



Unexceptional Violence in Exceptional Times: Disablist and Ableist Violence During the COVID-19 Pandemic

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Abstract

It is well established that violence and oppression towards vulnerable and marginalised communities are intensified and compounded during times of social upheaval, and the COVID-19 pandemic has exacerbated disablist and ableist violence against disabled people. During the first year of the pandemic, we have been confronted with instances of violence meted out to disabled subjects. In this article, we provide a theorisation of such violence. Based on an assemblage of our collective readings of Butler, Campbell and Young, as well as our own observations and experiences, we suggest that added anxieties currently confronting people's fragile corporeal embodiment are licensing abled subjects to violate disabled subjects to *put them back in their place*. Through an excavation of 'Norms, Binaries, and Anxieties', 'Abjection, Substitutability, and Disavowal', and 'Ableism and (Un)grievability', we trace the social contours of disablist and ableist violence, both within and beyond the context of the COVID-19 pandemic, and provide a way of imagining otherwise to resist this violence.

Keywords

Ableism; disablism; pandemic; violence; social upheaval; disability studies; COVID-19.



Introduction

It is well established that violence and oppression towards vulnerable and marginalised communities are intensified and compounded during times of social upheaval (Agamben 2005; Bauman 1989; Hirsch 1995; Puar 2007). Already on the margins, states of exception (Agamben 2005) authorise and legitimise acts of violence against the other. Such violence is co-constitutively produced and enacted individually and collectively, psychically and socially (Butler 2004). As COVID-19 extends its grip throughout the world, it strikes us that disabled people are disproportionately subjected to both physical and symbolic violence during this time of social upheaval. During the first year of the pandemic, we have been confronted with news stories about the violence meted out to disabled subjects, and in this article, we provide a theorisation of such violence. We suggest that the added anxieties currently confronting people's fragile corporeal embodiment are licensing abled subjects to violate disabled subjects. As Mad'arová, Hardoš and Ostertágová (2020: 11) note:

[t]he COVID-19 pandemic revealed our vulnerability. Anyone could get infected and everybody has been constantly reminded about the risk through daily reports of new cases of infections and deaths.

Specifically, at a time when conflict and upheaval are more pronounced, abled people are confronted by their own (inherently) leaky, vulnerable and fragile subjectivities (Butler 1993; Shildrick 1997), and they cannot cope with the precarity they have long ignored, minimised or projected onto other types of bodies and minds. In response, they must negate and expunge the disabled subject; they must *put disabled people back in their place to preserve their own integrity* (Kristeva 1982; Young 1990). This article examines the social contours of this phenomenon, tracing its roots and flashpoints, its causes and effects. Specifically, in theorising its origins, we also locate sites of resistance with the aim of subverting the disablist and ableist violence that plagues our world.

It is important to contextualise the moment in which we are caught. Our current moment could be considered a time of intensified necropolitics (Mbembe 2003). Mbembe (2003: 11) suggests that necropolitics is concerned with 'the power and capacity to dictate who may live and who must die'. What could also be conceptualised as biopower (Foucault 1978), necropolitical questions are central to governments' (in)action in response to the COVID-19 pandemic. Health systems around the world have prioritised the young and the 'healthy', and disabled bodies have been de-prioritised as hospitals become overloaded (Ryan 2020). In the United Kingdom, for example, one surgery sent letters to families of disabled people and disabled organisations to inform them they should 'put in place plans for themselves to expect not to be resuscitated in the event of severe covid-related illness' (Abrams and Abbott 2020: 169). The institutionalisation and incarceration of disabled people in rehabilitation facilities, group homes, public housing, care homes and prisons is a disciplinary, biopolitical and necropolitical form of power that instantiates domination and regulation—and such sites operate as places for COVID-19 'clusters' that currently kill (Walmsley 2020). Disabled people are constituted as vulnerable, and in turn, have been scapegoated as ungrievable (Butler 2009; Steele 2020). Disabled bodies are constituted as sick, broken and unhealthy (Shildrick and Price 1996), and, as such, they matter less and become 'ungrievable' because it is 'natural' for them to die (Steele 2020). Deaths for 'invulnerable' bodies are more grievable than the ungrievable deaths of 'vulnerable' bodies (Hughes 2007).

In such contexts, disablist and ableist beliefs are (re)produced and perpetuated by governments around the world, and these messages have consequences. We already live in ableist and disablist times (McRuer 2018), and the intensification of these behaviours and practices compounds forms of domination and abjection. Unfortunately, it is no surprise that disabled people are subjected to increasing forms of violence, both interpersonally and structurally, given the discourses and practices that are being perpetuated (Goggin and Ellis 2020). While much attention during this pandemic has been devoted to the experiences and treatment of women (Williamson, Lombard and Brooks-Hay 2020), racial minorities (Kwok 2020) and queer people (Signorelli et al. 2020), the disability movement, as yet, does not have

sufficient capital to mobilise attention and/or recognition beyond those already invested in disability causes.

