emotion, illness, athletic activity, eating, swinging, warm baths, and train travel can all potentially be regarded as sexual.24 On the other hand, just because such activities and feelings can be described as sexual does not mean that they have to be, and to force the application of the label “sexual” would effect a discursive violence upon subjects who have determined that this term does not apply to their lives. Thus, although I postulate the sexual model as one means of theorizing the disability drive, I do not suggest that it is the only such method.

#### Disability is abject to modernity through emotional disgust and subject to psychogenesis – reformist policies exist in a structural antagonism with its imperfection.

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 on+e 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.

#### As humans attempt to transgress their limitations to survive futuristic cataclysms, they erase the public awareness of biotechnological ties to the cyber-eugenic project. The disabled will be the next research subjects for exploration justified by the narrative of human triumphalism.

**Williams 19** Williams, Damien P., Heavenly Bodies: Why It Matters That Cyborgs Have Always Been About Disability, Mental Health, and Marginalization (June 8, 2019). Available at SSRN: https://ssrn.com/abstract=3401342 or [http://dx.doi.org/10.2139/ssrn.3401342]//Lex](http://dx.doi.org/10.2139/ssrn.3401342%5d//Lex) VM

The history of biotechnological intervention on the human body has always been tied to conceptual frameworks of disability and mental health, but certain biases and assumptions have forcibly altered and erased the public awareness of that understanding. As humans move into a future of climate catastrophe, space travel, and constantly shifting understandings of our place in the world, we will be increasingly confronted with concerns over who will be used as research subjects, concerns over whose stakeholder positions will be acknowledged and preferenced, and concerns over the kinds of changes that human bodies will necessarily undergo as they adapt to their changing environments, be they terrestrial or interstellar. Who will be tested, and how, so that we can better understand what kinds of bodyminds will be “suitable” for our future modes of existence?[1] How will we test the effects of conditions like pregnancy and hormone replacement therapy (HRT) in space, and what will happen to our bodies and minds after extended exposure to low light, zero gravity, high-radiation environments, or the increasing warmth and wetness of our home planet? During the June 2018 “Decolonizing Mars” event at the Library of Congress in Washington, DC, several attendees discussed the fact that the bodyminds of disabled folx might be better suited to space life, already being oriented to pushing off of surfaces and orienting themselves to the world in different ways, and that the integration of body and technology wouldn’t be anything new for many people with disabilities. In that context, I submit that cyborgs and space travel are, always have been, and will continue to be about disability and marginalization, but that Western society’s relationship to disabled people has created a situation in which many people do everything they can to conceal that fact from the popular historical narratives about what it means for humans to live and explore. In order to survive and thrive, into the future, humanity will have to carefully and intentionally take this history up, again, and consider the present-day lived experience of those beings—human and otherwise—whose lives are and have been most impacted by the socioethical contexts in which we talk about technology and space.”

#### Thus, the advocacy – I affirm Resolved: The appropriation of outer space by private entities is unjust. To clarify, we defend the resolution as a general principle, which means implementation is incoherent.

#### The aff exposes the internal contradictions at the heart of all violence – treating the other as inferior is only justified though ableist logics.

**Siebers et al. 17** Tobin, et al. (2017): Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies, Siebers began his career at the University of Michigan in 1980. He has authored ten books, including field-defining Disability Aesthetics (UM Press, 2010) and Disability Theory (UM Press, 2008). In 2004 Siebers was named the V. L. Parrington Collegiate Professor. Siebers was a Chair of the LSA Comparative Literature Program (currently the Department of Comparative Literature). In 2009, the University of Michigan Council for Disability Concerns presented Siebers with the James T. Neubacher Award in recognition of extraordinary leadership and service in support of the disability community. Siebers has been selected for fellowships by the Michigan Society of Fellows, the Guggenheim Foundation, the Mellon Foundation, and the Institute for the Humanities at the University of Michigan. Tobin Siebers passed away in January 2015. In March 2015, the University of Michigan announced the establishment of the Tobin Siebers Prize for Disability Studies in the Humanities "for best book-length manuscript on a topic of pressing urgency to Disability Studies in the humanities.", DOI: 10.14361/9783839425336-002 SJCP//JG

