

Article

Same Old New Normal: The Ableist Fallacy of “Post-Pandemic” Work

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Abstract

The ongoing Covid-19 pandemic has catalyzed long-needed changes in accessibility and flexibility for work tasks. Disabled and chronically ill people have often experienced unprecedented inclusion during this time. As someone who is both disabled and chronically ill, I have experienced this firsthand. My work as a medical educator, public health program evaluator, and community advocate has been more accessible in recent months than at any prior time. As the pandemic escalated in early 2020, people readily embraced a “new normal” that would allow them to sustain their own livelihoods while staying as safe as possible. Yet even as Covid-19 cases increase sharply both locally and nationally with the spread of new virus variants, many abled people from both my institution and others increasingly demand a return to pre-pandemic practices. The “normal” state for which abled individuals ardently long violates the basic human rights of disabled and chronically ill people. This desire for “normalcy” is fueled by false notions of the pandemic being over. It remains preferred by many for the sake of their own comfort—even though sustaining the inclusive approaches to collaboration introduced during the pandemic often requires little effort and offers advantages for abled people as well. This experiential piece describes ableist implications of seeking “post-pandemic” work environments—and how these constitute “generic processes” in the reproduction of ableism—using both oral history from the author and emerging literature from fellow scholars. In response, it recommends inclusive strategies for anti-ableist work collaboration that achieve justice in accessibility while fostering a welcome sense of normalcy for all.

Keywords

accessibility; chronic illness; Covid-19; disability; inequality; justice; work

Issue

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1. Introduction

Recently I had to forego an accepted conference presentation because the organizers refused to provide accommodations for people to participate safely. After I pointed this out, the organizers not only persisted in their refusal to provide reasonable accommodations for distance participation, but also chided me for not understanding that this refusal “was stated clearly in the conference information.” I reflected on how dishonoring of basic human rights is stated clearly in many laws passed in the US and elsewhere (Anderson & Philips, 2012). Including something in regulatory language does not

automatically make it either ethical or just (Rioux et al., 2011). My hope that sociologists might grasp this principle readily has long since dissolved.

Indeed, all of this occurred two years into a global pandemic of monumental scale and impact. It also was not a remotely unique occurrence. I had engaged in similar exchanges with multiple other conference coordinators in recent months. Yet the “stated clearly” language from this communication lingered in my mind for days afterward. Every time I tried to figure out what to say in response, I felt impossibly exhausted. It seemed as if I literally had no words left—something anyone who knows me would consider deeply unusual. I still feel

that same exhaustion weeks later. Speaking feels laborious; interactions drain me to an unprecedented degree. Emerging scholarship suggests this frazzled and overwhelmed mental state may define the “new normal” of daily living during the Covid-19 era (Hoyt et al., 2021).

As abled people romanticize “post-pandemic” life, many disabled people wonder when we will even see the basic human rights actions we have needed throughout the “pre” era (Lund et al., 2020). The notion of post-pandemic *anything* also seemed fallacious to a positively insulting degree given I sent those emails about the sociology conference presentation during the initial Omicron variant surge of SARS-CoV-2 infections. In addition to being immense as predicted (Mohapatra et al., 2022) this surge also concerned scientists because of the first Omicron variant’s already substantial ability to elude both vaccine-induced immunity and available antibody treatments (Kozlov, 2021).

Many of these patterns had already become clear in public health data and publicized in national media outlets by the time I emailed the coordinators for this conference. Yet I was framed as problematic for asking—in the explicit context of my cystic fibrosis, a life-threatening and disabling chronic disease that makes me especially vulnerable to harm from this virus—about basic accommodations for remote participation. Such gaslighting behavior by people in positions of power, and the debasement involved in responding, undermines our dignity and erodes our achievement of justice (see Barclay, 2018).

Ultimately I let the email sit unanswered. I resigned myself that nothing would change no matter how many emails I sent or to whom. I would only waste my remaining energy while recovering from another surgery and the ongoing infection in my mouth that necessitated it. Available evidence also indicated I would likely reproduce my own cognitive trauma in the process (Buzolits et al., 2020). So I decided the organizers could clean up their own mess—i.e., pursue further contact if they desperately needed to know whether I would risk my life to attend in person. In this case, my silence *was* the answer.