It is also important to contextualise the geographic location from which we write, particularly given the ways in which the pandemic is playing out differentially across the globe (Lupton and Willis 2021). While Australia—where both authors reside—has been relatively successful in combating COVID-19; our subjectivities and positionalities provide important insights into the differential treatment of disabled subjects throughout this pandemic. I (Ryan) am a young, (normatively) healthy, temporarily abled man, and most of my fears throughout the outbreak are not so much about contracting the virus myself, but of passing it on to (precaritised) others. Conversely, I (Nicole) have been more concerned about contracting COVID-19 because of my disability; I am more vulnerable to contracting the virus because of my reliance on others for care and am more likely to experience adverse effects if infected. It is ironic that the government's planning, and subsequent dissemination of that information, was catered for me (Ryan) but not me (Nicole). As the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability recently identified, the Australian Government's early responses to the pandemic failed to address the needs of disabled people (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2020: 2020). It also found:

[T]he health emergency, pandemic and communicable disease plans prepared by the authorities before January 2020 did not refer to, much less address, the particular needs and concern of people with disability. (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2020: 54)

It is interesting to note the ways in which disabled people have been erased and abjected preceding and during the pandemic, and, in this article, we are interested in accounting for these (dis)continuities during this time. While we write from our standpoints in Australia, we also draw upon a range of (inter)national perspectives in accounting for the disablist and ableist violence, both within and beyond the context of the global COVID-19 pandemic (for examples, see Cahapay 2020; Jalali et al. 2020; Lee and Kim 2020; Mbazzi et al. 2021; Qi and Hu 2020; Safta-Zecheria 2020). It is also important to note the ways in which disablist and ableist violence has received increased public attention in Australia (in contrast to other parts of the world). Concurrent with the exceptional first year of the virus, the Australian public has been exposed to the issues relating to disablist and ableist violence as a consequence of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. The combination of the increased universal precarity due to COVID-19, and the increased attention on the lives of disabled people due to the royal commission, has created the conditions for the (abled) public to more readily consider the prospect of disabledness in their lives (discussed later).

In this article, we start by tracing the forms of violence that occur during times of social upheaval; this provides the necessary context to consider the ways in which disabled people are subjected to disproportionate levels of violence during this pandemic. We then consider various instances of disablist and ableist violence that have occurred during this pandemic and call attention to the ways in which various discourses and practices work to constitute disabled people in particular (pathological) ways. Focusing on both physical and symbolic violence is central to our approach as it demonstrates the relationality between symbolic acts and material outcomes (see Butler 1993). The sources and case studies that form the basis of this inquiry come from a literature and newspaper search relating to disabled people and the COVID-19 pandemic. We then consider the aetiological underpinnings of disablist and ableist violence, and suggest that such practices are grounded in abled/ableist relations that differentiate, rank, negate, notify and prioritise dis/abled bodies (Campbell 2017, 2020). During this social upheaval, it strikes us that abled subjects have used their anxieties, precarities and precariousness to *put disabled people in their place to shore up their own selves*. We contextualise our analysis both within and beyond the pandemic to highlight the ways in which ableist and disablist violence operates in and through (non-)pandemic times. Disabled people are already subjected to forms of disablist and ableist violence, and we are interested in noting the *intensification* of this form of violence and the novel attention it has drawn. Finally,

we conclude by considering the ways in which disablist and ableist violence might be resisted through the subversion of ableist practices and beliefs.

Violence During Social Upheaval

History has shown us that times of social upheaval compound and intensify discriminatory violence (Agamben 2005; Bauman 1989; Hirsch 1995; Puar 2007). Abject groups already sit on the margins of society, yet during social upheaval, their treatment is intensified and compounded. Whether during a tsunami, bushfires or COVID-19, disabled people are consistently forgotten in forward planning and crisis management, and are disproportionately represented in death rates (Smith, Jolley and Schmidt 2012; Stough and Kelman 2018). These actions can be understood as deliberate outcomes (e.g., Jewish extermination in Nazi Germany) or (un)intended consequences (e.g., starvation during war). Social structures, support systems, welfare and other technologies and practices dictate who may be affected more than others as society experiences disorientation, restructuring and potential collapse (de Swaan 2001). Social upheaval creates disorientation in ways of living and being, and societies experience a rapid reordering of resources, priorities, values, lives that matter and lives that do not (de Swaan 2001). Violence and neglect manifest through a restructuring of interpersonal, structural, intersubjective and systemic relationships and networks (Green and Ward 2009). Marginalised bodies wear the brunt of these changes (Barber and Naepi 2020), as Matthewman and Huppertz (2020: 4) note, 'the isolated, weak, minorities and the less wealthy consistently fare worse in disaster situations'.

Times of social upheaval constitute exceptional and aberrant experiences for many (normative/privileged) people, but for marginalised groups, they merely represent the latest iteration of oppression. Indeed, many marginalised people may feel they already live in a time of social upheaval, particularly given the discrimination and violence they already receive (Barber and Naepi 2020). The intensified and compounding forms of violence inflicted upon marginalised groups is simply a 'logical' outcome of the structural subordination of them based on hierarchies of value (Barber and Naepi 2020). Violence against marginalised people during social upheaval cannot be considered an 'enclave of barbarism' (de Swaan 2001); rather, it is a perpetuation (and intensification) of barbarism.¹ Thus, violence during social upheaval cannot be thought of as an example of exceptionalism, but rather as a manifestation and continuation of pre-existing inequalities and injustices. To stop this violence, we must first examine what it looks like.

