CANADIAN JOURNAL OF
Disability Studies
Published by the Canadian Disability Studies Association · Association Canadienne des Études sur l'Incapacité

Canadian Journal of Disability Studies

Published by the Canadian Disability Studies Association
Association canadienne d'études sur le handicap

Hosted by The University of Waterloo

www.cjds.uwaterloo.ca

Waves of Ableism: Affective Arrangements in the Time of COVID-19

Vagues de capacitisme : Arrangements affectifs au temps de la COVID-19

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Abstract

Drawing on critical disability studies and affect theory, this paper centers the affective arrangements that have governed the COVID-19 pandemic, and looks ahead to new articulations that might emerge in which disability and ableism structure state responses. While the last two plus years have demonstrated in powerful ways how COVID-19 is a space brimming with affective energies, they have also shown us that health emergencies can be the occasion to replay feelings about others who rest outside of the normative boundaries of healthy/unhealthy. Developing a theory of institutionalized affect that attends to ableism in a neoliberal context, we seek to contribute to an affective disability studies that can generate new meanings of pandemic time that can crip notions of normal or pathological. With the pressure to return to "normal", to fast-forward away from lockdowns and mask mandates, and to replace bad feeling with good feelings, there are legitimate fears that the waves of optimism and care that characterized the start of the pandemic, sentiments of support for people made vulnerable by COVID-19 will recede as citizens return to the feel-good narrative of pre-COVID time (Tremain 2020). For many disabled people, that normal toggled between hypervisibility as Other and invisibility, as if the concerns of disabled people never mattered in the first place.

Résumé

S'appuyant sur des études critiques sur le handicap et la théorie de l'affect, cet article se concentre sur les arrangements affectifs qui ont régi la pandémie de COVID-19 et envisage de nouvelles articulations qui pourraient en émerger dans lesquelles le handicap et le capacitisme structurent les réponses de l'état. Alors que les deux dernières années et même plus ont démontré de manière incontournable à quel point la COVID-19 a créé un espace débordant d'énergies affectives, elles nous ont également montré que les situations d'urgence sanitaire peuvent être l'occasion de rejouer des sentiments à propos d'autrui qui se situent à l'extérieur de la conception normative de la bonne et de la mauvaise santé. En développant une théorie de l'affect institutionnalisé qui aborde le capacitisme dans un contexte néolibéral, nous cherchons à contribuer aux études affectives sur le handicap qui peuvent générer de nouvelles significations du temps de pandémie, permettant de « rendre crip » les notions de normalité et de pathologie. Alors que la pression du retour à la « normale » ainsi que le besoin de s'éloigner rapidement des confinements et des obligations de porter le masque et de remplacer les mauvais souvenirs par de bons souvenirs, des craintes légitimes existent que les vagues d'optimisme et de diligence qui ont caractérisé le début de la pandémie, en soutien aux personnes rendues vulnérables par la COVID-19, diminuera à mesure que les citoyennes et citoyens remettront de l'avant le bienêtre associé à la période pré-COVID-

19. Pour de nombreuses personnes handicapées, cette normalité oscillait entre l'hypervisibilité en tant qu'autre et l'invisibilité, comme si les préoccupations des personnes handicapées n'avaient jamais compté.

I have lived my entire life as if I were a member of society and that my decisions and actions should be governed accordingly and now with Covid-19 I feel abandoned by society more than ever before and question whether I am on the margins of one or if it the truth is nothing more than the outline of one exists.

The feeling of being tossed aside by your fellow humans is not new to me. Capitalism's cost/benefit analysis of me makes me an unsuitable investment. I have a feeling you are all about to experience a little bit of this.

(Peters, Gabrielle 2022)

Introduction

Affect does not simply colour the institutional landscape facing disabled people in the time of COVID-19. Proposing a turn to *affective arrangements*, we suggest that feelings of terror, boredom, anger, and resigned acceptance should be understood as waves of affect. None of these affects represents mere emotion, or a world of feelings somehow divorced from facts. They are both. They are institutionalized in the tall buildings of the world and unfold within desiring subjectivities. Nor do they exist in isolation. Sometimes these waves can "wash over" emotional landscapes that themselves shift. In other instances, waves of emotion may seem predictable, rhythmic even, such that citizens and sentient beings can lose the capacity to feel their newness.

