## 1AC

### The Disabled Narrative

#### The world is irredeemable – abled subjectivity is entrenched in a two-tiered affective response to disability – primary pity damages the egos’ ability status, which invokes secondary pity to overcorrect for the threat necessitating disabled death.

**Mollow 15** – Anna (2015): The Disability Drive, A dissertation submitted in partial satisfaction of the requirements for the degree of Doctor of Philosophy in English in the Graduate Division of the University of California, Berkeley Committee in charge: Professor Kent Puckett, Chair Professor Celeste G. Langan Professor Melinda Y. Chen Spring 2015 <https://digitalassets.lib.berkeley.edu/etd/ucb/text/Mollow_berkeley_0028E_15181.pdf>

A Tale of Two Pities “Piss on pity,” declares a well-known disability activist bumper sticker. A more polite is a rallying cry of the disability rights movement.119 For disability studies, a field that since its inception has vigorously resisted the imposition of pity upon disabled people, Tiny Tim is anathema. Understandably so: every year, the image of Tiny Tim is used to drum up pity for disabled people; the widespread circulation of this affect, disability scholars have compellingly argued, does not alleviate the social barriers that we face but instead reinforces our oppression. Indispensable as this disability studies analysis is, it leaves some important questions about pity unanswered. For example: if, as is commonly said, “No one wants to be pitied,” then why is this so? And also, if nobody wants to be pitied, who, if anyone, wants to feel pity? At first glance, the answer to the latter question might seem to be “everyone.” Certainly, multitudes of moviegoers appear to enjoy our culture’s annual recitations of Tiny Tim’s pity inducing tale. If it can be fun to perform pity, perhaps this is because pity gives a boost to the ego of the pitying person. “You are broken, and I am whole,” the pitier says to the one who is pitied. “I look down on you because you suffer.” Naturally, disabled people resist performing this service for the nondisabled. “Spare us your pity,” we say, because pity is felt to be demeaning. 73 Yet an incoherence structures this familiar account of pity: if pity fortifies the ego of the subject who feels it, then why do people so often resist feeling pity? Some folks get pissed when they are prodded to pity. “Your appeals to pity won’t work,” they say. “I have no pity for you.” This is the attitude that Scrooge takes toward Tiny Tim. It’s also the stance that Edelman invites queers to take in relation to the Child—and not only to the Child per se, but also to anyone who calls for a performance of pity**.** Edelman argues that compassion (which, of course, is a close relative of pity) is fundamentally narcissistic (73). When we call ourselves compassionate, we think we’re feeling for the other; but, Edelman contends, we’re really only feeling for ourselves (83). That is, compassion involves projecting one’s own ego onto the object of one’s compassion. In this schema, the pitied person is used as a vehicle for the pitier to feel sorry for his or her own self. But in calling compassion a cover for narcissism, Edelman may inadvertently point to a connection between compassion and the drive. Freud’s theorization of narcissism, which is a precursor to his idea of the death drive, suggests that although some forms of narcissism can bolster the ego, other forms can do just the opposite. “On Narcissism” posits a distinction between what Freud calls “primary” and “secondary” narcissism; this distinction provides the basis for a contrast that I wish to draw between what could be called primary and secondary pity. To elucidate these two pities, let us look at the tale that Freud tells about two narcissisms. The story begins, as many Freudian narratives do, with the image of a child at its mother’s breast. Freud gives the name “primary narcissism” to the perfect autoerotic pleasure in which the child luxuriates. This pleasure takes place in the absence of a stable self, as the child does not yet conceive of itself as a distinct entity, undifferentiated from its external environment (87-88). It’s the best of times, but it can’t last: the child’s primary narcissism, Freud recounts, is exposed to numerous “disturbances,” ranging from the castration complex (in which boys fear losing the penis and girls, Freud assumes, wish that they had one) to parental discipline and criticism.120 But still, we keep seeking that lost, best time: because humans are “incapable of giving up a satisfaction” that we have “once enjoyed,” we continually try to return to the primary narcissism of childhood. We do this by engaging in secondary narcissism**.** All thefamiliar attitudes and behaviors that one tends to think of when one disparages someone as “narcissistic” fall into the category of what Freud defined as secondary narcissism: the puffed up ego, the feeling of superiority over others. But even secondary narcissism, with its many patent problems, does not only aim to aggrandize the ego. The impetus **of** secondary narcissism, after all, is to return to a state in which the ego as such does not exist**.** The child’sautoerotic enjoyment at its mother’s breast is pleasurable in part because the child is not yet a subject. As with the death drive’s impulsion to return to “an earlier state of things,” secondary narcissism draws the subject back toward a prior time when the ego did not exist(Beyond 45). Yet if primary narcissism is looked back upon as the best of times, it must, from the vantage point of a fully constituted ego, appear as the worst of times, too. To be drawn back to primary narcissism would be to imagine the abolition of one’s self. For this reason, even though secondary narcissism may threaten to break down the ego, it also entails a defense against the threat/pleasure of that breaking down. Much as the differentiation between the inseparable processes of primary and secondary narcissism rests on a distinction between building up and breaking down the ego, a similar heuristic distinction gives structure to my concepts of primary and secondary pity. To be clear, pity and narcissism are not the same thing: if narcissism can be understood as love of the self, pity involves a complex affective reaction to the suffering of someone else. Primary pity entails a response to the image of another person succumbing to what I have termed the “tragedy of disability.”121 Primary pity arises when one witnesses a fall of the self, a collapse of the ego; such falling is at once painful and pleasurable to observe. In other words, primary pity could be described as a vicarious experience of the tragedy of disability. A great deal of the pain and pleasure of primary pity center on questions about what, or who, this fallen self is. When most people think about pity, we refer to an affect in which, to adopt Edelman’s phrase, we purport to “feel for the other.” But as with primary narcissism, in which the self has not yet been constituted, and therefore cannot be said to enter into intersubjective relations with an “other,” primary pity entails a mixing up of self and other such that the ego, in becoming permeable to pain that may properly belong to “someone else,” is profoundly threatened in its integrity. Primary pity is that intense pain-pleasure complex that is provoked by the image of a suffering other who, it seems momentarily, both is and is not one’s self. This affective response can feel unbearable, as seen in Siebers’s formulation: one “cannot bear to look…but also cannot bear not to look.” Primary pity is difficult to bear because it involves a drive toward disability (one cannot bear not to look), which menaces the ego’s investments in health, pleasure, and control—because to contemplate another person’s suffering is to confront the question, “Could this happen to me?” Such a prospect, although frightening, may also be compelling; in this way, primary pity replicates the self-rupturing aspects of sexuality. Indeed, the unbearability of primary pity reflects its coextensiveness with sexuality. Sex, or the Unbearable, a book coauthored by Edelman and by Lauren Berlant, argues that sex “unleashes unbearable contradictions that we nonetheless struggle to bear” (back cover). This claim accords with Freud’s account of sexuality as a “pleasurable” “unpleasure” that the ego can never fully master or control (Three 49,75). As Leo Bersani puts it in his reading of Freud, “the pleasurable unpleasurable tension of sexual enjoyment occurs when the body’s „normal‟ range of sensation is exceeded, and when