#### Our thesis is that the world is in *fundamental opposition* to disability – disability is always caught in an ontological antagonism due to disgust, psychogenesis, and the ‘disability drive’. The 1ACs attempt at progress through policy and very placement in civil society is a way to export disgust based ontological violence.

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

Elimination and/or correction have been the primary social response to disabled people in modernity.The primary form of experience (of disability**),** during the same period,has been one of invalidation. Invalidation carries a ‘dual meaning’ as both ‘confinement through incapacity’ and ‘deficit of credibility’ **(**Hughes, 2000: 558). This (latter and more crucial) claimis 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 corporealpresence**.** 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 – thatthe 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 andsocialpolicy 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 inhumanor sub-humanis 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 thatconstitute **the psychogenisis of disability. These include the emotional** aversions and intolerances of impairment that derive from the civilising process. The ontological invalidation that disabled people experience in their everyday encounters is mediated primarily by the emotion of disgust (with fear and pity in tow). At an existential level the presence of the disabled body is unsettling for non-disabled people who are often in denial about their own vulnerability**.** This is the psychological and emotional component of what disability scholars call ableism. The standard resolution to this ‘problem’ of non-disability in modernity has been to have the object of discomfort – the disabled person – removed or corrected. The sociogenesis of anthropoemic and anthropophagic strategies for dealing with impairment are rooted in the emotional dispositions of non-disabled people as they develop their civilised protocols for behaviour and bodily comportment. In what follows, I will focus on the ways in which the ‘civilising process’ invalidates impairment and demonstrate how opportunities to escape this ontological dead-end usually require the erasure of disabled identity. In the first section that follows I will give some examples of the way in which one can read disability as a product of the civilising process. In the section, thereafter, I will examine the psychogenesis of disability relating it to the disgust response to impairment and to the development of ableism, the complex of processes that exclude disabled people from the ‘psychic habitus’ (Elias, 2000: 367) of modernity.

#### The role of the ballot is to vote for the debater who best methodologically challenges ableism. Assumptions of ableism is always already inherent in any system of knowledge production thus ableism is *always* a prior question. Evaluate the 1ACs scholarship and assumptions – anything else allows for ableist norms to be replicated – they *do not* get to weigh the case. Fiat is illusory –that means 1. vote neg on presumption because the aff doesn’t do anything to solve any of their impacts and 2. Epistemological focus comes first because that’s the only thing that is relevant in the debate space.

Campbell 13 (Fiona Kumari Campbell, Adjunct Professor in the Department of Disability Studies at Griffith University. Wednesday 27 November 2013. Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence. Keynote speech at Disability at the Margins: Vulnerability, Empowerment and the Criminal Law)