We begin this paper by framing COVID-19 as an affective space. We do so first by reviewing literature linking critical disability studies with affect theory. That constellation of work can be said to have three major components: individual and institutional theorizations of affect, theorizing disability, and those on the neoliberal context. This will help us to develop a theory of institutionalized affect, disability, and our neoliberal environment. Next, we move to three occasionally overlapping affective arrangements within the COVID-19 pandemic. We conclude by looking to the opportunities for an affect-minded disability studies that can contribute meaningfully to our understanding of pandemic time and beyond, amidst these affective atmospheres.

COVID-19 has revealed that in the time of pandemic, it is indeed possible to "crip" time, but it is not yet clear whether this is a "time" for crips. With the pressure to return to "normal", to fast-forward away from periods of lockdowns and mask mandates, there are legitimate fears that the waves of public feeling that characterized the start of the pandemic, sentiments of support for people who have been "vulnerabilized" (Tremain, 2020; Orsini, 2021) by COVID-19, will recede as citizens clamor for a return to "normal", pre-COVID times. For many disabled people, that normal toggled between hypervisibility as Other and invisibility, as if the concerns of disabled people never mattered in the first place.

While looking to the COVID-19 pandemic affectively, we hope to make possible three shifts. First, a *theoretical* shift from discourse to theories of affect. Disabled people continue to be interpellated in life-denying ways in the COVID pandemic and its aftermath. Importantly, however, this can occur despite explicit mobilization of disability identity or experience. Someone who lives with a pre-existing condition may encounter disabling environments, and yet reject disabled subjectivity. However, we hope to extend an analysis from text to *feeling*. Secondly, we aim to chart the *substantive* shift from existential terror to neoliberal indifference in institutional responses to COVID in Canada and globally. Finally, and linked to this second aim, we seek to enact a *thematic* shift from a focus on individual subjectivities to the institutional arrangements that shape and can, ultimately, unmake them. Institutions are seemingly persistent, unmoveable features of societies and yet, what makes institutions worthy of closer review is how concerted forms of collective action can unmake them, as well.

COVID-19 and disability studies

Looking to some existing disability studies work on the subject, we argue that there are several dominant affects at work in the pandemic, in this journal and elsewhere, and that we, as scholars, have feelings about the affects that shape the emotional landscapes of COVID-19.

Abrams and Abbott (2020) chart the discursive frameworks used to describe disability early in the pandemic. The dominant discourse of ‘pre-existing conditions’ reinforced oppressive notions of bio-economic loss, whereby disability is treated as a more-deadly way of being than any other. Disabled identity, in such a formulation, is reduced to an excusable death. This discourse passes over the material conditions whereby disabled people, and others in marginalized groups, are more likely to contract COVID-19. Ventilation, availability of protective equipment, and poverty are all passed over by the deadly pre-existing condition discourse. This early-pandemic paper was written before a greater understanding of disease transmission, and the advent of vaccination. In the present paper, we suggest turning from a discursive reading of COVID governmentality to an affective one. This is not to deny the continued existence of deadly discourse. It is, however, to understand the purchase that discourse has affectively, why it is embraced, and how it can be contested by an affect-oriented disability studies.

Mackenzie's "Social movement organizing and the politics of emotion from HIV to COVID-19" (2022) explores three distinct social movements, formed in the early days of COVID-19. Drawing inspiration from HIV/AIDS activism, the groups Marked by COVID, Body Politic, and ACT UP all engage with the "archive of feelings" in their "embodied social movement activism" (2022:2). That is, they generate and engage public cultures of trauma—"commemoration, COVID survivor narratives, and direct action"—to advance their goals as a health social movement (2022, p. 2). Here we find the connection to the HIV/AIDS movements. "Just as the AIDS pandemic rendered new forms of mourning and activism, I argue that COVID-19 is seeing new forms of mourning as well as activism" (2022, p. 8). Mackenzie projects that these movements, as they engage with intersecting oppressions facing marginalized groups, will coalesce into an "integrated health movement" (2022, p. 9) that can challenge other forms of economic and racial injustice.

While drawing from Mackenzie's important work, here we make two major departures from her project. First, Mackenzie's focus is on emotions, whereas we highlight the importance of affects in this paper. Emotions are indeed affects, but they do not encapsulate all possible bodily relations and intensities. Our scope is slightly broader. Secondly, Mackenzie's focus on affective activism also looks to it a source for social justice. In the argument we advance here, we suggest that not all affective work contributes to justice; rather, some of the affects mobilized in the COVID-19 pandemic have ableist tendencies that normalize certain embodiments over others.

