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Re-Imagining Inclusive and Compassionate Futures: Challenging the Bureaucracy of Disability Through Compassion

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Abstract

Taken-for-granted societal capitalist bureaucracy whereby narrow definitions of human value are accepted without question or critique risks devaluing the embodiment of disability, and eroding attempts to build a caring and compassionate society. This article, written by two disabled academics, describes empirical data collected with eight disabled people and allies across two focus groups, in which we discussed how compassion, when viewed from a disability activist perspective, can allow for reimagined compassionate futures whereby collective humanities and well-being can be nurtured. Our inquiry-by-method critically explores what compassion is from a disability perspective and how this view of compassion disrupts ableist socio-cultural, economic, and political bureaucratisation of life. Further, we argue that compassion can provide disabled people and allies with agency to guard against the worst dehumanising impacts of bureaucracy, by caring for themselves and each other. To conclude our article, we share a novel cripped compassion framework for implementing inclusive compassionate futures, which can challenge ableist bureaucratisation.

Keywords

ableism; bureaucracy; caring; collective; compassion; disability; trust; well-being

1. Introduction

This article, written by two disabled academics, begins with a seemingly straightforward provocation, which is that disability exists, and in turn, disabled people have a right to exist. However, while this provocation may seem straightforward, the point or points at which people become disabled, as well as how people experience disability, are numerous, being shaped by myriad factors. Historical and contemporary accounts of crises, whether they be attributed to environmental disasters, climate change, pandemics, or economic depressions, reveal a consistent pattern of disabled people being particularly susceptible to the exigencies of

local, national, and international governance (e.g., Danylevich & Patsavas, 2021; Engelman et al., 2022). Extant research in this area demonstrates how disabled people are metaphorically or literally left behind (e.g., Grech & Weber, 2025; Hemingway & Priestly, 2014) or even treated as "less than human" (Read et al., 2023, p. 40). This relates to the application of bureaucracy, interpreted as ranging from everyday tasks such as form-filling to claim state entitlements by engaging with processes that arbitrarily define what disability 'is' and 'is not,' through to systemic pathologisation of corporeal differences as a means of determining apparent value in the shifting global economy (Johnson & McRuer, 2014). In this article, we elucidate this through working with the activist lens of disability bureaucracy (Titchkosky, 2020) and applying "crip" epistemologies (McRuer, 2006; Mills & Sanchez, 2023) to our focal topic of compassion (Parfitt et al., 2021).

We present disability bureaucracy against a broad backdrop of seeking compassionate futures, specifically, how taken-for-granted norms of bureaucracy, which exclude disabled people, can be redefined through compassion to work toward valuing a diversity of bodies (Titchkosky, 2020). Defining compassionate futures can be inherently uncertain. The focus of this thematic issue describes compassionate futures as recognising vulnerability, interdependency, and mutual responsibility as fundamental features of social relations, as well as emphasising care and empathy in designing socio-cultural, economic, and political systems, where the collective well-being of diverse actors can be the focal point of inquiry (Martini & Hannes, 2025). While such a focus is clearly needed, the challenge for imagining compassionate futures, when led from a majority perspective, risks perpetuating existing normative bureaucracy and ableist inequalities (Kafer, 2013). In our article, we bring forward disabled people's and allies' lived experiences of the everyday to propose a fundamental revision in which implementing truly compassionate futures requires a recognition of the continued violence perpetuated by non-disabled individuals against disabled people in the pursuit of an able-bodied normality (Rice et al., 2017). We will show how compassionate futures, when designed and shaped by disabled people's embodied knowledges, can provide a means of embedding inclusion for all.

In making our arguments, we will first introduce the theoretical contributions that underpin our research, focused on drawing attention to the neoliberal bureaucratic world view which disadvantages disabled people, and challenging this world view through crip theory and compassion. We then introduce our empirical work with disabled people and non-disabled allies, in which we were exploring compassion and imagining compassionate futures. Finally, we showcase a novel compassion framework created using our research outcomes. This framework is underpinned by the embodied experiences and wisdom of disabled people and focuses on building truly compassionate futures that recognise and value diverse bodies and the different perspectives they contribute.

2. Theoretical Framework

To begin with bureaucracy in present-day neoliberal economies, the parameters regarding what constitutes its meaning remain contested. Definitions typically focus on how society is governed by pre-defined rules and social expectations that shape normative functioning. This, under one lens, is seen as the systemic management of human activities in ways that are calculated to be the most efficient and effective (Cockerham, 2015). The normative ideal subject, not only within neoliberal organisations but across wider society, emerges as conforming "with masculine (white, able-bodied, straight) stereotypes" (Ryan & Morgenroth, 2024, p. 557). Feminist scholarship calls out the enduring persistence of heteronormative gender-based intersectional inequalities and rejects proposals that suggest that, were women to comply with

the rules of being masculine, specifically in the workplace and other areas of public life, such as politics, these inequalities would be resolved (Fox, 2017; Garland-Thomson, 2005; Perez, 2019). This heteronormative ideal is similarly challenged through queer activism and resistance, whereby taken-for-granted norms that value the normalcy of heterosexuality at the expense of other sexual identities and forms of sexual expression are rejected as acts of prejudice and oppression (e.g., Kafer, 2013; McRuer, 2006; Rich, 1980).

