Overview of Disability and Etiquette: handouts

Overview of Disability and Etiquette (PowerPoint, 36 pages)

Common Myths and Misconceptions About Disability (Together We Rock! 4 p.)

Basic Etiquette: People with Disabilities (1 p.)

What Do We Mean By the Term "Disability"? (1 p.)

Watch Your Language! (2 p.)

Person-First versus Identity-First (2 p.)

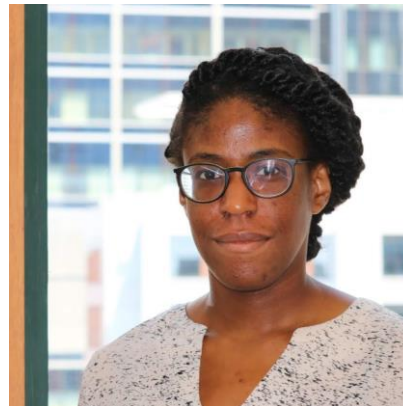Addressing Mental Health Disorders in the Classroom (TEACH Magazine, 4 p.)

How to Avoid "Inspiration Porn" (Forbes Magazine, 7 p.)

Overview of Disability and Etiquette

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Disability Overview & Etiquette

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Welcome to Part 2 of a 3-Part Webinar Series

1. **Students with Disabilities: Legal and Practical Issues**

2. **Disability Overview and Etiquette**

3. **Universal Design**
(January 22nd - 3:00 to 4:15)

DISCUSSION

- When we say the term "disability", what types of conditions come to mind?

EXAMPLES OF DISABILITIES

- paralysis
- blindness or visual impairment
- deafness or hard of hearing
- intellectual disabilities
- learning disabilities
- psychiatric disabilities and mental health conditions
- chemical sensitivity
- epilepsy
- head injuries
- cerebral palsy
- chronic health or physical issue
- autism
- HIV/AIDS

OLD DISABILITY PARADIGM

- View/treat people with disabilities as "defective" in need of "fixing"

- Disability = unable, incapable

- Individual is to overcome limitations caused by disability in order to participate in society

- **Approach:** out of sight, out of mind

SOURCE: Robert Silverstein, *Emerging Disability Policy Framework*

NEW DISABILITY PARADIGM

- **Disability:** *natural part of human experience* that in no way diminishes a person's right to fully participate in all aspects of life

- **Mission of public policy:**
  Fix environment, *not individual*

SOURCE: Robert Silverstein, *Emerging Disability Policy Framework*

"My disability exists
not because I use a wheelchair,
but because the broader environment
isn't accessible."

- Stella Young

- **12%** of people in Massachusetts identify as having a disability

- Self-awareness and self-perception of disability varies

- Many disabilities are non-apparent or "hidden"

- Impact of disability on person's life varies

People with Disabilities
Are More Likely to Be:

- Unemployed
- Live in poverty
- Poorly educated
- Socially isolated

1. People are defined by their disability.
2. People with disabilities are "courageous", "inspirational".
3. People with intellectual disabilities are "eternal children".
4. People with disabilities are "special".
5. People with disabilities should be pitied.
6. People with mental health issues are dangerous.

Basic Etiquette

- Avoid stereotypes
- Don't presume someone does or does not have a disability
- Don't presume what someone needs or doesn't need
- Assume capability
- Ask before helping
- Don't hesitate to ask
- Respect and connect with the person as an individual
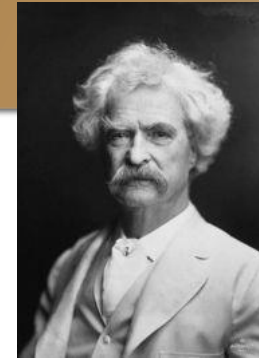- Respect people's privacy
- Don't be patronizing

LANGUAGE:
PEOPLE FIRST
vs.
IDENTITY FIRST

*"The difference between
the right word and the almost-right word
is the difference between
lightning and the lightning bug."*
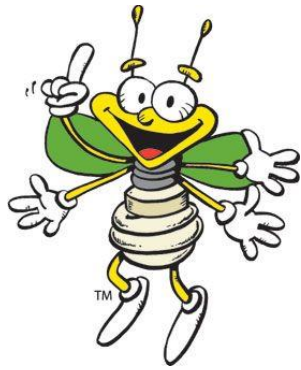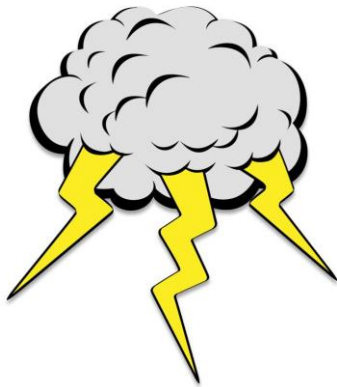
- Mark Twain

PERSON FIRST LANGUAGE

- Use **person first** in a phrase
- Disability as a **secondary** aspect of a person
- **Examples:**
  - ➤ "Person with a disability"
  - ➤ "Woman with cerebral palsy"
  - ➤ "Student with an intellectual disability"
- ➤ Affirms person has value and worth, and disability is separate from self-worth

Identity First Language

- Use **disability first** in a phrase

- Disability as an **inherent aspect** of a person

- **Examples:**
  - "A disabled person"
  - "Autistic person"
  - "Deaf person"
  - "I'm bipolar"

- Recognizes, affirms, validates an individual's identity as a disabled person

Tips for Navigating

THERE IS NO *"ONE SIZE FITS ALL"* APPROACH

- Don't presume

- Set **ground rules** for equal participation

- Cultivate a **safe space** for voicing and respecting different perspectives

- If there are varying opinions, **alternate facilitation language** frequently

LANGUAGE THAT SHOULD *NEVER* BE USED

- "Handicap"

- "Impaired"

- "Wheelchair bound" or "Confined to a wheelchair"

- "Suffers from"

- The "R" word

"I have a number of physical disabilities,
and I have no preference.
What matters to me is that the surrounding conversation indicates that whoever I'm talking with sees me as a person and respects me fully as such."

