# Card formatting

#### Subject formation relies on an autonomous separation of the body and the individual that excludes crips – within civil society, we can never express themselves as autonomous subjects able to move beyond their bodies. From the starting point of Util being pain and pleasure excluding those with Anhedonia, to pragmatism ignoring how those who are excluded from practicing in the political sphere to affect and the sensory moter break down. Ableism must be taken as the starting point when considering ethics.

**Braswell 11 (Harold Braswell, “Can there be a Disability Studies Theory of "End-of-Life Autonomy"?”,** [**http://dsq-sds.org/article/view/1704/1754)**](http://dsq-sds.org/article/view/1704/1754))

**While there are many competing conceptions of "autonomy" (Christman, 1998), there is common ground among philosophers in understanding "autonomy" to be a conception of subjectivity that defines the individual as a self-governing being(Buss, 2008). In this view, individuals are coherent, self-knowing entities with the capacity to understand and, ideally, to act on their own desires. These desires are, in turn, what is best for the individual: In other words, the individual him or herself is best able to determine his or her own conception of the "good life" (Emanuel, 1991, p. 81). This conception is considered independent of and, conceivably, even in opposition to society. The individual is thus prior to society, and while society can provide the means of realizing the individual's desires, it does not constitute them. The individual is master and creator of himself. As a conception of subjectivity, "autonomy" determines the organization and function of the state. In liberal democracy, the state adopts an attitude of "neutrality" with regard to its citizens (Emanuel 1991, p. 36). The state does not postulate a unified vision of the "good life," to which its citizens universally ascribe. Rather, by abstaining from proposing such a unifying public conception, the state allows its citizens, in the private sphere, to determine their own vision of the "good life" (Fineman, 2004, p. 19; Emanuel 1991, p. 36). The state is thus organized to avoid paternalism, which is "the interference of a state or an individual with another person, against their will, and defended or motivated by a claim that the person interfered with will be better off or protected from harm" (Dworkin, 2010). Consequently, the liberal state fosters the "autonomy" of its citizens by abstaining from contact with them. This view is consistent with and dependent on the autonomous individual's originary asociality. Less commented on—but no less important—is the manner in which "autonomy" conceives of the individual's relation to his or her body. The autonomous individual is master of ~~his or her~~ (their) own body, but ~~his~~ (their) body is not synonymous with the self. Rather, the self owns the body like a piece of property(Andrews, 1986; Rao, 2000). He or she instrumentalizes it, using it as he sees fit, in accord with ~~his~~ (their) particular vision of the good life. The autonomous subject exerts mastery over his or her body; such mastery is, in fact, the mark of ~~his~~ (their) freedom—and any attempt to manipulate the individual's body against ~~his~~ (their) will would be the ultimate example of paternalistic domination. "Autonomy" thus reifies a Cartesian division between subjectivity and corporeality, postulating the individual as prior to ~~his or her~~ (their) body in a manner that parallels ~~his~~ (their) relation to society. Thus, just as society can impinge itself on the individual's autonomy, so too can the individual's body, if it resists ~~his~~ (their) commands. This presumptive conflict between subjectivity and corporeality is what makes the very concept of "end-of-life autonomy" possible. The Intersection of Political "Autonomy" and "End-of-Life Autonomy" How does the conception of end-of-life autonomy in bioethics relate to this broader definition of "autonomy" as a form of political subjectivity? Just as "autonomy" connotes the individual's self-realization in the absence of external political impairments, so "end-of-life autonomy" marks a space in the private sphere where the individual can make decisions about his own life without imposition from political authority. The state recognizes individual "autonomy," but, due to its neutrality, it is not understood to affect "autonomy" itself. Similarly, the relevant medical information tendered in "informed consent" is a precondition for patient autonomy, but does not compromise this autonomy in any way. Like the state, this information is considered to be of a neutral character. In this sense, "end-of-life autonomy" extends political neutrality to medical authority: The nullification of the doctor's own perspective of the "good life" and the presumed neutrality of medical data is parallel to the liberal state's coupling of a lack of a conception of a public good with its own neutral political structures. The "neutrality" of medical and political spheres is, in turn, only possible because "autonomy" conceives the individual to be primarily acorporeal and asocial. Thus, in a seeming paradox, the medical and political aspects of "autonomy" represent the individual as fundamentally independent of both medicine and politics. The autonomous individual's independence from body and society is reflected in the construction of the bioethical encounter, as well as that of social action more generally. Consequently, one cannot discuss "end-of-life autonomy" without implicitly commenting on the political organization of life in liberal democracy. My treatment of the disability studies rethinking of "autonomy" will move between these micro- and