It is this legacy of resistance by women, queer people, and communities of colour that is cited by Johnson and McRuer (2014, p. 137) as a "foundation of cripistemology, a model and source for its attentiveness to bodies caught in new modes of exploitation." The exploitation that neoliberal bureaucracy imposes on the disabled body is summarised by Titchkosky (2010, n.p.) as rendering it dependent and subject to arbitrary decisions concerning what is and is not acceptable: "The presence and participation of disability 'depends' on a host of [bureaucratic] procedures and is more or less unrelated to peoples' rights and desire to be present and participate. In this way, some people are constituted in a relation of dependency." Titchkosky (2020, p. 199) demonstrated how the terminology of disability "serves primarily as a category for naming those who do not keep the rules of regularised normative participation." That is, disability is a category created through social hierarchisation that favours non-disabled bodies along with the purposeful exclusion of disabled bodies. For instance, disability is routinely defined as synonymous with a poor state of health and well-being; a strategy utilised for potentially defining disabled people as "less healthy" or "more vulnerable" than non-disabled people (Titchkosky, 2003, 2010). This notion of dependency is further exacerbated by disabled people being viewed as achieving greater value in society and contributing more when they endeavour to align themselves effectively with non-disabled norms of everyday life (e.g., in the workplace, in families, and when participating in public settings).

Crip theory and associated "cripistemology" (Johnson & McRuer, 2014; McRuer, 2006; Mills & Sanchez, 2023; Mitchell et al., 2014) provide a theoretical and methodological framing through which to address taken-for-granted assumptions underpinning disability arising from such bureaucratic norms. Crip theory asserts that society is shaped by a hegemony of "compulsory ablebodiedness" in which societal assumptions of normality actively endorse able-bodied and able-minded ideologies and practices (McRuer, 2006). This compulsory ablebodiedness devalues the worth and legitimacy of disabled people's bodies (Campbell, 2009). Further, crip theory, as an activist framework, focuses on "cripping," or resisting and rejecting from a disability perspective, these taken-for-granted narratives and norms of compulsory ablebodiedness and the subsequent inequalities that emerge from such ways of thinking and doing (McRuer, 2006). Specifically, the embodied experiences of disabled people and how they navigate social barriers when viewed through a "cripped" lens can form the antithesis of conventional forms of normative knowledge; taken-for-granted knowledge that marginalises or trivialises disability as a deficit (Kafer, 2013; McRuer, 2006). Rather than disabled people's stories being something to be discounted, extant research reveals the significance of deploying embodied understanding for the purposes of promoting social inclusion and celebrating collective vulnerability (Browne et al., 2021; Kafai, 2023; Piepzna-Samarasinha, 2024). Indeed, Bell et al. (2024) explained how taking a disability (cripped) perspective, particularised by Garland-Thomson (2005) as experiencing the world from a "sit point" rather than "stand point," demands the reframing of taken-for-granted negative arguments about vulnerability. The focus re-centres on the importance of collective care and the benefits of placing disabled people's embodied knowledges at the forefront of positive change.

In our inquiry-by-method, we problematise compassion by adopting a disability (cripped) perspective. Compassion is a well-documented, burgeoning academic field of inquiry, and is nuanced regarding what compassion constitutes. Scholars have contended that it differs from related constructs such as pity and empathy (Strauss et al., 2016). Within these academic debates, compassion is typically defined as being aware of the hardship, suffering, and vulnerability of others, and having a desire to implement strategies to alleviate this suffering (e.g., Gilbert, 2014; Mascaro et al., 2020; Strauss et al., 2016; Whitebrook, 2002). In other words, researchers emphasise how compassion moves beyond general feelings of empathy for those around us to instead showing intent to oneself or another. For instance, Gilbert (2009, p. xiii) defines compassion as "a basic kindness with a deep awareness of the suffering of oneself and of other living things, coupled with the wish and effort to relieve it." Strauss et al. (2016) have attempted to consolidate extant literature by proposing that for compassion to be evident, five connecting elements should prevail, including: (a) being able to recognise suffering within oneself or others; (b) understanding that suffering is a universal experience; (c) having a desire to feel some form of empathetic response to this suffering; (d) while also tolerating the discomfort that emerges from this suffering; and (e) expressing a motivation or intent to help alleviate or remove this suffering.