the organization of the self is momentarily disturbed”; thus, “sexuality would be that which is intolerable to the structured self” (Freudian 38). Primary pity is also intolerable to the structured self, because it entails a fascination with the fantasy of a self in a state of disintegration or disablement. Secondary pity is something else, although it cannot wholly be differentiated from primary pity. Secondary pity attempts to heal primary pity’s self-rupturing effects by converting primary pity into a feeling that is bearable. As with secondary narcissism, secondary pity involves both an attempt to get back to that ego-shattering state of painfully pleasurable primary pity, and at the same time to defend against that threat to the ego by aggrandizing oneself at someone else’s expense. Secondary pity refers to all those ego-bolstering behaviors that most people think of when they talk about pity. Disabled people are all too familiar with these behaviors: the saccharin sympathy, the telethon rituals of “conspicuous contribution,” the insistence that “they” (i.e., nondisabled people) could never endure such suffering. More commonly known in our culture simply as “pity,” secondary pity encompasses our culture’s most clichéd reactions to disability: charity, tears, and calls for a cure. Correlatives of these commonplace manifestations of secondary pity are the obligatory claims that disabled people’s suffering is “inspiring.” Indeed, the speed with which conventional cultural representations of disability segue from overt expressions of pity to celebrations of “the triumph of the human spirit” highlights the ways in which secondary pity, as a defense against primary pity’s incursions, reinforces the ego’s fantasy of sovereignty. Secondary pity, in other words, can be seen as a variation of secondary narcissism: these affects enlarge the ego of the pitier or the narcissist at the expense of someone else. But primary pity is not the same as either primary narcissism, secondary narcissism, or secondary pity. Unlike primary narcissism, a feeling that emerges out of a relation to the world in which notions of “self” and “other” do not obtain, primary pity does depend upon the constructs of self and other, although these constructions are unstable and are continually threatening to come undone. Primary pity can thus be envisioned as a threshold category occupying a liminal position between the total denial of the other that is inherent to primary narcissism and the rigid structure of (superior) self and (inferior) other that constitutes secondary narcissism and secondary pity. My concept of primary versus secondary pity also differs from Freud’s primarysecondary narcissism distinction at the level of genealogy. Like Freud’s account of primary and secondary narcissisms, my model of primary and secondary pities involves a temporal transition; but whereas Freud imagines the movement from primary to secondary narcissism as a passage from an earlier to a later stage of an individual’s development, the temporal shift from primary to secondary pity happens much more quickly than this. It happens in an instant: that moment in which we feel primary pity and then, almost before we can blink, deny that we feel or have felt it. The denial is understandable: who wants to admit that one gets pleasure from the sight of another person’s suffering—or, to make matters worse, that this pleasure derives in part from the specter of disability’s transferability, the possibility that this suffering could be—and, fantasmatically, perhaps already is—an image of one‟s own self undone? Indeed, the model of primary pity that I have been constructing may sound a bit too close to sadism for some people’s liking. Pity does come close to sadism, and at the same time, to masochism, which Freud theorizes as sadism’s obverse. In “Mourning and Melancholia,” an essay that can be read as a sequel to “On Narcissism,” Freud approaches a distinction between primary and secondary masochism, which accords with my primary-secondary pity heuristic.122 If the story that I traced in “On Narcissism” could be summarized as “child gets breast; child loses breast; child gets breast back, albeit in a secondary, adulterated form,” the tale that Freud tells about masochism takes much the same form. In this story, subject loves object; subject loses object; and subject tries to get object back by becoming object, that is, by identifying with the object in such a way that object starts to seem—and perhaps in some ways is—part of subject’s self. This last phase is a dysfunctional and disabling form of identification, Freud makes clear. Subject is still angry at object for having left it, and it takes out that anger on the object that is now part of itself. This is the reason that people suffering from melancholia are so hard on themselves, Freud says; the “diminution in…self-regard” that typically accompanies melancholia results from the subject’s attacks on the loved-and-lost object that the subject has incorporated into its ego (“Mourning” 246). Freud had not wanted there to be such a thing as primary masochism; for a long time, he had insisted that sadism, or “aggression,” was the primary instinct, and that masochism was only a turning-inward of this originary aggression. But in “Mourning and Melancholia,” although Freud does not yet use the term “primary masochism,” he nonetheless gets at this concept. The problem of suicide, Freud notes in this essay, raises the possibility that the ego “can treat itself as an object” that it wants to destroy (252). When it comes to such an extreme act as suicide, the possibility of carrying “such a purpose through to execution” must, Freud surmises, involve more than a sadistic wish to punish others. Perhaps, then, there is an innate desire to destroy one’s own self, Freud hypothesizes. If so, this self would not be a single thing: it would be “me” and at the same time, the lost object whose image “I” have internalized. Freud’s notion of a primary masochism is tied very closely to his conceptualization of the drive. Beyond the Pleasure Principle, the text in which Freud first used the term “death drive,” was published three years after “Mourning and Melancholia.” In the later text, Freud’s speculations about the death drive lead him to acknowledge that “there might be such a thing as primary masochism” (66). After all, Freud points out, the idea that either sadism or masochism definitively takes precedence over the other does not ultimately make much sense, as “there is no difference in principle between an instinct turning from the object to the ego and its turning from the ego to an object” (66). If sadism and masochism are ultimately indistinguishable obverses of each other, then pity, in both its primary and its secondary forms, would have to be both sadistic and masochistic. This is a deeply troubling possibility, but I suggest that trying to overcome pity will only make matters worse. There are many ways of trying to overcome primary pity, and each one ultimately aggravates the violence of primary pity. One way is the “pitiless” refusal of compassion that Edelman advocates (70). Another is the disability activist “No pity” injunction. 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. 77 Then the tube entered one nostril, its gauge slight enough to pass through, down my throat and into my stomach. I couldn’t thrash or resist. I could only relent. To the pain, the discomfort, but most distressingly the feeling of powerlessness, of violation. It was in that moment, I think, that the weight of everything which had happened fell upon me, undeniably, and the knowledge of it crushed me. (23-24) “Too much to bear,” Guest writes. The word “unbearable” would indeed be an accurate descriptor of this passage: both the experience of violence that it narrates and also the retelling of that experience produce sensations that, as in Berlant and Edelman’s account of sexuality, one cannot bear but must nonetheless “struggle to bear” (back cover). Guest’s account of a nonconsensual administration of an unwanted medical treatment is especially difficult to bear because it gives the reader no recourse to secondary pity: the passage offers no “lesson” to be learned, no invitation to feel “inspired,” nothing to make one feel in any way okay about what has happened. The medical violence that Guest recounts seems particularly devastating because it is readable as sexual: it takes the form of forced penetration, and it results in a “feeling of powerlessness, of violation” that resonates with experiences recounted by survivors of sexual assault.