People cannot treat us as if we are invisible (see Jung, 2002) and then expect us to have words left for them. We have been doing this for two years at peak intensity in the face of vicious oppression (Lund, 2020). Many universities now offer course content specifically focused on pandemic preparedness and response within and beyond health care (Elengickal et al., 2021) in addition to offering broader accessibility improvements across disciplines. Truthfully though, chronically ill and disabled educators spent entire lifetimes doing accessibility work before Covid-19 forced basic acknowledgment of the injustices we face every day (Hannam-Swain & Bailey, 2021). I am profoundly tired. Yet politicians, managers, and administrators continue to pontificate at every opportunity about how desperately we need to “get back to normal” (Tomé et al., 2022).

2. Problematizing Normalcy

For people like me, and many of my closest colleagues, normal was always anything but. Rather, it remains a violent status quo “steeped in ableism” that reinforces interlocking systems of power and inequality, especially for academics facing intersecting forms of socioeconomic oppression (Saia et al., 2021). The concept of normalcy has long served as a “generic process” in the reproduction of ableism and associated social inequality (see Schwalbe et al., 2000). Such processes comprehensively entrench inequity in both specific resources for socioeconomic mobility and general inclusion in social spaces, including professional settings (Parrotta & Rusche, 2011).

The fundamental injustice of having to work just to survive has been explored and critiqued in numerous other sociological manuscripts (Spies-Butcher, 2020). Here I focus on specific injustices related to remote accessibility and related accommodations in the context of calls for restoring “normalcy” as the Covid-19 pandemic continues.

I identify four interrelated generic processes that reproduce ableism by impairing the practice of disabled and chronically ill professionals, devoting a section of this article to each. “Going remote” describes generalized resistance to offering remote participation options for activities that include in-person components. “On ‘cop shit’” details how pervasive surveillance of remote participation options that *do* get implemented penalizes marginalized individuals under the guise of promoting ethically sound conduct. “When and where we work” explores how rigid thinking about acceptable work settings restricts access to gainful employment and generative activity. “Notes on risk” highlights how framing people as “high risk” becomes a justification for purposive denial of basic human rights.

3. Going Remote

Physical access to conference proceedings is one of many barriers chronically ill and disabled scholars navigate in the name of maintaining normalcy for those more privileged (Reinholz & Ridgway, 2021). Providing distance participation options via videoconference platforms like Zoom is necessary for justice in event organizing (Rice et al., 2021). Although this has been true since such technologies first emerged, Covid-19 and resulting changes in resource allocation have clearly demonstrated how providing remote access increases justice in education (Xiao, 2021a).

As of July 2022, new and highly transmissible variants of the SARS-CoV-2 virus continue to proliferate unchecked. When I wrote the first draft of this article, the BA.2 Omicron strain was driving new case surges in many parts of the US (Rahimi & Abadi, 2022). There are now many major Omicron strains circulating in the US and elsewhere, each often more resistant to vaccines

and antibodies than the last. Although epidemiologists and clinicians around the globe continue to urge extreme caution and continued efforts to flatten transmission curves, many communities have significantly relaxed or completely rescinded Covid-19 restrictions (Huang & Zeng, 2022). Scholars of disability justice and educational equity alike have stressed that this should be a time for bold thinking and intentional action to make learning environments inclusive and safe for the most vulnerable people in our communities via distance options (Themelis & Tuck, 2022).

Videoconference access to activities with in-person components has long since become vital. Lack of remote options is one among many pervasive and widespread barriers that chronically ill, disabled, and otherwise marginalized academics face in our work (Olsen et al., 2020). And with the advent of increasingly diverse and virulent vaccine-elusive variants of SARS-CoV-2 (for general information see Haque & Pant, 2022; for specific details about Omicron strains see Liu et al., 2022) the consequences of these willful failures of accommodation may become yet more dire for larger portions of the population.

The essentiality of remote access for justice also goes well beyond the specific context of viral pandemics. Closed captioning offers a prominent example. Providing high-fidelity automated and/or manual captioning during online meetings has never been easier or more widely achievable. Yet familiar excuses continue to abound across multiple settings and contexts for why people cannot provide these services (Lyngbäck et al., 2021). Disparities also persist in access to captioning resources, sustained in part by purely “optical” use of such tools—i.e., using them only to give the surface impression of ethical conduct rather than upholding the deeper spirit of same (Jones et al., 2021).