In our re-imagining of inclusive futures, we build on this approach to compassion, in that the elements set out above do not necessarily consider disability, and are based on norms that risk ignoring the embodied knowledges that potentially can be contributed by disabled people in conversation with allies. For example, extant compassion research on disability has commonly focused on the medicalisation and challenges associated with disability from the perspectives of practitioners and caregivers, invariably resulting in disabled people's embodied knowledges being overlooked (e.g., Ahmed & Raj, 2023; Brennan et al., 2020; Davenport & Zolnikov, 2022). Further, research describing compassion and disability risks focusing on strategies to cope with disability, such as navigating feelings and frustrations to particular stressors (e.g., Brougham et al., 2020) or overcoming grief and loss when acquiring an impairment (e.g., Stuntzner, 2017; Stuntzner & Dalton, 2014). In such circumstances, we do not dispute the potential identity journeys people may have to navigate once they become disabled in a bureaucratic sense. However, in our inquiry-by-method, we make a novel contribution to key aspects of compassion when addressed through a lens that resonates with disability, which will be evidenced in our forthcoming empirical work. First, we probe how compassion must be claimed in ways that expressly value disabled people's embodied knowledges and experiences (Kafer, 2013; McRuer, 2006), that is, it is "cripped." Second, that compassion is explored within the broader worldview that sustains a neoliberal bureaucracy, which devalues disabled people's contributions to social issues. Third, that compassion potentially can be an act of resistance; a way of relating as humans that pushes back against unkind bureaucracy that seeks to devalue (disabled) people and their lived experiences.

3. Methodology

For our research, we ran two online focus group sessions (each between 60 and 90 minutes in length) with disabled people and non-disabled allies who expressed a strong interest in disability inclusion (e.g., being a carer of a disabled person), with the purpose of exploring compassion as a means of furthering disability inclusion within a disabling world (e.g., Parfitt et al., 2021). The total number of participants was eight, including the authors in dual roles as facilitators and participants (Parfitt et al., 2021; Read et al., 2023, 2025). Some participants attended both sessions, but this was not a requirement. While identifying as disabled or a non-disabled ally was a prerequisite, we deliberately chose not to collect additional data such

as gender, age, ethnicity, and nature of impairment, so that we could fully ensure anonymity of all participants. The decision to hold focus group sessions rather than individual interviews was based on our contention that participation, where one is fully heard and acknowledged, is fundamental to personhood. Moreover, the group settings offered the advantages of a context in which disabled people and allies could potentially be agentic, that is, be active individuals "engaging in civic life as well as in personal relationships and interactions" (Lewis et al., 2015, p. 3). Accordingly, this agency would allow for the shared understanding, creation, and holding of compassion (Parfitt et al., 2021). The School of Education Ethics Panel, Bath Spa University, provided ethical approval for this research.

The two focus group sessions were run collaboratively, creating safe spaces in which participants could share their own experiences relating to compassion: expressing it toward ourselves as well as to others. While the idea of the safe space occupies "contested and ambiguous discursive terrain" (Stengel & Weems, 2010, p. 105), taken at face value, it is "a protected place, facilitating a sense of security and recreating discourses of inclusion and diversity" (Hartal, 2018, p. 1056). In other words, the safe space allows marginalised individuals to be within their community. For, as Garland-Thomson (2005) explains, when a naïve non-disabled individual meets a disabled person, the encounter risks being problematic, due to stereotypical assumptions being brought by the former. Our discussions required an inclusive environment comprising disabled people and allies so that open sharing of stories regarding compassion, as well associated notions of empathy and pity, could generate "debate that can unsettle previously held views and generate learning and self development in community with others" (Lewis et al., 2015, p. 9).

In the focus group sessions, we discussed examples of accessing health and social care, navigating employment, and even simply managing routine pressures of life as a disabled person who may often find themselves functioning outside of taken-for-granted able-bodied norms of social contexts. The sessions required individuals to step out of their comfort zones and accept points that were potentially challenging to their own world views. To this end, ground rules and information about the aims of the sessions were shared with participants, and all provided their informed consent to take part. As facilitators, we encouraged participants and ourselves to be brave (Arao & Clemens, 2013) when engaging with accounts of exclusionary forms of compassion, such as misinformed or unkind commentaries about pity or incidents alleging the lack of worth of disabled people. Covering such challenging issues was integral to probing potential for social changes in relation to how compassion could help produce an inclusive and kind future for disabled and non-disabled people alike. Through the focus group conversations, underlying matters emerged regarding: defining compassion as a worthwhile inclusive practice; debates concerning how, in reality, compassion could be put in place at the grassroots level within bureaucratic organisational systems (such as hospitals); and, at a general level, whether compassion could be seen as a useful strategy for disability activism.