#### The faith in a better future reifies rehabilitative futurism where the signifier of the Child pathologizes the disabled subject and inevitably recreates eugenics.

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

“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 entrenched in ableism – the schema of perfection infiltrates dominant modes of thought and culminates in Crip-erasure. Thus, the role of the ballot is to vote for the debater who bests interrogates ableist epistemologies.

**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.

#### Our theorization of disability is not static nor identity politics – we analyze suffering as a psychic force that explains myriad forms of exclusion.

**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 //ACCS JM

Seeking to destabilize the disabled-nondisabled binary, this thesis employs the term “disability” in expansive and open-ended ways: the texts that we will examine thematize bodily suffering, emotional distress, and loss of physical and mental capability without always using “disability” as the sign for discrete diagnostic or identity categories. In this regard, my approach accords with the ways that the drive continually upsets stable conceptions of identities. However, in figuring the drive as a force that shapes the lives of disabled and nondisabled subjects alike, I do not suggest that differences between disabled and nondisabled identities do not matter. As disability scholars such as Carol Gill, Simi Linton, and Robert McRuer have pointed out, the assertion that “we are all disabled in some way” erases profound differences between the social realities faced, respectively, by disabled and nondisabled people (Gill 46; Linton 12-13; McRuer, Crip 157). As McRuer puts it, the question “Aren’t we all queer/disabled?” is a strategy of political “containment”: “an able-bodied/heterosexual society doesn’t have to take seriously disabled/queer claims to rights and recognition if it can diffuse or universalize what activists and scholars are saying as really nothing new and as really about all of us” (157). Following McRuer, who affirms a wish to “resist that containment” but nevertheless argues that “there are moments when we are all queer/disabled,” I utilize the concept of the disability drive to bring those moments into view (157).