macro- levels, in recognition that any reformulation of "end-of-life autonomy" will necessarily also reformulate the relationship between individual, society, and the state. Rethinking Autonomy The first claim in a disability studies reformulation of autonomy is that "autonomy" is itself, prior to any application to persons with disabilities, saturated with ableist norms. Rosemarie Garland-Thomson has argued that the rise of liberal individualism—which, as Paul Root Wolpe notes, is synonymous with autonomy (Wolpe, 1998, p. 43)—was predicated on ideals of self-government that were prejudicial against the disabled (Garland-Thomson, 1997, p. 43). The deviant corporeality of the disabled body refused the dictates of the autonomous individual. Similarly, the visible dependence of persons with disabilities on social relations—whether incarnated in caretaking bonds or technological prostheses—was the denigrated opposite of the autonomous self's constitutive independence. As a reminder of the individual's dependence on both body and society, disability represented the destruction of the autonomy (p.44). Historically, then, the rise of the autonomous subject created disability as a pathology. For Garland-Thomson, the primordial asociality of the autonomous individual obscures the relational core of individual identity. A disability studies rethinking of autonomy, in contrast, highlights the role of relationships in the constitution of individual identity. Various sources exist for such an argument: Most recently, feminist physicist Karen Barad (2006) has analyzed the experiments of Niehls Bohr to argue that discrete relata do not preexist the relationships that bind them, but rather are a product of these relationships (p. 140). Barad's claims accord with Foucauldian accounts of the discursive production of the modern individual (Foucault, 1971, 1978). A clinical basis for such arguments can be found in the work of developmental psychologist Phillipe Rochat whose work Others in Mind postulates the primacy of culturally-formed caretaking relationships in the development of self-consciousness (Rochat, 2009). This theoretical, historical, and clinical literature demonstrates that the self is always already interpenetrated with the other. "Autonomy's" insistence on the necessarily coercive or instrumental character of relationships is thus untenable. But disability studies also raises questions about relational theories of subjectivity. Such theories cannot account for the possibility of "internalized discrimination"—a concept fundamental to disability critique (Campbell, 2009, p. 16; Charlton, 2000, p. 27). The problem of "internalized discrimination" supersedes debates about whether the self is primarily isolated or relational. Both phenomenologically oriented and intersubjective developmental psychologists, while disagreeing on the primacy of the "first-person perspective" (Zahavi, 2005), share a view of the subject as a coherent entity. This coherence may be relational or not, but, in either case, it eliminates the possibility that a person could, in some sense, be turned against him or herself. This view of the self as a coherent entity is fundamental to the autonomous subject. The hegemony of "autonomy" in bioethics explains why the field not only considers internalized discrimination to be irrelevant to determining autonomy, but in fact cannot conceive of it as a possibility. Disability studies must propose an alternative conception of subjectivity, one based not in coherence, but rather in conflict. Grounding the subject in conflict makes it possible to conceive of how persons with disabilities, because of the conflictive nature of life in an ableist society, can persistently devalue their own existence. At the same time, a conflict-based theory of subjectivity highlights that such internalized ableism is never total—and that it always possible for individuals to oppose it. Grounding the subject of disability studies in conflict thus makes it possible to conceive of not only internalized ableism, but also a world without it. The inability of the liberal conception of autonomy to imagine internalized discrimination relates to its model of civil society and the state. The liberal state provides the grounds for individual autonomy through the negative freedom of not interfering in the social order. This perspective naturalizes the social order as an entity that allows for the equal self-realization of its members. It cannot conceive of society as privileging some individuals over others (Felski, 1989, p. 168, cited in Slaughter, 2007, p. 146). As a result, this view is unable to conceive of ableism or, for that matter, or any form of power relations. In contrast, a disability studies rethinking of autonomy understands society to be defined, like the individual, by conflict—particularly (though not exclusively) the conflict between the able and disabled. This conflict manifests itself in and is mediated by individual psychology, just as individual psychology mediates social organization. Both must be considered, as both are fundamentally intertwined. This critique of the presumed neutrality of the liberal state applies as well to the procedures designed to determine whether a particular individual is acting "autonomously" or not. "Autonomy" presumes a radical separation between the individual and the procedural measures taken to ensure the autonomy of his decision. The framing of the choices presented to the individual, as well as the procedures that ensure that he is of "sound mind" (Werth, 1998, p. 5) are not considered to limit him, but rather to provide neutral vehicles for the realization of ~~his~~ (their) freedom. Thus, as I discussed earlier, "informed consent" is considered to be an