Published in this journal, Valentina Capurri's "On the right to accommodation for Canadians with disabilities" (2022) explores COVID-19-related health measures through Agamben's "state of exception" and Foucault's "biopolitics". There, Capurri explores how mask mandates contribute to the marginalization of disabled Canadians, looking to Toronto, Ontario in particular. Capurri situates the COVID-19 emergency within the long Canadian history of disability exclusion. That marginalization, she argues, occurs despite and even within international, Canadian, and provincial human rights law. Canadians with disabilities are subject both to policy-level exclusions, Capurri argues, and bringing public scrutiny to disabled citizens' private medical lives. Here she follows Dorfman's (2019, 2021) work on the "disability" con. All of this amounts to discrimination at two registers. Disabled Canadians are both "essentially excludable" in terms of disability policy, and forced to pass or withdraw from everyday life because they challenge the ableist "we're all in this together" trope. Some lives are more easily accepted than others. Capurri concludes with a call for disability accommodation and inclusion "without exceptions." (2022, p. 47)

We find a contrast to Capurri's post-structuralist caution about mask mandates in Ticktin's "Building a Feminist Commons in the Time of COVID-19" (2021). We read the two pieces together, as Capurri's piece does not address race or class, and Ticktin's does not address disability. Ticktin reads COVID-19 as a space where a "feminist commons" can take shape and advance an intersectional political agenda. Masks, and their according anonymity during Black Lives Matter protests, show possibilities for affirmation in the face of a debilitating pandemic. As disabled people know well, COVID-19 demanded that new forms of affective relations take shape. Masks are but one site among three explored in Ticktin's symposium piece. Ticktin examines them alongside "friendly fridges"—the provision of mutual food aid— "and the pods we choose," (2021 p. 43) whereby clusters of trusted others took shape amidst health orders.

We cite these two pieces alongside one another to highlight the affective possibilities in the COVID-19 pandemic. 'Possibilities' are not inherently democratic, inclusive, or affirmative, however. While they are not emancipatory, they are affective nonetheless. Undoubtedly, the literature reviewed thus far has indicated the dire stakes faced by disabled people, the need for a cautious and inclusive health policy, the place of activism, and shows the need for emancipatory disability studies to offer a life-affirmative path through COVID-19. While there is a general aversion to inspirational narratives among many critical disability studies scholars, we are thinking with Chrisman's suggestion that there might be a place for the affective charge unleashed by inspiration. "As an emotion, inspiration has an interesting recursive factor. If one feels inspired, the emotion does not just settle into itself. One is inspired to feel, or do, something else: to feel something such as pity, fear, sympathy, sentimentality, and other infantilizing or objectifying emotions, yes. But, conversely, to feel empowering emotions as well, such as validation, honor, celebration, and connection" (Chrisman, 2011, p. 183). This idea also connects with Sedgwick's notion on affects as free radicals, as carrying the possibility of transforming "negative" affects such as shame.

Goodley and colleagues (2022) explore the affective experience of the first wave of COVID-19 in the UK, through an affective approach similar to ours below (see also Goodley, Liddiard, and Runswick-Cole, 2018). Bringing together a disability studies and medical sociology perspective on COVID-19, they analyzed 22 first-person narratives collected through their ongoing *iHuman* project. Together, they extend our focus from only commonwealth states to a more global, albeit Western, register. Their content analysis isolated three affective themes that emerged during the early phases of the pandemic: fragility, anxiety, and affirmation. We will draw on these themes below. We see two major divergences between our focus here and that found in the extant literature. First, we want to look at how affect *evolved* throughout the pandemic, past its early stages. Secondly, while acknowledging the importance of reading affects through their first-person impact, we would emphasize the institutional nature of affect.

Our goal is to chart how the affective terrain has evolved, how the ground has shifted, and what we can do about it, perhaps identifying paths toward a disability justice that are deeply rooted in intersectional engagement (see Sins Invalid, 2016). Thinking intersectionally about institutionalized affect means recognizing multiply marginalized people are often the target of other people's emotions, and seldom regarded as legitimate, feeling actors. The capacity to feel is indeed a marker of citizenship, of membership in a political community. Importantly, the claim here is not that disabled people are necessarily framed as unfeeling actors, even if much of the mainstream discourse on autism, for instance, constitutes this condition as a disorder of affect; rather, they are presumed to occupy affective positions that are often defined from a non-disabled referent.