#### The desire to fill the insatiable lack creates experiences of impairment that structures the disability drive – cementing an order of signification that relies upon ableist value systems.

**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

Tropes of disability are also present in what Edelman reads as Jean Baudrillard‟s “panicky offensive against reproduction without heterogenital copulation,” in which sex is described as devolving into a “useless function” and humans are distinguished (unsuccessfully, Edelman argues) from “the order of the virus” (qtd. in Edelman 64, 62).111 Edelman‟s apt reading of these remarks by Baudrillard in relation to what was once called “the gay plague,” as well as his own plays on the word “bent,” suggest that it can be difficult, in homophobic and ableist culture, to distinguish between queerness and disability (62, 90).112 Anti-queer religious leaders, Edelman notes, characterize queer sexualities as “unhealthy” and “ugly,” and “ministries of hope” offer cures to those who have “grown sick-to-death of being queer” (91, 47). 113 Against the “pathology” or “social disease” as which queerness is diagnosed, queer-baiting of children, Edelman argues, functions as a form of “antigay immunization,” while the narrative of A Christmas Carol serves as an annual “booster shot” (143, 19, 49). These repetitive references to disability suggest that not only queerness but also disability might be a fitting name for what Edelman, alluding to the death drive, calls “the remainder of the Real internal to the Symbolic order” (25). Indeed, disability metaphors are often the closest approximations that Edelman can find for the “unnameable” death drive (25). The terms that Edelman uses to describe the death drive include “wound,” “fracture,” “stupid enjoyment,” “mindless violence,” “lifeless machinery,” “senseless compulsion,” “disfiguration,” and a “shutdown of life‟s vital machinery” (No Future 22; “Kid” 28; No Future 38, 23, 27, 38, 37, 44). Although these signifiers do not directly refer to specific impairments, they do, taken together, evoke the physical and mental injury and dysfunction as which disability is commonly understood. And then there is Edelman‟s term “sinthomosexuality,” a neologism formed by “grafting, at an awkward join,” the word “sexuality” onto Lacan‟s term “sinthome.” With its “awkward” “grafting,” the word “sinthomosexuality” embodies disability at the level of the letter.114 Etymologically, too, Edelman‟s term harkens back to disability: “sinthome” is an archaic way of spelling the French word for “symptom” (qtd. in Edelman 33). The root meaning of “sinthomosexuality,” then, is something like “symptom-sexuality.” However, Lacan‟s “sinthome” means more than simply “symptom”: it refers, Edelman explains, to “the particular way each subject manages to knot together the orders of the Symbolic, the Imaginary, and the Real” (35). The sinthome is the only means by which the subject can access the Symbolic order of meaning production; but paradoxically, because each subject‟s sinthome is arbitrary and meaningless (as individual as a fingerprint), the sinthome also threatens the Symbolic order to which it provides access (36). Both this access and this threat are figured as disability. In order to be constituted as a subject and to take one‟s place within the Symbolic order, one must be metaphorically blind: the cost of subjectivity is “blindness to this determination by the sinthome,” “blindness to the arbitrary fixation of enjoyment responsible for [the subject‟s] consistency,” “blindness” to the functioning of the sinthome (Edelman 36, 38). The alternative to subjectivity as disability would be, according to remarks that Edelman attributes to Lacan, “radical psychotic autism” (qtd. in Edelman 37).115 That is, whatever might alleviate our constitutive “blindness” by exposing “the sinthome as meaningless knot” must effect a “disfiguration” (Edelman 38), the consequences of which would be “pure autism” (Žižek 81, qtd. in Edelman 38). On the one side, blindness; on the other, disfiguration, psychosis, autism: when it comes to recognizing the senselessness of one‟s sinthome, it seems we‟re disabled if we do, disabled if we don‟t. This is why I have proposed that the “death drive”—a force that has less to do with literal death than with a strange persistence of life in death, or of death in life (perhaps like the “life not worth living” of which disability is often supposed to consist)—would more accurately be termed the “disability drive.” Writing of the contingency of disability as an identity category, Michael Bérubé observes: Any of us who identify as “nondisabled” must know that our self-designation is inevitably temporary, and that a car crash, a virus, a degenerative genetic disease, or a precedent-setting legal decision could change our status in ways over which we have no control whatsoever. If it is obvious why most nondisabled people resist this line of thinking, it should be equally obvious why that resistance must somehow be overcome. (viii) Could part of this resistance be attributable to a fear that, in the car crash or other identity- shattering event, it might be the driver‟s own hand that makes that disabling turn, that is, that the driver might be driven by an impulse, unwanted and unconscious, toward something beyond the principles of pleasure and health? Applying the name “the disability drive” to this “beyond” affords insight into the reasons that images of disability so powerfully excite and repel, becoming, as Tobin Siebers writes, “sources of fear and fascination for able-bodied people, who cannot bear to look at the unruly sight before them but also cannot bear not to look” (178). Later in this chapter, I will define the affect that Siebers references here as “primary pity.” For now, though, I simply want to point out that Siebers‟s important observation can be extended by noting that it is not only nondisabled people who react to images of disability with a mixture of aversion and attraction. Disabled people may also respond in this way, especially when contemplating impairments other than those that currently disable us.116 Building on Douglas Baynton‟s famous assertion that “disability is everywhere,...once you begin looking for it,” I suggest that the same may be true in regard to the disability drive: this ego-undoing psychic force shapes the subjectivities of disabled and nondisabled subjects alike (52). Manifestations of the disability drive may be present in Edelman‟s discussion of Tiny Tim. Take, for example, Edelman‟s contention that “the pleasurable fantasy of survival” in Dickens‟s story requires the survival of the fantasy that Tiny Tim “does not excite an ardent fear (or is it a fearful ardor?) to see him . . . at last cash in his chips” (45). It‟s a familiar cultural fantasy: cure ‟em (as Dickens might hope) or kill ‟em (as Edelman suggests readers must secretly wish).117 But in this unacknowledged wish, there may be more at stake than either killing or curing. In the chapter that follows his reading of A Christmas Carol, Edelman adduces Lacan‟s discussion of the legend of Saint Martin, who was said to have cut his own cloak in two in order to give half of it to a beggar. “Perhaps,” Lacan suggests, “over and above that need to be clothed, [the beggar] was begging for something else, namely that Saint Martin either kill him or fuck him” (qtd. in Edelman 83). Drawing upon this passage in his analysis of North by 72 Northwest, Edelman proposes that as Leonard attempts to push Roger Thornhill to his death from atop Mount Rushmore, he “enacts . . . the one [killing] as displacement of the other [fucking]” (85). Killing as displacement of fucking: might a similar displacement be at work in Edelman‟s attribution, to Dickens‟s readers, of a “fearful ardor” to see Tiny Tim “at last cash in his chips” (45)? As evidence for this suggestion, take the mode by which Edelman introduces his discussion of A Christmas Carol: “Take Tiny Tim, please!,” “with a nod to the spirit of the late Henny Youngman” renders Tiny Tim wifelike—clearly undesirable in this context, but not wholly uneroticized (41). And then there is the word “take,” which, particularly when followed by the word “please,” has a meaning other than the ones Edelman seems deliberately to invoke: “take” means “fuck,” and so Edelman‟s directive to “take Tiny Tim, please!,” which echoes his earlier injunction to “fuck Annie; fuck the waif from Les Mis; fuck the poor, innocent kid on the Net,” seems to authorize an additional imperative: fuck Tiny Tim. “Fuck” here means, of course, “remove” or “the hell with,” but it also means fuck.118 Arguably, these two ways in which No Future says “fuck Tiny Tim” coincide with what disability studies most ardently desires. “Fuck Tiny Tim, please!” disability scholars beg: rid us, please, of this most reviled textual creation. And also: if it is our cultural mandate to embody this pitiable, platitude-issuing, infantilized, and irritating figure—well, then fuck us, every one. Fuck us because figuratively, we are already “so fucked” by our culture‟s insistence, through this figure, that the disabled are not fuckable. This insistence must be understood as a form of reactive reinforcement: propelling every cultural representation of disability as undesirable, there may be a “fearful ardor,” an unacknowledged drive. Such representations include Edelman‟s abjection of Tiny Tim. And, I will argue, they also pertain to a similar abjection of Tiny Tim in the field of disability studies. As we shall soon see, the drive that infuses affective reactions to disability with ardor is often expressed through the emotion of pity. In taking account of the various forms that pity can take, we will be led to pose a question to disability studies and to queer antisocial theory together: are we sure that we want to take Tiny Tim out of the cultural text? A Tale of Two Pities “Piss on pity,” declares a well-known disability activist bumper sticker. A more polite companion to this tag, the slogan “No pity” is a rallying cry of the disability rights movement.119 For disability studies, a field that since its inception has vigorously resisted the imposition of pity upon disabled people, Tiny Tim is anathema. Understandably so: every year, the image of Tiny Tim is used to drum up pity for disabled people; the widespread circulation of this affect, disability scholars have compellingly argued, does not alleviate the social barriers that we face but instead reinforces our oppression. Indispensable as this disability studies analysis is, it leaves some important questions about pity unanswered. For example: if, as is commonly said, “No one wants to be pitied,” then why is this so? And also, if nobody wants to be pitied, who, if anyone, wants to feel pity? At first glance, the answer to the latter question might seem to be “everyone.” Certainly, multitudes of moviegoers appear to enjoy our culture‟s annual recitations of Tiny Tim‟s pity inducing tale. If it can be fun to perform pity, perhaps this is because pity gives a boost to the ego of the pitying person. “You are broken, and I am whole,” the pitier says to the one who is pitied. “I look down on you because you suffer.” Naturally, disabled people resist performing this service for the nondisabled. “Spare us your pity,” we say, because pity is felt to be demeaning. 73 Yet an incoherence structures this familiar account of pity: if pity fortifies the ego of the subject who feels it, then why do people so often resist feeling pity? Some folks get pissed when they are prodded to pity. “Your appeals to pity won‟t work,” they say. “I have no pity for you.” This is the attitude that Scrooge takes toward Tiny Tim. It‟s also the stance that Edelman invites queers to take in relation to the Child—and not only to the Child per se, but also to anyone who calls for a performance of pity. Edelman argues that compassion (which, of course, is a close relative of pity) is fundamentally narcissistic (73). When we call ourselves compassionate, we think we‟re feeling for the other; but, Edelman contends, we‟re really only feeling for ourselves (83). That is, compassion involves projecting one‟s own ego onto the object of one‟s compassion. In this schema, the pitied person is used as a vehicle for the pitier to feel sorry for his or her own self.

