Ableism in Academia

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Behind me, all down my back, joints, tendons and ligaments stiffen and tighten. At the back of my mind I sense that the woolly incoherence of my thoughts is worsening. My guts clench. It is hard to write these words. The medical complex offers a diagnosis that brings the problem(s) to the fore: autoimmune diseases causing systemic inflammation, pain, stiffness, fatigue, mood swings, brain fog; my immune system is attacking me. 'I' have turned on and against 'myself'. I work harder to try to keep up; symptoms worsen. Losing control of myself, my life, my work, I sense that I need to live and work differently. But my backbone is paralysed. I don’t have the guts (metaphors abound!) to admit to not being in control. I need help.

Here is where the cruel autoimmunity with which sovereignty is affected begins, the autoimmunity with which sovereignty at once sovereignly affects and cruelly infects itself. […] It is not some particular thing that is affected in autoimmunity but the self, the ipse, the autos that finds itself infected. As soon as it needs heteronomy, the event, time and the other. (Derrida 2005, 109)

Out of the experience of a hyper-immune body that painfully attacks itself comes the experience of the autoimmunity of the self itself. Jacques Derrida employs the biomedical term autoimmunity as a further name for the deconstructive trace that inscribes a paradoxical opening (from) closure of the sovereign self, where the sovereign self requires others in order to ‘be’ (that is protect/immunise) that which it ‘is’.¹ The sense of

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¹ The sense of
self as whole, autonomous, rational and able, which is presumed within much academic labour, is inherited from Western modernity’s bias towards rationality and immunity from difference. And yet, as I work to find a position within autoimmune illness from which to work, this academic self struggles to assert itself.

For Derrida, in order to protect (immunise) the autos one must oneself destroy (autoimmunise) one’s own unity by admitting difference (Derrida and Borradori 2003). As my body attacks itself, protection of the notion of myself as an able, autonomous, whole, healthy and secure self is demanded; and yet the more I defend this notion of myself, the more I destroy it – the harder I work the less I work. The process is a cruel, painful and even terrifying one, and risks ‘paralysis’ (Derrida and Borradori 2003, 188). And yet, according to Derrida, it is also the threat of this petrifying autoimmunity that necessarily forces one to open to difference, the event and the future, for better as well as worse (Derrida and Borradori 2003, 124).

This chapter begins from the subjective experience of autoimmune illness in the academy. It begins from desire to survive academia and the autoimmunities of the attempts to do so. This autoimmunity forces me to seek assistance from others, to locate the problem not within the suffering individual but within the hyper-immunisations of ableist norms, which are inherited from Western modernity and maintained within the neoliberal present. The intention is to suggest that the academy’s attempts at self-defence are autoimmune – particularly with regard to its attempts to eradicate illness, disability and difference – and that this autoimmunity might force an opening to ways of working together that could move beyond a logic of survival.

The term ‘autoimmunity’ recalls legacies of Western modernity that continue to inform the contemporary academy and this chapter. In addition to the sense of ‘self’ and ‘other’ inherent within biological and conceptual understandings of immunity, immunity also locates a juridico-political context concerning the sharing or the refusal of the gifts and the duties of the munus, that is, the inclusions or exclusions within communities. The mechanisms of community/immunity are often based on norms such as nationality, race, ability, etc., and is a mechanism that readily exposes itself to autoimmune destruction. But further, autoimmune illnesses – sometimes dubbed ‘Western diseases’ – have been linked to the effects of industrial capitalism with its production of increasingly toxic global environments, on both a material level of pollutants and an affective level of anxiety, depression and stress – which trigger over-the-top immune responses as a consequence of this
fragility (Nakazawa 2008; Velasquez-Manoff 2013; Berlant 2011; Puar 2017, Cvetkovich 2012; DiAngelo 2011). Though there is not the space to unpack all of these complications here, it is essential to note that these histories effect the bodyminds of those working within – or excluded from – the academy, and thus affect the capacity of the academy to engage with its colonial and ableist past and present, and its capacity to call for imagining new futures. Autoimmune bodyminds in the academy, like canaries in the coalmine, add a further important perspective to demands for engaging in the labour of institutional change: if we fail to challenge ableist norms, debilitated bodyminds risk continuing to fail to perform this essential work.