My university remedied similar inequities after faculty and staff campaigned to get students access to the same types of features in their Zoom suite that we had in ours from the beginning. Our central IT office also embraced general feedback about captioning being a human right. They adjusted default settings for employee accounts to activate captioning features for users who had not enabled them manually. Such pragmatic approaches can increase justice in accessibility. Even if the technology is imperfect, making it readily available and enabling captioning by default greatly increased the use of these resources during events—and thus accessibility for participants (Lazar, 2007).

4. On “Cop Shit”

Yet more often, technological innovations that could facilitate transformational advancements in accessibility instead get used for surveillance and punishment. Activist scholars have accurately referred to such practices as “cop shit” (Darbyshire & Thompson, 2021). The use of sophisticated digital technologies to moni-

tor and sanction people appears widely throughout capitalist societies, with nuances specific to unique work contexts such as university education (Wan & Albracht, 2021). Teaching frequently involves pressure to maintain punitive “discipline” that supposedly facilitates student success (Aagaard, 2021). Scholars exploring these dynamics in the Covid-19 era have described a “pandemic panopticon” of carceral practices masquerading as social cohesion (Aloisi & De Stefano, 2021).

For example, Covid-19 has brought tremendous increases in online exam administration. University administrators have pressured instructors to use Web proctoring services for assessment activities conducted remotely (Hamamra et al., 2021). Many schools have also required cheating detection software. Some instructors have also contributed to these injustices in the name of “integrity” by making students keep their cameras active during exams and other assessments (Gordon et al., 2021). Forcing students to video broadcast during discussion sessions—and sometimes even lectures—has also been remarkably commonplace throughout the pandemic (Daeizadeh & Babaee, 2021).

This type of enforced surveillance is one of many generic processes reproducing social inequality under the guise of supportive teamwork (see Sumerau et al., 2021). The Covid-19 pandemic has exposed these familiar patterns in novel circumstances related to safety and accessibility (Lyon, 2021). These dynamics also offer insight into why the “just stay home” idea poses additional problems beyond its unfair burdening of already oppressed people with sole responsibility for our own survival. Home means different things for individual people. Every dwelling offers different spaces and resources—and thus different signs and signifiers of class and other elements of social location (Howlett, 2022).

Work environments outside the education sector likewise persist in toxic practices that limit accessibility and harm employee wellness (Bromfield, 2022). These include aggressively micromanaging employees’ active work time while simultaneously expecting availability for tasks 24 hours a day. Many such carceral practices in remote work regulation have also followed onsite employees home during the pandemic—and even intensified in some cases, fostering a “post-trust” society (Andrejevic & Volcic, 2021).

Humiliating and otherwise punishing people for their children “interrupting” videoconference meetings offers one common example (Freisthler et al., 2021). Social and behavioral inquiry has long since explained why groups of economically and socially privileged people who have never shouldered primary responsibility for caregiving—even for their own children among those who are parents—might view such ordinary occurrences as disruptive (Shockley et al., 2021). People who have caregiving experience can readily see how meetings are interrupting activities necessary for surviving and thriving.

These generic processes of inequality reproduction become clearer still in considering who *does* get

to experience such moments without adverse consequences. Indeed, the people whose interruptions get either ignored or celebrated are those who already have substantial social and economic privilege (Clark et al., 2021). Memetic videos quickly abounded online of gender-conforming white men in lucrative professions getting interrupted by their young children during news broadcasts or transformed into cats during court hearings without facing any negative fallout (McIntyre et al., 2022).

Widespread recalcitrance about constructive technology uses such as closed captioning seems even more disturbing in this context. Considering how enthusiastically and copiously people have embraced punitive uses of technology, it feels chilling to see so much insistence on status quo practices when inclusive alternatives avail themselves more readily than ever.

5. When and Where We Work

Conceptualizing work away from home as the default “normal” practice also has little basis in historical context. Indeed, most subsistence activities throughout human existence have been done either specifically at home or generally in the immediate community. Even in cases where people worked for outside employers in positions of considerably greater social and economic privilege, often they lived on the same land without need for significant commuting. Living and working at nearby sites also invites greater flexibility with working hours and time management, allowing employees to maintain healthy boundaries elastic to their unique circumstances and responsibilities (Allen et al., 2021).