As two disabled researchers, we shifted at times from being facilitators aiming to give participants an opportunity to share their stories, to being drawn into the dialogues by sharing our own narratives, in effect asking the group members to be with and hold our experiences, in similar ways to how those of others were valued. Nevertheless, we recognised the need to minimise the potential impact that our views could have on influencing these conversations that we would be using as research data. Consequently, we focussed on expressing compassionate dialogues and support to the group (Trowell, 2025; Verduzco-Baker, 2018). Both sessions were audio-recorded and fully transcribed for the purposes of data analysis. In recognising our dual roles as participants and researchers, we are aware that we cannot take a stance of impartiality, nor would

we choose to, in accordance with the "cripping" approach that has shaped this research. However, it was important to ensure that all voices within the groups were considered, and our findings accurately reflected the stories of those present.

Given the attention we paid to the aspects of compassion described by Strauss et al. (2016), we recognised that each participant, and we, as researchers, could be experiencing compassion in different ways, and/or experiencing different aspects. Consequently, as authors, we independently inspected and coded the data, using informal written and oral notes, to capture our initial thoughts concerning these aspects. Afterward, we came together to complete a collaborative thematic analysis of the transcripts. To do this, we followed the six-step process described by Braun and Clarke (2006). Our decision to use thematic analysis was, in part, our deliberate activist stance of bringing disabled people's voices to the fore (Clarke & Braun, 2026). For the second step of our thematic analysis, we opted to incorporate "action coding" or "process coding" (Saldaña, 2015), which allows for the "doing" of particular social constructs of interest, such as the acts of thinking, speaking, and feeling, to be made explicit. Our decision to use action coding aimed to elucidate the distinction between the elements of compassion and to evidence embodied experiences and knowledges (Johnson & McRuer, 2014). Notwithstanding, we recognised that coding is a subjective process; thus, our final themes emerged through collective discussion between us. Noting this potential limitation of our thematic analysis, we do not make claims regarding the generalisability nor representativeness of the findings presented below and the subsequent framework that we construct to encourage compassionate futures.

4. Findings

Following the thematic analysis explained above, three overarching themes emerged from our data. The first theme concerned our embodied knowledges (Kafer, 2013; McRuer, 2006), contributing insights for defining what compassion comprises from the point of view of our disabled participants and allies, and how it can be expressed individually and collectively. The second theme generated examples regarding the barriers to demonstrating compassionate acts. These illuminated how pre-existing normative-based deficit views of disability operate against compassion and how vulnerabilities are invariably categorised as so-called weaknesses. The third concerned whether the mobilising of compassion, approached from a cripped perspective, could be a means through which to generate collective moves toward inclusive futures for all people.

4.1. Defining and Claiming Compassion

A central point raised by participants was that compassion should not be seen as synonymous with pity, as this came from external actors' ignorant and misguided motivations to be "nice" and supportive to disabled people. This seemed consistent with aspects of Strauss et al.'s (2016) typology of compassion, possibly where there is a desire to give an empathetic response to suffering, but the response falls short of demonstrating understanding. Participants rejected this form of response as it denied mutual value and, as such, was placing disabled people in positions of powerlessness. One participant stated how:

> One of the phrases that came to my mind was the term from the Disability Movement for many years: "piss pity." Disabled people do not want the pity of the general population; they get more than enough of that. What they want is the general population, and government in particular, to get out of their way.

This sentiment was shared, with participants feeling that, should people wish to engage in what was described as cripped compassion, there needed to be less simply feeling and listening, and more emphasis put on the "very practical stuff." One participant declared how "just listening, that's not actually compassion; it has to take action…even if the action is non-action, it's still making a decision." We did not shy away from discussing the hard work involved in actioning compassion, which was explained by a participant below. We individually and collectively acknowledged our mutual vulnerabilities in bureaucratic systems, as well as our held biases around the shame of disability and in asking for help as weakness:

> We obviously talk a lot about compassion, and it is really hard work to be compassionate; you don't have to necessarily like other people, but you must respect them and respect their life force, and that's very difficult because we have all these in-built…biases that we can't help. So, I think people shy away from the idea of compassion because they think it's weak or it's something to do with pity, and actually what we learn the more we look at it, it seems to be an incredibly empowering thing. Strength in the kind of sharing and the kinds of kindness that come from it are actually not a weakness at all…[it] becomes this structure that can become very, very powerful and especially amongst groups of people, even though we all have to act individually to have a compassionate safe space where people are listened to and supported, it is extremely powerful. But I do think that the problem is that it feels initially like a weakness in the kind of [bureaucratic] systems that are in place at the moment, where any sign of weakness is feared; the idea of compassion is shied away from, and yet it was really obvious. I remember…that everyone who was in the [focus] group was already using compassion in their day to day lives; [referring to another focus group participant]: obviously almost all the time in all your interactions, you are having to do compassionate listening at the same time to get your argument across…so the kind of compassionate listening and the mirroring that one does to somebody else lends a respect which is then reflected back to you often, but it is hard work.