Deconstructive autoimmunity offers a way of thinking, I would suggest, that works not against risk, incoherence, pain, suffering, paralysis and loss of control (sovereign decision-making), but rather finds, with and within these, suggestions for living and working differently. It is in this sense that affinities can be marked between Derridean autoimmunity and the perspectives of crip theory, another body of thought to which I open for assistance. The term ‘crip’, following Robert McRuer (2006), Alison Kafer (2013) and others, is a redeployment of the disparaging term ‘cripple’ as a social, political and theoretical agitator. As a verb form ‘cripping’ marks an action that deconstructs the rigid identifiers ‘disability’ and ‘ability’ to indicate the fluid and constructed character of disability’s entanglements within material, social, cultural and political systems that work to privilege certain abilities over others. Crip theory therefore employs deconstructive gestures in order to resist the exclusion of disability, pain, suffering and illness – which persist as criteria for elimination in many societies and institutions – and to argue, from a social justice perspective, for the need to lessen the violence and suffering that such exclusions create. Perhaps, by mobilising crip knowledges, and by cripping knowledge (Johnson and McRuer 2014), the autoimmune self-destruction of the contemporary university might be reconfigured as the self destruction of the immune system that protects the neoliberal, racist, ableist and individualist university, with the aim of opening in its place a system of protection, interdependency and mutuality that might take care of all forms of suffering.

By deploying a crip autoimmune autobiographical account, I am able to attend to both the need to take care and protect oneself within specific, situated and personal problematics of survival and injustice, and its autoimmune opening to interdependency and the needs and injustices faced by others. The methodology gives permission to begin from where one is and to resist ableist norms: to be slow, to fumble,
work from within messy contingencies, to acknowledge that analyses will not be perfect and will exclude and misrepresent others’ experiences, to face the pain and difficulties of this, while insisting on both continuing the attempt and sharing this with others. The specific site of this analysis as an account of an autoimmune academic will be that of the UK university system, examined from the narrow perspective of one able to call themself an ill, white, cis female mother and academic who passes as able-bodied and middle class. My question, from my sickbed, becomes: what might the experiences of autoimmunity and ableism have to teach us about the demands of the university? And might the ‘autoimmune illnesses’ of the university – which are not only a metaphor – be that which, in Derrida’s words, ‘[risks] paralyzing and thus [calls] for the event of the interruptive decision’ (2005, 35)?

**Autoimmune identifications**

Having given myself permission to speak from where I am, the question of how to speak arises, of how ‘I am’, and to whom I am able to speak. In order to unpack the autoimmunities of the academy I begin with the question of identification. Living and working with chronic illness, with fluctuating energy and pain levels and uncertainty regarding the future, can be isolating. Usually such experiences enter discussions in the academic workplace only through acts of individual disclosure (Price and Kerschbaum 2016). The workforce is presumed able-bodied and able-minded until proven otherwise. The onus is, therefore, placed on individuals to navigate support through obtuse administrative networks. This results in the non-disabled not being required to consider the effects of dis/ability (until they may experience disability themselves). It further results in individuals who find themselves to be in tension with the abled norm to negotiate processes and politics of identification alone. Answering Corbett O’Toole’s (2013) call for greater disclosure of one’s relationship to disability within disability studies, I outline here an incomplete account of my developing relationship to identifications with disability – and the (auto)immunities of these – in order to add my voice to those who are working to resist this isolating experience.4

As soon as the word identity appears, protective battles, conflicts and disagreements are evoked, and wherever defensive battles are evoked, so too is the possibility of a self-destructive autoimmune rebound – or potential autoimmune openings. This is certainly true with regard to disability identity, which – when experienced by many to be
an identity policed by medical certifications, normative representations and attitudes, and political positions – can lead to recurring questions: am I disabled enough? Am I disabled in the ‘right way’ to employ this identifier? How might my experience of illness (and by extension pathologised forms of neurodiversity, mental distress, etc.) communicate within the languages of disability?

As Susan Wendell (2001, 17) has argued, many disability activists involved in the political struggle to secure disability rights in the West have resisted the identification of disability with illness due to the fact that this association risks contributing to the medicalising of disability. Medical models often view disability as an individual misfortune that medicine can and should remedy or mitigate, constructing it as shameful, pitiable and radically undesirable (Siebers 2008, 3). To counter this pathologising individualisation of disability, activists have worked hard to dissociate disability from an individual’s physical impairments and locate them firmly instead in disabling social conditions – material, cultural, political, attitudinal. In the 1970s UK-based activists from the Union of the Physically Impaired Against Segregation (UPIAS) produced a foundational definition of what has come to be known as the social model of disability, where disability is considered to be ‘something imposed on top of our impairments by the way we are excluded from full participation in society’; ‘it is society which disables physically impaired people’ (UPIAS quoted in Oliver 1983, 24).