Disablist and Ableist Violence During the Pandemic

Following Connell's (2020: 745) call that we take 'the viewpoint of the virus', it is clear that COVID-19 is intent on: a) killing disabled (and older) people, and b) creating more disabled people in this world. The virus, in and of itself, is disabling, but so too are the social practices that operate in response to the virus. COVID-19 is highly contagious, and as it started to expand its grip around the world, governments stepped in to implement rules and allocate resources to help manage its spread. The rules implemented and the resources allocated disproportionately affected disabled people, yet, paradoxically, they were justified by governments as necessary to protect them. Social distancing² rules were implemented, many industries shut down, international borders were closed, stay-at-home orders were mandated for non-essential activities, sick people were forced into self-isolation, many surfaces decontaminated by cleaners, and people were only allowed to congregate with other residents of their household. Many governments battled to source and provide hand sanitiser, surgical gloves, face masks and ventilators, as well as to ensure the supply lines for food and essential products were maintained. Millions around the world lost their jobs, while others were forced to work from home if they could. Tens of millions have been infected by COVID-19, and over two million people have died (at the time of writing). The sudden onset of COVID-19 has created profound disorientation in people's lives.

The immediate effects of COVID-19 were disabling. Many disabled people already receive little (social) support (Malli et al. 2018), and this was stripped from them as COVID-19 measures were implemented.

The effects of this are yet to be fully realised, but access to food, medications, physiological and emotional support have been affected (Henriques-Gomes 2020a; Safta-Zecheria 2020; Simmons 2020). The consequences include malnutrition, pain, bedsores and poor mental health outcomes (Grech 2020). Many communities were hit with food and sanitary shortages, and while many abled people can travel between shops or visit the shops regularly, the barriers can be too complex for many disabled people (Ryan and Marsh 2020). With the implementation of mandatory face masks in some jurisdictions, communication has also been forestalled, especially for those reliant on lip-reading (Munro 2020). Many care homes for disabled people have also been put into isolation or lockdown, and while this is done in the interests of disabled people's health and safety, the 'reduction of formal oversight mechanisms' this creates also 'comes with an increase in the risk of violence, abuse, neglect and exploitation' (Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability 2020: 4).

It is worth considering the violent messages that emanate from the COVID-19 responses. Many healthcare systems have made it clear that young and healthy people will be prioritised as hospitals become overloaded (Lee and Kim 2020; Ryan 2020). There is an enormous risk that many disabled people will fill our hospital beds, and many will die. This complies with the discursive construction of disabled people as simultaneously burden and excess, as 'too much' and 'not enough' (Soldatic 2019). The ranking of dis/abled lives negates and expunges the disabled subject. Under what conditions can society expose some people to death? Who has the right to life, and others to death? What does this say about the people exposed to death and those with the power to kill? Butler (2009: 38) posits, albeit in the context of war, that:

[O]ne way of posing the question of who 'we' are in these times of war is by asking whose lives are considered valuable, whose lives are mourned, and whose lives are considered ungrievable. We might think of war as dividing populations into those who are grievable and those who are not. An ungrievable life is one that cannot be mourned because it has never lived, that is, it has never counted as a life at all. We can see the division of the globe into grievable and ungrievable lives from the perspective of those who wage war in order to defend them against the lives of others—even if it means taking those latter lives.

While we should be cautious about comparing pandemics to war—such metaphors unnecessarily militarise issues as well as normalise war—Butler's comments do resonate with the grievability and ungrievability of lives during this pandemic. Disabled people are generally constituted as vulnerable, and, in the context of this pandemic, they have been scapegoated as ungrievable because it is 'natural' for them to die (Hughes 2007). In contrast, deaths are 'unnatural' for 'invulnerable' people, so their lives are grieved and grievable.

The bodies that matter more than others are more obvious during times of social upheaval (Butler 2020). Platitudes, pity and charity are replaced with outright disgust, violence and abjection. The masks come off and the ableist figures reveal themselves. Ableist beliefs and practices are now out in the open, from the shadows to the light (Overboe 2007). Prior to COVID-19 it was apparently too difficult to work from home; disabled people needed to be in the workplace or not work at all. Yet now, apparently, it is easy and practical for most to do so. Disabled people have long complained that many footpaths are too narrow, particularly for wheelchair users, yet their requests have been ignored. Since COVID-19, however, there has been an explosion of discourse that footpaths are too narrow to properly accommodate social distancing, and changes are already underway (see Laker 2020; Moynihan 2020; Power 2020). Many important press conferences are held without sign language interpreters; similarly, easy read or easy comprehension versions of critical public health messages have not been provided in most jurisdictions. These gaps in information provisions convey the message to disabled people that the information is not for them. As governments start to loosen the restrictions, more people will become infected, and, in the words of Australia's Prime Minister, 'that is to be expected'.

Against the backdrop of these not so subtle messages about the position of disabled people in society, there have also been more extreme forms of physical violence that have occurred against disabled people. Symbolic violence gives occasion for physical violence. In May 2020, Australians were told of the death of Ann Marie Smith. A month earlier, Smith—a 54-year-old woman with cerebral palsy—was taken to the Royal Adelaide Hospital and underwent surgery to remove rotting flesh from severe pressure sores (Dempster 2020). She went into palliative care and died the following day from profound septic shock, multiple organ failure (from the pressure sores) and malnutrition (Dempster 2020). While Smith had been receiving full-time ‘care’,³ it is alleged that she had been sitting in a woven cane chair inside her house for more than a year—and even used the chair as her toilet (Henriques-Gomes 2020c). Police allege Smith’s death was ‘disgusting and degrading’ (Henriques-Gomes 2020b: np).