essential precursor of autonomy because the medical information it supplies is considered to give the individual the possibility of choice, without determining which choice he or she would make. But, as Karen Barad (2006) has argued, Bohr's experiments rendered the presumed neutrality of the measuring apparatus highly suspect. Just as relata are a product of relationships, so too the scientific measure produces the very entities whose existence it presumes to catalog (p. 140). As a result, in Barad's view, the goal of science should not be to claim the neutrality of its measures but instead to scrutinize the seemingly discrete identities that its measures create (p. 393). A disability studies critique of "autonomy" would thus draw attention to how "autonomy's" neutral procedures produce the very autonomous subjectivity they claim to discover, and how the resulting "autonomous" subject is structured according to ableist norms. For example, Paul Root Wolpe (1998) has highlighted that the legal model for end-of-life autonomy is the private contract (p. 51). But, as Martha Albertson Fineman (2004) has pointed out, the private contract obscures the public nature of the private sphere (p. 226). This false division skews decision-making in bioethics and liberal politics more generally. While the negative freedom of autonomy leaves individuals presumably free from public forces, it does not enable them to make demands on the state and society. Thus physician-assisted suicide is legitimized as an "autonomous" choice due to its private nature, but an individual demand for healthcare would not be protected as an exercise in "autonomy" (Wolpe, 1998, p. 53). Similarly, the presumably neutral category of the "removal of life-sustaining treatment" creates an articulation of subjectivity in which individuals exist separate from and prior to technological prostheses. An alternative, as illustrated by Fiona Kumari Campbell as well as Barad, would be to adopt the view that technology—including end-of-life technology—is expressive of and constitutive of individual character (Campbell, 2009, p. 53; Barad, 2006, p. 158-9). The seemingly "neutral" measure of the individual's desire to remove treatment is what enacts their separation, producing the asocial autonomous subject it claims to discover. The same is true of the conception of causation underpinning "autonomy." Here, the individual's desire to die must be traced to a discrete medical cause. Were it shown that this desire were due to social or psychological factors—such as poverty or, for example, a desire to enact vengeance on a father figure—then its "autonomy" would be nullified. But this very understanding of causation presumes that medical data are discrete entities readily isolable from social, economic, and psychological forces. In fact, the central concern of the disability rights movement has been to show the social valorizations implicit in purportedly neutral medical measures (Charlton, 2000, p. 23-36). By treating medical data as neutral facts, "informed consent" separates both them and the deciding individual from any mediation by society. The result is a conception of not only medicine, but also individual subjectivity as atomized entities. Autonomy's criterion of "consistency of character" is especially problematic. In an ableist society, individuals will, by default, tend to be consistently ableist. They will frequently have derogatory perceptions about life with disability, and will be particularly fearful of living with the open acknowledgement of their dependence on others. The achievement of such acknowledgement would not be a form of "consistency of character;" rather, it would be an active development of one's character towards a heightened understanding and experience of life as a social being. But the criterion of "consistency of character" will, in an ableist society, always be prejudiced against such realizations—considering them deformations of the individual's "consistent" self. Its seeming neutrality enforces ableism. Finally, "autonomy" enacts a split between the individual and his or her body. The autonomous individual's consideration of his body as property precludes a consideration of the body's role in constituting subjectivity. This self/body split is inherently prejudiced against individuals who, while living, cannot express themselves in terms that render them legible as autonomous subjects. Thus, persons in persistent vegetative states cannot be recognized as autonomous beings; rather, their autonomous decision must be determined by the information on their advanced directives, which refers to a time when they were "autonomous" (Olick, 2004, p. xviii). As "vegetative" bodies, they do not figure as legal or medical subjects. This obfuscation of the living body is a product of autonomy's acoporeal construction of the self. Thus, rather than neutral, the very measuring apparatus of "autonomy" produces a conception of the individual that, in its self-coherence and independence from both technological and biological processes, is constituted by ableist norms. This conception of the individual is buoyed by an understanding of medical data as asocial markers of objective truth, and an understanding of society as a coherent and power-free sphere that gives all its members equal opportunity for self-realization. Such a conception of subjectivity is, I have argued, inherently ableist, and it should be abandoned by disability studies. Nevertheless, though I think that we should abandon this liberal conception of "autonomy," I do not think that we can give up on "autonomy" itself. In the following section, I argue that disability studies scholars must appropriate "autonomy" for our own ends, and explain how we can do so.**

