### 1

#### A. Interpretation: If the aff differs from the conventional truth testing model, they must explicitly specify a comprehensive role of the ballot and clarify how the round will play out under that role of the ballot in the form of a text in the 1AC. To clarify, the aff must:

#### 1. Clarify how offense links back to the role of the ballot, such as whether post-fiat offense or pre-fiat offense matters and which comes first.

#### 2. Clarify what theoretical objections do and do not link to the aff, such as whether or not the aff comes before theory.

#### 3. Clarify how to weigh and compare between competing advocacies i.e. whether the role of the ballot is solely determined by the flow or another method of engagement.

*My ROB evaluates both post and pre-fiat, but pre-fiat comes first. Theory is allowed and comes before the ROB. ROB is determined off of the flow [and performative offense]*

#### B. Violation:

#### C. Standards:

#### 1. Engagement – I don’t know what offense links to your aff which proves I can’t reasonably contest it – knowing what a legit advocacy is in conjunction with knowing how to weigh prevents preclusive and superficial claims about the aff. Key to fairness, education and is an independent voter since debate requires that we have a point of contestation where we answer each other’s claims in an in-depth fashion. Also key to novice inclusion because they don’t know your K lit or what your ROB says which means you exclude them – inclusion is a voter because you can’t debate if you can’t participate.

#### 2. Strategy Skew – You make formulating a strategy impossible since I don’t know what links to your evaluative mechanism. If I go for a policy action, you can say the 1AC is about speech acts and do that weighing to exclude all my offense. I’m screwed with regards to theory since if I read it, you’ll use the aff to take it out but if I don’t, you’ll uplayer which proves spec is key.

#### Framing: You can’t use your ROB to exclude my shell. My shell allows you to read your role of the ballot, it just functionally constrains how you can do that. Additionally, as long as I win comparative offense to my interp it precludes on a methodological level – my method is your ROB with specification, your method is just the ROB, so if the former is better it’s a reason to vote for me even if method debates in general preclude theory. Fairness is a prior question to determining the truth of a claim because absent fairness, it’s impossible to test whether one side is right. Also, if they go for the K first that proves the abuse of my shell since they should have specified in the AC.

#### D. Voters:

#### Fairness – a) its constitutive to debate as competitive activity that requires objective evaluation

#### Education – a) it’s the only reason why schools fund debate

#### No RVIs –

#### a) good theory debaters will bait out theory and always win o/ws on norming

#### b) illogical – you shouldn’t win for being fair

#### c) chilling effect – people are disincentivized from reading theory out of fear of losing on an RVI

#### d) Norming - if rvi I can’t concede counter interp if I’m wrong which means I have to advocate for bad norms

#### Use competing interps A] reasonability invites arbitrary judge intervention and a race to the bottom of questionable argumentation

### 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 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? 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 1AC’s belief of a better future becomes complicit in the logic of rehabilitative futurism, which is threatened by the Disabled Child.

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 //Jia

“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)

#### The starting point of the 1AC is epistemically flawed and an independent link – anything that doesn’t begin from the question of disability allows ableism to infiltrate academia breaking down notions of progress is necessary in the face of social death. Thus, the ROB 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.//Jia

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.

#### Communicative spheres always zone out disability – the alternative is to endorse the negative and unwavering pessimism – breaking down notions of progress is necessary in the face of social death.

Selck 16 Selck, Michael L. "Crip Pessimism: The Language of Dis/ability and the Culture that Isn't." (Jan 2016) //Jia recut