A few days after Smith’s story made the news, the public were confronted by the death of Willow Dunn. Four-year-old Dunn, who had Down syndrome, died on 23 May in Brisbane. Dunn lay deceased in her cot for at least two days before an ambulance was called, and it is understood she had ‘allegedly been left to starve, had gaping sores that exposed her hip bones, and severe facial injuries after being attacked by vermin’ (Murray 2020: np). Thus far, her father and stepmother have been charged with her murder (Murray 2020).

A few days later, we heard it all again. This time, two boys with autism, aged 17 and 19, were found malnourished in a locked room in a Brisbane house (Roberts 2020). The police were called by a neighbour due to their ‘carers’ death in the yard. Police found the boys naked in a desolate room (Visontay 2020). Neighbours told media that the boys had been neglected for several years; footage emerged of the boys wearing soiled nappies, and, according to one witness, the boys were often hosed down in the back garden (Visontay 2020; Roberts 2020). While many neighbours recounted stories about the boys—one was apparently known as the ‘naked bandit’ because he often ran around naked—it appears the media failed to ask them why they never reported the neglect. A common feature of these three cases (along with many others) is the inaction of carers and guardians, and their deliberate decisions to withhold food, which led to slow, painful deaths in two of these cases, and the severe malnutrition of the two boys. It is important to note that while two of these cases of disablist and ableist violence publicised in the early days of the pandemic occurred in Brisbane, Australia, the prevalence of this type of violence is not necessarily heightened in this jurisdiction. Rather, the publicity around these cases, following the national coverage of Ann Marie Smith’s death in South Australia, may indicate a more robust response to vulnerability from policing and criminal justice agencies in Queensland. As Howes, Bartkowiak-Théron and Asquith (2017) note, the Queensland Police Service have some of the most rigorous and inclusive policy and practice documents to guide police in responding to disablist and ableist violence.

Many other stories have been reported in the past few months, both in Australia and internationally. In Spain, autistic people received verbal abuse while walking in the street (Monforte and Úbeda-Colomer 2020). Disabled people in England, Scotland and Northern Ireland have also received abuse for not wearing face masks, even though many cannot wear them because of their disabilities (Pearson 2020). Disabled people in Iran have been disproportionately affected through the closure of rehabilitation facilities (Jalali et al. 2020), and in Romania (as with elsewhere; see, for example, the United States), disabled people have been infected through inadequately prepared and resourced residential care facilities (Safta-Zecheria 2020). In China, the believed source of the outbreak, there are no provisions for disabled people in the People’s Republic of China Law on Prevention and Treatment of Infectious Diseases guidelines (Qi and Hu 2020). Like many other countries, South Korea also prioritised those with ‘higher rates of success in treatment outcome’ (i.e., abled, young and healthy people), and had COVID-19 testing clinics that were inaccessible to wheelchair users (Lee and Kim 2020: 1514).

In Nyagatare, east Rwanda, many marginalised, disabled people ordinarily rely on others for food, but this reliance is now even more limited as people lose their jobs and incomes (KT Press 2020). Nearby, in Uganda, families of disabled children have lost their jobs, and parents, in particular, have noted the lack of accessible learning materials for their children while they ‘teach’ at home (Mbazzi et al. 2021). Gladys

Ambert, a Florida woman with cerebral palsy, died in April after her family members tied her up and left her to suffocate (Toohey 2020). The increase in internet use prompted by COVID-19 has also raised fears about an increase in online disablist hate speech (Bailey 2020). Gender-based violence has also increased during this pandemic, and a significant proportion of these victims are disabled women (Cahya 2020).

It is clear that the emergence of COVID-19 has brought with it increased violence (physical and symbolic), abuse and neglect towards disabled people, yet our assemblage of these news stories points to a broader problem: no one is collecting statistics on these acts of violence (Sherry 2016). Walmsley (2020: 1018) notes that this 'failure to count has a long history [for disabled people]', and, if statistics are collected, they are most often erroneously labelled as abuse or mistreatment (Thorneycroft 2020). Such practices send the message that a) disablist and ableist violence is not violence at all, and b) that disabled people are so disposable that they fail to count. Yet, it is clear that disablist and ableist violence exists, and more so during this pandemic. A question: why?

Aetiologies of Disablist and Ableist Violence During the Pandemic

In explicating the aetiologies of disablist and ableist violence during this pandemic, we provide an account based on an assemblage of our own readings of Butler (1993, 2020), Campbell (2009), Young (1990) and others, as well as our own lived experiences and the conversations we have had with disabled people about their experiences of violence (see, for example, Thorneycroft 2020). Our account is contextualised both within and beyond the period of this pandemic; we draw upon pre-existing and emerging accounts and consider how they apply in this contemporary moment. It is also an inherently partial and incomplete account because '[n]o author or text' can exclusively 'explain the complexities of contemporary power [and violence]' (Butler 1993: 19). We use an assemblage of these theories to consider disablist and ableist violence within and beyond the pandemic, not as an objective and totalising account of this phenomenon, but as an intellectual tool that enables us to reconsider dominant narratives about disability that pervade the field and informs our actions in exceptional times.