The clarity of the social model has been hugely successful in communicating that much of the suffering experienced by disabled people is a result of systemic oppression, and also in galvanising a disability rights movement that secured legal rights for disabled people in the UK and elsewhere. Yet this activist history, as Wendell reminds us, has tended to exclude the ill disabled in its demands for full participation, for ‘[f]luctuating abilities and limitations can make people with chronic illnesses seem like unreliable activists […]. Stamina is required for commitment to a cause’ (Wendell 2001, 25). Considering, from my sickbed, how to remain committed to an academic cause, to social justice, and the responsible teaching and research that this necessitates, demands that I follow Wendell in challenging these requirements. Indeed, I would suggest that the insistence on any form of political activism that renders impairments, debility, illness and so on as outside its politics risks autoimmune self-destruction. What the social model, with its strict binary between impairment and disability, obscures is the fact that bodyminds fail – they suffer pain, trauma, fatigue; they get worn out – and that this debilitation is disabling in our social world. By
excluding such experiences from social and educational environments, we risk excluding the possibility of developing skills of interdependency, of taking care of and with one another through differences, and the central importance of this within any activist movement – or workplace. For Wendell, living with disabilities including ‘living with pain, fatigue, nausea, unpredictable abilities, and/or the imminent threat of death creates different ways of being that give valuable perspectives on life and the world’ (2001, 31). If we were to agree with Wendell, we would have to concur that this value cannot be indexed to any form of productivity, but must instantiate an alternative understanding of value – the value, perhaps, of always already resisting capitalist demands for individual productivity (Lazard 2017).6

However, the particularity of my perspective reminds me to remain attentive to the potential autoimmune rebounds of this move to welcome pathology into disability identity. It feels risky to identify with a stigmatised form of difference such as being one of the unhealthy disabled, for here narratives of disability pride are easily overwritten by narratives of overcoming, eradication and cure that continue to oppress disabled people (Clare 2017). As a straight, white, cisgendered woman with (relatively stable) employment and access to a National Health Service, some of these risks are mitigated. However, for those whose bodyminds continue to be pathologised due to constructions of race, gender, sexuality and class – where queer, black, brown, female and trans bodyminds are biologised – affirmative identifications with disability, illness or suffering might become less easy to imagine (McRuer 2006; Lukin 2013; Erevelles 2005; 2011; Spade 2011).

Metaphors of disability and impairment are deeply ingrained in our language and cultural discourses and have commonly been employed to signify lack of worth, to oppress and exclude already marginalised identities (Lukin 2013, 312). For example, disability metaphors, when intersecting with racist oppressions, result in a greater number of people of colour being identified as disabled (Erevelles and Minear 2010, 357), while trans people are characterised as ill in order to permit access to procedures (Preciado 2013; Spade 2011), and poverty and oppression under global neoliberal capitalism bar many from essential healthcare (Puar 2017). In light of these crossing histories, illness and disability can become a troubled site for easy identification. And within a university system whose colonial, classist and eugenicist histories continue to hold influence, such historical intersections are essential to consider (Bhambra et al. 2018; Dolmage 2017).
Yet according to Nirmala Erevelles and Andrea Minear, many critical race theorists, and radical scholars more generally, ‘have mistakenly conceived of disability as a biological category, as an immutable and pathological abnormality’ (2010, 358) and have therefore resisted recognising shared commitments to resisting disqualifications based on perceived, biologised or essentialised characteristics. Illness and disability, like race or gender, are not essentialisable but are part of a spectrum of life and of experience, and while the aim to lessen suffering is to be affirmed, excluding – or eradicating – on the basis of (perceived) suffering causes further violence by legitimating eugenicist discourses, whilst also excluding ‘cripistemologies’ from our collective knowledges and legacies. Indeed, Therí A. Pickens has argued that there is much promise in Arab American and African American narratives that rely on the body’s mundane fragilities, where pain and illness need not be read as worthless but instead mobilise these everyday experiences as urgent social and political critique (Pickens 2014). I would suggest that such experiences also have much to offer the social and political critique of the ableist academy. Here forced attention to my own mundane fragilities led me to recognise the mechanisms of identification that oppress not only myself, but also multiple others.

Having spent the last few years experiencing diffused non-specific yet increasingly alarming symptoms – from overwhelming fatigue to poor concentration, from depression to menstrual irregularities – an embodied awareness of the workplace’s demands for identification came to light. Initially the banality of the symptoms allowed them to be ignored; when they could no longer be ignored they could be attributed to my autoimmune illnesses, my poor diet or busy life as a working mother, perhaps to the hectic term and the stresses of teaching increasing numbers of struggling students, or to political conditions. When doctors come to be involved early menopause is first assumed; when pathology is investigated ‘normal ranges’ insist on health – until, as chance would have it, a blood test is secured, an anomaly found, a diagnosis made. My experience of debilitating symptoms exists within a complexity of environmental conditions (including the gender biases of the doctor’s surgery and the allocation of caring responsibilities at home and at work) that not only make the symptoms worse – or even cause them in the first place? – but also reveal the intrinsic failures of the demand for what Ellen Samuels calls ‘biocertification’ within ‘fantasies of identification’ (2014, 12). Regardless of my self-identification as disabled or as chronically ill, with the appearance of new, uncertain symptoms, accommodations at work are difficult to source without a medical certificate, and a medical
certificate is difficult to source if one's embodied symptoms do not conform to pre-established 'normal ranges'.

