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### 1

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

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

Much as the differentiation between the inseparable processes of primary and secondary narcissism rests on a distinction between building up and breaking down the ego, a similar heuristic distinction gives structure to my concepts of primary and secondary pity. To be clear, pity and narcissism are not the same thing: if narcissism can be understood as love of the self, pity involves a complex affective reaction to the suffering of someone else. Primary pity entails a response to the image of another person succumbing to what I have termed the “tragedy of disability.”121 Primary pity arises when one witnesses a fall of the self, a collapse of the ego; such falling is at once painful and pleasurable to observe. In other words, primary pity could be described as a vicarious experience of the tragedy of disability. A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman’s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one’s self. This affective response can feel unbearable, as seen in Siebers’s formulation: one “cannot bear to look...but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego’s investments in health, pleasure, and control—because to contemplate another person’s suffering is to confront the question, “Could this happen to me?” Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud’s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body’s ‘normal’ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity’s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else’s expense. Secondary pity refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture’s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people’s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity’s incursions, reinforces the ego’s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud’s primary- secondary narcissism distinction at the level of genealogy. Like Freud’s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual’s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person’s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability’s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one’s own self undone?

#### The 1AC’s belief of a better future becomes complicit in the logic of rehabilitative futurism, which is threatened by the Disabled Child – that comes prior to materialism because the underlying structures that create the problems within society can only be understood and explained by an ontological thesis stemming from ableism.

Mollow 2 The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 //ACCS JM

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

#### Academia is riddled with ableism – knowledge production requires assumptions to be made, and absent talking about disability, those assumptions are always violent. If you aren’t part of the solution, you’re part of the problem – their failure to proactively discuss questions of disability is both a link and an epistemic indict – fiat is illusory since the ballot can’t pass plans, so anything that doesn’t begin with 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 bests methodologically deconstructs ableism.