Given the inherently partial and incomplete nature of our account, we invite others to fill in, twist, erase or rewrite the gaps we cannot see. We echo Price's (2011: 3) evocative comments that we have 'written truths and decided they're lies, erased them, [and] written them again'. We have tried our best to get the words to speak our minds but, recognising the 'constraints that grammar imposes upon thought' (Butler 1999: xix) and the disorientation that this global pandemic has created for both of us, we stew in the 'mess' of what we have written.

Norms, Binaries and Anxieties

Society is organised and structured on the characterological figure of the white, abled, adult, cis, heterosexual male body. While, of course, various accommodations and differences are acknowledged and accepted in contemporary society (to varying degrees), the starting point—and often the fallback position—still remains this figure. Butler (2020: 37) writes:

[T]he individual who is introduced to us as the first moment of the human, the outbreak of the human onto the world, is posited as if he was never a child; as if he was never provided for, never depended upon parents or kinship relations, or upon social institutions, in order to survive and grow and (presumably) learn.

This social contract, or state of nature fantasy, starts with the negation of vulnerability, dependency and interdependency (Butler 2020). He is already, apparently, self-sufficient and autonomous. This scene excludes the many other figures that comprise our society; the woman, the disabled person, the person of colour, the child, the non-cis person and the queer. We cannot even fault their representations in the scene because they are unrepresentable (Butler 1991, 2020).

Perhaps the biggest problem with this representation is that it ‘begins not at the origin, but in the middle of a history that is *not* about to be told’ (Butler 2020: 37, emphasis in original). Our vulnerabilities, dependencies and interdependencies are erased and expunged. All of us were ‘born into a condition of radical dependency’ (Butler 2020: 41), yet, while many of us reach so-called ‘independence’, we move to eradicate our past selves like it never happened. We are a culture and society ‘based on the myth of the autonomous subject’ (Hughes, 2007: 674), and we must recognise that it is, in part, ‘our undifferentiated concept of man that gives rise to discrimination’ (Baudrillard 1993: 125).

The constitution of society’s titular figure—the white, abled, adult, cis, heterosexual man—manifests a whole repertoire of assumptions, beliefs and attitudes towards the not-white, not-abled, not-adult, not-cis, not-heterosexual and not-man.⁴ When a subject position becomes naturalised, all other subject positions are denaturalised. The instantiation of binary relationships—white/black, abled/disabled, adult/child, man/woman—creates the empowerment of the former and the denigration of the latter (Goodley 2017). Hughes (2007: 678) writes that it ‘does not matter which particular binary one invokes, the latter term will be the negative to its partner’s positive’. The latter category is ‘marked out, frozen into a being marked as Other, deviant in relation to the dominant norm’ (Young 1990: 123).

The instantiation and subscription to binary ‘logics’ create a form of ‘border anxiety’ that helps explain the violence and oppression against marginalised bodies, particularly disabled people (Young 1990). Young (1990: 129) writes:

The medicalization of difference brings about a strange and fearful logic. On the one hand, the normal/abnormal distinction is a pure good/bad exclusive opposition. On the other hand, since these opposites are located on one and the same scale, it is easy to slide from one to the other, the border is permeable.

The permeability of bodies, particularly dis/abled bodies, creates border anxiety. Young (1990) suggests that homosexuality is the paradigm of border anxiety (because anyone can become gay). We suggest that disabledness sits alongside this and is, perhaps, even more powerful. The border between abled and disabled is so permeable that anyone can become disabled at any moment. Such recognition shocks the abled/ableist body, and they must turn away, ignore, violate, expunge or erase the disabled body from their field of vision. To defend their identity, the abled body must negate the disabled body.

This account helps us understand why many people can rid themselves of racism or sexism yet continue to perpetuate ableism (Young 1990). Some people can be firm about their identities and comportment—they know they will not become black overnight or are clear in their genders and sexualities—but the prospect of disabledness can never be erased. In times of social upheaval, in this contemporary moment where everything feels precarious and debilitating (Puar 2017), the desire to ensure (abled) integrity is more pronounced than ever. People know that disabled subjects are more vulnerable to the coronavirus, and, as such, the threat of disabledness is doubly pronounced and threatening. As a consequence, the disabled body must be ignored, violated or expunged.

This picture also helps inform why neglect has featured so heavily during this pandemic. As disability studies scholars interested in violence and oppression, we are typically confronted by the acts of explicit and forceful violation and (in)action against disabled people. Yet, we are struck by the ways in which so many stories of disablist and ableist violence during this pandemic involve the slow, degrading processes of neglect, which entails non-action or non-force.⁵ It is the literal turning away of the disabled body. Ann Marie Smith was left to rot in a chair, Willow Dunn was left starving in her cot, and the two boys in Brisbane were locked away in a room. *Out of sight, out of mind*. When disabled people are already subjected to slow death, social upheaval intensifies its pace and the ways in which disabled ‘populations are *marked out for wearing out*’ (Berlant 2007: 761, emphasis in original).