Affect Theory

Much of the extant affect studies literature in disability studies rightly claims that affect is not reducible to the emotions. Massumi's *Politics of Affect* (2015) points us to Spinoza's definition in the *Ethics.* Affect relates to the capability of bodies to be *affected* by other bodies. But the emotions *are* affects, as well. The beauty of Spinoza's formulation is that it lets us think about institutional relations where bodies are affected, at the level of a polity (as in his *Political Treatise*), or the feelings of personal loss. In this paper, we want to explore how collective affects are generated and distributed throughout the successive waves of emotion, how they manifest institutionally, and how disabled bodies and minds are lived and lost. This is not to discredit or replace much of the affective work in disability studies. We will draw on it a great deal below. But our aim is to expand the affective disability studies register to include what Goffman called "the solid buildings of the world," (1961:320) where we carve out selfhood with or against the grain.

Massumi's indebtedness to Spinoza is complemented by Hasana Sharp's *Spinoza and the Politics of Renaturalization* (2011). Sharp's paper reframes Spinoza's political legacy for feminist theory, linking individuals and institutions through the arrangement of bodies and the "ecosystem of ideas" (2011, p. 56). Sharp's feminist reformulation of Spinoza's project offers us two more contributions. The first is a theory of *individuation*, whereby we become more unique because of our entanglements (individual or institutional), and not despite them. Secondly, Sharp provides a redress of Spinoza's sexism in the *Political Treatise*. Read to the letter, Spinoza's political work is hardly affirmative for marginalized groups, women in the *Political Treatise*, or for disabled people, amidst his talk of 'mutilated ideas' in the *Ethics*. Undoubtedly, there are other places where his politics do not espouse an affirmative disability politics. Sharp, however, shows us another affirmative reading is possible.

The final theory of affect we look to is Ben Anderson's (2009) work on *affective atmospheres*. He asks: "*How does an atmosphere 'envelope' and 'press' upon life? How, put differently, to attend to the collective affects 'in which we live'?*" (2009, p. 77). Anderson suggests we look to the ambiguity of 'atmosphere' to avoid a dualistic view where emotions are subjective, held by individuals, whereby affects are objective, and maintained outside of them. We will suggest, in what follows, that the waves of the COVID pandemic have produced such an atmosphere. They are not successive, however, but continue to press on the lives of disabled people throughout the ongoing pandemic. Terror, grief, hope, sadness and resignation continue to flow through the institutionally situated lives of disabled people the world over. Our goal in this paper is to trace them in a preliminary way.

Looking to Massumi, Sharp and Anderson, we have at once an institutionally and individually oriented theory of affect. We have only made passing reference to the place disability plays here, and to the neoliberal spaces whereby disablement occurs. We address these two components in succession.

Alison Kafer's *Feminist, Queer, Crip* (2013) situates disability in its temporal unfolding, at numerous registers. Kafer's use of affect theory comes with a 'polite departure' from the social model. Acknowledging the need for an affirmative *Crip* identity, Kafer does not wish to become more disabled. She wants a future where disability has a place. In charting it, Kafer's book gives us the tools to "explore disability in time" (2013, p. 46). Kafer takes on disability futurity at the cultural register, looking to utopian science fiction, Haraway's Cyborg Theory, and presumed ability in ecofeminist discourses (to name but three examples of many). In each instance, Kafer demands a time and place for disability, now and in the future. Accessible futures are one where the full spectrum of future is given to Crip and Queer bodies, not a space 'out of time'.

Crip time is manifold, as Samuels (2017, n. p.) describes in her important essay. While Samuels remarks that among disabled people, it is mobilized to gesture to an approach to time that is flexible to and accommodating of non-normative body minds, crip time also evokes a range of emotions.

> *Crip time is grief time*. It is a time of loss, and of the crushing undertow that accompanies loss… With each new impairment, I grieve again for the lost time, the lost years that are now not yet to come. This is not to say that I wish for a cure—not exactly. I wish to be

> both myself and not-myself, a state of paradoxical longing that I think ever with chronic pain occupies at some point or another. I wish for time to split and allow two paths for my life and that I could move back and forth between them at will.

Samuels notes that disability scholars such as Kafer and Price mobilize the notion of crip time to "relish its non-linear flexibility, to explore its power and its possibility." What if we thought of crip time, she suggests, following Heather Love, as "feeling backward"? "For us to hold on to that celebration, that new way of being, and yet also allow ourselves to feel the pain of crip time, its melancholy, its brokenness?" (2017, n.p.)