Covid-19 has clarified that the concept of working hours in education and other professions alike is essentially a subtle flavor of the carceral surveillance described above (Li, 2021). Some institutions seem to be grasping this more thoroughly than others—whether they have led prospectively on flexible work since the early days of the pandemic or made substantial adjustments after initially outlining harmful policies. Others now wrestle with the “technoskepticism” earned by their own punitive practices (Adams et al., 2021).

My university embraced flexible work in principle but struggled with operationalizing related details in practice. Leadership responded to critiques with improved policies highlighting the importance of such accommodations for multiple position types. Indeed, many faculties—especially those focused more on research and service over classroom teaching—have always enjoyed substantial flexibility with worksites and hours (Bhuyan et al., 2017).

I felt hopeful when leaders at our medical school developed a university-wide advocacy initiative on flexible work collaboratively with administrative staff—and more so when this initiative dissolved because our central human resources office released updated policies addressing these goals. This process illustrated a differ-

ent and truly better “normal” in which leaders continually explore needed improvements and pathways to achieving them.

Of course, some work does need to occur at specific sites. Non-remote work invites significant innovation of its own within and beyond higher education settings (Xiao, 2021b). Flexible coverage for onsite staffing—basically a similar model to the remote work accommodations discussed above—can help substantially in making employment accessible. Likewise, remote work does not automatically obviate economic inequality as noted in prior examples about gender roles and intersecting oppressions (Bonacini et al., 2021).

Physical accommodations can also dramatically improve accessibility for chronically ill and disabled professionals while meeting additional needs such as sensory modulation (Rice et al., 2003). The core building access provisions of the Americans With Disabilities Act remain vital. Indeed, now-commonplace structural features such as ramps and elevators have shaped our collective concept of normalcy over time (Burch, 2020). People without personal experience of disability embrace the utility and convenience of such resources—whether attempting to transport heavy objects or simply feeling tired.

These basic ADA-mandated features also account for only a portion of physical accommodations that can improve workplace justice for intersectionally marginalized people. Covid-19 has demonstrated how actively challenging ableism, rather than simply meeting minimum requirements for reasonable accommodation, transforms employee engagement and quality of life alike (Hickson, 2021). For example, some health and functioning experiences introduce unique safety concerns that can be addressed by providing specialized personal protective equipment and other essential supplies.

Building modifications can also help to make onsite work safer for everyone while vastly improving accessibility (Mackelprang & Clute, 2009). The Covid-19 pandemic has demonstrated how many different approaches, used either individually or collectively, can bolster workplace safety. Common strategies for air quality management during the pandemic have included filtration, ventilation, distancing, and barriers.

Economic resource constraints can introduce challenges in implementing physical accommodations for workplace safety. True normalcy means prioritizing good faith efforts to accommodate people as fully as possible, as quickly as possible (Sniatecki et al., 2018). It does not mean expecting immediate perfection, but rather centering continuous growth and accountability in ways appropriate to people’s unique contexts. These include considerations specific to disability as well as intersecting needs such as child care (Platt et al., 2022). Truly safe work environments require protection not only from infectious pathogens but also from oppressive social norms and policing actions that disproportionately penalize those already disadvantaged (Dhawan et al., 2021).

Indeed, safe onsite work looks different for everyone. I may be uniquely equipped to understand this as a clinical educator living with a progressive chronic disease that introduces substantial infection control requirements and contact precautions. Much of what people with cystic fibrosis do for routine health maintenance only became “normal” to other people because of the pandemic (O’Neill, 2021). For example, abled appropriation of “crip aesthetics” during the early stages of Covid-19 (Smith, 2021) has made face masks relatively familiar and nonthreatening even to those who eschew using them. I can now buy groceries while masked without people antagonizing me—or suggesting that I remain home instead of living my life autonomously. Similarly, justice does not mean “normalizing” work so that everyone’s equipment and process look exactly the same. Rather, it means normalizing the adaptation of work to meet individuals’ unique needs.

As suggested by the elevators and ramps example, all of this also calls into question what makes someone “need” an accommodation. When abled people “need” something, pure convenience is often the main consideration. But as Covid-19 has shown, the burden of proof on chronically ill and disabled people remains extraordinarily high for accommodations, benefits, and services (Price, 2021). The moment something inconveniences abled people, change begins to happen. Yet such change still involves privileged groups getting their demands met before awareness and support begin to reach marginalized people (Xafis, 2020).