The use of disability identity as a prop to denigrate minority politics has a long and pernicious history on the right, although it is bewildering to find the usage alive and well in Butler, Brown, and other cultural critics on the left.5 (This surprising agreement between the right and left gives one small clue to the tenacious hold that ability as an ideology exercises over political thinking today.6 ) Indeed, the idea that the political claims made by people of color and women are illegitimate because their identities are disabled would be outrageous if it were not such a familiar and successful ploy. Historical opponents of political and social equality for women, Douglas Baynton shows, cite their supposed physical, intellectual, and psychological flaws, stressing irrationality, excessive emotions, and physical weakness, while similar arguments for racial inequality and immigration restrictions involving particular races and ethnic groups invoke their apparent susceptibility to feeble-mindedness, mental illness, deafness, blindness, and other disabilities (see Baynton 33). Moreover, disability remains today, Baynton explains, an acceptable reason for unequal treatment, even as other justifications for discrimination, based on race, ethnicity, sex, and gender, have begun to fall away. It is no longer considered permissible to treat minority people as inferior citizens, although it happens all the time, unless that inferiority is tied to disability. As long as minority identities are thought disabled, there is little hope for the political and social equality of either persons with these identities or disabled people, for there will always be one last justification for inferior treatment. There will always be the possibility of proving the inferiority of any given human being at any given moment as long as inferiority is tied to physical and mental difference. Moreover, that pain in itself leads to inferior identities, ones given to greater self-recrimination or frequent victimizing of others, relies on a fallacious psychological scenario prejudiced inherently against disability.7 Once touching a person, pain is apparently transformative, to all intents and purposes serving as an organic and natural cause whose psychological formation evolves with little variation according to the internal logic of the psyche. First, the psychology of pain links mental and physical suffering inextricably, and, second, it names pain, opposed to all other causes, as transformative of individuals, compelling them to withdraw into selfish, narcissistic, and anti-social behavior. Any attempt to sketch a political theory, especially of minority identity, based on this misleading psychology will produce the same predictable and deplorable results.

#### Our affirmative operates through a model of epistemological disablement – anything else ignores the ways in which uncertainty, confusion, and the overall drive determine us. Instead, you should adopt epistemological disablement and be suspect of complete knowledge of the self.

Mollow 6 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 //ACCS JM

How, then, might we begin to acknowledge our own determination by the drive? Any knowing of the drive that we might hope to achieve must, on account of the structural barriers that render the drive unthinkable, be an effort characterized by failure and incompletion—that is, we might say, by epistemological disablement. The term “epistemological disablement” will appear frequently in this dissertation, as I will argue that coming into close proximity with the disability drive produces states of cognitive and affective uncertainty, confusion, and incapacity that are akin to disability. In the works that I shall analyze, epistemological disablement will often be performed on a textual level, as theorists and narrators seem to lose control of what they want to say about disability. These moments of epistemological disablement are often disavowed by theorists and narrators and are instead projected onto disabled people. When this happens, disabled people’s impairments are depicted as the result of an insufficiency of self-knowledge that is assumed not to determine nondisabled subjects. I will challenge these characterizations of disabled people not only by arguing for the value of “cripistemologies” (that is, ways of knowing that arise from disabled people’s lived experiences) but also by using drive theory to undermine belief in the possibility of a transparent and wholly knowable self, whether disabled or nondisabled.18 My two-pronged approach to the issue of epistemological disablement may seem to present a paradox: on the one hand, I am asserting that disabled people’s lived experiences generate important knowledge about disability; yet at the same time I am seeking to destabilize the very notion of self-knowledge. Let me be clear, then, that in undertaking this double endeavor I do not forward all-or-nothing claims either “for” or “against” the possibilities of self- knowledge. I will not assert that people cannot ever know anything reliable about themselves, but I will also not suggest that truth claims derived from personal knowledge about disability are infallible. Instead, this dissertation highlights the limits of complete self-knowledge for nondisabled and disabled subjects alike, while at the same time interrogating the social dynamics that give rise to imbalances in the distribution of epistemological authority to particular subjects on the basis of their perceived status as disabled or nondisabled.