Puar (2017) invokes 'debility' to disrupt the ability/disability binary in neoliberal capitalism. In earlier work, Puar teases the tensions between the fixed identity categories used in intersectional feminist theory and the molecular forces put to work in assemblage and cyborg theory. Law is an apparatus of capture—deploying and managing fixed categories, while a Deleuzo-guatarrian ethic asks for anything but. Similarly, and moving to Puar's later work, if disability is the product of nature-society relations under neoliberal capital, the disability category makes an unhelpful distinction between those worn down by capital and those who are not. None escapes it. Collective action, and collective wear-down take place at the level of *debility*. Our aim is not to replace the disability category but show the uneasy acceptance of Puar's argument in disability studies, abroad and in Canada. Like any other affect, this unease offers a fruitful space for thought.

Drawing on Puar, Shildrick's "Living on, not Getting Better" (2015) brings Berlant's "slow death" into contact with this focus on debilitation, thinking through disability and disablement. Slow death is not reserved for disability, but all those bodies that are ground down in neoliberalism. It is through this framework we explore resigned acceptance in what follows below.

Engaging the tensions between disability and debility, and written in this journal, Kelly Fritsch's "Gradations of Debility and Capacity" explores "what it means for disability to be caught up in processes of both debility and capacity" (2015, p. 14). Fritsch asks: how does disability emerge in neoliberal social forms, the sciences and management of life, and the risk-calculus governing our contemporary political economy? Looking to capacitation—the government of what bodies can do—Fritsch suggests disability is not reducible to social oppression *or* individual malady. Neither category successfully captures the production of disablement in the advanced liberal political economy.

> Disabled bodies that are profitable, that can be marketed to, can be enhanced, or incorporated into the labour force are debilitated bodies that neoliberalism deems worthy. These capacitated-disabled bodies are included because they can be made productive under neoliberalism in particular ways and as such are rewarded and trumpeted as evidence of an inclusive society. (2015, p. 29)

Fritsch's work brings Puar's debility back to disability studies' activist orientation. Admitting our common lot under neoliberalism, what should disability studies *do?* How can we nourish disabled lives that can flourish, without inviting the inhuman calculation of risk and commodification under biocapital? In what follows, we chart the contours of brutal neoliberalism, its political economy and affective entrapments, in the crushing waves of COVID-19, and its affective atmospheres.

Waves of Affect

The existential threat of COVID-19 brings forth *terror, horror, and anxiety,* made evident by the collective loss experienced on a daily basis. Here we want to chart the extreme helplessness that emerged at the start of the pandemic in March 2020, the anxious reloading of case numbers and reports, in the subsequent waves of the pandemic. Goodley et al (2022, p. 10) note the anxiety faced by disabled bloggers in this early stage, and the dual ableism/disablism reinforced in early pandemic responses. “Disabled people risked being plunged into ever more anxious moments as online and offline worlds became more inaccessible (disablism) just as they emphasised self-sufficiency.” Suggestions that ‘we’re all in this together’ were common, but meant blanket responses to accessibility (remote work) and a belief that the distress of COVID-19 was distributed universally in a uniform manner. Not only does this marginalize disability experience, as Nikolas Rose and colleagues note with reference to mental distress and healthcare (2020), it was empirically false. Pre-existing social and economic precarity laid the groundwork for the unequal distribution of mental distress. This was not restricted there: Laster Pritle, too, found the same reproduction of racial inequality, in the case of the United States (Pritle, 2020).

Alongside this anxiety came a wave of terror. In Ontario, a sordid routine emerged, where daily case numbers and deaths were reported mid-morning, with governmental responses seen mid-afternoon. There was a schedule to the announcement of overwhelming cases and deaths in long term care facilities, many operated on a for-profit basis (Liu et al., 2020). Horror, or flight from it, was rampant. We want to point here to the *institutionalization* of these affects, in daily reporting and responses, and to institutions where exposure and death from COVID-19 were more likely. Here, affect and inequality can be explored hand in hand.

Erving Goffman’s (1967, 1971) work on ritual, social order, and ritualized disruption serve us well here, and can be read affectively. The earliest phase of COVID-19, then-called "coronavirus" represented a state of *havoc*. Havoc, as Goffman deploys in "The Insanity of Place" (appendix to Goffman, 1971), can be read both literally and figuratively, in terms of the portions of the population plagued by COVID deaths, particularly long-term care facilities in Canada, and in terms of the lost rituals of everyday life, whereby we made the meaning giving us our sense of self. In *Interaction Ritual*, Goffman recasts mental symptoms as infractions against public order, not pathological mental states. We do not invoke Goffman as a mere theorist of disability stigma. Rather, we use him to highlight the normative social order that was, and is, disrupted by COVID-19, and have sought to recreate so desperately (regardless of the consequences for disabled people).