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

What is meant by the concept of ableism? The literature suggests that the term is often used fluidly with limited definitional or conceptual specificity. The work of Carlson (2001)5 and Campbell (2001) represented a turning point in bringing attention to this new site of subordination not just in terms of disablement but also ableism’s application to other devalued groups. Ableism is deeply seeded at the level of knowledge systems of life, personhood and liveability. Ableism is not just a matter of ignorance or negative attitudes towards disabled people; it is a schema of perfection, a deep way of thinking about bodies, wholeness and permeability.6 As such integrating ableism into social research and advocacy strategies represents a significant challenge to practice as ableism moves beyond the more familiar territory of social inclusion and usual indices of exclusion to the very divisions of life. Bringing together the study of existence and knowledge systems, ableism is difficult to pin down. Ableism is a set of processes and practices that arise and decline through sequences of causal convergences influenced by the elements of time, space, bodily inflections and circumstance. Ability and the corresponding notion of ableism are intertwined. Compulsory ablebodiedness is implicated in the very foundations of social theory, therapeutic jurisprudence, advocacy, medicine and law; or in the mappings of human anatomy. Summarised by Campbell (2001, 44) Ableism refers to; …A network of beliefs processes and practices that produces a particular kind of self and body (the bodily standard) that is projected as the perfect, speciestypical and therefore essential and fully human. Disability then is cast as a diminished state of being human. Writing today (2013) I add an addition to this definition: ‘The ableist bodily configuration is immutable, permanent and laden with qualities of perfectionism or the enhancement imperative orientated towards a self-contained improvability’. Sentiency applies to not just the human but the ‘animal’ world. As a category to differentiate the normal from the pathological, the concept of abledness is predicated on some preexisting notion about the nature of typical species functioning that is beyond culture and historical context. Ableism does not just stop at propagating what is typical for each species. An ableist imaginary tells us what a healthy body means – a normal mind, the pace, the tenor of thinking and the kinds of emotions and affect that are suitable to express. Of course these ‘fictional’ characteristics then are promoted as a natural ideal. This abled imaginary relies upon the existence of an unacknowledged imagined shared community of able-bodied/minded people held together by a common ableist world view that asserts the preferability and compulsoriness of the norms of ableism. Such ableist schemas erase differences in the ways humans express our emotions, use our thinking and bodies in different cultures and in different situations. This in turn enacts bodily Otherness rendered sometimes as the ‘disabled’, ‘perverted’ or ‘abnormal body’, clearly demarcating the boundaries of normal and pathological. A critical feature of an ableist orientation is a belief that impairment or disability is inherently negative and at its essence is a form of harm in need of improvement, cure or indeed eradication. Studies in Ableism (SiA) inverts traditional approaches, by shifting our concentration to what the study of disability tells us about the production, operation and maintenance of ableism. In not looking solely at disability, we can focus on how the abled able-bodied, non-disabled identity is maintained and privileged. Disability does not even need to be in the picture. SiA’s interest in abledness means that the theoretical foundations are readily applicable to the study of difference and the dividing practices of race, gender, location and sexual orientation. Reframing our focus from disability to ableism prompts different preoccupations: • What does the study of the politics of ‘vulnerability’ tells us about what it means to be ‘non-vulnerable’? • Indeed how is the very conceptualisation of ‘autonomy’ framed in the light of discourses of ‘vulnerability’? • In representing vulnerability as universal does this detract from the specificity of disability experiences? SiA examines the ways that concepts of wellbeing, vulnerability and deficiency circulate throughout society and impact upon economic, social, legal and ethical choices. Principally SiA focuses on the limits of tolerance and possessive individualism. Extending the theorization of disability, studies in ableism can enrich our understanding of the production of vulnerability and the terms of engagement in civic life and the possibilities of social inclusion. I now turn to unpacking the nuances and structure