According to Samuels, it was Western modernity’s crisis of identification – driven by colonialism, urbanisation, class and geographic mobility, and the rise of the welfare state – that led to a drive for incontrovertible physical evidence to biologically certify, capture and control identity (2014, 1–2). The demand for physical evidence works to naturalise racial and bodymind differences, which not only enforces, but also produces, biological normalcy, producing and maintaining racial and gender oppressions, and the disablement that so often results. Tracing the first appearance of the English word ‘normal’ to 1840 and the genesis of statistical analysis, the disability scholar Lennard Davis (2013) details how in the nineteenth century statistics combined with socially constructed ideas of the perfect body to determine what counts as healthy or pathological. With regard to disability identity Davis asks: is ‘impairment bred into the bone, or can it be a creation of a medical-technological-pharmaceutical complex?’ (Davis 2013, 238). We might further add with regard to race or gender identity: is the medical-technological-pharmaceutical complex complicit in the construction of the biocertifications of race and gender that oppress, exclude and disable people of colour and trans people in particular?

In the academy, the biocertification of mobile experiences of illness, distress and disability can, perhaps, be most clearly seen in the case of mental disabilities as an increasing mental health crisis is widely reported. For despite there being no biological markers to determine diagnoses – only a range of mostly behavioural symptoms based on societal norms (Fullagar 2018, 40) – staff and students are required to prove mental disabilities through medical certificates. However, according to the UK psychiatrist Sami Timimi, one can more convincingly consider one’s socio-political environment – characterised, as I shall clarify in the following section, as neoliberal – as producing both mental distress and its medicalisation:

the pressures to compete and then deal with perceiving oneself (or being perceived by others) as a ‘loser’, the individualisation of identity and ambition, the internalisation of anxieties of failing, the mass surveillance of parents/teachers and young people, and the commodification of potential solutions […] all contribute to the rapid numbers of psychiatric diagnoses. (Timimi 2018, 61)
These are diagnoses, I would add, that fall upon certain disabled, gendered and racialised bodyminds more than others (Moodley et al. 2018), and diagnoses one is encouraged to seek due to the manner in which these govern access to support. Yet according to Timimi, these ‘diagnostic systems used in psychiatry have failed to establish themselves as scientifically credible or clinically useful’. In response to this failure, Timimi’s suggestion (based on outcome-based research) is to advocate concentrating on the ‘contextual and real-life experiences of patients’ rather than diagnoses in order to select treatments (Timimi 2018, 61). I take this to mean, in line with the social model, that one should consider mental disability not in terms of medically certifiable pathology, but within a specific, disabling context. I would agree, yet I further want to insist that it is also necessary to account for the mobility of biological impairments in neoliberal environments as the effects of stress, diet, pollution, toxins, etc. impact on embodied experience and the identifications of health, illness and ‘normal ranges’.

Samuels suggests that the civil rights movement and the development of queer and crip resistances, for example, have done little to challenge these ‘fantasies of identification’ and their demand for biocertifications (2014, 10). And indeed we could suggest that it is precisely when these deconstructions of identity are combined with a period of austerity and the shrinking of the welfare state that the demand to definitively identify and certify disabled, immigrant, queer and trans bodyminds can be seen to be increasing (McRuer 2018). In the university this policing of disability, race and gender becomes immediately clear in the demand for certificates to prove one’s right to access accommodations, or the right to work or study, or to access health or wellbeing services. Such practices are clear attempts to immunise the social body through fantasies of identification and the maintenance of ableist norms. I would argue that these immunisations, in their selection in favour of abled bodies and minds, are in fact autoimmune, and as such are forcing us to consider our relations to, and potential identifications with, illness, disability, race and gender – as well as our capacity for collective resistances in the academy and beyond.

Autoimmune abilities

The UK 2010 Equality Act provides legal protections for disabled people, protections secured as a direct result of the activism of disability rights campaigners and their understanding of the social model of disability.
The Act defines disability as ‘a physical or mental impairment that has a “substantial” and “long-term” negative effect on your ability to do normal daily activities’ (http://www.legislation.gov.uk/ukpga/2010/15/contents). The law offers (to those who can biocertify their impairment) the right to request reasonable accommodations. In the workplace these might be adjustments to working conditions designed to ‘level the playing field’, modifying the environment in order to enable an individual to engage in ‘normal daily activities’. However, this logic of levelling the playing field leads to the question of what the rules of the game might be and what the ‘normal daily activities’ in the academy have become (Kalfa et al. 2018). And it is a logic that belies the fact that the playing field is experienced by many as a battle field, upon which the metaphors of defence and attack take on a different quality.