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive. The drive is tied up with 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 // WHSRS and Lex VM]

A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman‟s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one‟s self. This affective response can feel unbearable, as seen in Siebers‟s formulation: one “cannot bear to look…but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego‟s investments in health, pleasure, and control—because to contemplate another person‟s suffering is to confront the question, “Could this happen to me?” Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud‟s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body‟s „normal‟ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity‟s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else‟s expense. Secondary pity refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture‟s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people‟s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity‟s incursions, reinforces the ego‟s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud‟s primarysecondary narcissism distinction at the level of genealogy. Like Freud‟s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual‟s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person‟s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability‟s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one‟s own self undone? Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people‟s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism‟s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.122 If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by becoming object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject‟s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in…self-regard” that typically accompanies melancholia results from the subject‟s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246). Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there is an innate desire to destroy one‟s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized. Freud‟s notion of a primary masochism is tied very closely to his conceptualization of the drive. Beyond the Pleasure Principle, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud‟s speculations about the death drive lead him to acknowledge that “there might be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. 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.

#### The belief of a better future is tied to rehabilitation where the signifier of the Child is placed forward which deems the disabled child a threat to society and is thus eradicated from the political.

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 // WHSRS and Lex VM]

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

#### The Rob should be to embrace disability drive shattering the fantasy of the ego. This turns away from ethical notions of futurity. Anything else just displaces the lack onto other oppressed groups.

Mollow 3 [The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015. Anna Mollow received her Ph.D. in 2015 from the University of California, Berkeley, where she was an Andrew Vincent White and Florence Wales White Scholar and a UC Dissertation-Year Fellow. She is the coeditor, with Robert McRuer, of Sex and Disability (Duke UP, 2012) and the coeditor, with Merri Lisa Johnson, of DSM-CRIP (Social Text Online, 2013). Anna has published numerous articles on disability, queerness, feminism, race, and fatness. Her essays have appeared, or are forthcoming, in African American Review, Body Politics: Zeitschrift für Körpergeschichte, Hypatia: Journal of Feminist Philosophy, The Journal of Literary and Cultural Disability Studies, WSQ: Women’s Studies Quarterly, MELUS: Multi-Ethnic Literature of the United States, The Disability Studies Reader, Michigan Quarterly Review, the Wiley-Blackwell Companion to Critical and Cultural Theory, Disability Studies Quarterly, Bitch: Feminist Response to Pop Culture, Autostraddle, Everyday Feminism, and Huffington Post.] //Lex VM

Questions about activism press us further, too. In using the lenses of psychoanalysis and literary theory to delineate aspects of the cultural politics of disability, I have not laid out a guideline or program for resisting ableist social structures. I have sought instead to show how developing an understanding of the disability drive—and, in particular, attending to the violences that result from individuals‟ and cultures‟ misrecognitions of the drive—may facilitate transformations in how we conceive of our subjectivities. Such transformations, deeply indebted to the feminist maxim that the personal is political, are not individual solutions akin to the overcoming narrative. Rather, by changing how we understand our “insides,” we may contribute to changing the ways that, “outside,” on the level of the social, we relate to each other. As we saw in Chapter 4, something as seemingly personal as an individual‟s “relationship to food” can raise vexing questions that, when we deny that within ourselves that drives these questions, become the basis of damaging social structures of fatphobia, racism, classism, misogyny, and anti-queer prejudice. If the drive won‟t stop doing us, is it possible that we can allow it to do us differently? In the last paragraph of this dissertation, on the day that it is due, I feel as if I should leave you with a message to take home: perhaps a user‟s guide to the drive, a method for learning to love this thing that won‟t leave us. If I were a queer antisocial theorist, I might propose that we shout out, loud and proud, something like this: “We‟re here! We‟re queer! We are the drive! And you‟ll never get used to us!” But such a call, we saw in Chapter 1, performs a fantasy of overcoming the drive by identifying with it (if you can‟t beat it, join it); and the drive is not a force that can be overcome. Were I to articulate my own version of a saying evoking the feeling of the drive, it would go more like this: “Come on; we‟re late; let‟s go—oh no, where are my keys!?” To be clear, I am the last person who should offer advice about handling the loss of one‟s keys. I know the recommendations—stay calm; breathe; retrace your steps—but rarely do I heed them. For me, it‟s closer to: Panic! Berate self! Look for someone to blame! I have no guide for getting over this set of reactions, but I do want to say this: “The Disability Drive” has been an invitation to think collectively about the ways that, when we feel we cannot bear the psychic or social equivalents of losing our keys (keys potentially serving as metaphors for other objects, the loss of which might be more devastating), the impetus to blame someone else can harden into a fixed idea, a truth that one refuses to relinquish. We have analyzed multiple examples of this process: fat people stigmatized as “compulsive eaters,” feminists caricatured as anti-sex identitarians, and chronically ill people dismissed as “hysterical.” If this dissertation has a moral, it is this: the intolerable feeling that arises when we lose keys, control, or other objects that we think we need in order to believe in our selves, originates not from outside us but from within. This is the drive: it always has its keys in hand. We are not done with the drive.

