

Understanding and Unlearning ABLEISM

Dr. Teara Flagg Lander

Ground Rules

- Speak your truth with care
- Allow room for feeling in the room
- Listen *to learn*
- What is said here stays here; What is learned here leaves here
- Challenge yourself. Be honest with yourself
- Don't judge *others*. Don't judge *yourself*

Today's Training:

- Understanding terms and concepts
- Identifying key events that shaped and re-shaped definitions of disability
- Recognizing ableism in ourselves, our community and institutions
- Recognizing the barriers affecting people living with disabilities

Icebreaker:

Think about a time when you fell ill, or broke a bone. Think about the kinds of changes that happened in your life.

- What was it like to have that condition?
- What “limits”/changes did you experience with that condition?
- How did you find out that you had the condition? If it was “diagnosed” by a doctor or clinician or other professional adult, how did it feel to be “diagnosed”?
- How did you and others around you feel/act about having that condition?
- How did their actions, if any, make you feel about yourself?
- How does it feel to talk about this with other people?
- **Let me begin!** *(You do not have to share if you do not want to/feel comfortable doing so)*

What Does Unlearning Mean?

Knowledge = Capacity to Act

Experiential Learning = Process whereby knowledge is created
through the transformation of experience

Unlearning = Process whereby people overcome their ways of
thinking and reasoning to improve their capacity to
create new knowledge

What is Disability?

A common and natural condition and experience

- One in five people has a disability
- LARGEST **minority group** in the US (20%)
- A **minority group** you don't have to be born into to join

Being labeled “disabled” depends on where, when and with whom you live.

Here and now, what does *disability* mean?

An individual who:

- Has a **physical or mental impairment that substantially limits** one or more of that person's major life activities
- Has a **record** of such an impairment
- Is **regarded as having** such an impairment
- Vast diversity in terms of **severity, duration and impact**

Disabilities are classified variously as:

A physical disability or condition:

Bodies that are different or move differently

A sensory disability or condition:

Bodies that sense differently

A mental health diagnosis:

May be temporary, recurring or lifelong

A cognitive disability:

Learning disabilities, brain injuries or developmental disabilities like autism or Down Syndrome

OTHER Variations in Disability Types

Adult Onset



Image Description: A dark-haired, smiling man with a goatee and moustache in formal clothes. On the left side of the image is a badge for National Brain Injury Awareness Month.

Developmental



Image Description: A dark-haired baby with wispy hair dressed in a pink and white suit crawls along a brown carpet.

Not All Disabilities Are Permanent, BUT Some Examples Include...

- Fragile X Syndrome,
- Muscular Dystrophy,
- Cerebral Palsy,
- Trisomy 18,
- Traumatic Brain Injury,
- HIV/AIDS,
- Scleroderma.
- Amputation,
- Multiple Sclerosis,
- Schizophrenia,
- Down Syndrome,
- Autism Spectrum Disorder,
- Rhett's Syndrome,
- Prader-Willi Syndrome,
- Fetal Alcohol Spectrum,
- ALS,
- Alzheimer's,
- PTSD

OTHER Variations in Disability Types

Visible



Image: The image shows an amputee in a yellow jacket and blue pants with sunglasses skiing down a slope.

Invisible



Image description: A dark-haired man with striking eyes looks out the corner of his eyes at the camera.

OTHER Variations in Disability Types

Nominally impairing



A group of people using crutches play football, wearing yellow and red football jerseys and shorts.



A young person with Down's syndrome in formal clothing conducts music.

Significantly impairing



A blind person standing next to a dog who appears to be in a harness.



A disabled person with a mustache dives into a pool.