Writing in the Guardian in 2018, an anonymous academic provides an insight into the rules of the game for UK academia. They ask us to imagine what it is like to be on the hiring committee for a permanent lectureship:

Imagine working in an industry where entry-level jobs require ‘world-leading’ research records [...]. [Where the candidates have] gained teaching and admin experience, published books and papers (and planned the next ones), thought about impact and outreach, and earned an impressive set of references and student feedback in addition to their outstanding formal qualifications. [...] They’ve probably not been paid for all of this work. They’ve been juggling their considerable achievements with part-time (or sometimes even full-time) jobs outside academia, or they’ve been relying on financial support from a parent or partner. [...] How lucky the academy is. (Guardian 2018)

Acknowledging that the new standard is ‘exceptional’, the writer of this article proceeds to argue that one should not select from the long list of exceptional applicants ‘the most exceptional overachiever’, for such individuals are likely to be ‘habituated to toxic and even harmful levels of overwork’ (Guardian 2018). Instead, it is suggested, one should ask who needs the job most, based on precarity, ‘age, race, ability, or health’, for such individuals might have the skills to be ‘adaptable’ and think ‘beyond the current frameworks’. The current frameworks referred to include the normalising of attainment and pay gaps related to ethnicity, gender and disability, excessive workloads, the use of temporary contracts and the use of performance monitors such as the Research Excellence Framework
(REF) and Teaching Excellence Framework (TEF). Within all of this, in order to survive, students and academics are forced to adhere to ever rising standards, to perform the role of the competent, knowing expert, and to compete with and outperform one another in these roles. The implication in the quotation above is that the non-normative academic has value as a potential agitator of these ableist conditions – a point to which I shall return.

These frameworks signify what many have named the neoliberal university (Slaughter and Rhoades 2000; Washburn 2005; Evans 2005; Gill 2009, Radice 2013; Mountz et al. 2015; Nishida 2016). Under neoliberalism cultural values that promote individual performance and competition within a marketplace come to be seen as the only possible method of survival, or signifier of success (Wilson 2018; Cronin 2000). The effects of these survival methods are demonstrably autoimmune at both an institutional and a personal level: institutionally as universities compete with one another only by debilitating their own workforces (Brady 2018; Else 2017; Fisher 2014; Bothwell 2018); individually as workers survive only through finding ever more onerous ways to 'play the game' (Kalfa et al. 2018). I focus here on examples of lived experiences of autoimmune actions in order to suggest that careful methodologies – ones that account for and respond to the pressures on individuated subjects to over-defend themselves – are required in order to construct sustainable strategies for thinking 'beyond the current frameworks'.

On a micro-level, then, this autoimmunity is marked within the inevitable experience of failure such an environment produces. The anonymous academic quoted above, for example, confesses that in the light of the hyper-ability of the applicants, ‘Whenever I attend job presentations at my own institution, I feel ashamed to have a permanent post’ (Guardian 2018), while Rosalind Gill makes clear the virulence of such affective responses to neoliberal individualism through a metaphor of illness, an account worth quoting at length:

This individualising discourse devours us like a flesh-eating bacterium, producing its own toxic waste – shame: I’m a fraud, I’m useless, I’m nothing. It is (of course) deeply gendered, racialised and classed, connected to biographies that produce very different degrees of ‘entitlement’ (or not). This affective response in turn is profoundly silencing and isolating – and how could it be otherwise; we don’t want to ‘show’ our ugly failure, any more than it might already be evident […]. When students tell me of receiving a rejection from a journal, they have often kept it secret for some time
When I tell them it has happened to me, and to every academic I know, they are surprised, having immediately and automatically internalised the experience as their own shameful failure. Some will have concluded that they really aren’t good enough, they can’t ‘hack it’. But others will have already devised ‘solutions’: I must try harder, read more widely, understand theory better, etc. etc. – the solution, then, for ‘us’ good neoliberal subjects, is simply to work even harder. (Gill 2009, 240)

This discourse of individuated hyper-ability, Gill suggests – like the threatening unseen other of the microbial pathogen – is consuming us: it attacks not only the ‘flesh’ but also the affective world of the individual to create and maintain ‘bad feelings’. Yet rather than resisting this damaging ‘pathogen’, the neoliberal autoimmune response is either to leave this environment (and likely find the same problems elsewhere) or to ‘work even harder’, and so transfer this ‘pathogen’ and worsen its ‘symptoms’. The reference to illness here is, of course, not only a metaphor – although for Gill the subject of physical illness is relegated to a footnote, where it is claimed that ‘morbidity and mortality rates look bleaker and bleaker for our profession, and colleagues report “I get sick all the time”’ (Gill 2009, 243n2). It is clear that there are psychological and physical responses to the neoliberal academy that can produce and/or worsen pain, distress and disability.