**Prefer –**

#### Disability Death drive comes a apriori to understanding ethics.

Mollow 4 [The Disability Drive by Anna Mollow A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 // WHSRS and Lex VM]

“How, then, might we begin to acknowledge our own determination by the drive? Any knowing of the drive that we might hope to achieve must, on account of the structural barriers that render the drive unthinkable, be an effort characterized by failure and incompletion—that is, we might say, by epistemological disablement. The term “epistemological disablement” will appear frequently in this dissertation, as I will argue that coming into close proximity with the disability drive produces states of cognitive and affective uncertainty, confusion, and incapacity that are akin to disability. In the works that I shall analyze, epistemological disablement will often be performed on a textual level, as theorists and narrators seem to lose control of what they want to say about disability. These moments of epistemological disablement are often disavowed by theorists and narrators and are instead projected onto disabled people. When this happens, disabled people’s impairments are depicted as the result of an insufficiency of self-knowledge that is assumed not to determine nondisabled subjects. I will challenge these characterizations of disabled people not only by arguing for the value of “cripistemologies” (that is, ways of knowing that arise from disabled people‟s lived experiences) but also by using drive theory to undermine belief in the possibility of a transparent and wholly knowable self, whether disabled or nondisabled.18 My two-pronged approach to the issue of epistemological disablement may seem to present a paradox: on the one hand, I am asserting that disabled people’s lived experiences generate important knowledge about disability; yet at the same time I am seeking to destabilize the very notion of self-knowledge. Let me be clear, then, that in undertaking this double endeavor I do not forward all-or-nothing claims either “for” or “against” the possibilities of self- knowledge. I will not assert that people cannot ever know anything reliable about themselves, but I will also not suggest that truth claims derived from personal knowledge about disability are infallible. Instead, this dissertation highlights the limits of complete self-knowledge for nondisabled and disabled subjects alike, while at the same time interrogating the social dynamics that give rise to imbalances in the distribution of epistemological authority to particular subjects on the basis of their perceived status as disabled or nondisabled.” (4)

1. **Sociological subjectivity –** 
   1. **Hijacks their FW- If a subject is socially only excluded only looking at the mechanism that produceds those conditions allows for solvency**
2. **Moral skep -Every inclusive framework leaves someone out but our framework starts with the starting point of exclusion.**
3. **Consequences Fail**
   1. **Every action has infinite stemming consequences, because every consequence can cause another consequence so we can’t predict or calculate.**
   2. **Universe infinite.** Bostrom ’08 (Bostrom, Nick [Professor at University of Oxford, director of Oxford’s Future of Humanity Institute, PhD from London School of Economics]. The Infinitarian Challenge to Aggregative Ethics. 2008. http://www.nickbostrom.com/ethics/infinite.pdf)

In the standard Big Bang model, assuming the simplest topology (i.e., that space is singly connected), there are three basic possibilities: the universe can be open, flat, or closed. Current data suggests a flat or open universe, although the final verdict is pending. If the universe is either open or flat, then it [that] is spatially infinite at every point in time and the model entails that it contains an infinite number of galaxies, stars, and planets. There exists a common misconception which confuses the universe with the (finite) ‘observable universe’. But the observable part—the part that coulsd causally affect us—would be just an infinitesimal fraction of the whole. Statements about the “mass of the universe” or the “number of protons in the universe” generally refer to the content of this observable part; see e.g. [1]. Many cosmologists [also] believe that our universe is just one in an infinite ensemble of universes (a multiverse), and this adds to the probability that the world is canonically infinite; for a popular

* 1. **Induction fails No historical root cause of ableism – oppression is intersubjective, not linear.**

**Campbell, 13** (Fiona Kumari Campbell works at the School of Education & Social Work, University of Dundee. She was Program Convenor, Human Services in the School of Health & Wellbeing at the University of Southern Queensland. She writes on disability and specificially—ableism, Sri Lankan disability, jurisprudence, technology, and South Asian disability, Problematizing Vulnerability: Engaging Studies in Ableism and Disability Jurisprudence, <http://lha.uow.edu.au/content/groups/public/@web/@law/@lirc/documents/doc/uow166211.pdf> Jwala )