Our discussions moved to talking about the extent to which we had received compassionate acts from external actors, likely to be non-disabled individuals, working within bureaucratic systems. Repeated examples were given of how the desire to give an empathetic response was not fulfilled by these actors, perhaps because these individuals were unable to tolerate the discomfort that they themselves sensed when faced with another person's suffering. Such responses, regardless of how well intentioned, were largely felt to be negative, emotionally destructive, and potentially harmful to the disabled person, as evidenced by the following participant:

> It's painfully slow. I've been working with the [medical professional] people now for 15 years, I've got one guy on board, the others, they think they're being compassionate and they call you "dear," and they stroke you on the arm, and they say, "never mind, my dear, you'll be fine." So, every time somebody tries to stroke me on the arm now, whether it's in [the] hospital or at home or in the office, they're likely to get punched in the face, but that's my problem.

Self-compassion was also often difficult for participants to acknowledge. This notion received comparatively less attention than compassion relating to others. Discussions covered subjects like fatigue, illness, internalised ableism, as well as the need to perform tasks over and above those performed by non-disabled people. At the same time, there was collective acknowledgement that we should all be more considerate when concerning our self-care needs, perhaps needing to realise compassion for ourselves, and, as Strauss et al. (2016) put it,

believing that suffering is universal, even if for the majority of people, including some disabled people, this is not an acceptable truth. For instance, an exchange between two disabled people revealed the following:

> Disabled person 1: We always think these things as disabled people, it's that sort of internalised ableism that we all still have to work with. You think, "oh, it's me, it's my fault, it's me, I've done something wrong." And so, it took me a while to realise that actually, no, it wasn't me at all.
>
> Disabled person 2: It's a good job that we can look back on [these moments] and smile if rather ruefully, because at the time they're not like that, they're not funny, they are heart-breaking, and the personal stress is quite phenomenal because you have to live through it, and you have to deal with it there and then, and talk about speaking the truth to power, I mean, it kills you from the inside out doesn't it, it really does.

4.2. Demonstrating Compassion Within a Disabling Bureaucratic Landscape

The second theme explored demonstrating compassionate acts, when pre-existing normative views of disability and associated deficit notions of vulnerabilities, worked against this. Participants consistently spoke about the disability-related challenges they were facing and had previously faced. These challenges were experienced against a backdrop of what was deemed to be particularly uncaring bureaucratic systems that apparently consistently refused to recognise suffering, with one participant giving a poignant example of the administration of governmental support:

> You hear this rhetoric from…government over and over again: "We want to get the money to those most in need." What they mean by that is: "We only want to get the money to those people who are literally going to drop dead this second if we don't get it to them. And please, we'd actually like you to drop, if possible, because then we can hand it onto the person who next most needs."

In light of the imposition of bureaucratic restrictions regarding disabled people's life freedoms, participants spoke of their fears of expressing their true thoughts as agentic selves, due to possible reprisals. That is, some participants spoke about their considerable fears over expressing vulnerability in terms of the felt emotional impacts on them, or sharing stories of exclusion in contexts where there was no space, literal or metaphorical, for empathetic responses. Considerable problems were faced when seeking out safe spaces where they could express their experiences fully. However, where disabled people were able to find trusting, non-judgemental respect, and could express what were generally deemed to be vulnerabilities (from a normative stance), this was valued because of its physical and psychological healing potential. One participant described this apparent vulnerability contradiction:

> It's at the moment…divide and rule and we do it to ourselves; I come from a very ableist background and I'm struggling, [we] were talking, I'm ill at the moment, I'm tired and we're just like, "we've got to keep going," because we have to, we must. But actually, we've also got to give ourselves what we call crip time and be kind. The people who have gone for years and years, one step at a time….I think as well, you end up working five times harder than everybody else to try and prove something, and what exactly is it that you're trying to prove? It's a ridiculous situation. Somebody was saying when we try our very best to achieve no matter what, of course, that sustains pressure on other people and

> everybody else—we normalise it in this way…and it's really difficult to say, "I'm not coping." Because you don't know if everybody else is going to…[say] they're not coping as well…you don't know if they're going to be able to say, "hey, I'm with you"….And we are all oppressed in these different ways are we not? I think the trouble is, you just don't realise you are, you just accept that's the status quo. We are all suffering. And the system certainly doesn't want us to wake up to that. I believe we can change it from the ground up if we can get enough staff now in [their] little world, [their] little bit of the jigsaw and come forward and say, "I'm going to give it a go." But it's a very scary thing.