#### The 1AC is distinct from psychoanalysis – we integrate diverse perspectives.

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The theoretical trajectory that I will trace, which begins with Dora‟s account of hysteria as a disorder afflicting a minority of disabled subjects, and ends with Beyond the Pleasure Principle‟s universalizing account of the death drive, is not explicitly articulated by Freud. Throughout his career, Freud held fast to his construction of hysteria; therefore, the death drive cannot be seen as supplanting hysteria in Freudian thought. But my reading of hysteria as both a precursor to the theory of the drive and a way for Freud to avoid naming and confronting the drive demonstrates that a rearticulation of Freud‟s concept of hysteria can be a starting point for a more universalizing approach, grounded in the concept of the disability drive. Departing from Freud‟s tendency to pathologize individual disabled people, such a model may yield more nearly universal insights about psychic life. Questions about universalism are among the most compelling and difficult aspects of psychoanalysis, a discipline that posits a set of psychic structures that are said to govern the lives of all subjects. Does psychoanalysis‟ universalizing model mistake the psychological determinants of middle-class members of western capitalist societies for universal norms? This question can in part be answered by way of a distinction: although Freud specifies that the structure of the psyche that he delineates is universal, his model leaves room for the theorization of a great diversity of particular content that might fill that structure. Factors such as gender, queerness, race, class, colonialism, disability, and historical context can radically alter the ways in which constructs such as “the ego,” “the drive,” and “sexuality” come to be figured. The potential fluidity of Freud‟s paradigm has been the basis of important interventions by social theorists who, working within and beyond the discipline of psychoanalysis, have rethought Freud‟s arguments from the vantage points of feminist, antiracist, postcolonial, and queer criticism.22 My project builds upon this work by bringing a critical disability studies perspective to bear upon Freud‟s concept of the death drive. In the chapters that follow, I will examine the 9 ways in which cultural projections of the disability drive shape intersections of multiple modalities of oppression, including ableism, misogyny, homophobia, fatphobia, white supremacy, classism, and colonialism. I also wish to emphasize that although my argument about the disability drive unfolds within a psychoanalytic framework, in which the structuring components of the psyche are said to be universal, I am not suggesting that a psychoanalytic epistemology should be seen as trumping other ways of knowing human minds, bodies, and bodyminds. Nonwestern models of mind and body, for example, may differ significantly from the frame within which I situate my analysis. For this reason, I will neither assume nor attempt to establish that the psychoanalytic ways of thinking that I employ in this dissertation will be useful or meaningful to every subject and culture. However, I will also not assume in advance that my elucidation of the disability drive does not apply to specific groups or individuals, as I am wary of the danger of effecting harmful and unnecessary exclusions by prematurely designating an argument as inapplicable to particular subjects or experiences**. It is for this reason that throughout this thesis I use the term “our culture” to reference the social world(s) in which I understand cultural manifestations of, and defenses against, the disability drive to take shape. I intend for the phrase “our culture” to signify expansively, issuing a deliberately open-ended and indeterminate invitation to any person to whom the language and concepts in this dissertation may be accessible and illuminating. The words “our culture” cannot, of course, reference every person in the world; but because the ableist social and psychic structures that I delineate in this project seem to me to potentially exceed the bounds of demarcations such as “US American culture,” “the West,” or “modern industrial societies,” I employ this “our” to leave open questions about the extent to which my analyses may or may not apply to particular geographies and cultural locations.** The problematic of universalism versus exclusions in this project can be illustrated by raising a set of questions regarding my arguments‟ relation to asexual people‟s experiences and identities. If this dissertation‟s opening assertion of disability‟s sexiness were taken to mean that sexiness is a quality that disabled people should aspire to embody—and conversely, that an absence of sexual desire is grounds for social discrediting—then this assertion would contribute to our culture‟s stigmatization of asexual people. Such a reading, however, would run directly counter to my project‟s central aim: the sexual model of disability is intended to complicate efforts to highlight sexualities as causes for pride or empowerment. In conceiving of sexuality as inextricable from failure, loss, and suffering, I hope to make visible sexuality‟s incompatibility with proud identity claims. Yet even this approach presents risks. As I will discuss in the next section of this chapter, some queer theorists‟ citations of sexuality‟s identity-disturbing effects have been articulated in ways that seem to imply that the more sex one has, or the more that one engages in particular sexual practices, the more effectively one can challenge heteronormative cultural imperatives. “The Disability Drive” will not forward such an argument. I emphasize the sexiness of disability to counter our culture‟s widespread desexualization of disabled people; this emphasis, however, is not meant to suggest that disabled people have, or should have, “more” or “better” sex than nondisabled people (whatever those comparatives might mean), or that we should aim to secure social legitimacy by establishing our “attractiveness” to sexual partners. The sexiness of disability that I highlight refers less to attributes of individual subjects than to aspects of disability as it is envisioned and sometimes experienced. Additionally, although Freud assumed that sexuality was universal, I will not make this assumption, since such a claim would contradict many asexual people‟s lived experiences. This 10 does not mean, though, that the sexual model of disability must be irrelevant to asexual people. The Asexual Visibility and Education Network (AVEN) defines an asexual person as someone “who does not experience sexual attraction”; however, AVEN‟s website notes that many (but not all) asexual people experience sexual arousal, have sexual fantasies, or masturbate.23 Even nonlibidoists, those asexuals who “have no sexual feelings at all,” may nonetheless have experiences that fall within the extremely broad rubric of what Freud designates as sexuality. According to Freud, intellectual work, strong emotion, illness, athletic activity, eating, swinging, warm baths, and train travel can all potentially be regarded as sexual.24 On the other hand, just because such activities and feelings can be described as sexual does not mean that they have to be, and to force the application of the label “sexual” would effect a discursive violence upon subjects who have determined that this term does not apply to their lives. Thus, although I postulate the sexual model as one means of theorizing the disability drive, I do not suggest that it is the only such method.