Like Butler (2020), Young (1990: 147) notes how the ‘form of cultural imperialism in the modern West provides and insists on only one subject position, that of the unified, disembodied reason identified with white bourgeois men’. When society is structured on this presumption, it is clearer to see how disabled people are disposable. People must turn away, violate or expunge them to preserve their own integrity and mitigate their border anxiety. So too, when society is structured on the figure of the white, abled, adult, cis, heterosexual man, all forms of vulnerability, dependency and interdependency are pathologised. Apparently, radical dependency never existed; he was always already self-sufficient and autonomous, and when we are all apparently self-sufficient and autonomous, there is no guilt in addressing the needs of disabled people. They are ignored and expunged; they become ‘dustbins for disavowal’ (Shakespeare 1994: 283). Yet, when we are confronted with social upheaval, we must abject them to *put them back in their place to preserve our integrity*. The new eugenics (Sabatello et al. 2020) to arise out of the current pandemic has created a dissonance in abled people. Disability is to be avoided at all costs, yet COVID-19 can make us all disabled. In managing the border anxiety attached to the virus, some abled people reject the ‘burden’ of protecting themselves in the false belief that they are not at risk (anti-maskers) and, as such, those that are at risk deserve their precarity. At the same time, other abled people are hyper-vigilant about securing the permeability of the virus, lest they become disabled. Between these extremes, disabled people do not count, and disability is pathologised and exceptionalised.

Abjection, Substitutability and Disavowal

The theory of the abject offers an account of the ways in which some populations are violated and oppressed (Thorneycroft 2020; Young 1990). In this section, we examine the ways in which the abjection of disabled people creates a form of substitutability of disabled people. Kristeva (1982) provides the most thoroughgoing excavation of the theory of the abject, and three interrelated concepts are central to its understanding: the abject, the non-abject and abjection. Kristeva (1982: 4) says the abject is ‘whatever disturbs identity, system, order. What does not respect borders, positions, rules’. Her account is grounded within psychoanalysis, and she posits examples of the abject: blood, vomit, shit, menses and so on. These examples are internal to the body, and they become abject once they pass through or out of the body. The abject is a threat to the subject’s borders because the passing of shit, for example, creates a disorientation to the inside/outside barrier of the body and its integrity. Put another way, the abject is a source of horror because it threatens the subject’s borders (Kristeva 1982). The non-abject is whatever is not abject, what Kristeva (1982: 72) calls the ‘clean and proper body’ (or *propre*). Abjection occurs in response to the presence of the abject; it involves a bodily and psychic reaction to the threat posed by the abject, and precipitates ‘a discharge, a convulsion, a crying out’ (Kristeva 1982: 2). Abjection operates as a response to the abject, and it is enacted to cast out the abject and to reaffirm the integrity of the body to a non-abject state.

Some scholars have socialised Kristeva’s account and applied it to disabled people (Thorneycroft 2020; Dohmen 2016; Hughes 2009, 2019; Watermeyer 2013; Young 1990), proposing that they are constituted as abject (by abled/ableist society) and experience abjection (through acts of violence and oppression). Central to Kristeva’s (1982) account is that abjection is an endless and perpetual process. First enacted when a child draws a distinction between ‘I’ and ‘(m)other’, abjection signifies ‘a violent, clumsy breaking away, with the constant risk of falling back under the sway of a power as secure as it is shifting’ (Kristeva 1982: 13). Abjection occurs over and over, ‘like an inescapable boomerang’ (Kristeva 1982: 1), because the abject haunts the subject, unflaggingly.

How does this account relate to our current moment of global turmoil and the violence being meted out to disabled subjects? Not only does this account of abjection relate to everyday acts of violence in non-pandemic contexts, but it also explains the intensification of this violence during this pandemic. The violence and oppression against disabled people in this moment is intensified and compounded because abjection is more pronounced, happening more, occurring repeatedly as the (abled/ableist) subject is threatened more than ever before. Abled/ableist people have never been more vulnerable or threatened, and, to protect their own borders and identities, they must abjectify the disabled subject. The repeated and unflagging processes of abjection creates substitutability for its objects (disabled people). They must

abject the other, again and again, to preserve themselves, so each 'other' becomes one and the same; any disabled person 'will do'. Disabled people become imitable and replaceable clones that serve to reify the abled/ableist person's integrity. Disabled people become counterfeit citizens (Hughes 2015) upon which they are constituted as invalid and unreal and that concretises ableism and the ungrievability of disabled lives. COVID-19 is in constant circulation, and in some cases, even when it is expelled by way of medical intervention, early evidence suggests that it can mutate and again breach the inside/outside barrier. The need to maintain the boundary between abject and non-abject (disabled and abled), when partnered with a virus that can mutate and become more permeable, compels abled people to police the border and to ensure a gap between their bodily integrity and the leaky dimensions of the abject.

Ableism and (Un)Grievability

We have considered how the discourse of modern reason and the attendant construction of the norm has created the naturalised category of the disabled subject and its reification and association with abnormality and abjection. As Young (1990: 136) notes:

The constitution of modern scientific reason itself sanctioned the objectification of groups expelled from the privileged subject position occupied by the white male bourgeois, bring them under the scrutiny of a gaze that measured, weighed, and classified their bodily attributes according to a standard of white male youthfulness.