Disability produced in relations There are many ways to think about and designate disability and bodily difference. We are perhaps familiar with the biomedical approach (a first wave approach to disablement) and more recently the concept of the social model of disability (the second wave of disability paradigm) which links the designation ‘disability’ to capitalist economy and social organisatifon. Hence both the first and second wave of studies towards disability operates along the lines of a **linear unidirectional causal paradigm where there is a proximity linkage between exact causes and extant effects**. The rehabilitation model, architectural design, the economy or the adoption of prognosis diagnostics is indicative of a paradigm that proposes that “similar causes yield similar effects, and that different effects derive from difference causes” (Macy, 1991, 9). An exemplar of this manifestation is the rise of actuarialism and nosologies of disease.2 Much of the research around the world especially in Western countries, has taken as its focus disability as a problem and has studied the disabled person in individualized modes, promoted assimilation instead of uncovering the processes of abledness that sustain the existence of disability as an operational difference (Campbell, 2011; Goodley, 2012). In the past decade or so these approaches have been revised and developed into what can be described as a relational-cultural model which sees disability in terms of an **evolution**; an **interaction between the impairment and the environment**, the person and others. Known as the third wave of disability studies, this relational-cultural model is drawn from a French view of disability which understands the formation of the notion of disability as a **relational, intersubjective encounter**: Disability as a confrontation between the ability of a person and situations she encounters in life ‘macro-situations’, such as work or schooling, or ‘micro- situations’ such as cutting meat or using the keyboard of a computer. The disabling situations are not only structural and material, they are also (especially) cultural [my emphasis &translation] (Hamonet, 2006, p. 1). The perspective moves beyond abilities and limitations and embraces subjectivity acknowledging the person’s perception of difference in his /her body. Taking on board the conceptual notion of disability as a relational concept means that the production of disability must not be a by-product of our faulty interaction with differences in mentalities and bodies. This third configuration of disablement is reflected in the framework of the Convention on the Rights of Persons with Disabilities. 3 The Preamble states: disability 4 is an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others. ( Convention on the Rights of Persons with Disabilities, 6 December 2006, at [e], my emphasis).

### advocacy

#### Thus, I affirm: Resolved: The appropriation of outer space by private entities is unjust. As applied by the word unjust I define the act of space colonization being unjust. CP/ PIC affirm because they don’t disprove the general premise of the resolution. Any other version of the resolution forces us to engage in a form of futurity.

#### 1) The astronaut and the drive for space technology is tied to the future of curing disability.

Boucher 18(Martin [PhD Candidate in Human Studies at Laurentian University. His work is primarily situated in disability studies and posthumanism, but he maintains an interest in the philosophy of social science and the history of ideas.] “Prostheticity, Disability, and Spaceflight”)/Jwala

Posthumanist theory is beginning to make a considerable impact on the theoretical foundations of Critical Disability Studies. To a certain extent there has been engagement with cyborg theory in this field for over a decade;1 however, more recently, work influenced by Rosi Braidotti’s The Posthuman has been gaining momentum.2 Given that the goal of this issue of Con Texte is to provide short reflections on posthuman topics, I will not summarize or explore these literatures in great detail. Instead, I will reflect on a question that came to me recently while watching the launch of Falcon Heavy, and will do it from the perspective of this latter stream of posthumanism in disability studies. The question I asked myself was: within the eventual goal—spearheaded by SpaceX and its CEO Elon Musk—of colonizing Mars, how do we interpret the astronaut from a posthuman critical disability perspective? What can we learn from disability about this futurist superhuman event and vice versa?

It seems to be the consensus in the space technology field that future Mars astronauts (or colonists) are already born. As I write this, the Austrian Space Forum (OeWF) is conducting an isolated Mars analogue mission on the Arabian Peninsula (Austrian Space Forum). At least for optimists, interplanetary travel is crossing from science fiction to science proper. Of the plethora of questions this raises, I will limit myself quite narrowly to a reflection on how we might modify our framework of understanding to capture the interaction with technology from both the perspective of the individual with a disability and that of the interplanetary astronaut.