What is meant by the concept of ableism? The literature suggests that the term is often used fluidly with limited definitional or conceptual specificity. The work of Carlson (2001)5 and Campbell (2001) represented a turning point in bringing attention to this new site of subordination not just in terms of disablement but also ableism’s application to other devalued groups. **Ableism** is deeply **seeded at the level of knowledge systems** of life, personhood and liveability.Ableism is not just a matter of ignorance or negative attitudes towards disabled people; **it is a schema of perfection, a deep way of thinking about bodies,** wholeness and permeability.6 As such integrating ableism into social research and advocacy strategies represents a significant challenge to practice as ableism moves beyond the more familiar territory of social inclusion and usual indices of exclusion to the very divisions of life. Bringing together the study of existence and knowledge systems, ableism is difficult to pin down. Ableism is a set of processes and practices that arise and decline through sequences of causal convergences influenced by the elements of time, space, bodily inflections and circumstance. Ability and the corresponding notion of ableism are intertwined. **Compulsory ablebodiedness is implicated in the very foundations of social theory,** therapeutic jurisprudence, advocacy, medicine and law; or in the mappings of human anatomy. Summarised by Campbell (2001, 44) Ableism refers to; …A network of beliefs processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, speciestypical and therefore essential and fully human. Disability then is cast as a diminished state of being human. Writing today (2013) I add an addition to this definition: ‘The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability’. Sentiency applies to not just the human but the ‘animal’ world. As a category to differentiate the normal from the pathological, **the concept of abledness is predicated on some preexisting notion about the nature of typical species functioning that is beyond culture and historical context**. Ableism does not just stop at propagating what is typical for each species. An ableist imaginary tells us what a healthy body means – a normal mind, the pace, the tenor of thinking and the kinds of emotions and affect that are suitable to express. Of course these ‘fictional’ characteristics then are promoted as a natural ideal. **This abled imaginary relies upon the existence of an unacknowledged** imagined **shared community of able-bodied/minded people held together by a common ableist world view that asserts the preferability** and compulsoriness **of the norms of ableism.** Such ableist schemas erase differences in the ways humans express our emotions, use our thinking and bodies in different cultures and in different situations. This in turn enacts bodily Otherness rendered sometimes as the ‘disabled’, ‘perverted’ or ‘abnormal body’, clearly demarcating the boundaries of normal and pathological. A critical feature of an ableist orientation is a belief that impairment or disability is inherently negative and at its essence is a form of harm in need of improvement, cure or indeed eradication. Studies in Ableism (SiA) inverts traditional approaches, by shifting our concentration to what the study of disability **tells us about the production, operation and maintenance of ableism.** In not looking solely at disability,we can focus on how the abled able-bodied, non-disabled identity is maintained and privileged. Disability does not even need to be in the picture. SiA’s interest in abledness means that the theoretical foundations are readily applicable to the study of difference and the dividing practices of race, gender, location and sexual orientation. Reframing our focus from disability to ableism prompts different preoccupations: • What does the study of the politics of ‘vulnerability’ tells us about what it means to be ‘non-vulnerable’? • Indeed how is the very conceptualisation of ‘autonomy’ framed in the light of discourses of ‘vulnerability’? • In representing vulnerability as universal does this detract from the specificity of disability experiences? **SiA examines the ways that concepts of** wellbeing, **vulnerability and deficiency circulate throughout society and impact** upon economic, social, **legal and ethical choices**. Principally SiA focuses on the limits of tolerance and possessive individualism. Extending the theorization of disability, **studies in ableism can enrich our understanding of the production of vulnerability and the terms of engagement in civic life and the possibilities of social inclusion.** I now turn to unpacking the nuances and structure of a theory of ableism.

#### Status quo debate is reflective of violent forms of education in the status quo – the 1ACs interjection of disability studies in debate carves out debate as a safe space for disabled students.

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

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

#### This produces disability as disqualifying defect – the view that disability is a sign of a lesser quality being – that results in VIOLENCE and SPILLS OVER to other forms of oppression

Siebers 09 [Tobin, Co-Chair of the Initiative on Disability Studies and Professor of English at the University of Michigan, October 28, “The Aesthetics of Human Disqualification, pg. 3-10/AKG]

