#### The alt is unconditional, I can’t kick it.

### 1

### TFW vJia

#### Interpretation and Violation: debaters must defend that In a just government, workers ought to have the right to strikes. They didn’t -

**Resolved denotes a proposal to be enacted by law**

Words & Phrases ’64

(Words and Phrases; 1964; Permanent Edition)

Definition of the word “resolve,” given by Webster is “to express an opinion or determination by resolution or vote; as ‘it was resolved by the legislature;” It is of similar force to the word “enact,” which is defined by Bouvier as meaning “to establish by law”.

#### Nations are defined territories with governments

**Merriam Webster** [Merriam Webster, 8-22-2021, accessed on 9-6-2021, Merriam-webster, "Definition of NATION", <https://www.merriam-webster.com/dictionary/nation>] Adam

Definition of nation

 (Entry 1 of 2)

1a(1): [NATIONALITY sense 5a](https://www.merriam-webster.com/dictionary/nationality)three Slav peoples … forged into a Yugoslavia without really fusing into a Yugoslav nation— Hans Kohn

(2): a politically organized [nationality](https://www.merriam-webster.com/dictionary/nationality)

(3)in the Bible : a non-Jewish nationalitywhy do the nations conspire— Psalms 2:1 (Revised Standard Version)

b: a community of people composed of one or more [nationalities](https://www.merriam-webster.com/dictionary/nationalities) and possessing a more or less defined territory and government Canada is a nation with a written constitution— B. K. Sandwell

c: a territorial division containing a body of people of one or more nationalities and usually characterized by relatively large size and independent statusa nation of vast size with a small population— Mary K. Hammond

2archaic : [GROUP](https://www.merriam-webster.com/dictionary/group), [AGGREGATION](https://www.merriam-webster.com/dictionary/aggregation)

3: a tribe or federation of tribes (as of American Indians)the Seminole Nation in Oklahoma

**Vote Neg –**

#### First is in round competitive equity – their interpretation explodes limits as the aff gets to choose literally anything they want, which justifies infinite affirmatives that are impossible for the neg to prep against, ensuring they’ll always be ahead and use competition standards like perms to erase neg ground. Infinite variations of affs. Kills ground – they can choose any non-controversial advocacy like racism bad, killing neg ground. The topic is agreed upon before round, is something we’ve done prep on, and allows for the equal division of ground. It serves as the only stable stasis point, which means they should defend it. Also, extra T they get offense from their method not just the topic which means that they’ll always win against topical neg since they’re more ready. Additionally, cutting negs to every possible aff wrecks small schools, which has a disparate impact on under-resourced and minority debaters – kills inclusion which is a prerequisite to engaging in your method and turns case.

#### TVA solves – Defend a implementation of strikes to solve for semiocapitalism and fight back.

#### Switch side debate solves – just read your argument on the negative and it solves your offense. Any DA to the TVA isn’t an absolute reason to reject it – it just is proof that there’s workable clash under my interp where both the aff and neg can engage.

#### In round competitive equity is an intrinsic good and outweighs:

#### [1] Constitutivism – debate is a competitive activity that requires competitive equity for the objective evaluation of arguments: [a] Otherwise the judge can hack against scholarships which allows for violence and racism since judges don't need to care about the flow and can just vote down certain debaters because of their biases. [b] It’s proven by procedural rules that they followed like speech times and flipping before round which means that there is always some implicit policing in debate and the impact turns are terminally non-unique. Also that means hack against them if they say unfairness is good or fairness doesn’t matter since you are inversely obligated to be fair me.

#### [2] Testing – debating the aff is key to finding the best solution to their impacts which is key to good for idea testing and prevents the aff from being a monologue that can’t be contested – the process of clash our interpretation facilitates internal link turns the aff – advocacy tied to the resolution incentivizes nuanced research and clash with a well prepared opponent which is key to good method discussion – means in order to gain any solvency through discussion of the aff, you need to be topical so I can engage and we can find solutions so fairness is a prerequisite and controls the internal link to aff solvency.