As evidenced in the quote above from the anonymous academic, the academy has become dependent on what Robert McRuer calls ‘compulsory able-bodiedness’ (2006, 2) but which, following Alison Kafer, I would further expand to also include ‘compulsory able-mindedness’ (Kafer 2013), or more simply ‘compulsory ableness’ (Campbell 2009, 4). This dependency is normalised to the extent that ableness is figured as a non-identity, as ‘the natural order of things’ (McRuer 2006, 2). And yet this is maintained only via an autoimmune debilitation of the workforce. But, I suggest, it is precisely this autoimmune reaction, where one comes to feel the deleterious effects of our own immunisation of ourselves within such competitive environments, that forces an autoimmune opening to lived experiences that render visible the structural conditions and oppressions of both ourselves and others. One possible ‘treatment’ for this ‘illness’ might involve a process of what Oriana Fox calls ‘shame attacking’ – as a form of both personal therapy and consciousness raising that collectively supports individuals in the risky process of challenging socio-political norms and the conditions that isolate and shame (Fox 2018).
Such practices of public shame attacking might, for example, expose how the biographies – and identities – we use to navigate the academic environment position us differently in relation to the performance of what we might call, following Lauren Berlant, the (academic) ‘good life’ (Berlant 2011). The individualising of these stories has obscured the fact that performance of the ‘good academic’ – as articulate, self-confident, rational, knowing, etc. – privileges those who have bodyminds and life experiences that have enabled them to internalise the codes of this performance. It obscures the fact that Eurocentric teaching de-legitimates certain forms of knowledge and ways of thinking, and that racism and sexism – from microaggressions to hate speech – on campus and elsewhere is rife (Bhambra et al. 2018; Ahmed 2015). It obscures the fact that academic conventions privilege certain modes of communication (of the extrovert, the coherent essay, normative social interaction), and it privileges those who are not required to hold multiple jobs, or have responsibilities for caring for others, or limited energy. For many the optimistic attachment to the ‘good life’ of academia is, therefore, what Berlant calls a cruel optimism, and which we might figure as an autoimmune attachment to a promise that debilitates as it sustains (Berlant 2011).

The risky act of sharing one’s shame of failing to sustain this promise might become an alternative means of self-protection, one that resists attachment to the idea of absolute immunity and insists on interdependencies with others. Collective shame attacking speaks to the need to listen to others’, as much as to share one’s own, accounts; but most significantly, perhaps, collective shame attacking might create environments within which to learn how personal experiences/opinions/embodiments might be co-constituted within networks with complex power relations – so that responding to shame and to demands for shaming can be considered a collective rather than an individual responsibility, a responsibility for both care and for learning. Understanding the powerful effects of ableism – including the demand to always be fully able to comprehend, work with and produce within these complexities – is, I suggest, crucial.

By turning to consider our dependence on ability, critical disability studies scholars shift the focus from disabled people (as the problem), towards an analysis of the logic that produces the concept of both disability and the concepts of deviance – and therefore shaming and exclusion – in general. According to Fiona Kumari Campbell, ableism is ‘A network of beliefs, processes and practices that produces a particular kind of self and body (the corporeal standard) that is projected as
the perfect, species typical and therefore essential and fully human’ (Campbell 2009, 5; 2001, 44); while ‘[d]isableism is a set of assumptions (conscious or unconscious) and practices that promote the differential or unequal treatment of people because of actual or presumed disabilities’ (Campbell 2009, 4). As Dan Goodley makes clear, by essentialising certain abilities ableism produces disability. That is, all those who fall short of ableist standards (i.e. all of us), and who, in falling short, strive to achieve this standard, produce and maintain the concept of ‘species-typical’ abilities, and instantiate deviations from this norm as disability (Goodley 2014). Further, what is considered the standard, species-typical norm shifts over time and place, and in a time when neoliberal ideals are expanding into ever more spaces there is emerging a clear favouritism, as Goodley suggests, for the ability to be competitive, to be cognitively astute and to consume (2014, 22). With these ‘neoliberal-able’ standards in place, as we compete not only at school and work but also online and in our activist organising to perform at ever higher standards with ever increasing stakes, perhaps we can see the ‘flesh-eating bacterium’ of the individuating discourse, and its ‘toxic waste – shame’ producing increasing opportunities to feel and to identify as deviant or even as disabled.