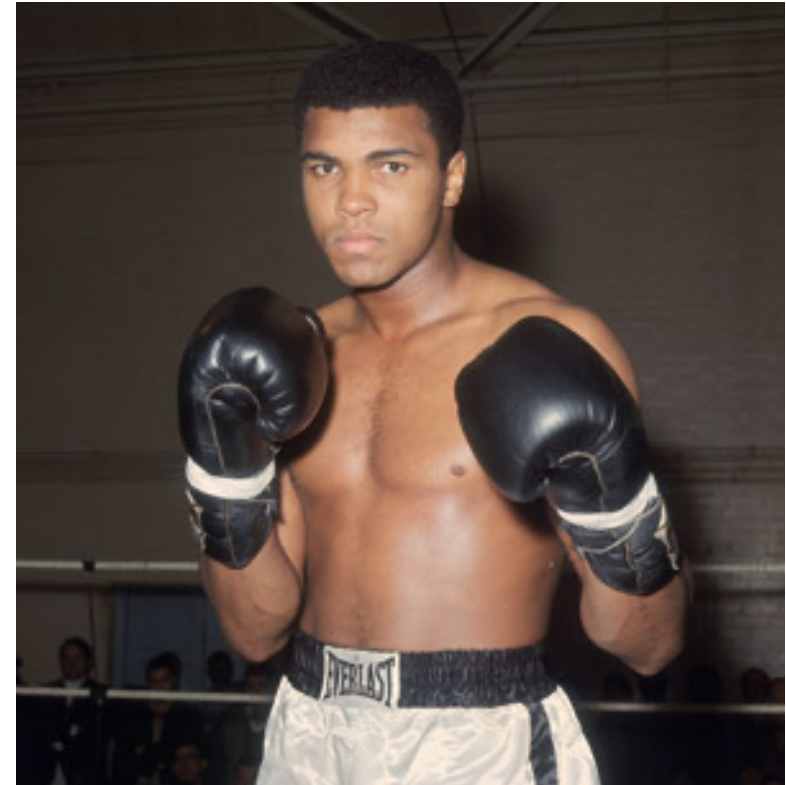
OTHER Variations in Disability Types

Stable



The image shows a disabled dancer in a red shirt and black shorts in what looks like a dance studio

Progressive



The image is a color photo of Muhammad Ali, wearing boxing gloves and white shorts.

Disability is Not, However, Just a Diagnosis

- **Social, spatial, structural and institutional** factors render impairment/diagnosis more or less disabling
- The ‘social model of disability’ is a useful way of thinking about disability and people with disabilities

Examples:

- Unable to drive a car
- Unable to complete mathematic computations

But, how “disabled” are these people if they:

- Have adequate public transportation?
- Use assistive technology like iPhones?

Can you think of other examples in which our
university/campus/city may make an
impairment/diagnosis more 'disabling' rather
than inclusive or enabling?

Social, Spatial, Structural and Institutional

WHAT IS ABLEISM?

- The systematic privileging of bodies and minds that are seen as:
 - “Normal”
 - “Able”
- Promotes notion that some people are “not normal” and therefore “lesser than”
- Discrimination or prejudice based on the belief that PWD need to be ‘fixed’ or cannot function as full members of society

Ableism is...

using the 'disability' label to intentionally or unintentionally exclude persons by evoking

- structural barriers
- barriers to events and services

Result: Barriers limit participation of people with disabilities in community and membership organizations, including leadership roles

Ableism ...

Assumes people with disabilities don't have a unique personality, interests, sexuality, dislikes, talents and dreams

Assumes people with disabilities cannot be included because the planning would be too challenging

Assumes people with disabilities only want to socialize with others who have disabilities

Creates “special” disability events instead of events welcoming to all persons

Exercise I

Exploring Ableism in Society: How Does Popular Culture Represent Disability?

- In books
- In film
- In social media
- In TV
- In the news

What routine stereotypes about disability do we use and see?

Since this may seem a little
overwhelming,
let's look at the HISTORY OF
ABLEISM

*If you want to understand
today, you have to search
yesterday.*

~Pearl Buck

Ableism in Policy: Disabled People in Institutions

- Beginning in the 1800s, one of the ways that we responded to disability was through institutionalization:
- In mental health crises
- Accused of violent behavior or immoral behavior
- Had addictions
- Had incurable and infectious diseases
- Had disabilities
- Were called inmates



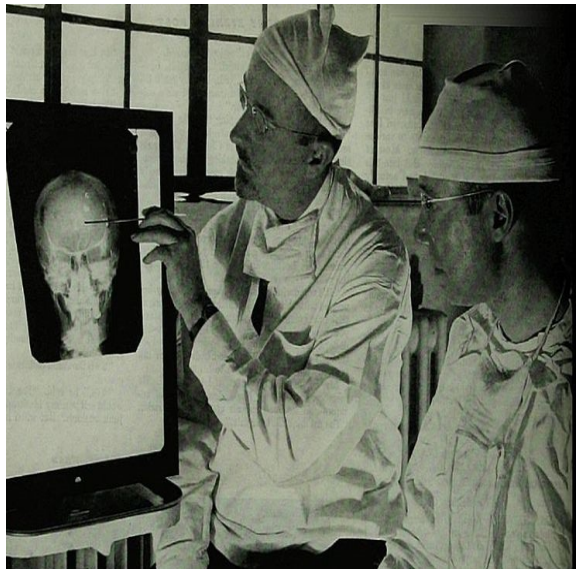
Ableism in Policy: Disabled People in Institutions

Point was not to treat or rehabilitate disabled people, but to confine, isolate and segregate them from able-bodied population.

Truly horrific conditions:

- ‘Warehousing’ approach: children with adults (resulting in routine sexual/physical/emotional violence)
- ‘Inmates’ often naked, near naked
- Poor nutrition
- Ice baths, chains etc.
- Oppressive restraints, irrespective of context

Controlling Behavior, Limiting Personhood and Dignity





CHEROKEE INSANE ASYLUM

The Home for
the Insane,
Deaf, Dumb
and
Blind of the
Cherokee
Nation -- Park
Hill

by Charles Steen,
MD.

Oklahoma's History of Institutionalization



SUNDAY, OCTOBER 6, 1946.

THE DAILY OKLAHOMAN

D—SEVEN

Public Apathy Is Given Full Blame For Conditions In Mental Hospitals

EDITOR'S NOTE: This is the concluding article in a series written by a Daily Oklahoman reporter on conditions existing in the state's hospitals for the mentally defective. This number deals mainly with what appears to be necessary to remedy a situation in which no one in Oklahoma can take any pride.