Despite the fact that a large basis of American culture is founded on ability, dis/ability rarely enters the dominant public communication sphere. The unpleasant and visceral questions that accompany communication about dis/ability have been strategically re-zoned and relocated like so many dis/abled patients, veterans, and transients. Yet, when conversation about dis/ability does seem to permeate the ideological walls of ability the messages are inspirationally distorted and optimistic. My time researching dis/ability in academia found that the conversation there mimicked the exploitive inspirational humaninterest trope found in cinema and journalism. To break the optimistic silence I set out with a performance art piece titled Under The Mantle to advance a theme of crip-pessimism, which intended to raise the stakes of contemporary dis/ability research. The beginning of this essay takes the time to detail the vast theoretical backgrounds of critical disability theory and philosophical pessimism. In the following section I reviewed intercultural communication literature for dis/ability because much of the theory literature I drew from existed outside the communication studies discipline. The evidenced lack of intercultural dis/ability artifacts up against a dis/ability centric performance art project necessitated an interdisciplinary multi-method framework. In that framework I demonstrate how autoethnography is significant to dis/ability studies because it illuminates even the most mundane able-bodied norms. In the final sections I offer a textual description of the performance and hone in on three explicit arguments that augment traditional thinking about dis/ability and communication. The trouble I encountered with dis/ability research in communication studies has to do with the way American culture understands offensive communication. Political correctness as a disciplining communication concept dictates what terms are socially acceptable at a given time. Political correctness underscores how many communication studies programs operate within the rubric of conflict (Wilderson, 2010). The thinking that suggests simply avoiding offensive terms will diminish oppression is within the rubric of conflict because it understands the oppression as materially reconcilable. What crippessimism does, and what UTM performed, is skepticism that speaking inspirationally and avoiding speaking offensively about dis/ability would end disablism. Instead I argued that what dis/ability represents is an antagonism, it is an oppression so much more foundational to the core of American values that linguistic reforms would not even scratch the surface. The significance of antagonism is that it raises the stakes of dis/ability research. The end goal of research should not be to service the meta-theoretical assumptions of the paradigm (Kuhn, 1962), because consequently the researcher never stops to ask if the assumptions of the paradigm are ethical, valid, or effective. Crippessimism is a call for some demolition and redistribution of communicative identity paradigms. If the radical promise of our theories is nothing more than a call for social stability then they are complicit in the neoliberal eugenic project. We need to theorize so that there is nothing already ‘given’ or taken for granted. Often in those moments, like the moments of so many textbooks, the underlying optimism goes completely unquestioned. Crip-pessimism as a theme is characterized by negotiating debates surrounding the efficacy of identity politics. Arguments that fit within the theme ask why the disabled should abandon their bodies in the political sphere. Social death has already occurred, the dis/abled are being rendered culturally unintelligible and physically fungible. So what we need when we are having discussions about how to progress is a theory that breaks down the notion of progress. The recognition and need for a theory like this comes about when we ask central dis/ability questions like: ‘when did eugenics end?’ and ‘where is disability in U.S. society before and after the passage of the Americans with Disabilities Act?’ and ‘globally has the Convention on the Rights of Persons with Disabilities reconciled the antagonism of disablism?’. These are the questions that I want to end on and encourage communication and dis/ability scholars alike to take up. As scholars and mass media engines continue to project dis/ability within the rubric of conflict our collective reliance on capitalism and neoliberalism grow deeper. It is my hope at the end of this project that my voice both in performing and in writing encourages more scholarship detailing the omnipresence of disablism in American culture. Under The Mantle is a reminder to me that all representations of dis/ability have consequences and in many cases all we need to witness those consequences is a slight perspectival shift.

#### 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)//Jia

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.

## Case

### LBL

#### Overview on the case proper is that ablelism is infiltrating spaces of acadamia since disabled scholars are excluded from communication which means you should be epistemically suspect of all their claims since their giving and excluding disability

#### We’ll hijack the Giroux 1 ev – 1) cross apply campell – ableism is infiltrating spaces of acadamia since disabled people are excluded from knowledge production which means the terminal impact of cap is either a) ableism which we say futurism is the root cause for or b) there is no impact since the card has zero explination for why its bad 2) this card is an independent voting issue for evidence ethics – you should control f this card for corperations – it doesn’t support any of their uniqueness claims This is an independent reason to vote you down because it promotes better norms about academic engagement---debate is an academic environment and must ensure that we become fair scholars. Even if you don’t lose on fairness in the round, you will lose in college if you violate academic ethics which establish a crucial real-world norm, and outweighs any in-round impact. 3) mollow solves better since we disengage from the state and stop beliving in their ability to create a better future so we’re less stupid about corps