6. Notes on Risk

Chronically ill and disabled Americans felt largely unsurprised when initial responses to the Covid-19 pandemic largely took the form of telling people at elevated risk for severe harm from SARS-CoV-2 to “just stay home” (Brooks, 2021). Many saw these patterns readily without formal social science training. Seeing how government officials intentionally reinforce the oppression of minority groups using coded language like “high risk” (Woods, 2022, pp. 163–216) hardly requires a sociology degree. The “normal” society continues to chase still depends on simultaneous vilification and erasure of sick and disabled people (Rutherford, 2021). Although exposing these dynamics has inspired entire subfields within the social sciences, awareness and inquiry alone have not eradicated these willful oppressions (Chen & McNamara, 2020).

Framing safety and survival as questions of individual responsibility for people who already occupy precarious positions within unjust systems is both highly intentional and deeply eugenic (Mosley, 2020). I wonder where all the people who said “never again” after learning about extermination campaigns against sick and disabled people throughout history have been during Covid-19. Their silence now sustains violence against those who have feared for our lives watching our peers perish from pre-

ventable infections. Our longstanding entreaties for people to take advantage of widely available flu vaccines and practice basic hand hygiene diligently both amplified as the pandemic began and swiftly drowned in the ire of those who valued their own convenience exclusively. These patterns continue, demonstrated by people eagerly welcoming technological innovations that punish and exclude others while resisting ones that affirm and include.

Work itself, and how we frame it in human rights context, lies at the center of this polemic. Whether we work in paid jobs ourselves or struggle to demonstrate continued eligibility for disability benefits, the so-called “right to work” touted by elected officials remains problematic and often deadly (Blume, 2022, pp. 57–86). The current system punishes those chronically ill and disabled individuals who can participate in its economy directly by denying us basic worker protections (Wilson et al., 2020). It likewise punishes those who cannot participate—because of structural features inherent in the system itself—by sustaining these barriers no matter the cost.

Framing disabled people as being somehow lucky to live on public benefits that pay barely a pittance seems a uniquely Western practice, if not a specifically American one. Public officials often add insult to injury by gaslighting disabled people receiving public assistance about how far those meager funds should go (Smith-Carrier & On, 2021). The notion that people should “pull themselves up by their bootstraps” in navigating a global pandemic and its exacerbation of poverty (O’Connor, 2020) seems especially egregious in this context.

7. Closing Thoughts

For chronically ill and disabled people, normalcy has always been overrated. The same things many of our peers yearn to experience again as Covid-19 gradually becomes endemic represent distinct regression for those who began to experience something resembling human rights during the pandemic. As safety restrictions ease and disappear—despite significant community spread of SARS-CoV-2 persisting—we see our lives being discounted and devalued with similar vigor. The idea that being “high risk” means we should live isolated and fearful lives, with constant reminders of our own precarity, remains normal in the minds of many. After over two years of both witnessing mass death in the news and losing several of my own friends in the cystic fibrosis community to Covid-19, this dismissal of our human rights feels deeply personal in unprecedented ways.

The toxicity of the “high risk” ethos does not end with my own disease and the functional limitations it causes, though. Indeed, disability results from the failure of society to accommodate people—not simply the presence of the limitations themselves (Donoghue, 2003). This denial of human rights sets people inexorably apart from the communities of which we are members. Like all

“generic processes in the reproduction of inequality” (see Schwalbe et al., 2000), institutionalized inaccessibility not only limits opportunity and mobility (Tomaskovic-Devey, 2014) but also constrains the “informal networks” (see McGuire, 2002) that allow marginalized people to fight injustice together and support one another in the process. Perhaps most cruel of all, the denial of accessibility keeps us from one another—from the support we share reciprocally and from the simple pleasure of those connections. It requires us to keep our distance from those we love and especially from those who are best poised to understand our experiences.

I am not the only “high risk” person in my family. My father, who had a liver transplant in March 2019, has spent most of the pandemic inside his house. He and my mother even moved their porch furniture indoors as SARS-CoV-2 began spreading, understandably afraid the virus would somehow find them. Although I readily accept heightened awareness of my own mortality, I shared my parents’ intense fear. The idea of losing my father just months after his life-saving transplant terrified me then and still does now. Yet colleagues who should know better often treat us as afterthoughts.