Participants' stories related how they physically sensed the consequences of normative bureaucratic structures upon themselves as individuals. They showed a collective awareness of systemic approaches regarding vulnerability that deemed it an individual's deficit and subsequently left vulnerabilities as an unacknowledged aspect of the person, even though suffering is a universal human experience (Strauss et al., 2016). Reflecting on this situation pointed to an opportunity through which understanding could be built:

> So I think it would be quite interesting to see if [compassion] models and things like that actually can span across from the one-to-one personal [experiences that we have heard about]…you know, a meeting had been booked, wrong [inaccessible] building, not even a consideration of what was going to happen, and that again is a system without any thinking…[this] seems to me that it's as upsetting [as it is] unacceptable.

4.3. Mobilising Compassion

Imagining the future, one participant looked for inclusion: "We want our community to be valued but also to be afforded its right place in wider society. It's not about being disabled or non-disabled, it's about being human." Participants spoke of creating this wider community through cripped compassion, which first required non-disabled people to recognise and then act to resolve the suffering that disabled people have faced. Specifically, a participant spoke of how discussions around disability inclusion are typically focused on finance and resource expenditure, rather than humanity and having a valued personhood. To change this audit-based outlook was found to be undoubtedly complex, as it would require professionals, such as those who disabled people often encounter, to question their established practices:

> Most people, you have to lead them through that really carefully, and this is where the new skills of social workers [and other professionals] are being developed very slowly, because they've got to move away from being these horrible gatekeeper people to being people who encourage people to think deeply and compassionately about the lives that they want to live, and then to think about what are the barriers that are stopping [disabled people] actually getting on with living that life.

Participants spoke about how, in systems of bureaucracy, a practical challenge was bringing disabled people and external audiences together. Vast gaps in understandings between the two sides needed to be overcome, particularly when non-disabled actors came from a space of viewing disability as somehow "lesser," as the above quote exemplifies. One participant, referring to professionals working in such systems, recognised and had empathy towards the fact that "screaming at a body of people who are just terrified of us isn't going to work." Instead, the approach suggested was that "we've got to find a way to tickle them to get them to come across" to the side of disabled people. To put this into action, another participant described below how building

supportive spaces helped "fill that void." However, it was stated that such spaces had to have a baseline. This was described as requiring that audiences wanted to be there to learn, as well as to recognise the value of disability by respecting the lived experiences reported on by disabled people. Being open to learning required having the willingness to recognise, tolerate, and alleviate instances of suffering:

> One thing that has really struck me actually through our conversations…it's [that if] you're bringing two people or two groups of people that are [potentially] very disparate and have very polarising views to the table…if people do have really fractured histories, why would they ever want to come to the table? And actually, how would we actually bring them to the table if there's no reason for them to be there?…There's got to be this baseline…we as disabled activists, we cannot go below…because otherwise we're compromising our beliefs and our integrity as activists….[But] because that baseline is often so different from us as activists to what the system is saying, [that] there's this gap in the middle that I don't really know how we can fill….I'm wondering whether compassionate [spaces] can fill that void in some way.

Consequently, our discussions acknowledged that activism, that is, building such compassionate spaces, could be possible, but only when the understanding of systemic oppression towards disabled people was acknowledged by non-disabled audiences. Participants explored the importance of seeing how, once a mutual understanding and value regarding disability between individuals and/or groups had been established, collective and shared compassion in a cripped sense became possible. This state of compassion required a fundamental shift from "a disabled person only issue" to a situation in which mutuality and a sense of personhood for everyone prevailed. One participant described the pressing need to focus closely on recognising our collective humanity when disability-related barriers emerge:

> It assumes that the disabled person is the problem and therefore they have to change to meet the neoliberalist agenda in play….[But when] two people [come] together, it's a problem shared, is a problem halved, isn't it? So actually [it] could be just if we're talking [now] about having a supportive group, [someone] could be doing and saying, "actually I feel your pain, let's hold it together for a moment, even if it's a short period."…Just somebody that says, "I hear you, and I listen to you, and I'm going to help take away your pain, or at least we're going to solve your pain together." And then obviously, the more allies you have, the bigger the voice is, and therefore the less problematised the disabled person becomes because it becomes a group issue rather than a disabled person only issue.