By MIKE GORMAN

MAN'S inhumanity to man is nowhere so evident as in our mental hospitals. . . All too frequently the public is content to delegate it's conscience to public officials in order that it may wash its hands of matters which it should make its concern.

"The loss of the individual and to the community through mental ill health is staggering. In its seriousness, it is not approached by any other disorder.

"In common humanity and respect for the individual, the care of the mentally ill should become a matter of concern to

tal patients; yet, for every \$10 expended for physical health services, only \$1 is spent for mental health.

Each year, the general public contributes about \$48 million to fight disease—cancer, infantile paralysis, tuberculosis, and others. More than \$14 million goes to 630,000 tubercular cases; \$10 million to 123,000 cases of infantile paralysis, and \$1 million to 700,000 cases of cancer.

Yet, for over 10 million cases of mental illness, a far larger number than all other illnesses combined, we spend \$300,000—less than one-half cent of every dollar contributed to fight illness!

Still worse, we Oklahomans turn the other way when confronted with figures which show our state to have one of the worst records in the country. We are 48th in per capita expenditure per patient, 43rd in number of doctors per patient, 48th in number of nurses per patient, and 41st in number of employees per patient. Our expenditure is 20 cents a

"Partly due to the stigma that has shrouded insanity, partly due to a lack of general recognition of the severity of the problem, we, the public, you and I as individuals, have not taken the necessary action—to inform our legislators we desire and are willing to pay for community clinics, training centers, research laboratories and higher standards in our mental institutions."

This, then, is the first step—an aroused citizenry must demand that the legislature appropriate sufficient monies to wipe out the manifold abuses inherent in our system of caring for our mental cases.

Every committee which has made a survey of the status of the mentally ill in Oklahoma has recommended that the supervision of state institutions be given over to a separate department.

IN 1937, the National Mental Hospital Survey committee wrote: "The board (state board of public affairs) has more functions than it can properly administer under present arrangements. A board



Niggardly appropriations from the state are responsible for conditions like this in one of Central State hospital's cafeterias.



Oklahoma's Special
Schools and orphanages
were segregated



—Daily Oklahoman Staff Photo

A dreary dayroom scene in the State Hospital for the Negro Insane at Taft. Mentally ill children, mental defectives, epileptics, and seniles mix with one another in violation of all state and national psychiatric standards.

Ableism in Culture: the Freak Show



Che-Mah, the 'only Chinese dwarf', 1851
Source:
disabilityhistory.org



Mille and Christina, 'Siamese twins', born into slavery in 1852. Brought from their original owner, \$30,000, Source: disabilityhistory.org





“No person **who is diseased, maimed, mutilated or in any way deformed so as to be an** unsightly or disgusting **object** or improper person to be allowed in or on the public ways or other public places in this city, shall therein or thereon expose himself to public view, under a penalty of not less than one dollar nor more than fifty dollars for each offense.”

Ableism in Law: The ‘Ugly Laws’

Ableism in Law: Compulsory Sterilization in Oklahoma

- Timeframe: 1930's – 1970's
- Approximately, 600 individuals were sterilized of whom about 78% were female, almost equally split between those deemed to have intellectual disabilities vs. a mental illness (also those with criminal history).
- State law permitted these sterilizations up to 1955 but the practice continued without informed consent into 1970's.
- Native American women were especially targeted. Dr. Connie Uri wrote about these at the Claremore Indian Health Services facility in 1974.

Truly, we've done more
to isolate, criminalize, label,
& remove the basic dignity & human rights
of Americans with disabilities
in the last hundred years
than all the centuries before, *combined*.

History is not always a straight line of progress.

The Disability
Rights Movement
insisted PEOPLE
weren't the
problem,
our LAWS and
BELIEVES were!



EXERCISE II

Think about the words we use to refer to disability in everyday language.

- We use words casually, and sometimes too casually. Sometimes we use disability as an insult. Please think about this, and write down words that you have heard—either referring directly to people with disabilities, or indirectly using disability as an insult.

How Do I Unlearn?

Awareness of your ways of thinking based on past experiences, beliefs, and models

Unlearning = Process whereby you overcome your ways of thinking and reasoning to improve your capacity to create new knowledge

Acting: reshape your behavior according to the new knowledge you created

What's Not Working?

- Adequacy of facilities in particular buildings
- Non-apparent disabilities
 - Fears associated w/ disclosure
 - General campus awareness
 - Accessibility Upgrades/Emergency Response

How to Initiate Change...A Final Note

- Accept and recognize that disability oppression exists
 - That it is not another 'fad'.
- Awareness of personal biases, stereotypes and privilege
- Reflection on practices, privilege, biases on a regular basis.
- Act: identify and remove barriers in daily routines and processes, remove medical model practices and replace them by inclusive, social model practices



Teara Flagg Lander, Ed.D

Teara.lander@gmail.com

Thank You for Attending