Disqualification as a symbolic process removes individuals from the ranks of quality human beings, putting them at risk of unequal treatment, bodily harm, and death. That people may be subjected to violence if they do not achieve a prescribed level of quality is an injustice rarely questioned. In fact, even though we may redefine what we mean by quality people, for example as historical minorities are allowed to move into their ranks, we have not yet ceased to believe that nonquality human beings do exist and that they should be treated differently from people of quality. Harriet McBryde Johnson’s debate with Peter Singer provides a recent example of the widespread belief in the existence of nonquality human beings (Johnson). Johnson, a disability activist, argues that all disabled people qualify as persons who have the same rights as everyone else. Singer, a moral philosopher at Princeton University, claims to the contrary that people with certain disabilities should be euthanized, especially if they are thought to be in pain, because they do not qualify as persons. Similarly, Martha Nussbaum, the University of Chicago moral philosopher, establishes a threshold below which “a fully human life, a life worthy of human dignity,” is not possible (181). In particular, she notes that the onset of certain disabilities may reduce a person to the status of former human being: “we may say of some conditions of a being, let us say a permanent vegetative state of a (former) human being, that this just is not a human life at all” (181). Surprisingly little thought and energy have been given to disputing the belief that nonquality human beings do exist. This belief is so robust that it supports the most serious and characteristic injustices of our day. Disqualification at this moment in time justifies discrimination, servitude, imprisonment, involuntary institutionalization, euthanasia, human and civil rights violations, military intervention, compulsory sterilization, police actions, assisted suicide, capital punishment, and murder. It is my contention that disqualification finds support in the way that bodies appear and in their specific appearances—that is, disqualification is justified through the accusation of mental or physical inferiority based on aesthetic principles. Disqualification is produced by naturalizing inferiority as the justification for unequal treatment, violence, and oppression. According to Snyder and Mitchell, disability serves in the modern period as “the master trope of human disqualification.” They argue that disability represents a marker of otherness that establishes differences between human beings not as acceptable or valuable variations but as dangerous deviations. Douglas Baynton provides compelling examples from the modern era, explaining that during the late nineteenth and early twentieth centuries in the United States disability identity disqualified other identities defined by gender, race, class, and nationality. Women were deemed inferior because they were said to have mental and physical disabilities. People of color had fewer rights than other persons based on accusations of biological inferiority. Immigrants were excluded from entry into the United States when they were poor, sick, or failed standardized tests, even though the populations already living there were poor, sick, and failed standardized tests. In every case, disability identity served to justify oppression by amplifying ideas about inferiority already attached to other minority identities. Disability is the trope by which the assumed inferiority of these other minority identities achieved expression. The appearance of lesser mental and physical abilities disqualifies people as inferior and justifies their oppression. It is now possible to recognize disability as a trope used to posit the inferiority of certain minority populations, but it remains extremely difficult to understand that mental and physical markers of inferiority are also tropes placed in the service of disability oppression. Before disability can be used as a disqualifier, disability, too, has to be disqualified. Beneath the troping of blackness as inbuilt inferiority, for example, lies the troping of disability as inferior. Beneath the troping of femininity as biological deficiency lies the troping of disability as deficiency. The mental and physical properties of bodies become the natural symbols of inferiority via a process of disqualification that seems biological, not cultural—which is why disability discrimination seems to be a medical rather than a social problem. If we consider how difficult it is at this moment to disqualify people as inferior on the basis of their racial, sexual, gender, or class characteristics, we may come to recognize the ground that we must cover in the future before we experience the same difficulty disqualifying people as inferior on the basis of disability. We might also recognize the work that disability performs at present in situations where race, sexuality, gender, and class are used to disqualify people as physically or mentally inferior. Aesthetics studies the way that some bodies make other bodies feel. Bodies, minimally defined, are what appear in the world. They involve manifestations of physical appearance, whether this appearance is defined as the