5. Discussion: Developing a Disability Crip-Led Framework for Inclusive Compassionate Futures

As presented above, cripping is a deliberate theoretical and methodological strategy that seeks to challenge directly problematic ableist perceptions of disability and ways of working. McRuer (2006) argued that crip theory has the potential to disrupt the very foundations of the taken-for-granted by adopting an inclusive stance that does not disregard embodied knowledges. Through adopting a cripped approach in our inquiry-by-method, in-depth discussions about compassion took place where disabled people and allies used their embodied knowledge and experiential wisdom to refresh definitions of various components of compassion, so that these become shaped by inclusivity and human value. Engaging with compassion by applying a cripped lens presents us with an opportunity to recognise shared humanity, which is a prerequisite for the inclusion of diverse groups in collective well-being (Johnson & McRuer, 2014).

At this point, we assemble our study outcomes in the form of a novel framework and propose our "cripping" compassion triangle (Figure 1). Our motivation for drawing this together is not to negate extant research, but rather, to contribute to scholarship the rich embodied knowledge of compassion that has been achieved through undertaking our cripped approach. Building on the seminal work of Strauss et al. (2016), this proposed framework seeks to offer embodied perspectives toward re-imagining compassionate and inclusive futures. We resist proposing a causal step-like link between claiming, demonstrating, and mobilising compassion, given our view that the cornerstone points overlap; they can inform and be informed by each other. Moreover, individuals can be engaging with more than one of the elements of compassion at any one time, and similarly, be travelling between the cornerstones illustrated below.

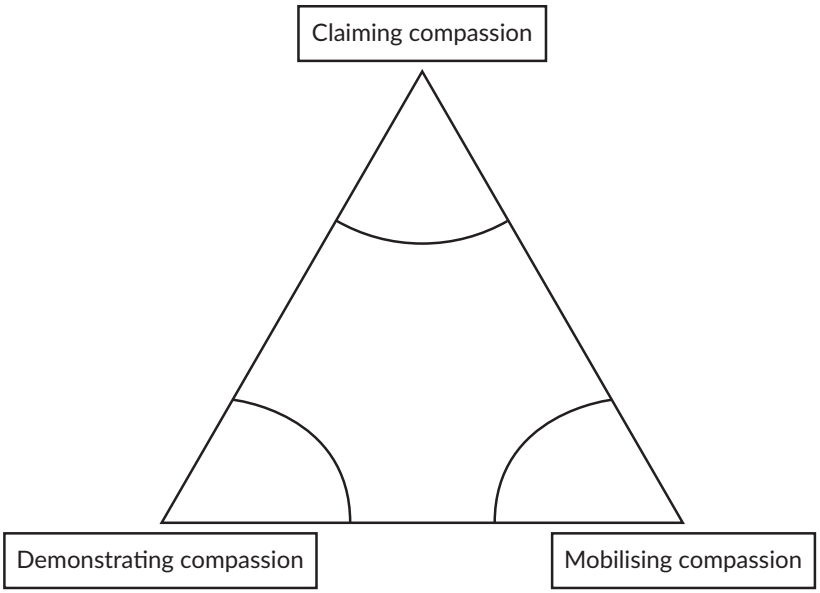

Figure 1. "Cripping" compassion triangle: A disability-led framework for inclusive compassionate futures.

Claiming a refreshed definition of compassion, one developed from a cripped "sit-point" (Garland-Thomson, 2005; Johnson & McRuer, 2014; Kafer, 2013; McRuer, 2006), started with participants in our focus group sessions offering up their stories of personal interactions with external actors. While actors responsible for implementing bureaucracy might argue that they are compassionate when carrying out their practices, this was disputed by those on the receiving end. The suggestion was that professionals should question the extent to which their behaviours, as experienced by disabled people, measured up as being compassionate. Through our discussions, it appeared that with some actors, their deeply held internalised beliefs and biases regarding disability inclusion could play a role in perpetuating norms that situated disabled people as pitiable. This was demonstrated in our above Findings, for example, the discomfort felt by one participant about being stroked on the arm and being called "dear" by a healthcare professional. This proposed self-questioning can allow actors to begin to see the true person in front of them (either themselves or others), and grasp how support can be provided in ways that recognise agency and authenticity (Piepzna-Samarasinha, 2024). It was noted from our focus group discussions that the bureaucratic systems in which disabled people became entangled, such as those around finance, and health and social care, meant that participants felt that some professionals not only demonstrated negative personal biases, but that they delivered dehumanising organisational systems. For compassion to be meaningful, a level of introspection and willingness to be uncomfortable with the suffering that actors witnessed was required.

Regarding disabled people, attempts to claim compassion were judged to require their own introspection about the extent to which they themselves could be perpetuating bureaucracy, for example, the extract from one participant who underwent a personal journey to see that they were not a "problem" to be "fixed": "It took me a while to realise that actually, no, it wasn't me at all." That is, disabled people needed to be ready to challenge the tendency to internalise negative experiences as flaws within themselves, and instead, recognise these as the impacts of systemic neoliberal bureaucratic injustices (Garland-Thomson, 2005; Perez, 2019; Rich, 1980). We contend that engaging in the awareness of the need to question bureaucratic norms, and starting this process of questioning regarding the nature and extent of engagement with all elements of compassion (Strauss et al., 2016), allows for the claiming of cripped compassion to emerge.