of a theory of ableism. The development of ableist knowledge occurs on the basis of relationships shaped by binaries that are mutually forming. For example it is not possible to have a fully inclusive notion of ‘health’ without a carefully contained understanding of not-health (we call this disability or sometimes chronic illness). The ableist divide can also capture lopsided relations based on differences of sex, (not white) race, and animality which in knowledge and social practices have been constituted as sites of aberrancy or disability. There are two features that produce ableism relations: the idea of normal (normative individual); and a Constitutional Divide, the division enforced between the ‘normal’ and the ‘aberrant’ enacted through the processes of purification and translation. What Normal? People who fall short of this norm (to a greater or lesser degree) are thought of as aberrant, unthinkable, underdeveloped and not fully human resulting in a comprised social and legal status. Whilst it might be easy to speculate about the kinds of people that maybe regarded as disabled and their interior life, when thinking about the essential aspects pertaining to able-bodiedness this task becomes difficult and elusive. Being able-bodied is always relational to that which is considered its opposite, whereas disability involves assigning labels to bodies and mentalities outside of the norm. Hence relations of ableism are based on an ontology of negation. As a practice, ableism demands a form of individualism that is pre-occupied with self-improvement and bodily enhancement that struggles with the reality of illness, disability and misfortune. Ableism is married to a sense of permanency of the idealized human form and competencies. With the development of enhancement technologies (cosmetic neurology and surgery for instance) the notion of the norm is constantly sliding, maybe creating a larger pool of ‘abnormal’ persons who because of ‘choice’ or limited resources cannot improve themselves and hence lapse into deficiency and are characterised as ‘risk populations’.. A counter-ableist version of impairment might explore what the experience of impairment produces and ask how does disability productively colour our lives? The second feature is a constitutional divide between the normal and pathological. Constitutions are related to the structure or attributes of an entity which shapes a characterisation. Constitutions are concerned with jurisdiction and boundaries between persons, things and actions and the ways that each of these elements assemble and interpenetrate (Mussawir, 2011). As such constitutionality is linked to cosmography and order the terms of relations. Constitutions (rule matrices) establish the terrain, the ground rules for governance, processes for clearance and right relation and how things are or how they are meant to be. Divisions of constitutionality requires people to identify with a category – ‘are you disabled or not?’ ‘Oh, no I am not disabled, I am ill or depressed!’, or ‘I am able-bodied’, or “Are you fit or unfit to plead’? For the ease of conversation we often feel the need to minimise any confusion. Many of this audience will know of that such a clear divide is blatant propaganda even if they have not up until now had a name for it or find the language of constitutions a bit bristly. Bruno Latour (1993, 10 - 11) states “...these two independent practices of normalising and pathologizing] ... must remain distinct in order for them to work/function.” If the definitions of abled-bodied and disabled become unclear or slippery the business of legal and governmental administration would have problems functioning.8 Alarm would arise due to uncertainty as to how to classify certain people and in which category; the distribution of resources would unravel. Social differentiation produces difference: the abled and disabled which in turn are products of our ways of looking and sensing. People are made different by a process of being seen and treated as disabled, as outlawed disability or abled9 (Lawson, 2008, 517). Clarification of this perceived ‘uncertainty’ is achieved through a division called Purification, the marking of distinct archetypes. Ableism assists in the government of disability ensuring that populations that appear dis-ordered (maybe even causing social disorder) become ordered, mapped and distinct. The notion of inclusion is not all that it seems, for normative inclusion to be enacted one must have a permanent under-cohort of the excluded. Purification is essential to be able to count populations even if this counting and classifying does not reflect and in fact distorts reality, in any event demeanours and lives are judged according to constitutional arrangements (Altman, 2001; Mussawir, 2011). Purification has difficulty negotiating intersectional marginality and interdependent forms of impairment.