We can also explore the affects of fear and anxiety through phenomenological philosophy and psychoanalysis. Svanaeus (2000) argues phenomenology and psychoanalysis give us a window into the uncanniness of illness. The classic phenomenology of moods makes a clear divide between *fear* and *anxiety*. One is fearful of a feared object. One is anxious not in relation to a thing, but to one's attunement to the world. The early stages of COVID-19 represented both, providing both an object of fear, but with an unknown transmission. COVID-19 produced fear, but of what? And anxiety in whom?

To think of the initial terror, horror, and anxiety of COVID-19 strictly in terms of interpersonal interaction or mood fails to engage the affective literature we explore above. The havoc in long term care, for instance, brought two affective responses, a sense of regret, for lives so valuable that had been lost, with an accompanying affective displacement. COVID targets our most vulnerable, who deserve better. 'Vulnerability', however, is an obfuscation. These bodies were made vulnerable, through overcrowding, precarious care provision, and poor ventilation. This is where we look to Puar's discussion of *debilitation*. Looking to affective disability literature, then, we wonder about the types of body-arrangements being *made* more vulnerable, as an affective space, not only to those moods through which COVID-19 losses are reflected upon.

Adriana Petryna's anthropological work (2013) on the afterlives of the Chernobyl disaster introduces the notion of biological citizenship to underscore the precarity of people who must grasp for any possible means to claim citizenship, in this case their "damaged" biology resulting from the chemical disaster. The bodies made vulnerable by COVID, by contrast, have limited access to making political claims against the state for the state of vulnerability in which they are placed. They are, instead, the object of concern of government officials preoccupied by the life-taking conditions present in long-term care residences. Not only are these residents "governed from a distance" in the neo-Foucaultian sense, they are literally left to fend for themselves. Feelings about COVID-19, about aging in care, presuming relations of care are actually present in the arrangement, and about the limitations of welfare state provision converge to produce an atmosphere of affective disengagement. As D'Aoust explains (2020), care for the elderly was mobilized by governments and other officials as a form of "benevolent disempowerment" in which governments spoke in protective, masculinist ways about "our elders" who require protection and care:

> The possessive 'our' was meant to impart a sense of belonging and community, a sense of duty, love, and care that the pandemic called for. However, 'our elders' also signaled a use of the possessive: they belong to us... It signals a security regime with a gendered logic of the masculine role of protection that "puts those protected, paradigmatically women and children, in a subordinate position of dependence and obedience. To the extent that citizens of a democratic state allow

> their leaders to adopt a stance of protectors toward them, these citizens come to occupy a subordinate status like that of women in the patriarchal household. (2020, p. 10)

D'Aoust adds that love and care for vulnerabilized, elderly citizens have important material connections and manifestations. Relevant to our discussion of institutionalized effects, D'Aoust notes that there is a disjuncture between the happy affects directed toward the elderly and children, and any concrete manifestations of this purported care and public protection as evidenced by the "crumbling" structures that house the elderly and children. She adds: "Austerity measures imposed over the years have made the subsidized homes uncomfortable places not only to enter, but even to talk about. With no opportunities for distraction, poor quality food, and a high turnaround of nurses and orderlies, residents lack sustained emotional connections, and they are prescribed antidepressants at a shocking rate." (D'Aoust 2021, p. 11)

In the temporal re-arrangement of life under COVID, lockdowns, restrictions on movement, and arrested labour processes shaped *boredom and malaise*. This temporal restructuring is found in both suspended activities, but also stop-gap measures intended to tide people over, before the anticipated return. Here again, we see the division of normalcy and abnormalcy in the types of measures projected—particularly the quickly deployed CERB (Canada Emergency Response Benefit) and its significant difference from the provincial Ontario Disability Support Program (ODSP), which remains low despite election promises to raise rates. The ubiquitous discourse of resilience that has intensified since the arrival of COVID rests on a belief that bouncing back or bouncing forward is a feeling that will be universally shared by individuals emerging from the shadow of labour market dislocation or unemployment. The focus of resilience discourses on the atomized individual, as noted by Hutcheon and Wolbring (2013), neglects aspects of lived experience that are shared and constituted in community. In a neoliberal context of welfare state retrenchment, where marginalized people bear the brunt of the contraction of social and economic supports, the will to resilience can feel like government neglect disguised as personal empowerment.