#### The 1AC posits an ethic of care which affirms disabled life within the cracks of misery – that’s key to bring humility and provides the necessary empirical realities that stipulate definitions of the idealized world.

Kittay 09 Eva Feder Kittay is an American philosopher. She is Distinguished Professor of Philosophy (Emerita) at Stony Brook University [Kittay, Eva Feder. “The Ethics of Philosophizing: Ideal Theory and the Exclusion of People with Severe Cognitive Disabilities.” Feminist Ethics and Social and Political Philosophy: Theorizing the Non-Ideal, 2009, pp. 141–143.] BRACKETED FOR ABLEISM //Found by ACCS JM & Cut by Lex AKo + Lex VM

Consider the first maxim, epistemic responsibility. Philosophy, by many accounts, is concerned with ‘truth’. The truth cannot be served if philosophers do not acquaint themselves with the basic facts about the subject under consider. As I have indicated, both Singer and McMahan fail to do so in their discussions of individuals with mental retardation. One might ask, ‘Why is such a clear violation of a philosophical value tolerated?’ Here a pernicious effect of idealization displays itself. Empirical realities give way to idealized descriptions and ‘stipulative definitions,’ in order to construct a theory which then can be ‘applied’ to the real world. But these idealizations and stipulative definitions may well construct a theory that is not applicable, or not applicable to that part of the real world that it purports to cover. Consider, in contrast, the way in which a naturalized care ethics is theorized. The practice of caring requires attention to the actual condition of the individuals who need care. Broad generalizations and presumptions—such as ‘the severely mentally ~~retarded~~ [disabled] cannot have aesthetic experiences’—cannot be the basis of good care for the severely mentally ~~retarded~~ [disabled], since the principal source of joy for many people with cognitive impairments derives from aesthetic experiences. A carer intent on giving good care must reject stereotypes and be attentive to what and how the 142 E.F. Kittay person in front of her responds. (Certainly this no less true of health care situations, although practical pressures result in a considerable relaxation of this demand of care.) A care ethic thus expresses the central values of attentiveness and responsiveness to actual conditions, and with that the responsibility to make oneself knowledgeable about the facts on the ground. That is to say, it values epistemic responsibility of the sort that I discuss above. Not only do we need to be responsible and insure that our philosophizing does not ignore salient empirical realities that are known, we have to be humble in the face of that which is as yet unknown (the third maxim). It seems hardly necessary to remind philosophers of what Socrates taught, that the greatest wisdom is to know what one does not know. Yet idealized theorizing, with its tendency to prefer clear lines of definition and opposition, makes it easy to forget to keep a focus on knowing what we do not know. Humility in the face of ignorance also reflects a value, one might say a necessary virtue, in the practice of caring. When we presume to know what we don’t know we are likely to fail in truly meeting the needs of the one for whom we care. In the practice of medical care, such hubris can easily cost lives. With respect to the third maxim, we can point out a dominant philosophical position is that of liberalism. Central to liberalism is the recognition of a plurality of goods. This elevates the avoidance of an arrogance of imposing one’s own values as the true and sole values to a central precept of contemporary philosophy. Reasonable value pluralism (as distinguished from value relativism, where anything goes) is, if you will, the received view. But philosophers frequently neglect this very maxim by presuming the overriding value of reason. An antidote for such presumption is found in the very practice of care. Many who need care are not in a position to exercise their rational functioning (to whatever degree they possess it). Yet for the carer who does good care the value of, and respect owed, the person is never in doubt. The very act of care (when it is good care and not a merely perfunctory carrying out of assigned duties) attests to the value we place on the person’s life and well-being whether or not they are capable of rational deliberation. Caring for one who is seriously dependent on our ministrations can, however, tempt one to presume to know what is good for another and what is of value. It can tempt us to think that we can (or even should) impose our own view on the other. However, such caring, I maintain, is not respectful caring, caring that respects another’s agency. Thus, I believe, best practices of care equally demand that we do not presume that what we value is the only thing that is valuable.21 Finally, there is the issue of accountability, the final maxim. Most practices require some accountability. The need for accountability is inherent in any practice, for without it, one cannot guarantee a consistency of standards. This is evident in practices of care. Parents are held accountable for their children’s actions when harmful actions were foreseeable and preventable. In medical practice, physicians similarly must be held accountable for foreseeable consequences. Any ethic of care must include the importance of being accountable for what we do. Yet, philosophical practice has been strangely inattentive to the importance of accountability. In this philosophers appear to take their cue from theoretical science, 8 The Ethics of Philosophizing 143 in which practitioners claim that they are only after the truth, and if others use their discoveries in a harmful fashion, that is not the pure scientist’s concern.