physical manifestation itself or as the particular appearance of a given physical manifestation. Bodies include in my definition human bodies, paintings, sculpture, buildings, the entire range of human artifacts as well as animals and objects in the natural world. Aesthetics, moreover, has always stressed that feelings produced in bodies by other bodies are involuntary, as if they represented a form of unconscious communication between bodies, a contagious possession of one body by another. Aesthetics is the domain in which the sensation of otherness is felt at its most powerful, strange, and frightening. Whether the effect is beauty and pleasure, ugliness and pain, or sublimity and terror, the emotional impact of one body on another is experienced as an assault on autonomy and a testament to the power of otherness. Aesthetics is the human science most concerned with invitations to think and feel otherwise about our own influence, interests, and imagination. Of course, when bodies produce feelings of pleasure or pain, they also invite judgments about whether they should be accepted or rejected in the human community. People thought to experience more pleasure or pain than others or to produce unusual levels of pleasure and pain in other bodies are among the bodies most discriminated against, actively excluded, and violated on the current scene, be they disabled, sexed, gendered, or racialized bodies. Disabled people, but also sex workers, gay, lesbian, bisexual, and transgendered people, and people of color, are tortured and killed because of beliefs about their relationship to pain and pleasure (Siebers 2009). This is why aesthetic disqualification is not merely a matter for art critics or museum directors but a political process of concern to us all. An understanding of aesthetics is crucial because it reveals the operative principles of disqualification used in minority oppression. Oppression is the systematic victimization of one group by another. It is a form of intergroup violence. That oppression involves “groups,” and not “individuals,” means that it concerns identities, and this means, furthermore, that oppression always focuses on how the body appears, both on how it appears as a public and physical presence and on its specific and various appearances. Oppression is justified most often by the attribution of natural inferiority—what some call “in-built” or “biological” inferiority. Natural inferiority is always somatic, focusing on the mental and physical features of the group, and it figures as disability. The prototype of biological inferiority is disability. The representation of inferiority always comes back to the appearance of the body and the way the body makes other bodies feel. This is why the study of oppression requires an understanding of aesthetics—not only because oppression uses aesthetic judgments for its violence but also because the signposts of how oppression works are visible in the history of art, where aesthetic judgments about the creation and appreciation of bodies are openly discussed. One additional thought must be noted before I treat some analytic examples from the historical record. First, despite my statement that disability now serves as the master trope of human disqualification, it is not a matter of reducing other minority identities to disability identity. Rather, it is a matter of understanding the work done by disability in oppressive systems. In disability oppression, the physical and mental properties of the body are socially constructed as disqualifying defects, but this specific type of social construction happens to be integral at the present moment to the symbolic requirements of oppression in general. In every oppressive system of our day, I want to claim, the oppressed identity is represented in some way as disabled, and although it is hard to understand, the same process obtains when disability is the oppressed identity. “Racism” disqualifies on the basis of race, providing justification for the inferiority of certain skin colors, bloodlines, and physical features. “Sexism” disqualifies on the basis of sex/gender as a direct representation of mental and physical inferiority. “Classism” disqualifies on the basis of family lineage and socioeconomic power as proof of inferior genealogical status. “Ableism” disqualifies on the basis of mental and physical differences, first selecting and then stigmatizing them as disabilities. The oppressive system occults in each case the fact that the disqualified identity is socially constructed, a mere convention, representing signs of incompetence, weakness, or inferiority as undeniable facts of nature. As racism, sexism, and classism fall away slowly as justifications for human inferiority—and the critiques of these prejudices prove powerful examples of how to fight oppression—the prejudice against disability remains in full force, providing seemingly credible reasons for the belief in human inferiority and the oppressive systems built upon it. This usage will continue, I expect, until we reach a historical moment when we know as much about the social construction of disability as we now know about the social construction of race, class, gender, and sexuality. Disability represents at this moment in time the final frontier of justifiable human inferiority.