Institutional action and inaction have led to a sense of profound *anger, resentment, and loneliness*. Here we take institutions widely and at several scales. This includes the family, the workplace, and the State. COVID-19 has shaken our social institutions to the core, and the faith on which many of them rely. Here we combine both anti-lockdown activism with critiques of institutional *inaction*. Reason and emotion are not in contrast, but are found in concert. It is important to stress how feelings of anger and resentment are legitimized for non-disabled people whose sense of normal has been disrupted. Disabled people are not afforded the opportunity to express these same feelings because the only affects that have been “institutionalized” for them, are those related to passive forms of resignation, hollowed out hope. These affective states, of course, are projected onto disabled people, even if they are produced intersubjectively. The anger that spilled onto the streets of Ottawa in Winter 2022 over COVID measures served up a toxic brew of populism, racism and ableism, even if the anti-lockdown occupiers consistently sought to convey a convivial atmosphere complete with hot tubs and bouncy castles. The message was clear: mainstream media might seek to depict them as disruptive and resentful, but they were intent on positioning themselves as peace-loving citizens wrestling to get their country back from an intrusive government. Residents of Ottawa reported being harassed by protesters and taunted for wearing masks, etc.

Recent work in feminist studies of loneliness is pertinent here. In their comprehensive introduction to the field, Magnet and Orr (2022) note that loneliness has always been political.

They read loneliness as an affective outcome, looking to the structural conditions that produce and reinforce it. Settler colonialism, patriarchy, and ableism are all complicit in its reproduction, in terms of exclusive humanism and colonial domination, the promise of happiness found only through compulsory heterosexuality and motherhood, and the medicalized and individualized manner through which loneliness is cast aside. Here we would argue that the same anger and indifference that powered anti-lockdown protests (and their reception in global media) also reproduce the detachment for those advocating for further restrictions, and practices of isolation. Here affect theory, again, returns us to the politics of institutional attachment.

Finally, for this incomplete list, we look to *indifference and resigned acceptance*. Though waves of COVID infections have washed over the population, there has been a qualitative change in our lives around the numbers. There has been a move from disruption, horror and shock, to a resigned acceptance of capitalist realism (Fisher 2009). There is no alternative. We must go back. We will protect those who are vulnerable, but the show must go on.

Purnell (2021) charts an important phase in the pandemic after the first wave, the slow return to an uncanny normalcy. Purnell's autoethnographic work employs Ahmed's concept of the 'atmospheric wall' to suggest that the emotional landscape of early pandemic life served to "segregate parts of the body politic and to contain grief stricken bodies" (2021, p. 279). Notable here is the containment of grievance:

> as I sit down to finish the revisions on this article, over one hundred thousand people have died 'with' COVID-19 in the UK, and yet, I know none of them personally. […] I know people have died from it—in this town, borough, and county, and at the time of writing government statistics tell me that the number is 1,775. However, the faces

> that number refer to have been kept from my sight and that invisibility has not happened by chance. (2021, p. 289)

Affects, in this sense, refer not only to waves of feeling found throughout the pandemic, but also the waves of unfeeling, or numbness coming from the collective trauma and violence imposed amid the pandemic's duration. The daily toll of disease and death began to become desensitized after wave one. This, too, had policy implications, the end of daily briefings, the end of income supports (such as the CERB), and the end of lockdown conditions. We would be quick to point out, however, that the daily case numbers and deaths did not *reduce* the affective burden of pandemic life, many simply adjusted to the ongoing trauma in a search for ableist notions of normalcy.

Cohen (2020) offers an illuminating discussion of the notion of "generational affect" to capture how ageism and ableism co-mingle in the cruel lottery of death that awaits elderly people who have purportedly "run out of time." Although his article is grounded in aging as the primary axis of experience, Cohen's discussion of "the culling" resonates deeply with disability experience, which is also marked as a "natural" casualty of pandemic time. Cohen recounts a controversy involving a local San Francisco Bay official, Kenneth Turnage, who was later fired for his views on exposing elderly and vulnerable residents to COVID-19: "I am sorry but this would fix what is a significant burden on our society and resources that can be us[ed]. In my opinion we need to adapt a herd mentality. A herd gathers it [sic] ranks, it allows the sick, the old, the injured to meet its natural course in nature (Turnage, quoted in Cohen, 2020, p. 6).

Generational affect, in this discussion, centers on the emotional distance between young and old generations, but Cohen's discussion incorporates disability and vulnerability in the framing. As he adds (2020, p. 12-13):

> One does not want to overplay the point. But if a dominant binarism of COVID- 19 reason is the oppositional framing of old and young, in which "young" is assigned agency and "old" patiency in both the nefarious register of culling and the everyday register of entangled abandonment and care, I am struck by the significance of the inverse relation in our time, of the apparent agency of the old in giving over of a broken world. Might the haunting of ethical publicity by claims for the natural culling of the elderly and disabled… also play out within a world anxious and impatient, perhaps righteously so, for the lost possibilities of the young?