# Accessibility

### The Disabled Narrative

#### The world is irredeemable – abled subjectivity is tied up in a two-tiered affective response that explains disabled life – primary pity which reflects disability upon the ego threatening its ability status, which invokes secondary pity to overcorrect for the shattered-ego necessitating disabled death.

Mollow 15

pity involves a reaction to the “tragedy of disability.” primary pity entails a mixing up of self and other such that the ego may belong to “someone else,” Primary pity is unbearable because to contemplate another person’s suffering is to question, “Could this happen to me?” Secondary pity attempts to heal by converting primary pity into a feeling that is bearable. an attempt to defend the ego at someone else’s expense and calls for a cure. these affects enlarge the ego of the pitier at the expense of someone else. we feel primary pity and then deny that we have felt it.

#### The notion of a “better future” is an engagement in the logic of rehabilitative futurism, whereby the signifier of the fantasmatic child is placed forward to cure and ontologically eradicate disability as a method of actualizing the desired future – only a categorical rejection of futurity can recognize disability as a life worth living.

Mollow 2

the image of the Child” is inextricable from disability the Child is a display of pity that demeans disabled people. the Child makes an excellent alibi for ableism because not fighting for is unthinkable. The logic relies on “rehabilitative futurism,” Futurity is imagined that the eradication of disability would bring a better future.

#### **Academia is riddled with ableism – knowledge production requires assumptions to be made, and absent talking about disability, those assumptions are always violent. Anything that doesn’t begin with the question of disability allows for ableism to infiltrate modes of thought and culminates in crip-erasure, which means we’re an epistemic prerequisite. Thus, the role of the ballot is to vote for the debater who bests methodologically deconstructs ableism.**

Campbell 13

Ableism is seeded at the level of knowledge systems it is a schema of perfection in the foundations of advocacy abledness is predicated on some notion about typical functioning An ableist imaginary tells us what a healthy body means This relies upon an unacknowledged community of able-bodied people held together by ableism. The ableist divide can also capture relations of sex, race, and animality which have been constituted as sites of disability. relations of ableism are based on an ontology of negation.

#### Our theorization of disability does not center around stable identity or diagnostic cateogrization – we instead theorize about suffering as a disabling and psychic force that structures the subject and explains myriad forms of exclusion.

Mollow 3

to destabilize the disabled-nondisabled binary, this thesis employs “disability” open-ended ways we examine loss of capability without using “disability” as the sign for diagnostic or identity categories. there are moments when we are all disabled

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive – cementing an order of signification that relies upon ableist value systems.

Mollow 4

disability might be fitting for “the remainder of the Real internal to the Symbolic order” signifiers evoke disability The sinthome is the means the subject can access meaning paradoxically, because each is individual also threatens the Symbolic to be constituted as a subject one must be blind to the fixation of enjoyment to alleviate “blindness” must effect disfiguration we‟re disabled if we do, disabled if we don‟t. the “death drive” has less to do with death than life not worth living which disability is supposed to consist nondisabled know a decision could change our status a fear that the driver makes that disabling turn the drive affords insight into sources of fear and fascination this shapes subjectivities You are broken, and I am whole because you suffer compassion is narcissistic we think we‟re feeling for the other; but only for ourselves projecting one‟s own ego onto the object

#### The 1AC is distinct from psychoanalysis – we integrate feminist, queer, anti-colonialist, and anti-white supremacist perspectives.