#### Vote negative to endorse disrupting biopolitical systems of productivity and futurity – only a refusal to engage in current institutions marks disability as beautiful. If we win their starting point is ableist they cannot weigh the consequences of it.

Selck 16 [Selck, Michael L. "Crip Pessimism: The Language of Dis/ability and the Culture that Isn't." (Jan 2016) // WHSRS and Lex VM]

“The disabled are dying and with them dis/abled culture is being eradicated. In the time between formulating this project and its completion already too many disabled souls have been taken from this world, including pivotal disability studies influences for this research. I barely had enough time to mourn the loss of disability advocate and inspiration porn critic Stella Young before grieving the loss of disability studies exemplar Tobin Siebers. Attached to the grief I feel as a result of the fading disability studies community is the perpetual grief I harbor since my disabled Father’s suicide and in turn the grief concomitant to the claiming of a disabled identity. I choose to start out this project with grief because it communicates the tenor of this research; this is not the disability studies project of inspiration or utopia. My entry point to the disability studies dialogue is riddled with grief, anger, and pain and it is as such that this project plots a course of disability research that attempts to make a space free from the ideological constraints of optimism. The language surrounding dis/ability is highly political. Entire words, phrases, and identities are stretched between, in, and out of the nexus of dis/ability. The choice, for instance, to include a backslash in the word dis/ability represents for Goodley (2014) a desire to delineate and expand each of the categories in the face of global neoliberalism. My initial research inquired about the impact of dis/abled terms and phrases. I went to interrogate rhetoric like “special education”, “handicapable”, and one of the most glaringly overused insults in the American education system “retard”. The scholarship I was coming up with was plentiful but was for the most part located entirely outside of intercultural communication programs like the one I was attending. For the most part the few and far between intercultural communication projects about dis/ability I was able to locate were without modal complexity and didn’t bear semblance to so many of my own experiences. I was beginning to notice a layer of optimism that has been communicatively imprinted upon the negotiation of dis/abled identity. The angst started to manifest as I questioned if I was in the correct field or if dis/ability even was ‘cultural’. I felt a very real cultural erasure of dis/ability in academia and ultimately that glaring lack of consideration is what pushed me to performance studies. I first worked to close the apparent research gap by crafting a collaborative performance titled Under the Mantle (UTM), which put dis/ability, communication scholarship, and pessimist philosophy on stage. The larger purpose of this research report is to antagonize the erasure of dis/ability from communication studies by autoethnographically analyzing the crip-pessimist performance art project Under The Mantle.” (1-2) This research report will first detail the components of the theoretical work that was drawn on to create UTM. Next I offer a literature review to demonstrate the combination of optimism and neglect dis/ability has undergone in intercultural communication models. Following that section I mark my shift to performance methods as I explain how narrative autoethnography can illuminate cultural misconceptions regarding the dis/abled. In the last sections of this report I offer a textual analysis of the performance UTM and analyze three significant arguments of the instillation before concluding. Contextualizing Critical Dis/Ability Theory Often used interchangeably, critical disability theory (CDT) and critical disability studies (CDS) contest dis/ablism (Goodley, 2011, 2014; Devlin & Pothier, 2006; Hosking, 2008). There are several unique additions made to CDS with every new instantiation. Scholars in European countries and Canada attend to the theory, with United States academics often underrepresented. There are three concurrent themes of CDT that I will synthesize in this section with some dis/ability studies authors claiming there are as many as seven themes of CDT (Hosking, 2008). In the introduction to their edited collection of dis/ability essays, Richard Devlin and Dianne Pothier (2006) present three themes of CDT as, first, to highlight the unequal status to which persons with disabilities are confined; second, to destabilize necessitarian assumptions that reinforce the marginalization of persons with disabilities; and third, to help generate the individual and collective practical agency of persons with disabilities in the struggles for recognition and redistribution. (p. 18, emphasis mine) Already the connections between the CDT and the critical communication paradigm are visible as each respectively forefronts notions of power, privilege, identity, and agency. Outlined in more detail, the first theme of CDT argues that there is systemic micro and macro level discrimination against bodies with disabilities. To some critical communication scholars, this theme might be obvious, but it seldom is when “the resulting exclusion of those who do not fit able-bodied norms may not be noticeable or even intelligible” (Delvin & Pothier, 2006, p. 7). As the bumper sticker on my laptop proudly disclaims, “Not all disabilities are visible,” which necessarily adds a level of nuance and complexity to the way that dis/ability studies attend to the prospect of discrimination and violence. Often times, “social organization according to able-bodied norms is just taken as natural, normal, inevitable, necessary, even progress” (Delvin & Pothier, 2006, p. 7). It might be true that the lack of collaborative work between critical communication studies and dis/ability studies is because neoliberalism is supremely effective at rebranding marginalized oppression as a marker