A symptom and outcome of this phenomenon, as it pertains to disabled people, is ableism. Ableism refers to the idea that abledness constitutes the best and only way of being, living and doing in this world (Campbell 2001, 2009, 2017). Ableism is a form of cultural imperialism because one of its consequences is the belief that disabled people are inferior (Young 1990). Such inferiority then transforms into attitudes of disgust, aversion, pity, violation, hatred and defilement of disabled bodies. These attitudes sit on continuums with multiple dimensions; they operate physically and non-physically, individually and collectively, psychically and socially, consciously and unconsciously, deliberately and accidentally, momentarily and continuously—all with different sites of intensification and implications that operate temporospatially. One effect of these technologies, discourses and practices is the effect of rendering disabled people as ungrievable, and this has enormous implications in times of pandemic.

Butler (2009: 14) writes that 'grievability is a presupposition for the life that matters', such that the value of a life appears under conditions in which the loss of a life would matter. Given that so many disabled people are subjected to forms of violence, and that violence occasions brief and sporadic outcries at best, disabled bodies and lives do not matter and are, thus, constituted as ungrievable (Butler 1993, 2009). Butler (2020: 17) suggests that an ungrievable life is 'already lost and, hence, easy to destroy or to expose to forces of destruction'. Disablist and ableist violence can be explained through the ungrievability of disabled lives. When your life is ungrievable, it does not matter what happens to you. Thus, a presupposition of your ungrievability in the past and present comes to determine your future—a future of violence, death and ungrievability. Ahmed (2017) notes how the momentum of the past becomes a directive of the future: *your life does not matter, it can be expunged at will, so I can watch you die*.

Watching us die is what has occurred in so many jurisdictions across the world, where, like Australia, governments neither considered the consequences of the virus for disabled people nor prepared disabled people to control their own risks. Repeatedly, we hear of the spread of the virus in care homes, where casualised (and disposable) labour facilitates increasing precarity for older and disabled people, who have been stripped of their agency to do otherwise. Understanding ableism and disablist in the fraught context of the virus is critical to understanding how these processes of exclusion can be resisted.

Sites of Resistance

We have no answers to the abjection of disabled people, particularly in the midst of this pandemic, as there can be no totalising account of something just as there can be no totalising answer. As such, our account is

inherently partial and incomplete. We also choose to centre our response around abledness rather than disabledness as the former category is the site upon which ableist and disablist violence is founded (Campbell 2009, 2018; Davis 1995; Goodley 2014). As Shakespeare (1999: 28) observes, 'perhaps the maintenance of a non-disabled identity ... is a more useful problem with which to be concerned: rather than interrogating the other, let us rather deconstruct the normality-which-is-to-be-assumed'. Our focus is on the pathologies of abledness (Hughes 1999) because therein lies the problem of ableism and disablism.

Deconstructing Abledness

If we are correct in stating that ableist and disablist violence manifests in abled people's efforts to preserve their own bodily integrities, then what is required is a deconstruction of abledness. Abled people are invested in a fantasy or phantasy⁶ about their corporeal embodiments—yet they are living a lie. Hughes (2007: 681) writes:

The love of coherence and order, the 'natural attitude' that people adopt to shield themselves from the vicissitudes of existence, particularly in our age of anxiety, forms a force field that keeps the threat of vulnerability, the approaching stranger, at bay. It is, to put the argument another way, the normative, invulnerable body of disablist modernity that is the problem. Indeed, the invulnerable self is a fantasy and form of self-deception.

The (abled) norm is presented as invulnerable and disabled people become the abjected other because they (come to) represent the vulnerable and mortal bodies of this world (Shakespeare 1994). The abled body is, in a sense, *dis-abled* from recognising its own precariousness—a contradictory position that proves its own self-deception. Yet, it is not enough to simply expose abled people to their own vulnerability and mortality; after all, the disabled body is problematic because it 'exposes the illusion of autonomy, self-government, and self-determination that underpins the fantasy of absolute able-bodiedness' (Garland-Thomson 1997: 46). As we have already described, ableist and disablist violence can be explained through the exposure of the disabled people and the 'threat' it poses. A question, then, is: how do we rewrite this account such that the disabled body can be exposed to the abled body to reveal abled people's fantasies/phantasies while ensuring that ableist and disabled violence is not perpetuated?

Our argument has been that ableist and disablist violence manifests, particularly during this pandemic, as a consequence of the threat that disabledness poses to abled subjects. However, it is not enough to simply expose abled people to their precarity and vulnerability, as this may authorise and legitimise further acts of ableist and disablist violence (which we have seen during this pandemic). As such, in addition to confronting abled people about their precarity and vulnerability, we must also engage in the rewriting of the disabled body, away from pathological accounts and towards social accounts that abandon the personal tragedy perceptions of the disabled body (Oliver 1990). One such way may be through understanding all bodies through our shared vulnerabilities, dependencies and interdependencies.

Recognising Vulnerabilities, Dependencies and Interdependencies

The global pandemic has created a context in which many of us suddenly feel radically dependent on others. *I need my partner to support me while I am unemployed. I need people to do the 'right thing' so I can reopen my business. I need my child to do our grocery shopping.* What many people have failed to recognise, however, is the ways in which we are already radically dependent. Butler (2020: 41) writes:

No one moves or breathes or finds food who is not supported by a world that provides an environment built for passage, that prepares and distributes food so that it makes its way to our mouths, a world that sustains the environment that makes possible air of a quality that we can breathe.