#### Vote negative to affirm radical failure – to affirm the idea that disability is something that is beautiful which is in opposition to the world’s biopolitical portrayal of disability – this is not a mindset shift yet a method as a way to interpret violence

Campbell 2012 (Fiona Kumari Campbell, Associate Professor in Law for Griffith Law School, and a Adjunct Professor in Disability Studies at the University of Kelaniya. "Stalking Ableism: Using Disability to Expose 'Abled' Narcissism." In the book "Disability and Social Theory: New Developments and Directions." Chapter 13. Palgrave McMillan, 2012. Brackets in article)

Difference can be a vexed issue even within modern liberal societies. The tendency for many people is still to emulate or at least appear to refashion normative ways of being. Much of the intellectual traffic for the rethinking of disability in terms of anti-sociality has emerged through debates about the merits of social inclusion and liberal notions of equality and resilience strategies to break the abled stranglehold. Legal theorists like Ruth Colker who argues that anti-subordination rather than integration should be the measure of equality are the exception (Colker, 2006). There is limited work within disability studies, especially in approaches influenced by the social model of disability or social role valorisation theory, that take a trans-integration or post-normalisation perspective. What if we turned our backs on ‘fitting in’ – what would be the opportunities, the consequences and maybe dangers, to give ‘attention to the lived intricacies of embodiment offer[ing] alternatives to normalization efforts aimed at homogenizing social outsiders (Snyder & Mitchell, 2010, 113)’? For this imaginative undertaking it is necessary to turn to the theoretical work by other ‘outsider’ groups – queer theorists. Spearheading the critique of the ‘different but same’ stance of social justice formulations are ‘anti-social’ queer theorists (Bersani, 1986, 1996; Edelman, 2004; Halberstam, 2005, 2008; Muñoz, 2007). This section will outline some of the conceptual drivers of the anti-social argument and their adoption for developing an anti-sociality posture of disability. Leo Bersani’s seminal work (1986, 1996) formulated an anti-social, negative and anti-relational theory of sexuality. These works along with the writings of Edelman (2004), Halberstam (2005, 2008) and Muñoz (2007) set the stage for the decoupling of queer marginality from the liberal projects of tolerance and social inclusion. Before moving into a consideration of how certain conceptual renderings may be applied to the disability situation, it is useful to familiarise ourselves with how the neologism queer is understood by anti-social theorists. Lee Edelman’s No Future: Queer Theory and the Death Drive does not indicate the parameters of queer, but concludes that ‘queerness can never define an identity; it can only ever disturb one’ (2004: 17). Queer, while originating from the purview of diverse sexualities, easily extends to other kindred forms of ontological and corporeal aberrancies and ambiguities (such as disability). So it is right for Halberstam (2005: 6) to embrace a more elastic connotation of queer which refers to ‘non-normative logics and organizations of community, sexual identity, embodiment and activity in space and time’. From this reckoning, the disabled person is already queered. Queer, then is antitheoretical to the regime of ableist translation. In a world that makes claims to integrity using the argument based on equality as sameness (we are normal, we are everyday people), it would seem a bit bold or offensive to suggest that people with disability are different from the run-of-mill ableist norm emulators. Ahmed (2006) points to an alternate prism, a ‘migrant orientation’ to capture a disorientation faced by queer folk which I extend to include disabled people. The disorientation, a form of radical estrangement propels a lived experience of facing at least two directions: towards a home that has been lost (the desire to emulate ableist norms), and to a place that is not yet home. Regimes of ableism have produced a depth of disability negation that reaches into the caverns of collective subjectivity to the extent that disability negativity is seen as a ‘naturalized’ reaction to an aberration. Not negating queerness or disability can cultivate alternate kinds of liberty that de-identify with the rhetoric of social inclusion. A key marker of the anti-social turn is temporality – contemporarity and futurity – an explication of the current marginal stance and the vision for future. It is this orientation of predicament and utopianism that can speak to the disability realm. For disability, utopianism is a conflicted zone – there is no future existence, disability dreaming is expunged and **the** **utopian drive is a device for promise** (of curability), hence **extinction of the impairment state**. Jose Esteban Muñoz (2007: 453) in speculating about the absence of a queer imagination elicits a desire to engage in a queer horizon, a utopian hermeneutics where re-imagining futurity requires that ‘the not quite conscious is the realm of potentiality that must be called upon’. The distance between imagination and potentiality means that ‘queerness is not quite here’. Our imaginations are