#### [3] Evaluation – even if their arguments seem true, that’s only because they already had an advantage – in round competitive equity is a meta constraint on your ability to determine who best meets their ROB. If one debater had ten minutes to speak and the other had three there would be incongruence that alters ability to judge the truth value of who wins on the AC so cross-applications don’t work. Presume their arguments are false absent an opponent that is adequately prepared to contest them – they don’t get to weigh the case if we couldn’t engage it to start with since I couldn’t disprove it. Additionally, it conflates the pre/post fiat distinction – saying we need to discuss the aff out of the topic because people are being oppressed in society is tantamount to saying extinction outweighs unfairness—that begs the question of the truth of the aff and also is an incoherent practice since I’m not responsible for that impact.

#### [4] Ballot proximity – the ballot can’t solve their offense or actualize their method since the arguments we read have no effect on our subjectivity, but the judge can determine the direction of good norms and equitable practices so a risk our interp is good means negate

#### [5] Quality of discussion – even if it’s true that the scholarship they introduce is valuable, if I can’t answer the aff then there’s no point to reading the position. Debate’s unique value is that it forces engagement and contestation of issues – but this is impossible if I don’t even know what to prepare for.

#### [6] Reversibility – we can always read into this stuff later, but a loss is permanent – we can resolve the education of the aff through the research process too.

#### Ballot paradox – either they want the ballot and prove the competition arguments, or they’re only here for the discussion in which case vote neg but recognize the aff’s education is valuable – proves T comes first.

#### No impact turns or RVIs

#### [1] Perfcon – if T’s bad and you vote for them on that arg, you’re voting on T.

#### [2] Substance – if T’s bad then we should try debating on substance – impact turns force me to go for T since I need to defend my position.

#### Theory is competing interps – a) reasonability is arbitrary and so is any brightline they set, b) norming – competing interps causes a race to the top where we find the best possible norm for debate instead of setting a brightline and testing how abusive we can be without violating.

#### Drop the debater on T – a) indicts the aff advocacy so drop the argument would be dropping the aff anyways, b) deter future abuse and set good norms.

### 2

#### Ableism is seeded in a process constitutive of the disability drive – composing of primary pity, when one witnesses a fall of the ego and a recognition of the ability status as temporary, and secondary pity, which describes the egos attempt to overcompensate necessitating disabled violence.

**Mollow 15** Anna (2015): The Disability Drive, 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 <https://digitalassets.lib.berkeley.edu/etd/ucb/text/Mollow_berkeley_0028E_15181.pdf> //Jia

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 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. xA 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. 77 Then the tube entered one nostril, its gauge slight enough to pass through, down my throat and into my stomach. I couldn’t thrash or resist. I could only relent. To the pain, the discomfort, but most distressingly the feeling of powerlessness, of violation. It was in that moment, I think, that the weight of everything which had happened fell upon me, undeniably, and the knowledge of it crushed me. (23-24) “Too much to bear,” Guest writes. The word “unbearable” would indeed be an accurate descriptor of this passage: both the experience of violence that it narrates and also the retelling of that experience produce sensations that, as in Berlant and Edelman’s account of sexuality, one cannot bear but must nonetheless “struggle to bear” (back cover). Guest’s account of a nonconsensual administration of an unwanted medical treatment is especially difficult to bear because it gives the reader no recourse to secondary pity: the passage offers no “lesson” to be learned, no invitation to feel “inspired,” nothing to make one feel in any way okay about what has happened. The medical violence that Guest recounts seems particularly devastating because it is readable as sexual: it takes the form of forced penetration, and it results in a “feeling of powerlessness, of violation” that resonates with experiences recounted by survivors of sexual assault.