In a sense, this paper has nothing to do with space travel. It is interested in the way we interpret the protagonist of such an adventure. For the transhumanist, technological advancement has endowed the human with the means to surpass himself towards a new and unrecognizable future—epitomized in the cosmo-colonist. The question of disability seems to be at the other extreme of the spectrum. Technology is not enhancement but correction towards the normal range of human limitations. In both cases, the difference is contingent on the acceptance of a foundational humanness with concrete limits. Critical posthumanism and critical posthuman disability studies challenges this foundation. As result, I will conclude that both the astronaut and the individual with a disability are congruent posthuman subjects insofar as a) their differentiation is contingent on a shaky natural-able human category, and b) they share the same originary and reflexive relationship with technology. Exploring this relationship can tell us something about how posthuman subjects may be understood more generally. However, within the limits of this special issue, this paper can only point us in the direction of a complete analysis. I will therefore focus primarily on a few works by Tamar Sharon and Dan Goodley and on the narrow questions of the congruency of the subjects mentioned above and the model of technology that can make sense of this relationship. However, it is important to recognize that exhausting the question posed here would require a much more detailed engagement with the work of these two authors among others.

One undeniable fact is that the astronaut’s survival and success is contingent on their relationship to a whole array of highly sophisticated technological machinery. Furthermore, the interplanetary astronaut depends on a large network of support staff, training infrastructure, political and social human investment, and tremendous economic wealth in order to eventually carry out their mission. The complex technological and human networks that exist to support one individual, on an International Space Station (ISS) spacewalk for example, lead us to think of these individuals as somehow surpassing the natural limits of the human animal. It is this idea of surpassing itself (i.e. going beyond nature) and the what that we are surpassing (i.e. natural human limits) that is at issue. The paradigm of critical posthumanism recognizes that (a) there is no fixed natural ‘human’ and so no natural limits to be surpassed, (b) all beings are interconnected and depend on networks of human, non-human, and inorganic entities—they are never stand alone agents, and (c) the novelty of survival in space, for example, is not a change in kind from other achievements, but a continued expression of the possibilities of life. This does give rise to new subjectivities, but not contradictory ones. Outside of such a posthumanism, the ‘disabled body’ is interpreted as the antithesis of the highly techno-enhanced interplanetary astronaut. They are both new and protean posthuman subjects, but one does not represent the overcoming of the other.

The prevailing idea of the natural human and its fixed limits and abilities has been intrinsically challenged from the critical disability perspective, because that subject—the individual with a disability—was not considered truly ‘human’ to begin with. This population has been subject to dehumanization through a collection of historical events such as freak shows, institutionalization, segregation in education, medical experimentations etc., because they represent the ‘other’ of the able-human and embody a problem to be solved. Prosthetics, surgical/pharmaceutical treatments, rehabilitation programs, service animals, social support workers, and community organizations are examples of technologies and networks that allows individuals living with a disability to attain the theoretical ‘natural ability’ of the human being. Although Critical Disability Studies challenges this latter idea of natural ability, it remains the prevailing interpretation outside of it. Alternatively, “disability has always demanded to be recognized not as lack but possibility”; moreover, we should “be careful not to be seduced by shiny technology when, on a more mundane level, we are already potentially enhancing our humanity through a myriad of inter-relationships” (Goodley, Lawthom, and Runswick-Cole 352). A critical understanding means a re-evaluation of how we interpret those technologies and relationships mentioned above.

#### We want to avoid a simplistic interpretation where individuals with disabilities are seen as lacking something and must be brought back to some kind of normalcy, and where the astronaut is someone who attained this normalcy and becomes exceptional by surpassing him or herself while leaving normalcy in their wake. From the perspective of lack (or suffering), the cold world of ableism is as frigid as the emptiness of space, and technology allows for the overcoming of these limiting factors. Alternatively, a positive view of disability sees these new ways of being as transgressing those limits with transformative results. We consider neither as lacking or exceptional—they are both typical posthuman subjects. Critical Posthumanism centres on the productive ambiguity that we ‘do not yet know what bodies can do.’3 Technology and new ways of interacting with each other lead to an expansion of possibilities and a substantive change in how people experience and relate to the world. This is equally true for the individual living with a disability and the astronaut depending on complex equipment to survive in space. Generally speaking, these insights emerge out of what Tamar Sharon calls Radical Posthumanism. Though there are many models of posthumanism, we will be relying on Sharon’s analysis here because it will allow us—within the parameters of this short work—to discuss three important orienting concepts: reflexivity, mediation, and prostheticity.

3) **Skep affirms- Unjust is defined as not based on or behaving according to what is morally right and fair.1 Thus, if nothing is moral, everything doesn’t behave according to what is morally right since it’s impossible to behave according to what is morally right. Private appropriation of outer space by private entities can’t be consistent with morality since morality doesn’t exist.**

[**https://www.lexico.com/en/definition/unjust**](https://www.lexico.com/en/definition/unjust)

# Acessiable formating

#### Subject formation relies on an autonomous separation of the body and the individual that excludes crips – within civil society, we can never express themselves as autonomous subjects able to move beyond their bodies. From the starting point of Util being pain and pleasure excluding those with Anhedonia, to pragmatism ignoring how those who are excluded from practicing in the political sphere to affect and the sensory moter break down. Ableism must be taken as the starting point when considering ethics.