not yet exhausted. Muñoz explains: to argue that we are not quite queer yet, that queerness, what we will know as queerness, does not yet exist. I suggest that holding queerness, in a sort of ontologically humble state, under a conceptual grid wherein we do not claim to always already know queerness in the world, potentially staves off the ossifying effects of neoliberal ideology. (Muñoz, 2007: 454) How does an alternative horizon for disabled people come to be formulated? Living in the now and not yet, as outsiders, not quite inside, requires a disposition or habit of contemporariness. Contemporariness signifies a relationship with the present but also a distance, a critical space from it. As Agamben explains: Those who are truly contemporary, who truly belong to their time, are those who neither perfectly coincide with it nor adjust themselves to its demands. They are in this sense irrelevant [inattuale]. But precisely because of this condition, precisely through this disconnection and this anachronism, they are more capable than others of perceiving and grasping their own time. (2009: 40) Disabled people are called to live as contemporaries. The queering or cripping of contemporariness is the grasping and holding tight to ambivalence and obscurity so fundamental to the alternate lifestyle which is obtained through fixing the gaze not on our era’s light but the underbelly, or in Agamben’s language ‘darkness’ – which shines into the staree. In this sense, the contemporary queered and cripped person, in touching an elusive imaginary, sees the now and the emergent not as a death drive, but in terms of unlivedness: The present is nothing other than this unlived element in everything that is lived. That which impedes access to the present is precisely the mass of what for some reason … we have not managed to live. The attention to this ‘unlived’ is the life of the contemporary. (Agamben, 2009: 51) The matter of re-imagining a disability or cripped horizon, a future without the stain of ableism, although elusive and out of grasp, is nonetheless fundamental in order to move to hopefulness and capture that unlived possibility in the lives of many with disability. Can the so-called shadows of a disabled life be sites of invigoration? What is ‘unlived’ in our lives? Crippin’ the human involves a differential gaze – where sometimes signs and gestures predominate, where there is a different mind style such as Tourette’s syndrome or autism, or a centring on visuality or tactility. A grounded earthiness can be ‘different’ through echolocation and waist heightedness. Halberstam (2008) speaks of acts of unbecoming. Through what she describes as ‘wilfully eccentric modes of being’, it is worth conjuring and queering concepts of passivity held against disabled people, as a refusal to live up to ableist expectations of performativity: [I]n a performance of radical passivity, we witness the willingness of the subject to actually come undone, to dramatise unbecoming for the other so that the viewer does not have to witness unbecoming as a function of her own body. (Halberstam, 2008: 151) This radical passivity, for disabled people, would indeed have to be radical, as disabled people already live under the enormous weight of being characterised as passive. It is a tough ask to claw back and produce a cripped notion of passivity. Sunny Taylor does this in her quest for the right not to work: I have a confession to make: I do not work. I am on SSI [social security benefit]. I have very little work value (if any), and I am a drain on our country’s welfare system. I have another confession to make: I do not think this is wrong, and to be honest, I am very happy not working. Instead I spend the majority of my time doing the activity I find the most rewarding and valuable, painting. (Taylor, 2004: 30) Such strange temporalities, imaginative life schedules present alternative temporalities which disability studies scholars have all along known, disrupt the parameters of the human (Halberstam, 2005; Campbell, 2009; McRuer, 2006). Having said this, it is all the more extraordinary that disabled people have not yielded to this repression but have resisted docility and engaged in transgressive ways of living disability. Ableism is founded on a utopian hermeneutics of the desirable and the disgusting and therefore it is, as Halberstam (2008: 153) puts it, necessary to inculcate alternative political imaginaries. McRuer (2008) drew my attention to the way Halberstam’s perspective can incorporate disability as also outside the lifecycle: I try to use the concept of queer time to make clear how respectability, and notions of the normal on which it depends, may be upheld by a middle-class logic of reproductive temporality. And so**, in Western cultures, we chart the emergence** of the adult **from the** dangerous and **unruly period of adolescence as a desired process** of maturation; and we create longevity as the most desirable future, **applaud the pursuit of long life** (under any circumstances), **and pathologize modes of living that show little or no concern for longevity.** Within the life cycle of the Western human subject, long periods of stability are considered to be desirable, and **people who live in rapid bursts** (drug addicts, for example**) are characterized as** immature and even **dangerous**