#### The affirmatives optimistic hope of a better future is complicit in rehabilitative futurism, as the disabled object is seen through a lens of nonproduction – this discludes disability from the political and notions of reformism. They don’t get to weigh case – if we win their starting point is violent then they shouldn’t be able to weigh their endpoint. You are 100% futurism – don’t buy into their BS claims they attatched a single card to link out of the k but yous till link all yoru capitalism stuff and fights about climate change are trying to make the world better – those are still orientations of futurism

**Mollow 2** Anna (2015): The Disability Drive, 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 <https://digitalassets.lib.berkeley.edu/etd/ucb/text/Mollow_berkeley_0028E_15181.pdf> SJCP//JG

Elsewhere, I have argued that No Future’s impassioned polemic is one that disability studies might take to heart.109 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**.110

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

Siebers 6 (Tobin, Prof of Literary and Cultural Criticism at the U of Michigan, “Disability Studies and the Future of Identity Politics”) DR 16

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

#### The starting point of the 1AC is epistemically flawed and an independent link – fiat is illusory and anything that doesn’t begin from the question of disability allows for ableism to infiltrate modes of thought which means we’re an epistemic prerequisite. Thus, the role of the ballot is to vote for the debater who best methodologically challenges ableism.

**Campbell 13** Fiona Kumari (2013): Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence, Fiona Kumari Campbell undertakes research in Studies in Ableism, coloniality, disability studies as well as explorations about Buddhist formations of disability. Trained in sociology, theology and legal studies; she is interested in ways that law, new technologies and the governance of marginal populations produces understandings of the productive citizen, normative bodies, ideas of periphery and ways that ablement privileges and entitles certain groups in society. Campbell is the author of Contours of Ableism: The Production of Disability and Abledness (Palgrave, 2009) and numerous other journal articles and book chapters. SJCP//JG

Studies in Ableism 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.

#### The alternative is to endorse the negative and a method of autoethonography – an incorporation and affirmation of disabled experience in order to bring to light a rejection of the affirmative d exclusion of dis/ability, the aff is something that is always tied to the subjugation of disabled bodies.

**Selck 16** Michael (2016): Crip Pessimism: The Language of Dis/ability and the Culture that Isn't, Southern Illinois University Carbondale, //Jia