of its progress. The implications of this assertion are dire but essential to the basis of crip-pessimism. Theoretical approaches based in pessimism and skepticism are often necessary to distinguish the instruments of self destruction that have been mistaken for those of self betterment. Thus, a key question remains, what is regarded as progress and to whom does it count? The politics of progress call for the second tenet of CDT, which is a destabilization of neoliberal practices that strip power and agency from bodies with disabilities. Devlin and Pothier (2006) use the language of “anti-necessitarian” (p. 2), which refers to the efficacy of social organizations and an unflinching skepticism of liberalism. For Shildrick and Price (1999), “disabled bodies call into question the ‘giveness’ of the ‘natural body’ and, instead, posit a corporeality that is fluid in its investments and meanings” (p. 1). Anti-necessitarian logics ask questions that remain innocuous to the critical communication paradigm. Can the architectural proliferation of stairs and multiple levels on buildings be attributed to neoliberalism and active disablism? If stairs seem to focus too exclusively on physical impairments, then what about the sensitivity of the building’s lighting, acoustics, and spatiality? Finally, if neoliberalism fights to protect its grand narrative of progress then is the social exclusion of bodies with disabilities necessary for the day-to-day operation of our globalized world? As Donaldson (2002) posits: “theories of gendered, raced, sexed, classed, and disabled bodies offer us critical languages for ‘denaturalising’ impairment’” (p. 112) at the level of the subjective and inter-subjective. The third theme of CDT is to attend to the agency of bodies with disabilities in the struggle for recognition. One key element of extending agency to the disabled is the use of social experience. Experience is subjective “but experience remains intimately connected to political and social existence, and therefore individuals and societies are capable of learning from their experiences” (Siebers, 2008, p. 82). Though absolutely necessary, it is not enough to write treatises on the oppression of the disabled over time. Academics, theorists, intercultural trainers, and storytellers alike should be aware of the constant risks of representation. Representation and context are at the core of critical disability studies. The notion of agency is as unstable as the notions of dis/ability. There is no one-size-fits-all human rights based approach that will be suitable to address all disabled experiences, as the theoretical call for crip-pessimism will remind us. Instead of a universal abstract Rawlsian concept of social justice, CDS “attend(s) to the relational components of dis/ablism” (Goodley, 2011, p. 159). By a Rawlsian concept of social justice I mean a model that relies on distributive justice with utopist equality at its core. Where utopist equality projects highlight human sameness to the point of purity. CDT unavoidably invites a discussion about difference into the folds as postmodern and post-structural thinkers position the self as defined constantly in relation to others. Therein lies the difference between an equality model and a justice model of social identity. Often in the attempt to open up spaces for reconsidering self and other, CDS celebrates disability as a positive identity marker. This essay offers a strong argument of caution that the inclusion of CDS in critical communication studies might rely too heavily on celebrations of disabled identity. Nothing better demonstrates that reliance on celebrating identity than the myriad language choices used to describe a disabled identity including: differently-abled, special needs, person with disability, disabled person, temporarily able-bodied, and others. Often, able- bodied audiences have a tendency to sensationalize the presence of disability in a space that has not traditionally welcomed it. Examples of this are highlighted by the increasingly popular discussion of ‘inspiration porn’ (Young, 2014) and Hollywood’s representation of disability. The tendency is to inspirationalize the disabled for achieving tasks that would not be celebrated if they were accomplished by an unimpaired body. Crossing the street, showing up on time, entering a building by oneself are all tasks profoundly routine to the non-disabled and yet simultaneously cherished as markers of progress for the disabled. Philosophical pessimism is articulated next as a way to temper the risk of sensationalizing dis/ability. The theories ultimately fuse together like orchids and wasps to generate the larger theme of crip-pessimism. Philosophical Pessimism Throughout the 19th century pessimism was one of the most popular intellectual and philosophical strains, crossing countries and continents. Authors such as Rousseau, Leopardi, Schopenhauer, and Nietzsche overwhelmingly created and lead the spirit of pessimism. Contemporarily however, the word ‘pessimism’ is pejorative and describes a body’s emotional discontent rather than intellectual engagement with the world. Dienstag (2009) writes, “Since pessimism is perceived more as a disposition than as a theory, pessimists are seen primarily as dissenters from whatever the prevailing consensus of their time happens to be, rather than as constituting a continuous alternative” (p. 3). Power is responsible for ontological shifts, and during shifts some populations benefit while others are harmed. The turn in thinking about pessimism from an intellectual position to an emotional state has been particularly gratuitous for bodies with disabilities. I come to pessimism because of my experience with disability. My anxiety disorder comes with an exteriority of anti-social behavior that has branded me pessimistic. The concern for my anxiety in public situations is often commented on as overly critical, negative, narcissistic, and most often pessimistic. I experience an anxious state of becoming different, and after years of failing to rehabilitate my sameness to able-bodied standards, I have come to a comfort with pessimism.