As ever, the burden falls unjustly on sick and disabled people to protect ourselves and each other (Sabatello et al., 2020). Many beneficial practices universities have adopted and sustained throughout the pandemic (see Brammer & Clark, 2020) have originated with us—those who have persistently and wearily reminded peers of danger and spoken truth to power with superiors. The transformational benefits of resulting innovations, not only in access but also in education itself, are well documented (see Almarzooq et al., 2020). Yet resistance abounds to including us in the very advancements our collective advocacy has spurred.

Two years into the pandemic, anger has given way to feelings of exhaustion and disconnection. Many educators feel this immense burnout even as we celebrate innovations this global moment has produced, such as refinement of the “flipped classroom” strategy inviting greater learner engagement (see Pokhrel & Chhetri, 2021). We cannot enjoy transformation in education without surviving to see it. Had my own departments not consistently helped me protect myself and my family, I might never have written these words.

Even in this reasonably safe and supportive context, I still cringe frequently at cavalier behavior from others. I saved my father’s email to the whole school from when the original Omicron variant of SARS-CoV-2 was beginning to spread in Florida. At that point, I had only seen him once in two years—and then only at the distance behind KN95 masks. Although his experience continues to surpass those of many liver transplantees, the remaining immunosuppression still leaves him vulnerable to harm even from commonplace viruses like colds. Our family always took more virulent pathogens like influenza seriously because of my own illness, never missing routine flu shots or hand washing opportunities.

These nuances in risk management (for a general sociological overview of risk theory see Lidskog & Sundqvist, 2013; for its specific applications in sociology of health see Zinn, 2009) between different individuals highlights the importance of context in advocacy on disability justice. One of my reviewers for this manuscript thoughtfully noted that:

For colleagues of [theirs] with physical and sensory impairments their participation in live conferences—even if accessibility is poor—is also a form of activism. In other words, for some the act of simply travelling and being out in public forces people to think about accessibility and to acknowledge the presence of disabled people in public spaces.

They reflected on how activism can take different and often equally impactful forms depending on the unique circumstances and needs of each individual.

Noting how “if conference participants with disabilities opt not to travel to conferences because of poor accessibility, nothing will change because there is little pressure to make accommodations,” this referee aptly pointed out the importance of social closure in stimulating progress toward inclusivity (for a general overview of closure in professional spaces see Roscigno et al., 2009; for its specific application to academic settings see Swartz, 2008). Likewise, their feedback reflected the importance of closure in advocacy circles themselves. They noted that attending conferences in person for activist purposes “may not apply to those with conditions where catching an illness could be life-threatening...pushing for distance or hybrid conferences and teaching is one form of activism and inclusion, but the live setting is for people with other kinds of impairments.” By intentionally supporting one another’s risk management best practices for our own unique contexts, activist scholars can achieve collective impacts while maintaining individual well-being.

Before Covid-19, many treated these individual risk management behaviors as paranoia for myself and others in the chronic illness and disability communities (Jesus et al., 2021). I can presently buy groceries without invasive questions about high-filtration masks and hand hygiene. Awareness of the immense financial and environmental benefits of remote access options has likewise proliferated (see Klöwer et al., 2020). Yet I still cannot seem to convince abled people that my life matters as much as theirs. My CV keeps the score: asterisks alongside conference presentations I never got to make, footnotes explaining denial of reasonable accommodations, reflections on core principles my disciplines should proactively defend. These barriers to dissemination and collaboration remain widespread even among otherwise privileged scholars susceptible to adverse outcomes from Covid-19 (Rashid & Yadav, 2020).

For every professional who has managed to publish and advance and otherwise convince people of

some basic value, there are countless others silenced—by persistent exclusion, by willful denial of accommodations, and ultimately by death (see Galloway et al., 2020). The fact that dying often makes others finally heed our voices (Siegel & Tani, 2021) never becomes less dystopian or grotesque. We continue to forfeit our lives in the name of normalcy never meant for us at all. Our foreshortened time upholds a status quo that not only excludes us from society overall but also denies us community with one another, curtails our access to vital supports in enduring ableism and intersecting forms of oppression (see Gil et al., 2021). The “normal” life many yearn to reclaim instead remains more of the toxic same.

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Conflict of Interests

The author declares no conflict of interests.

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