**Braswell 11**

**subjectivity defines the individual as a self-governing being The autonomous is master of (their) own body, (their) body is not synonymous with the self. "autonomy" is, prior to any application to persons with disabilities, saturated with ableist norms. deviant corporeality of the disabled body refused the dictates of the autonomous individual. visible dependence of persons with disabilities on social relations was opposite of the autonomous self's constitutive independence. disability represented destruction of autonomy Disability studies must propose an alternative conception of subjectivity, one based not in coherence, but rather in conflict. persons with disabilities, because of the conflictive nature of life in an ableist society, persistently devalue their own existence. neutral procedures produce the "autonomous" subject according to ableist norms. creates an articulation of subjectivity in which individuals exist separate and prior to prostheses. This self/body split is prejudiced against individuals who, cannot express themselves in terms that render them legible as autonomous subjects.**

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive. The drive is tied up with 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

primary pity entails a mixing up of self and other such that the ego belong to “someone else,” This affective response can feel unbearable because it involves a drive toward disability which menaces the ego‟s investments in health, and control to contemplate another person‟s suffering is to question, “Could this happen to me?” Secondary pity attempts to heal primary pity and defend the ego at someone else‟s expense. secondary pity encompasses charity, tears, and calls for a cure. these affects enlarge the ego of the pitier primary pity is so unsettling that We have been driven to lock people in institutions, to stare, to punish, and sentimentalize in not acknowledging that pity Because primary pity is tied up with the disability drive it must be unrepresentable

#### The belief of a better future is tied to rehabilitation where the signifier of the Child is placed forward which deems the disabled child a threat to society and is thus eradicated from the political.

Mollow 2

the image of the Child” is inextricable from disability the Child is a ritual display of pity that demeans disabled people. the Child makes an excellent alibi for ableism because the idea of not fighting is unthinkable. Who would stand against futurity, and life why would anyone come out against the Child who, without a cure, might never have a future The logic relies on “rehabilitative futurism,” is envisaged in terms of a fantasmatic “Child,” that eradication of disability: a recovery of a “hobbled” economy

#### The Rob should be to embrace disability drive shattering the fantasy of the ego. This turns away from ethical notions of futurity. Anything else just displaces the lack onto other oppressed groups.

Mollow 3

a guideline for developing an understanding of the drive and violences from misrecognitions facilitate how we conceive subjectivities changing our “insides,” chang ways that, “outside,” relate We are the drive! performs a fantasy of overcoming the drive it would go like where are my keys!?” Look for someone to blame! no getting over this but think the psychic equivalent of losing keys the impetus to blame someone else ill people dismissed as “hysterical the intolerable feeling that arises when we lose keys originates from within the drive always has its keys in hand

**Prefer –**

#### Disability Death drive comes a apriori to understanding ethics.

Mollow 4

the drive must be characterized by epistemological disablement. coming close with disability produces uncertainty These moments are disavowed and are projected onto disabled people impairments are depicted as the result of an insufficiency of self-knowledge this highlights the limits of self-knowledge for subjects while interrogating social dynamics that give rise to imbalances in authority

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**Campbell, 13**

have been revised and developed the third wave of disability studies,understands the formation of the notion of disability as a **relational, intersubjective encounter** disabling situations are not only structural and material, they are also (especially) cultural . Taking on board the conceptual notion of disability as a relational concept means that the production of disability must not be a by-product

### advocacy

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#### 1) Traditional understandings of the space faring astronaut are dominated by transhumanist notions of overcoming human limitations and producing better human subjects. Rejecting narratives of overcoming is key to resist narratives that are seeped in eugenic

Boucher 18

space technology field that future Mars colonists are already born technological advancement has endowed the human with the means to surpass towards a new future epitomized in the cosmo-colonist . Technology is correction towards the normal range of human limitations the difference is contingent on acceptance of a foundational humanness with concrete limits. disability challenges this foundation the astronaut’s survival is contingent on their relationship to technological machinery The spacewalk lead us to think of these individuals as somehow surpassing the natural limits of the human the novelty of survival in space , is not a change in kind from other achievements, but a continued expression of the possibilities of life. The prevailing idea of the natural human and its fixed limits and abilities has been challenged from the critical disability perspective, because that subject was not considered truly ‘human’ to begin with From the perspective of lack the cold world of ableism is as frigid as the emptiness of space, and technology allows for the overcoming of these limiting factors.

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