As the ableist academic ground is normalised for staff and students it becomes increasingly difficult to level this ground. This results in disabled individuals being forced to either ‘overcome’ their disabilities or leave. But further, this normalised ground risks figuring as ‘impaired’ increasing numbers of bodyminds that do not work in this ‘standard’ way, risking (further) debilitating them as they are forced to nonetheless attempt to do so. Therefore, it seems to be becoming increasingly possible for individuals within the academy (and scholars excluded from it) to claim ‘a physical or mental impairment that has a “substantial” and “long-term” negative effect on [their] ability to do normal daily activities’ (http://www.legislation.gov.uk/ukpga/2010/15/contents, emphasis mine); but whether or not it is yet becoming socially or politically acceptable to claim such a position is much less clear.

Yet if we follow the autoimmune logic of this shameful story, and if we follow Davis to claim that all bodyminds are non-standard, we are able to render disability as an unstable (though not obsolete) category. Here, according to Davis, disability might indeed become a generalisable condition:

It is too easy to say, ‘We’re all disabled’. But it is possible to say that we are all disabled by injustice and oppression of various kinds.
We are all nonstandard […]. What is universal in life, if there are universals, is the experience of the limitations of the body. Yet the fantasy of culture, democracy, capitalism, sexism, and racism, to name only a few ideologies, is the perfection of the body and its activities. (Davis 2006, 241)

That is, it is problematic to say ‘We’re all disabled’ in a manner that demands entry to an identity category that confers protection on an oppressed group. Yet this identity model is often ineffective anyway in achieving its goal of equality and equity. Legal protections and ‘reasonable adjustments’ individualise disability, and while doing much to make individual lives more survivable, do little to challenge disabling neoliberal environments and their global effects (Davis 2002, 238; Puar 2017). If democracy, capitalism, sexism and racism all demand the perfection of the bodymind and its abilities then, Davis suggests, quoting Paul Gilroy, it is the recurrence of ‘pain, disease, humiliation, grief, and care’ that unites us (2002, 242). Therefore, perhaps by recognising that we are all ‘disabled’ – and privileged – in different ways by differing forms of injustice and oppression, we might locate the possibility for forging alliances with a politics of disability justice. This politics has the experiential knowledge necessary to challenge debilitating ableist assumptions and to find more careful, interdependent ways of working and learning through and with difference. Perhaps engaging with such knowledges will enable academics, scholars and learners to resist autoimmune defensive urges and survival strategies, and produce more sustainable practices for analysing and resisting global injustices.

Conclusion

In order to close, let’s return to our anonymous academic and their suggestion to give lectureships to those amongst the hyper-able applicants who might most need the position due to precarity, ‘age, race, ability, or health’, and because they might be the most able to think beyond these frameworks. This suggestion makes some sense, for it intends to redress historical exclusions and perhaps, indeed, those with experience of systemic oppression might be best able to recognise and expose the frameworks that maintain these oppressions. Yet the assumption is that historical exclusions can be remedied simply by including representatives of these excluded groups. And yet in this case, each candidate interviewing for the position will have been forced already to prove themselves
to be what Goodley (2014) calls ‘neoliberal-able’ – academic entrepre-
neurs, overcoming adversity in order to prove themselves ready to be
‘exceptional’, and to enter the neoliberal university. The admittance of
difference with regard to many ableist norms, then, remains impossible.
And further, by implying that those from marginalised groups are best
placed to challenge normalised frameworks, the writer obscures the
fact that this labour is more, not less onerous – and debilitating – for
these individuals. Yet if we consider that the compulsory ableness of
the academy is autoimmune, that its default defences – such as to work
harder (to resist, to survive) – are turning, painfully, on and against the
academic community as a whole, we might begin to locate already within
the university the need, desire and commitment to explore alternative
ways of working.