Mollow 5

although Freud specifies structure his model leaves room for the theorization of great diversity of content that fill that structure Factors such as gender, queerness, race, class, colonialism, disability can radically alter the ways in which constructs such as “the ego,” “the drive,” and “sexuality” come to be figured. The fluidity of Freud‟s paradigm has been the basis of important interventions by social theorists who I examine the ways in which cultural projections of the disability drive shape intersections of oppression including misogyny homophobia white supremacy , and colonialism I will neither assume nor attempt to establish that the psychoanalytic ways of thinking will be useful to every subject and culture

#### Disability is abject to modernity through emotional disgust and subject to psychogenesis – reformist policies exist in a structural antagonism with its imperfection.

Hughes 12

Elimination and correction have been the social response to disabled people disability is an ‘ontological deficit social practices have been used to erase the psychological aversion and the social difference that disability has come to represent The social and policy response to disability in the modern period cannot be separated from the emotional aversion to impairment characteristic of non-disabled hegemony the desire for truth and purity is exercised through the elimination of those who offend this universe Locking disabled people into a ‘zone of exception’ in which they are subjected to the eugenic gaze medical practices have been a source of solutions to impairment to kill or to cure transmit the message disabled people represent ‘what not to be’ and are ontologically invalid The ontological invalidation is mediated by the emotion of disgust opportunities to escape ontological dead-end require the erasure of disabled identity

#### As humans attempt to transgress their limitations to survive futuristic cataclysms, they erase the public awareness of biotechnological ties to the cyber-eugenic project. The disabled will be the next research subjects for exploration justified by the narrative of human triumphalism.

**Williams 19**

biotechnological intervention tied to disability but assumptions have erased awareness a future of space travel will be confronted with concerns over who will be research subjects and the changes bodies will undergo as they adapt to environments so we can understand what bodyminds will be “suitable” for our future the integration of body and technology wouldn’t be new for people with disabilities. but society conceal that from narratives about what it means for humans to live and explore humanity will have to take history again, and consider the experience of those impacted by talk about tech and space.”

#### The aff exposes the internal contradictions at the heart of all violence – treating the other as inferior is only justified though ableist logics.

**Siebers et al. 17**

disability denigrate minority politics people of color and women are illegitimate their identities are disabled successful ploy supposed physical psychological flaws irrationality emotions and weakness racial inequality susceptibility to feeble-mindedness disability remains today an acceptable reason for unequal treatment other justifications have begun to fall away no longer to treat as inferior unless tied to disability there will always be one last justification for inferior treatment tied to physical and mental difference

#### Our affirmative operates through a model of epistemological disablement – anything else ignores the ways in which uncertainty, confusion, and the overall drive determine us. Instead, you should adopt epistemological disablement and be suspect of complete knowledge of the self.

Mollow 6

Any knowing of the drive must be characterized by incompletion coming into proximity with the drive produces uncertainty and incapacity These moments of epistemological disablement are disavowed by theorists and projected onto disabled people. disabled people are depicted as an insufficiency of self-knowledge drive theory undermine the possibility of a whol knowable self this limits complete self-knowledge while interrogating dynamics that imbalance epistemological authority

#### The 1AC posits an ethic of care which affirms disabled life within the cracks of misery – that’s key to bring humility and provides the necessary empirical realities that stipulate definitions of the idealized world.

Kittay 09

Philosophy is concerned with ‘truth’. The truth cannot be served if philosophers do not acquaint with the subject realities give stipulative definitions, these construct a theory applicable to that real world generalizations such as ‘the mentally [disabled] cannot have experiences’ since joy for people with impairments derives from experiences. A care ethic expresses values to conditions idealized theorizing, forget what we do not know This elevates arrogance of imposing one’s values as true care attests value on the life of deliberation. accountability is inherent without it, one cannot guarantee a consistency Yet philosophers take cue that are after the truth