## Case

#### The 1ACs failure to analyze how the disability drive effects their politics both dooms them to fail and deems their impacts inevitable. All subjectivities are governed by self reflection - disability drives invokes a two tiered affective response of pity between the non disabled subject and the disabled object. Primary pity removes the ego’s ability to distinguish itself from the disabled other by forcing the self to reconcile with the fact that ability status is temporary. The temporariness of ability status exists in opposition to the egos investment in healthiness and control – to regain itself the ego invokes secondary pity - a distancing of the ego from disability by invoking emotions of superiority through sadness and a desire to eliminate disability from social consciousness through medicalization or institutionalization.

Mollow 15 (The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015) BL

A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman‟s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one‟s self. This affective response can feel unbearable, as seen in Siebers‟s formulation: one “cannot bear to look…but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego‟s investments in health, pleasure, and control—because to contemplate another person‟s suffering is to confront the question, “Could this happen to me?” Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud‟s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body‟s „normal‟ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity‟s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else‟s expense. Secondary pitsy refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture‟s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people‟s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity‟s incursions, reinforces the ego‟s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud‟s primarysecondary narcissism distinction at the level of genealogy. Like Freud‟s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual‟s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens **in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel** or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person‟s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability‟s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one‟s own self undone? Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people‟s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism‟s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.122 If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by becoming object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject‟s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in…self-regard” that typically accompanies melancholia results from the subject‟s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246). Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there is an innate desire to destroy one‟s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized. Freud‟s notion of a primary masochism is tied very closely to his conceptualization of the drive. Beyond the Pleasure Principle, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud‟s speculations about the death drive lead him to acknowledge that “there might be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. A third example is secondary pity, as in the query, commonly addressed to disabled people, “Have you ever thought of killing yourself?”123 In this question, disabled people correctly hear the wish, “I‟d like to kill you.” Indeed, primary pity is so unsettling that our culture has been driven to “mercifully” kill people in the name of secondary pity. We have also been driven to lock people in institutions, to let them languish on the streets, to stare, to punish, and to sentimentalize—all, I would suggest, in the interest of not owning, not naming, not acknowledging that self-shattering, ego-dissolving, instantaneous and intolerable moment of primary pity. Because primary pity is tied up with the disability drive, it must, like the drive itself, be regarded as unrepresentable. However, I will quote at length from a passage of writing that comes close not only to representing primary pity but also perhaps to producing it. In his memoir, One More Theory About Happiness, Paul Guest describes an experience that he had in the hospital after sustaining a spinal cord injury when he was twelve years old: My stomach still roiled and it was hard to keep anything down. Late one night, a doctor came to my bedside, leaning over me, his hands knotted together. He seemed vexed, not quite ready to say anything. Used to the look, I waited. And then he began. “The acids in your stomach, Paul, because of everything you‟re going through, it‟s like your body, everything about it, is upset. That‟s why you feel so nauseous all the time. We‟re going to treat that by putting a tube into your nose and down into your stomach, so we can give you medicine, OK?” When he walked away, I felt something begin to give way inside me. Up until then, I‟d faced more misery and indignity than I would have thought possible. I lay there, numb and sick in a diaper, helpless. It was too much to bear, too frightening, a last invasion I could experience and not break, utterly. When he returned with nurses, I was already sobbing. Anyone so limited could hardly fight, but I tried. I tried. The neck collar prevented much movement, and any was dangerous, but I turned my head side to side, just slightly, a pitiful, unacceptable range. Fat tears rolled down my face like marbles. I begged them all, no, no, no, please no. “Hold him, hold him still,” the doctor said. Nurses gripped my head on either side. From a sterile pack, the doctor fished out a long transparent tube and dabbed its head in a clear lubricant. He paused almost as if to warn me but then said nothing.