#### Disability is abject to modernity through emotional disgust and subject to psychogenesis – reformist policies exist in a structural antagonism with its imperfection.

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Disability and the civilising process The gods of Olympus showered heavenly mockery on deformity while those with earthly authority condoned infanticide for children born with impairments. The disabled pharmakos or scapegoat provided the communities of Antiquity with the opportunity to project their transgressions onto those who – by virtue of their physical or intellectual difference – existed on the margins of the polis. Such cultures of exclusion took new forms in the Christian Middle Ages. The Lord of the Old Testament feared that anomalous bodies might ‘profane his sanctuaries’. Flesh and sin became so inextricably bound that any waywardness of the former became a sign of the latter. Disability was positioned as a moral and ontological pollutant. Modernity brings a new set of challenges to the place of disabled people in the world. As cultures of superstition give way to the age of reason and rapid social change rips through the stasis of the long established courtly tradition, a cultural process marked by the march of ‘civilisation’ introduces new manners and technologies that slowly re-adjust Western self- consciousness, making anew, simultaneously, its personality, its emotional values and its organisational structures (Elias, 2000). Yet the refinement of morals and manners that marks the civilising process is not without barbaric consequences. Civility segregates, creates social distance between those who embody refinement and those who do not, creating a new binary of bodies and minds and a new ‘tyranny of normalcy’ (Davis, 1995) predicated on the articulation of disgust for physical and mental ‘inappropriateness’. As the quotidian demand for bodily delicacy and emotional refinement advanced, so too did the ‘threshold of repugnance’ (Elias, 2000: 98–9, 414–21) and so too did intolerance of impairment. ‘A characteristic’, wrote Elias (2000: 103), ‘of the whole process that we call civilization is this movement of segregation, this hiding “behind the scenes” of what has become distasteful’. The deepening of emotional control and new stricter demands around bodily comportment reduces the social distance between social classes but creates an underclass of outsiders, a new stratum of marginal men and women who were beyond the pale of polite communion. In civilising modernity, the cultures of exclusion that taint disabled people’s lives begin with pronouncements on etiquette that condemn the ‘animalic’ element of humanity and proceed to the construction of stark, institutional spaces, camps of confinement and death. These become places of internment for disabled people. As civilising modernity plods along, it creates a new model of ‘cultural’ citizenship and, simultaneously, a framework for conduct that clarifies those who are eligible to embrace this cherished status. To do what is fitting, to be fit and to be fit to do what is fitting with respect to the intricacies and intimacies of social interaction is, increasingly, tailored and constrained. The detail of appropriate conduct and emotional control is developed at the quotidian level of everyday behaviour. Contempt and reserve is directed towards those who do not appear to represent the embodiment of the civilised citizen. The unfit fail the test of fitness for citizenship. Disabled people fail it every day, in the moralised environment where judgement of conduct takes place. Elias (2000: 159) notes that ‘The trend of the civilising movement towards the stronger and stronger and more complete “intimization” of all bodily functions, towards their enclosure in particular enclaves, to put them “behind closed doors”, has diverse consequences’. However, what these consequences might be for disabled people remains a mystery. Although Elias recognises that the civilising process is a charter for segregation, he pays scant attention to what life is like behind the doors that have been closed. He describes the production of a secret world, an escalation of taboo and the acquisition of techniques of emotional and physical self-control that are developed to expiate disgust, shame and embarrassment. But what of those who live in the shadows of this secret world, forced by the intolerances of civility, to live behind its veil of righteousness? What of those who hide who and what they are because the dead weight of accumulated social convention will not let them be? What is life like for those who have been socially invalidated by the ever advancing ‘threshold of repugnance’? Elias does not tell their story. However, he gives some clues about how it might be told. The rest of this section gives examples of the ways in which the civilising process configures disability. As the idea of citizenship developed in modernity – particularly in the quotidian spaces of everyday conduct – disability played a crucial role. Garland-Thomson (1997: 42) argues that modern American citizenship is constructed on the fabled idea of self-governing individualism which implies a particular kind of body, one that is ‘a stable, neutral instrument of the individual will’. The ideal citizen of the thrusting mid-nineteenth century Republic – drawn in fine detail for example in Ralph Waldo Emerson’s work, particularly his portrait of Henry Thoreau (1862) – possesses the physical and intellectual capital that is conspicuously absent in the ‘cripple’ and the ‘idiot’. The distinction between the normal body and its broken counterpart is sharpened and naturalised by both literary representations – for example the disabled and non-disabled characters in Uncle Tom’s Cabin – and by certain cultural and social practices that draw the line between the dead world of the Rabelaisian grotesque and new civilised (yet as Elias points out, mythical and theoretically naive) world of homo clausus. Crucial among these cultural practices was the nineteenth-century ‘freak show’ which is based on the ‘cardinal principle of enfreakment’, that is, the abrogation of ‘the freak’s potential humanity’ (Garland-Thomson, 1997: 44). The emotion of disgust – repugnance is Elias’ preferred term – mediates the freak show. Not only does the emotion of disgust embody a ‘curious enticement’ but it also embodies ‘a certain low evaluation of its object, a feeling of superiority’ (Kolnai, 2004: 42–4). The ‘show’, of course, simultaneously serves the parallel ‘positive’ purposes of confirming the spectator’s normalcy and humanity: manifest, most compellingly in the difference between the civilised spectators and the baroque creatures on display. The freak shows and the ‘lunatic exhibitions’, common in early modern Germany, England and France in which asylum ‘inmates were shown as caged monsters to a paying populace’ (Winzer, 1997: 100), highlighted the difference between citizen/audience and exhibit/monster and consequently pushed the status of disability towards the animal. It is however, precisely, the drives of the body and the lowly impulses of nature that the civilising processes seek to subvert. Disability finds itself pushed away from the norms of conduct by the tide of civility, a tide that pushes ‘the more animalic human activities … behind the scenes of people’s communal and social life’ and colonises these activities, indeed, invests our ‘whole instinctual and affective life’ with ‘feelings of shame’ (Elias, 2000: 365). Medicine as it grew in power and prestige, during the nineteenth century, replaced this carnival of normalisation and dehumanisation with a science of much the same, introducing new categories, such as pathology and abnormality, to sustain the ontological boundaries that kept disabled and non-disabled people compartmentalised. The architecture of modern Western citizenship is defined against the background of the ruin of disability, the broken timber of humanity that become candidates for the spaces of exclusions, those whose rights were spelt out in a declaration of dependency that was never written down. Ableism and disgust: Psychogenesis and disability The stratifying binary of disability/non-disability and the antagonism of the latter towards the former is mediated and maintained, principally, by the emotion of disgust. Disgust is the bile carried in a discursive complex that Campbell (2008: 153) calls ‘ableism’: ‘a network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as perfect, species-typical and therefore essential and fully human’. The body produced by ableism is dequivalent to what Kristeva (1982: 71) calls the ‘clean and proper body’. It is the body of the ‘normate’, the name that Rosemarie Garland-Thomson (1997) gives to the body that thinks of itself as invulnerable and definitive. It is the hygienic, aspirational body of civilising modernity. It is cast from the increasingly stringent norms and rules about emotional behaviour and bodily display that mark mundane social relations in the lebenswelt (lifeworld). This curious non-disabled body/self has no empirical existence per se. On the contrary, the body of ableism is a normative construct, an invulnerable ideal of being manifest in the imaginary of ‘modernist ontology, epistemology and ethics’ as something ‘secure, distinct, closed and autonomous’ (Shildrick, 2002: 51). It embraces ‘human perfectibility as a normative physical or psychological standard’ and involves ‘a curious disavowal of variation and mortality’ (Kaplan, 2000: 303). It is what we are supposed to aspire to, to learn to be but can never become. It has no grounding in the material world. It is a ‘body schema, a psychic construction of wholeness that … belies its own precariousness and vulnerability’ (Shildrick, 2002: 79). It is a ‘body divorced from time and space; a thoroughly artificial affair’ (Mitchell and Snyder, 2000: 7), the epitome of civilisation, closed off from any connection with the animal side of humanity and from the ways in which our bodily nature wallows in its carnal improprieties. It is a body aghast at the messiness of existence. Disability is the opposite of this ideal body, its ‘inverse reflection’ (Deutsch and Nussbaum, 2000: 13). The disabled body is or has the propensity to be unruly. In the kingdom of the ‘clean and proper body’, disability is the epitome of ‘what not to be’. As a consequence the disabled body can be easily excluded from the mainstream ‘psychic habitus’ (Elias, 2000: 167). The ‘clean and proper’ – a normative body of delicacy, refinement and selfdiscipline – has powerful social consequences most manifest in its normalising dynamics. It is the standard of judgement against which disabled bodies are invalidated and transformed into repellent objects. It is the emblem of purity that by comparison creates existential unease. It apportions the shame and repugnance that underwrite the civilising process (Elias, 2000: 114–19, 414–21). Through ableism, modernity has been able to structure disability as uncivilised, outside or on the margins of humanity. One of the great books of the science of natural history published under the title Systema Naturae by Linnaeus in 1735 distinguishes between homo sapiens and homo monstrosus. In this classification impairment – at its extreme and highly visible end – is excluded from the human family. The distinction is, in itself, an act of violence and invalidation, an object lesson in transforming difference and ‘defect’ into the abominable. The distinction mobilises the aversive emotions of fear and disgust. Ableism is a cruel teacher. It embodies violence at many levels: ‘epistemic, psychic, ontological and physical’ (Campbell, 2008: 159). It is at its most bellicose when it is mediated by disgust: a mediation invoked mostly in the social fabrication of taboo and most compellingly in a context when the human/animal boundary is under threat. Ableism rests on the effort to eliminate from awareness, chaos, abjection, animality and death: all that civilisation seeks to repress. It encourages us to live in the false hope that we will not suffer and die, to adopt a perspective of invulnerability, to confuse morality with beauty and to see death, pain and disability as the repulsive woes of mortality rather than as the existential basis for community and communication. Kolnai (2004: 74) reminds us that, ‘in its full intention, it is death … that announces itself to us in the phenomenon of disgust’. Disability, in modernity, has been produced in the ontological household of the abject, as the antithesis of communication and community, in a place that we might on occasion peer into only to ‘choke’ on the unsavoury sights that greet us. Disability is put out, put away, hidden, segregated or transformed into its opposite, covered up by whatever medical or aesthetic techniques are available to achieve this end. Any opportunity that disability might have to take its place at the heart of communication and community is thwarted by the ablest sensibilities that push it back down among the disgusting, the sick, the dead and the dying. In fact, as Elias (2000) suggested, the making of ‘civilised’ community and communication in modernity proceeds by exclusion and interdiction, by cutting out and hiding away whatever causes or might come to inspire angar (choking) or anguista (tightness). It is important to understand ableist disgust as an emotion that attests to the failure of non-disabled people to fully recognise their own vulnerabilities and imperfections particularly as these relate to their mortal selves and to the death and decay that is the fate of all. Although it appears as an aversion to ‘the other’, it is a form of self-aversion or a means by which we hide from the bodily basis of our own humanity (Nussbaum, 2004). Indeed, disgust begins close to home and is derived from our discomfort with our own bodily functions, our oozy, sticky ‘leaky selves’ (Shildrick, 1997; Kolnai, 2004), the fact that we cannot contain ourselves within our own boundaries and the shame and embarrassment that the ‘civilising process’ brings to bear upon us if our leakiness is exposed to others. Because modernity is a charter for anal retentiveness, we cannot forgive ourselves for our physical impurities. We hold ourselves ransom to the myth of the ‘clean and proper’ body; the perfect body of ableist culture is a myth that we use to screen ourselves from the visceral realities of our own lives. The ableist body ‘helps’ non-disabled people cope with their fears about their own corporeal vulnerability. It does so by invoking its opposite, the disabled body, a foreign entity that is anomalous, chaotic and disgusting. Modern history helps to make this object of disgust more tangible. Civilising processes clarify stigma and make biological differences into socio-moral categories. Disgust provokes the civilising sensibilities. It warns them of the presence of possible contaminants (Miller, 1997). Consequently, psychological and social distance between disability and non-disability expands. Disgust in ‘it’s thought- content’ is ‘typically unreasonable, embodying magical ideas of contamination, and impossible aspirations to purity, immortality, and non-animality, that are just not in line with human life as we know it’ (Nussbaum, 2004: 12). Disgust is an emotion that has a central role in our everyday relationships with our bodies, our patterns of social interaction and – most pressingly from the perspective of this chapter – in processes of social exclusion. Disgust is the emotional fuel of ableism. The threat posed by ourselves to ourselves (and projected onto others), the threat of our ‘bodiliness’ and the shame and anxiety associated with it is a product of ableism, of the ‘tyranny of perfection’. Ableism makes the world alien to disabled bodies and, at the same time, produces impairment as an invalidating experience. It is manifest in our cultural inclination towards normalcy by way of correction, towards homogeneity by way of disparagement of difference. What this means for disabled people is that they are ‘expected to reject their own bodies’ and ‘adjust to the carnal norms of nondisabled people’ (Paterson and Hughes, 1999: 608). The ‘corporeality of the disabled body’ is, according to Campbell (2008: 157), ‘constantly in a state of deferral’ awaiting the affective response that will demean it or the travails of sociogenesis that will either do away with it or ‘make it better’.