To implement compassion was said to be hard work, as it required respect, as reiterated by one participant: "It is really hard work to be compassionate; you don't have to necessarily like other people, but you must respect them and respect their life force." One step toward respect was proposed based on individuals being willing to own their vulnerabilities, accepting the need for care and support from others, and finding ways in which to do these. Giving and receiving acts of compassion in mutual reciprocity, based on fundamental principles of shared valuing of vulnerability, could start to address the critical "pathologization of difference and the displacement of those differences on to others positioned differentially" (Johnson & McRuer, 2014, p. 137). The displacement of differences, under compulsory ablebodiedness, opens disabled individuals, along with others who do not fit the ideal normative subject owing to their differences, to considerable risk when they discuss the challenges that they face (Butler-Rees & Power, 2025). To express vulnerability is deeply sensitive and personal, and to be open risks perpetuating disabling ideals that certain individuals are lesser or should be pitied (Parfitt et al., 2021). Notwithstanding, our focus group discussions emphasised that collective spaces where people reveal their vulnerabilities can emerge within bureaucratic systems, specifically when a climate of mutual respect is trusted (McRuer, 2004).

The cornerstone of mobilising compassion refers to the embedding of "cripped" principles in the pursuit of designing compassionate futures. This acknowledges how bureaucracy disables disabled and non-disabled people alike, and seeks to implement compassionate acts that recognise collective humanity and vulnerability as integral to all people. Further, mobilising compassion is about accepting and understanding how barriers faced by disabled people should, in the words of one participant, "become a group issue rather than a disabled person only issue." By taking this collective stance, the constructed normative divide of disabled versus non-disabled bodies, as perpetuated by bureaucratic systems, can be rightly identified as invalid and artificial (McRuer, 2004). This mobilisation of compassion may be uncomfortable for disabled people and non-disabled people alike, as the building and rebuilding of relations is needed. As argued by our participants, actors responsible for perpetuating bureaucratic norms should be willingly learning about disability and disability activism. Engaging with compassion and exploring its key elements (Strauss et al., 2016) does not excuse individuals from respecting the "baseline" of disability equality and activism (participant). For, as advised when senses and emotions including compassion are the focus, disabled and non-disabled individuals need to be aware of the oppressive "histories and structures of power and representation" (Pedwell & Whitehead, 2012, p. 120) which act against disabled people, such as previous and ongoing systemic violence that may be knowingly or unknowingly inflicted toward this group (Capewell et al., 2015; Rice et al., 2017).

6. Concluding Remarks

In this article, we have presented ideas for "cripping" compassion and building compassionate futures, whereby we take the stance that disabled people's embodied wisdoms are essential knowledge for creating inclusive futures. In doing so, we have presented the personal stories of disabled people and non-disabled allies regarding their hopes for claiming, demonstrating, and mobilising compassion, with each having the value of disability placed firmly at its centre. Our novel compassion framework provides opportunities for implementing "cripped" compassion, for without this, the inequitable status quo in favour of non-disabled people will inevitably continue to dominate scholarship.

Furthermore, we as authors contend that mobilising compassion from a cripped perspective is a deliberate and political act of defiance (e.g., Whitebrook, 2002). That is, disabled people and stakeholders responsible for upholding bureaucratic norms can reconsider, reevaluate, and challenge through applying "cripped" compassion, the taken-for-granted norms that favour non-disabled bodies while pathologising disabled bodies. It is at this moment that the act of building compassionate futures can begin, whereby collective value, mutuality, and collaboration can reframe societal inclusion from a disability activism perspective.

A potential limitation of our findings, and subsequently, the construction of the framework, is that reported experiences of compassion come from a narrow group of disabled people and non-disabled allies. Moreover, because we did not collect participant demographic information, such as gender or nature of impairment in order to ensure anonymity of all involved, we cannot make any claims regarding intersectional influences. It may be anticipated that compassion is viewed and expressed differently depending on the level or type of impairment, and similarly, how bureaucracy operates within this, for instance, those who live with a congenital impairment versus those who have acquired their impairment or become disabled (e.g., Parfitt et al., 2021; Stuntzner, 2017; Stuntzner & Dalton, 2014). While our "cripped" compassion framework provides a novel approach to discussions regarding disability and compassion, we stress the need for further research in this area to support our claims made in this article.

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Conflict of Interests

The authors declare no conflict of interests.

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