While many of us seek to avow our independence, the crisis of this global pandemic may provide the opportunity to (re)connect with our vulnerabilities, dependencies and interdependencies upon one

another (things that were always there but were disavowed). Dependency is written out of the picture of our lives—only applied to abject groups such as the young, old and disabled. In this way, dependency is (wrongly) conceptualised as a subjective and temporary state (Butler 2020). The challenge is to rewrite this understanding and to conceptualise vulnerability, dependency and interdependency as a central feature of our lives (Butler 2020). Disablist and ableist violence cannot be stopped solely through prohibition, but instead by creating a counter-cultural and counter-institutional ethos and practice.

Consciousness-Raising

Some may roll their eyes at the notion of consciousness-raising and believe it to be a trivial and apolitical practice from the bygone eras of second-wave feminism and the HIV/AIDS crisis. Whatever your perceptions of consciousness-raising within feminism or HIV/AIDS, the matter and significance within dis/ability studies is different. For example, almost everyone knows the word 'racism', and many people can spot racism in practice. In contrast, many people have never heard of 'ableism', and even fewer can identify it when it happens. The ignorance of ableism cannot be explained away by pinning it on uninformed or flagrantly discriminatory individuals. Just recently, I (Ryan) told a seemingly nice man that I had a disabled family member, and he responded, 'oh my god, I'm so sorry'. Shock and pity emitted from his facial expression, and as he said those words, he turned from me; unable to look at me. Meanwhile, a leading hate crime scholar recently told me (Nicole) that there was no ideological foundation that could be used to explain disablist violence. Given such responses, just think of the ways in which it is 'expected' that old and disabled bodies will die from this virus.

With racist and sexist violence, for example, many people have become attuned to identifying it through observing 'interactive habits, unconscious assumptions and stereotypes, and group-related feelings of nervousness or aversion' (Young 1990: 148), yet, with disablist and ableist violence, we can often only see it when it manifests into physical violence. Žižek (2008: 1) cautions us:

At the forefront of our minds, the obvious signals of violence are acts of crime and terror, civil unrest, international conflict. But we should learn to step back, to disentangle ourselves from the fascinating lure of this directly visible 'subjective' violence, violence performed by a clearly identifiable agent. We need to perceive the contours of the background which generates such outbursts. A step back enables us to identify a violence that sustains our very efforts to fight violence and to promote tolerance.

Physical violence is but one manifestation of violence, and it often sits at the end of a broad spectrum of (invisible) behaviours that do the work of licensing it, including the ableism built into our language and forms of communication. Our goal must be to expose these insidious, subtle and 'background' practices and behaviours that instantiate disabled bodies and lives as *less than*. Paradoxically, this crisis of COVID-19 presents itself as an opportunity to do that.

Conclusion

Our motivation to write this article was borne from the news stories of disablist and ableist violence we saw and read while this global pandemic unfolded, as well as our own disorientation of the world in which we are currently caught. The intensification and compounding nature of ableist and disablist violence during this pandemic is conceived as an inevitable and natural(ised) consequence of the crisis we are in, yet it is also a symptom and outcome of existing inequalities and injustices. That disablist and ableist practices can be conceptualised as a necessary or inevitable effect of this crisis reflects both cultural amnesia about the ways in which disabled people are already constituted, and a reinstatement of those ideals. Worryingly, we should also not be surprised when we see 'individualised' acts of disablist and ableist violence because they occur as a by-product of existing and broader perceptions and attitudes towards disabled people. To put it another way, people can feel licensed to violate disabled people due to broader social perceptions that they constitute ungrievable lives.

We need to engage in rethinking the ways we live in non-pandemic times. While so much emphasis is on the *here* and *now*, the here and now is created by a *past*. If pandemics intensify and compound forms of oppression, then we need to think through the pre-existing conditions that necessitate those outcomes. It is not enough to decry the present if we made the present through our actions of the past. There may be more disabled people in this world once this crisis is over, and that, at least, holds out hope for a crip future. So much violence rests in, with and through the abled body, and abled people need to grapple with their abjectifying behaviour. The crisis of this exceptional pandemic may provide an opportunity to rethink the ways we live with unexceptional precarity and precariousness every day.

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- ¹ de Swaan (2001) suggests 'enclaves of barbarism' refer to bounded spaces or situations where the ordinary rules no longer apply, and in such contexts, people can engage in violent conduct that contradicts their otherwise regular/normative selves.
 - ² This should instead be called physical or spatial distancing.
 - ³ Inverted commas are placed around 'care' because no care was provided at all.
 - ⁴ Young (1990: 125) notes how modern reason is invested in 'visual metaphors to describe knowledge'.
 - ⁵ In making this claim, we are also mindful of the ways in which 'non-acts' still involve (calculated) decisions and are, in many senses, still 'acts' of violence. This falls outside the bounds of our article, but for a more thorough excavation of this, see Butler (2015, 2020) for their discussion of nonviolence and Ahmed (2006) for their discussion of non-performativity.
 - ⁶ Fantasy denotes a conscious wish, whereas phantasy denotes unconscious dimensions (Butler 2020).

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