#### As humans attempt to transgress their limitations to survive futuristic cataclysms, they erase the public awareness of biotechnological ties to the cyber-eugenic project. The disabled will be the next research subjects for exploration justified by the narrative of human triumphalism.

**Williams 19** – Williams, Damien P., Heavenly Bodies: Why It Matters That Cyborgs Have Always Been About Disability, Mental Health, and Marginalization (June 8, 2019). Available at SSRN: https://ssrn.com/abstract=3401342 or [http://dx.doi.org/10.2139/ssrn.3401342]//Lex](http://dx.doi.org/10.2139/ssrn.3401342%5d//Lex) VM

The history of biotechnological intervention on the human body has always been tied to conceptual frameworks of disability and mental health, but certain biases and assumptions have forcibly altered and erased the public awareness of that understanding. As humans move into a future of climate catastrophe, space travel, and constantly shifting understandings of our place in the world, we will be increasingly confronted with concerns over who will be used as research subjects, concerns over whose stakeholder positions will be acknowledged and preferenced, and concerns over the kinds of changes that human bodies will necessarily undergo as they adapt to their changing environments, be they terrestrial or interstellar. Who will be tested, and how, so that we can better understand what kinds of bodyminds will be “suitable” for our future modes of existence?[1] How will we test the effects of conditions like pregnancy and hormone replacement therapy (HRT) in space, and what will happen to our bodies and minds after extended exposure to low light, zero gravity, high-radiation environments, or the increasing warmth and wetness of our home planet? During the June 2018 “Decolonizing Mars” event at the Library of Congress in Washington, DC, several attendees discussed the fact that the bodyminds of disabled folx might be better suited to space life, already being oriented to pushing off of surfaces and orienting themselves to the world in different ways, and that the integration of body and technology wouldn’t be anything new for many people with disabilities. In that context, I submit that cyborgs and space travel are, always have been, and will continue to be about disability and marginalization, but that Western society’s relationship to disabled people has created a situation in which many people do everything they can to conceal that fact from the popular historical narratives about what it means for humans to live and explore. In order to survive and thrive, into the future, humanity will have to carefully and intentionally take this history up, again, and consider the present-day lived experience of those beings—human and otherwise—whose lives are and have been most impacted by the socioethical contexts in which we talk about technology and space.”

#### The drive to conquer the cosmos is antagonistic with the disabled subject – it necessitates our eradication.

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.

#### Vote affirmative to recognize the appropriation of outer space is unjust – we approach the resolution as a general principle, which means implementation is incoherent.

#### The aff exposes the internal contradictions at the heart of all violence – treating the other as inferior is only justified though ableist logics.

**Siebers et al. 17** – Tobin, et al. (2017): Culture – Theory – Disability: Encounters between Disability Studies and Cultural Studies, Siebers began his career at the University of Michigan in 1980. He has authored ten books, including field-defining Disability Aesthetics (UM Press, 2010) and Disability Theory (UM Press, 2008). In 2004 Siebers was named the V. L. Parrington Collegiate Professor. Siebers was a Chair of the LSA Comparative Literature Program (currently the Department of Comparative Literature). In 2009, the University of Michigan Council for Disability Concerns presented Siebers with the James T. Neubacher Award in recognition of extraordinary leadership and service in support of the disability community. Siebers has been selected for fellowships by the Michigan Society of Fellows, the Guggenheim Foundation, the Mellon Foundation, and the Institute for the Humanities at the University of Michigan. Tobin Siebers passed away in January 2015. In March 2015, the University of Michigan announced the establishment of the Tobin Siebers Prize for Disability Studies in the Humanities "for best book-length manuscript on a topic of pressing urgency to Disability Studies in the humanities.", DOI: 10.14361/9783839425336-002 SJCP//JG

The use of disability identity as a prop to denigrate minority politics has a long and pernicious history on the right, although it is bewildering to find the usage alive and well in Butler, Brown, and other cultural critics on the left.5 (This surprising agreement between the right and left gives one small clue to the tenacious hold that ability as an ideology exercises over political thinking today.6 ) Indeed, the idea that the political claims made by people of color and women are illegitimate because their identities are disabled would be outrageous if it were not such a familiar and successful ploy. Historical opponents of political and social equality for women, Douglas Baynton shows, cite their supposed physical, intellectual, and psychological flaws, stressing irrationality, excessive emotions, and physical weakness, while similar arguments for racial inequality and immigration restrictions involving particular races and ethnic groups invoke their apparent susceptibility to feeble-mindedness, mental illness, deafness, blindness, and other disabilities (see Baynton 33). Moreover, disability remains today, Baynton explains, an acceptable reason for unequal treatment, even as other justifications for discrimination, based on race, ethnicity, sex, and gender, have begun to fall away. It is no longer considered permissible to treat minority people as inferior citizens, although it happens all the time, unless that inferiority is tied to disability. As long as minority identities are thought disabled, there is little hope for the political and social equality of either persons with these identities or disabled people, for there will always be one last justification for inferior treatment. There will always be the possibility of proving the inferiority of any given human being at any given moment as long as inferiority is tied to physical and mental difference. Moreover, that pain in itself leads to inferior identities, ones given to greater self-recrimination or frequent victimizing of others, relies on a fallacious psychological scenario prejudiced inherently against disability.7 Once touching a person, pain is apparently transformative, to all intents and purposes serving as an organic and natural cause whose psychological formation evolves with little variation according to the internal logic of the psyche. First, the psychology of pain links mental and physical suffering inextricably, and, second, it names pain, opposed to all other causes, as transformative of individuals, compelling them to withdraw into selfish, narcissistic, and anti-social behavior. Any attempt to sketch a political theory, especially of minority identity, based on this misleading psychology will produce the same predictable and deplorable results.

#### Our method is a project of epistemological disablement – the drive denies universal guides to action.

**Mollow 15** – The Disability Drive by Anna Mollow 2015

“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)

#### Educational projects create psychic numbness structured by the insatiable drive which smooths governmentality.

Taubman 17 – Peter Taubman (Department of Secondary Education @ Brooklyn College, CUNY), 2017, “DEATH BY NUMBERS: A RESPONSE TO BACKER, SARIGIANIDES, AND STILLWAGGON,” Educational Theory, 67(1), 97–106, doi:10.1111/edth.12230, Agastya