Autoethnography has become a central and integral part of my disability studies library. Many of the texts I find myself recommending as of late all contain autobiographical as well as reflexive culturally systemic components, which are two fundamental characteristics of autoethnography. I understand autoethnography as characteristically vital to the study of disability because historically the disabled subject has been excluded from academia in content and in body. The rich affective stories and the disabling societal prejudice still existed but they were regarded as merely personal instead of political. Autoethnography “is an expression of the desire to turn social science inquiry into a non- alienating practice” (Bochner, 2013, 53). The narrative turn is responsible for shedding light on the areas of our lives that are political, even though they do not appear so, or are not regarded as much. The metaphor of light has been used before to describe autoethnography as Chang (2008) writes, “it (autoethnography) is about holding collected (or written) fragments of life against the present light and making sense of their significance within the bigger context of my life” (115). Autoethnography is a powerful method because it illuminates that which is not immediately visible or consequential. When I use autoethnography I use it to illuminate. By the age of twenty-three I had come to be keenly aware of my body, trusting my inner most instincts. I could usually predict when I was going to get sick, probably in large part because it happened calamitously yet routinely every year. Presently I’m washing my hands insistently over the course of the days as a self-prescribed treatment recommended by my achy muscles. Over and over again throughout the day I fill my palms up with an aggressively liberal amount of soap and fidget them under violently hot running water. The 18 pain from purging myself of the risk of diseased bacteria is so intense that it triggers a memory. I’m attending a grade school in southern rural Illinois named Red Bud Elementary. Red Bud is what is known as a ‘sundown town’ meaning that historically persons of color were not welcome in city limits after the sun went down under threat of lynching and Jim Crow. According to US Census data in 2000 Red Bud had 3,422 White citizens, not one person of color registered. My memory takes place some two or three years before that 2000 census. In 1998 I was about seven years old and in the second grade of an all White school. I have two memories that pertain significantly to this time in my life. The first is a particularly long school recess in which I lost three friends because I screamed profanities at God. To wit the exact phrase was “Fuck you, God!” said loudly to prove to them my disbelief. It’s sensible that I would later grow up to be an atheist. The more pressing memory comes about at the same age and takes place at Red Bud Elementary. On this particular day the school, which was not very big, elected to participate in a school wide sanitation education program known as Glo GermTM. Glo GermTM is an educational product designed to simulate the spread of infectious germs. The system involves two components, a UV light, and a sticky fluorescent hand cream. My classmates and I returned from recess excited to participate in what had been described to us as a kind of game. As we entered the room, single file, we stuck out our hands and a facilitator dumped a load of white goop onto them. None of us at the time were quite aware of the characteristics of semen, which benefited the effectiveness of the program. We were instructed to rub the cream thoroughly into our hands and arms. Ironically, the faux germs smelled like bleach. 19 After the cream is all rubbed in and the young classroom murmurs die down we are given a brief lesson about germs, bacteria, and viruses. Nationally these types of programs became popular shortly after the 1990 adoption of the American’s with Disabilities Act. The United States was finally talking about disease and it was only about a century late. Sexual education was either non-existent or abstinence-only in most parts of the country. The earliest messages I can remember learning about my body were fear and anxiety. The government’s early disease programs focused on prevention rather than a cure, and in turn the state ushered in an era of stigma and shame surrounding bodies, disease, and dis/ability. In the brief lesson germs and diseases were conflated, pathologized, and securitized. The lesson ended by covering the FDA recommended hand washing technique. During the lesson we were touching our pencils, notebooks, desks and everything in arm’s reach. Next we were instructed to go into the co-ed restroom and wash our hands mimicking the technique we just learned. We remained single file until we got into the restroom, which was never intended to house all students at once. Hand washing chaos commenced. The second grade class of Red Bud Elementary did not leave a dry spot in that bathroom on this particular day. Soap, suds, and scalding water everywhere, my classmates and I returned single file to the room, which was now dark. With the lights turned off the facilitators turned to their final parlor trick of UV lights. Desk by desk they swept like forensic scientists revealing the concentrations of germs that even the most tedious washers had missed. Invisible death threats pointed out to each and every one of us, between our fingers, in between our nails and nail beds. I’m jolted back from my memory to the sink where my hands are red and raw from prolonged exposure to hot water. I lift my hands closer to my face almost as if to expect to 20 see the remaining germs in all the porous nooks and crannies. Our bodies are cites of knowledge and are capable of communicating in more ways then social scientists have traditionally believed. Autoethnography is an embodied and illuminating process of sense-making similar to Glo GermTM. Narrative resistance showcases what remains unexamined in our lives. I come to autoethnography because often the subjugation, discrimination, and oppression of bodies with disabilities is taken as normal or even progress. Our progressive hands have neglected germ-ridden spots just like the hands of the Red Bud Elementary second grade class.

#### Psychoanalysis is both falsifiable and accurate – studies prove.

Grant & Harari 5 (Don and Edwin, psychiatrists, “Psychoanalysis, science and the seductive theory of Karl Popper,” Australian and New Zealand Journal of Psychiatry)

Attacks on psychoanalysis and the long-term therapies derived from it, have enjoyed a long history and much publicity [1-4]. Yet, the justification for such attacks has been challenged on many grounds, including their methodology [5] and the empirically demonstrable validity of core psychoanalytic concepts [6,7]. Also, burgeoning neuroscience research, some of which is summarized below, indicates likely neurological correlates for many key clinically derived psychoanalytic concepts such as self-coherence [8], repression [9] and projective identification [10]. Furthermore, the effectiveness of psychoanalysis and its derivative therapies has been supported by empirical research [11,12], particularly for patients with DSM axis II pathology. Despite this evidence, the attacks on psychoanalysis continue unabated, not only from some psychiatrists [13,14] but also from the highest levels of politics and health bureaucrats [15], although what exactly is being attacked is often unclear.