Aging, of course, is not synonymous with disability, even if it is sometimes conflated as such in the public imagination. But the culling of the old in the wake of COVID-19 is, unfortunately, an all-too familiar scene for disabled citizens. The horizon of abandonment that has marked time in the age of COVID offers up a cruel vision of surplus life, of bodies and minds out of time. Disabled people living in institutionalized settings, like elderly people, were deprived of human contact, of love, care, and touch. The care that may have been extended to them collided with the will to triage, to focus attention on those lives worth saving, lives worth living. And while the abandonment of the elderly elicited waves of feeling, the agency of disabled people did not find a space in the institutional settings meant to care for them. The culling, in this instance, culminates in the desire to forget. A crip perspective on COVID-19 recognizes, indeed prefigures, a broken world where zones of abandonment and care co-mingle.

Conclusion

Following previous work on the subject, we refuse to end this paper on a similarly resigned note. How can a disability studies wise to institutionalized affects make change in the pandemic? One place to start would be to turn our attention to the importance of policy change, and the institutional shifts necessary to give shape to robust policy responses that communicate different feelings about disabled people, and about the persistence of ableism. A common refrain from progressive observers is to lament the neoliberal orientation of government, and a focus on maximizing labour market productivity, and a dedicated worker who does not need to turn to the welfare state for social supports. But if the COVID-19 pandemic has provided any painful lessons, it is that access to health care, provisions for safe, long-term care for elderly and disabled people, basic income, are all bread-and-butter issues.

The waves of affect that we imagine would do the work of generating feelings of care and love for citizens with different embodiments, the kind of care that is interdependent, not based on models of pity or charity. Adjusting ODSP (the provincial disability support program in Ontario, Canada) to account for inflation, for instance, is a policy fix that may lay to rest institutional memories of stigmatizing attitudes toward people receiving social assistance. After all, the shame associated with receiving public support somehow magically disappeared for many Canadians who received monthly income supports when they were displaced from the workforce. There remains, however, an institutional "stickiness" around stigma as it pertains to disabled people receiving financial assistance.

This paper was initially written following the end of the so-called 'Omicron wave,' during which an especially contagious COVID variant spread throughout Canada and the globe, infecting one of the authors of this paper. In the four months since this submission, July-November 2022, two trends have been noticeable. First, case reporting has largely disappeared from public view. Hidden, perhaps, but not invisible: infections continued and case counts have rebounded to pre-Omicron levels (Anon 2022). Neither the pandemic, nor its affective atmospheres, have disappeared. This obfuscation is the first trend. The second trend is the continuation of the brutal neoliberalism documented throughout this paper, found in Peters' cost-benefit analysis with which we opened this paper. Particularly insidious here is the location of COVID-19 in the news cycle. Reporting has ceased, other waves of risk have displaced COVID, now relegated to the 'health' section of the news. COVID is now simply one risk of many others, a 'threat' to productivity. Inflation, affordability and recession risks, for example, now dominate the headlines. Rightly so: these pose great risk to disabled citizens the world over. Again, those bodies deemed least productive will bear the brunt of this threat, and their capacity to adjust to this new reality will require rapid-fire responses. There is, presumably, little time to wait in an emergency. The analysis here is still relevant: Indifference to these threats is no less an affective state than addressing their risks.

Affects move – and move us. Thus, we want to be clear that a productive engagement with the affective components of COVID and its impact on disabled people, need not lead us to accept this state of affairs. Inspired, as it were, by engagements of "crip defiance" by disability justice activists such as Alice Wong, we want to think anew about the kinds of affects that can reinvigorate a disability politics that refuses to react to affects that stubbornly attach to disabled people. We are interested in thinking about institutionalized effects with an eye to foregrounding a "reparative reading" of the ableist contours of the emotional landscape of COVID-19 (Hanson 2011; Sedgwick 2003). In contrast to Sedgwick's influential critique of the "paranoid reading", this "critical practice … begins from a position of psychic damage" and "bears within it the possibility of a 'reparative position' that picks up the fragments to construct a sustainable life" (Hanson 2011, p. 102). Moreover, this can illuminate how disabled people can have different affective engagements, and transform otherwise "negative" emotions such as shame, not to mention allowing us to imagine institutionalized affects as always enmeshed with other axes of oppression, and with racist constructions of pathologized bodies and minds (Erevelles 2014; Schalk 2018; Sins Invalid 2019).

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