By connecting the viciously punitive aspects of melancholia to what increasingly appears as our ferocious drive toward death, I hope to widen the discussion of melancholia in education to include current social and political conditions in education that sustain melancholia and intensify the death drive. These conditions destroy our sense of self-worth, deaden our psyches, and put each of us at risk. These conditions, not unlike those that Backer, Sarigianides, and Stillwaggon describe, stifle dialogue, ignore the losses education demands, and intensify racial melancholia. My aim here is to build on their work. My response essay assumes that all of us, teachers and students alike, suffer inexpressible losses that we cannot publicly grieve, that melancholy is not foreign to any of us. However, it seems that the depression or melancholia I and many of my colleagues, both teachers and teacher educators, are experiencing today is related to something more insidious than the inability to express a real or imagined loss. It seems related to an increasing drive to turn ourselves and others into numbers, even into machines — that is, into inert matter. Or, to put it differently, I can’t help wonder if we are driving ourselves and our students to death. The Death Drive Freud’s speculations about a death drive began with his consternation over the pleasure principle, which he tended to define in terms of the release of built-up tension or excitation and the avoidance of unpleasure. If, as he seemed to argue in most of his early work, we pursue pleasure — even our dreams, for example, fulfill a disguised wish — how then, he asked, can we account for our own sabotaging of such pleasure? Why do we return to traumatic events in our dreams? Why do we repeat painful behaviors or experiences? Why do we resist perspectives that might interrupt these dangerous or damaging repetitive patterns? And what, he struggled to understand, could account for the atrocities humans inflict on one another? These questions prompted Freud’s speculations in “Beyond the Pleasure Principle.” There he wrote that based upon his observations of behavior in the transference and upon the life histories of men and women, he was forced to conclude that “there really does exist in the mind a compulsion to repeat [painful experiences] which overrides the pleasure principle.”8 This compulsion to repeat, he wrote, “gives the appearance of some daemonic force at work.”9 Freud labeled this “daemonic force” the “death drive.” Freud speculated that this “daemonic force” emerges in, is revealed by, and offers an explanation for our compulsion to repeat painful experiences. It is also, as Freud suggested in his later writings, responsible for the destructive forces that threaten our “civilization.” I want to focus on three claims Freud makes in “Beyond the Pleasure Principle” and that he elaborates in later work. These are (1) the claim that the death drive compels us to return to an inanimate or inert state; (2) the claim that the death drive is “historically determined”; and (3) the claim that Eros opposes the death drive and is “the preserver of life.”10 I want to explore the first two claims together, in that I will consider how particular corporate-driven education reforms provoke and shape the death drive, a drive that calls on and intensifies the aggression that is so much a part of melancholia. First and Second Claims: The Death Drive Compels Us to Return to an Inanimate State, and It Is Historically Determined Freud’s initial claim was that the death drive compels us to return to an inanimate or inert state.11 What if we were to read the death drive not in the literal sense but rather in the figurative sense, as a drive to put an end to memory, and history, and therefore to feelings? What if the death drive kills that which, in fact, makes us human? What if we have within us as individuals or groups a drive that, provoked and shaped by particular constellations of social and historical forces or by particular conditions, impels us to create psychic dead zones, to render ourselves and others less than human? As Michael Eigen said, “When one is dead, one fears being alive.”12 The Death of History If repetition results from not remembering or is a form of remembering without working through, if it is a way, as Adam Phillips suggests, of “making memory impossible,” of “determinedly wishing not to know” or creating “states of mind in which there is nothing left to remember,”13 then can we not read the death drive in terms of a force that destroys history and memory? Might not the compulsion to repeat, in which Freud initially located the death drive, be seen in the repetition compulsion of education, returning again and again to the same purported panaceas as a way to avoid the trauma of its inherent impossibility? “To be locked in the past,” James Baldwin wrote, “means that one has no past, since one can never assess it, or use it, and if one cannot use the past, one has no present.”14 One is, as Baldwin warns, stuck in a perpetual youth, a corrupt innocence. Can we not see such corrupt innocence in education reform’s insistence on its newness, its certainty, and its “nowness”? Anyone who opposes ed reform is cast as living in a dead past. Can we not see this blind innocence in the failure to work through histories and dreams of and dependence on, for example, white supremacy or misogyny? Certainly in the United States, the inability to face the trauma of race and the resistance to looking at the role of white supremacy in the formation of identities, fortunes, and education policies create not only racial melancholia but psychic dead zones and reveal the workings of a death drive. Sarigianides suggests as much in her reading of American Born Chinese. 15 As Ta-Nehisi Coates writes, the “tenacious dream of white, straight, male exceptionalism that thrives on generalization, limiting questions, and privileging immediate answers” numbs memory and erases history.16 This drive to forget, to not remember, is evident, too, in the contention by education reformers in the United States that the history of education is irrelevant to becoming a teacher and in the denigration of foundation courses in teacher education. If history is offered, it is as what Max Horkheimer and Theodor Adorno referred to as a fixed order of time, not something living but transformed into the “material to be used for the ideology of progress.”17 When education reformers offer medicine, engineering, and architecture as analogies for teaching, or when they base their views of teaching in the learning sciences, they effectively remove teaching from the world of history. The Death of Feelings But if memory and history disappear, what happens to feelings? Let us follow Brian Massumi and take feelings to be both personal and biographical. They are, he writes, body-based sensations, checked against remembered experiences that emerge in language.18 What will happen to feelings if memory and history vanish and the language in which feelings take form diminishes? If the language of education reform increasingly constricts the symbolic — I imagine many of us have had the experience of feeling suffocated or flattened by that language at meetings — and if it makes relationships suspect — I imagine, too, we have all felt interpersonal exchanges rushed, diminished, or mistrusted under the glare of audit — might we not also venture that such language diminishes the world of feelings? Certainly we know that education reform culls its language from the worlds of finance and business, which reduce all behavior to the bottom line; from the learning sciences, which render knowledge and wisdom as information and insist on predictability and replicability; from the military, with its focus on command and control; and from the world of sports, which knows only winners and losers. The language of these worlds evacuates our subjectivity, except insofar as it demands that we endlessly monitor, control, and improve ourselves and others. This demand for constant improvement, a kind of superego of education reform, lacerates us with the harsh and narrow language of failure, substituting imperious judgment for conversation and, as Adam Phillips suggests in Unforbidden Pleasures, submitting our lives to one, often cruel, “correct” interpretation.19 The self-denigration with which Freud distinguished melancholia from mourning appears in the impoverished language of the superego that harbors the drive to turn us into objects. The language of the superego, Phillips further suggests, is filled with petty and cruel demands and vicious charges that we are never enough.20 There is no dialogue, no poetry, no interpretive flexibility. There is only the one right answer, and we are reduced to an object whipped and rendered inert, left with only depression or, turned outward, rage, and a lingering affect provoked by the constrictions of deadened identities and numbed and numbered selves. The superego — that stuck record that endlessly reiterates its scathing criticism in its impoverished vocabulary — first turns us into an object by telling us who we are before it unleashes its scorn on us. As Phillips writes, “[T]he superego treats the ego like an object not a person.”21 Can we not see the work of the death drive in the way teachers and students are articulated as bundles of skills, lists of rules and procedures, and scripts written, designed, and packaged somewhere else? It’s no wonder that education reformers talk so much of “building” a better teacher. Through various vocabularies and practices of quantification, we are rendered and render ourselves as machines: efficient, predictable, and easily programmed, machines that elicit and process numerical data. The impoverishment of language results not only from the barrage of terms culled from the worlds of business, the learning sciences, the military, and sports, but also from ed reform’s fascination with and promotion of technology. Sherry Turkle, a professor at the Massachusetts Institute of Technology, has perhaps written most persuasively about the role of technology in the transformation of our feeling life. She is particularly worried about the decline in empathy among young people and the blurring of boundaries between machines and humans, as robots come to be programmed to give the appearance of feeling.22 If feelings disappear or emerge only in terms of spatial descriptions — I feel high, low, flat, as Fredric Jameson so many years ago claimed was happening in our postmodern state23 — what happens to thought? Deprived of feeling, does not thought itself dry up? Bound by rules of statistical evidence, empirical verifiability, experimental design, and linear sequential logic, rendered always in terms of cognitive operations or in terms of Bloom’s taxonomy, thinking hardens. The rigor demanded by education reformers becomes rigor mortis.

#### The 1AC posits an ethic of care which affirms disabled life within the cracks of misery – that’s provides the empirical realities that stipulate definitions of the idealized world.

**Kittay 9** – 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.