#### 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.

#### Here are the links –

#### [1] Futurism – their invocation of fiat engages in an optimistic imagination of a better future through the rhetoric of saving future lives, producing advocacy skills, and legal implementation. Their optimism cannot solve the K and is contingent on veiling the inevitable violence against disabled bodies.

#### [2] Ideal theory lacks accountability, forgets the value to know the unknown, and contains generalizations that exclude material suffering – prefer an ethic of care which brings humility and provides the necessary empirical realities that stipulate the definitions of your idealized world.

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

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

### 2

#### Gauthier is indefensibly ableist and their philosophy concludes the same.

**Pfeiffer 01** [David Pfeiffer, 1-11-2001, "'Disabled Lives' commentary," No Publication, [http://www.raggededgemagazine.com/0901/0901pfeiffer.htm //](http://www.raggededgemagazine.com/0901/0901pfeiffer.htm%20//) JB]

Yet many **non-disabled people** would **describe me as** severely **disabled** and dependent, solely **because I use a wheelchair**. That is what ethicist Martha Nussbaum seems to be doing in her ["Disabled Lives: Who Cares?"](http://www.nybooks.com/articles/13956) in the January 11, 2001, issue of The New York Review of Books, which Cal Montgomery dissected so powerfully in her ["Critic of the Dawn"](http://www.raggededgemagazine.com/0501/0501cov.htm) piece (Ragged Edge, May). Nussbaum's discussion of people she calls "severely disabled" reinforces the widespread belief that all people with disabilities are very dependent upon non-disabled people. Some of us are, it's true; but **non-disabled persons are dependent on others as well. Nondisabled people receive "care," too** -- sometimes quite a lot of it. If you doubt that, just consider the level of services -- "care" -- which professional athletes receive. If the reader does not know that professional athletes receive services paid for by **tax dollars**, please take a look at the football and baseball fields and basketball courts built with tax money on which high school and college athletes prepare to become professionals. Pay attention to the amount of tax forgiveness municipalities give professional athletic teams for locating there. The state of Hawaii gives the National Football League two million dollars a year to stage the Pro Bowl here. Perhaps from ignorance, Nussbaum perpetuates a number of common misunderstandings about people with disabilities. While she notes that many elderly persons do not receive care which "shows respect for their dignity," she fails to note that many persons with disabilities do not receive services which show them respect, either. Nussbaum's discussion of "the burdens on people who provide care for dependents" reinforces the idea that people with disabilities are burdens, with little understanding that the "burden" is caused by the inequality of services, not by the person who's disabled. **This same prejudiced attitude is the basis for philosopher David Gauthier's assertion** (noted by Nussbaum) that **people who have "unusual" needs -- as they define unusual" -- cannot be a party to any moral relationship and thus cannot be equal to others**. It also underlies philosopher John Rawls' statement (also noted by Nussbaum) that society is only for people who can act to one another's mutual advantage. **Both Gauthier's and Rawls' reasoning leads one to conclude is that persons with disabilities cannot be free, equal, and independent.** **Although one can observe** that people with **disabilities are neither free, equal, nor allowed to be independent, there is a clear difference between observing our situation and justifying our segregation and forced dependency. None** of the three **ever note this distinction**; they seem not to question the rightness of the status-quo. **Gauthier**, Rawls and Nussbaum are all **making moral judgments about people with disabilities: we have no place in society so we should not exist.** Nussbaum makes an extraordinary statement: "We learn to ignore the fact that disease, old age, and accident impede the moral and rational functions, just as they impede mobility and dexterity." What? Because I had polio 58 years ago when I was nine years old and have used crutches, a cane, and now a wheelchair, "disease" and "age" "impede my moral and rational functions?" Holding a Ph.D. in political science (focusing on public choice), entering my 40th year as a university professor, having over 190 publications to my credit, being a policy analyst specializing in disability issues in the Center on Disability Studies at the University of Hawaii at Manoa, being a past president of the Society for Disability Studies, and now the editor of Disability Studies Quarterly, I would suggest that neither my moral nor my rational functions have been "impeded." I would argue that they have been heightened. It seems Nussbaum thinks people with disabilities are basically -- fundamentally -- different from people without disabilities. "We forget that the usual human life cycle brings with it periods of extreme dependency, in which our functioning is similar to that of the mentally or physically handicapped throughout their lives," she writes. To Nussbaum, it seems, there are independent people and there are dependent people -- with all people with disabilities being the dependent ones. Yet many non- disabled people I know are quite dependent, in ways many people with disabilities I know never are. At one point Nussbaum seems to be speaking directly to me: "Take two people, one in a wheelchair and one not. If they are to have a similar level of mobility, a lot more will have to be spent on helping the person in the wheelchair." Hah! I challenge Nussbaum to a five-mile race on the nearest track. Unless she is a marathoner, I shall finish the five miles well ahead of her. Her statement is pure ableism: she assumes that the status-quo lack of access is "natural" and "right." The present lack of access in our buildings is due to nothing more than policy choices, enacted in today's building codes. If access requirements had originally been included in the building codes, nothing would need to be spent to correct the prejudicial aspects of those buildings which were built to code and made inaccessible in the process. At one time slavery was "natural" and "right." Later segregation was considered "right." At one time the wife was considered the husband's chattel, his possession. Having made some (but not much) progress in overcoming those prejudicial attitudes today, we are left with Nussbaum's ableism -- that the status-quo of lack of access is "natural" and "right." Elderly persons should receive care because of their earlier periods of productivity, writes Nussbaum, **citing Gauthier; people with disabilities have not had earlier years of productivity to justify services, she and Gauthier both say**. Both simply accept as a given that people with disabilities are not economically productive. Yet **this is not true. We are not simply consumers; we are also producers**. I know many people with disabilities who work hard, earn good salaries, who contribute to the economy and to society. I know just as many people without disabilities who do not work hard, barely earn any income, and make questionable contributions to the economy and to society. And there are many people without disabilities who are quite rich and make no contribution to either the economy or to society -- people who are themselves economic and social liabilities. None of this has anything to do with being a person with or without a disability. It has to do with bigotry.