As I write, in February 2020, 74 UK universities are preparing to
undertake strike action in order to resist the autoimmune defences of
the neoliberal university, which, encouraged to maintain itself within a
market economy through the use of precarious employment contracts,
persistent gender and ethnic pay gaps, unmanageable workloads,
real-terms pay cuts and the financialisation of pensions (UCU 2020), is
debilitating its workforce and the student body. The risk of autoimmune
paralysis, however, invites a weary, angry and resistant collective body
to instigate an autoimmune opening as it votes to withdraw academic
labour and looks for potential strategies to live differently. The
withdrawal of normative academic labour, while primarily suggesting
a desire for change in the management of the university, might also
evidence a desire for alternative ways of producing academic work
that resist the everyday autoimmune effects of self-enclosed individu-
alism. As knowledge-exchange workshops are set up on picketlines for
students to share lecture notes and thinking, as staff–student assemblies
allow for the exchange of opinions and grievances, perspectives and
experiences, and as reading groups and teach-outs give space and time
to situating ourselves within a complex moment, new possibilities for
working together might emerge. Such modes of working are never easy,
or comfortable – they often give rise to conflict and disagreement – yet
if accessibility and inclusion are centred in these moments, so that all
might feel attended to and welcomed through overt inclusion strategies
– including perhaps quiet spaces, and performance spaces, online spaces,
crafting spaces and reflective spaces, spaces that allow for (differently)
shared vulnerabilities of ‘pain, disease, humiliation, grief, and care’
(Davis 2002, 242) – perhaps methods for listening to and negotiating
with differences in the ableist university might emerge.
What might it look like to translate such experiments in ways of working out of the temporality of strike action and into the everyday habits of the university? Might the timetabling of reflective practice sessions for staff and students allow for the pinpointing of problematic experiences and practices? Might timetabled spaces for exploring varied experiences of ableism allow for the sharing of survival strategies and an emergent potential for change? Might the development of research and pedagogy workshops allow for collective mentoring through difficulties and crises? While there are no certainties here, I have found that the timetabling of spaces that resist the prevalent demand for productivity and demonstrable ‘outputs’ invites ways of working that acknowledge that things do not and cannot always work; and that by acknowledging failure and difficulty, care and joy within interdependent forms of collective labour, the material, embodied, political and discursive character of knowledge production becomes discernible. Cripistemologies, I would insist, are already at work in the university and should we come to centre these, perhaps we might find with and within the autoimmune moment potential for sustainable transformative work to take place on both local and potentially more global scales.

But of course such collective work is not equally accessible, and therefore I would propose that within such a call for collective activity there remains a need for thinking with and within situated knowledges. For as the autoimmune paralysis of the university and university workers threatens, perhaps such a situated position is the only site from which to begin the work of looking, from wherever one might find oneself, for emerging ways to dismantle the demands for individual immunity that maintain normative assumptions regarding academic value. It is through my own experiences of ableism, of failure, shame and autoimmunity, that the motivation to engage in such work emerges. Yet it is clear to me that these experiences are not mine alone and that my own limited perspective might join with the experiences and knowledges of others. And so, by slowly and painstakingly navigating the autoimmunities of the self, and of collective work, I see a moment within which many are looking for alternative practices of care, protection and labour, and suggest that in this moment we might turn to those who centre racial and disability justice and radical accessibility in their thinking – those who write from their sickbeds, who work slowly, in crip time, dreamtime and crazy time (Piepzna-Samarasinha 2018; Sins Invalid 2019) – in order to resist the logic of (auto)immunity and render possible all the work that remains to be done.
Notes

1. Autoimmunity as a Derridean deconstructive neologism brings, however, a specificity that highlights the cruelty and even the terror of deconstructive actions – figured as a self-destructive defence of the self (Derrida and Borradori 2003), which is not so marked in other Derridean deconstructive terms – such as *différance*, the trace, etc.; it is for this reason that this term lends itself to analyses of illness and suffering in critical disability studies.

2. Clear examples of this tendency can be seen in the ‘populist turn’ in contemporary politics from Donald Trump’s America and Jair Bolsonaro’s Brazil to Brexit Britain, a turn that can be seen to result in some cases from austerity politics and the exclusions of disabled and migrant bodies from the *munus* (McRuer 2018; United Nations CRPD 2018).

3. The artist collective the Canaries state: ‘Like the “canary in a coalmine”, our autoimmune and other chronic health conditions warn of imbalances in the world at large’ (wearecanaries.com n.d.).

4. Including Frank 1995; Cvetkovich 2012; Price 2011; Chen 2014; Patsavas 2014; Nishida 2016; Brady 2018; the Chronically Academic Network; and many more.

5. However, the focus on disability rights within neoliberal societies also autoimmunely maintains what Jaspir Puar (2017) calls the ‘right to maim’, as bodies, communities and populations who are excluded from the protection of legal rights come to be exploited and debilitated in the name of profit.

6. However, while we can say that unhealthy bodyminds tend to resist capitalist demands for productive labour, it is important to acknowledge that they do not escape capitalist capture by the medico-industrial complex – the pharmaceutical and wellbeing industries in particular.

7. Autoimmune diseases are understood to be triggered by environmental conditions, one of which is stress.

8. For example, since 12 March 2019 there has been an anti-racist occupation of Goldsmiths, University of London, with the stated aim of protesting the lack of anti-racist action in the management of the college. See https://tinyurl.com/GARAManifesto.

9. This ‘overcoming’ narrative is very familiar to those within disabled communities, where in order to do well disabled people are required to do so in spite of their disability; see Mitchell and Snyder 2000.

References