#### The safety of the space is prima facie – we don’t know who’s winning if people can’t engage. Anything that doesn’t immediately denounce atrocities excludes people who have and can experience them.

**Teehan** Ryan Teehan [NSD staffer and competitor from the Delbarton School] – NSD Update comment on the student protests at the TOC in 2014. //Massa [King CP recut]

Honestly, I don't think that 99% of what has been said in this thread so far actually matters. It doesn't matter whether you think that these types of assumptions should be questioned. It doesn't matter what accepting this intuition could potentially do or not do. It doesn't matter if you see fit to make, incredibly trivializing and misplaced I might add, links between this and the Holocaust. **All** of the **arguments that talk about how debate is** a **unique** space for questioning assumptions **make an assumption of safety**. They say that this is a space where one is safe to question assumptions and try new perspectives. **That is not true** for everyone. **When we allow arguments that question the wrongness of racism, sexism, homophobia, rape**, lynching, etc., **we make debate unsafe for certain people. The idea that debate is a safe space to question all assumptions is** the definition of **privilege**, it begins with an idea of a debater that can question every assumption. **People who face the actual effects** of the aforementioned things **cannot question those assumptions, and making debate** a space **built around the idea that they can is hostile**. So, you really have a choice. Either 1) say that you do not want these people to debate so that you can let people question the wrongness of everything I listed before, 2) say that you care more about letting debaters question those things than making debate safe for everyone, or 3) make it so that saying things that make debate unsafe has actual repercussions. On "**debate is not the real world**". **Only for people who can separate their existence in "the real world" from their existence in debate.** That means privileged, white, heterosexual males like myself. I don't understand how you can make this sweeping claim when some people are clearly harmed by these arguments. **At the end of the day, you have to figure out whether you care about debate being safe for everyone** involved. I don't think anyone has contested that these arguments make debate unsafe for certain people**. If you care at all about the people involved in debate then don't vote on these arguments**. If you care about the safety and wellbeing of competitors, then don't vote on these arguments. If you don't, then I honestly don't understand why you give up your time to coach and/or judge. The pay can't be that good. I don't believe that you're just in it for the money, which is why I ask you to ask yourselves whether you can justify making debate unsafe for certain people.

## On Case