- Irina Greenman

The Best Term to Use to Describe Someone With a Disability?

Their Name

ISSUES REGARDING SPECIFIC DISABILITIES

➢ Conduct research online

➢ There is an association for everything

➢ Use state and local resources

- Create an atmosphere of general openness and welcoming to all

- Don't be afraid of saying or doing the wrong thing

- *Remember:* the individual is the best source of information

Discussion:
Creating a Welcoming Atmosphere in the Classroom

HANDOUTS

1. PowerPoint
2. Common Myths and Misperceptions About Disabi
3. Disability: What do we mean
4. Disability: Basic Etiquette
5. Disability language guide
6. People First vs. Identity First
7. Article: *How to Avoid Inspira Porn*
8. Article: *Addressing Mental Health Concerns in the Classroom*

"We deal with people that are struggling with mental illness, developmental delays, or different ways of being, and we still largely have [this idea] in our collective consciousness that they're to be put off to the side.
I know that by making a conscious decision to be present with these people and to support them, to go the extra mile, and to spend time with them helping them process things...I know that that works.
I know that people get led to their lives that way."
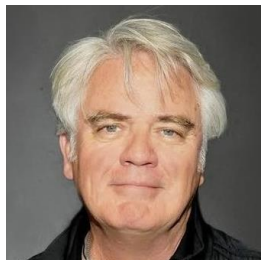
- Michael Harney, *Actor*

SABES program PD Center

NEXT WEBINARS IN THE SERIES:

- Part 3 - *Universal Design* Wednesday January 22nd, 2020. 3:00 - 4:15pm

REGISTER HERE: https://www.sabes.org/calendar

Ask for resources on past webinar:

dani_scherer@worlded.org or ruzica_banovic@worlded.org

WORLD EDUCATION

Common Myths and Misconceptions About Disability

Myths, stereotypes and stigma about disability are barriers to the realization of the human rights of people with disabilities.
Disabled Peoples' International

Myths and misconceptions about disability are common. These incorrect assumptions are often triggered by fear, lack of understanding and/or prejudice. Promoting negative images of disability is a form of discrimination because it creates barriers to full citizenship for people who have a disability. Common myths and stereotypes that emerge repeatedly in society include the following assumptions.
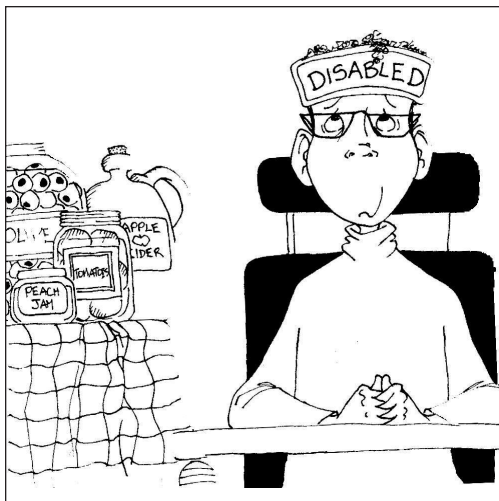
Myth: A person's disability defines who they are as an individual.

People often label individuals with a disability according to their condition or limitations. It is common in our daily lives to hear references such as "the disabled" or "the epileptic." Individuals with disabilities are people first. Remember the slogan "Label Jars, Not People."

Myth: People with disabilities are sick and in constant pain.

People with disabilities are like people without disabilities. People get sick on occasion or sometimes may be in pain. People with disabilities typically do not suffer or experience pain due to their condition.

Myth: People with disabilities are brave, courageous and inspirational for living with their disability.

People with disabilities are often portrayed as superhuman or courageous as they triumph over adversity. George Covington, a writer who is blind, has said, "We're seen as inspirational, and inspiration sells like hotcakes. My disability isn't a burden: having to be so damned inspirational is."
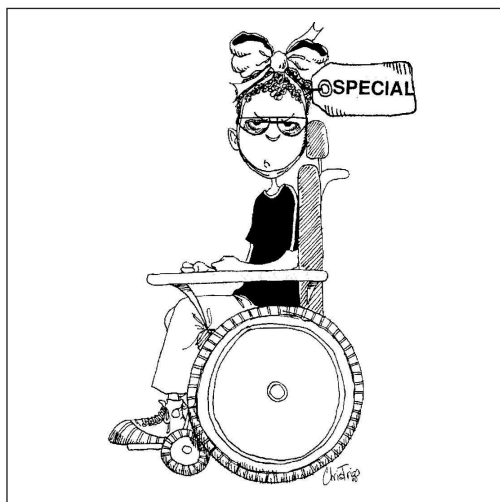
Myth: People with disabilities are special and should be treated differently.

The label of "special" in reference to a person with a disability does not convey equality. Expectations for success should not be underestimated to accommodate the "special" label that is associated with people with disabilities.

Myth: Disability is a personal tragedy and deserves our pity.

Disability is often viewed as an unending burden. People with disabilities are often viewed as tragic figures whom society should pity. Disability does not mean a poor quality of life. It is often the negative attitudes of society and the lack of accessibility within the community that are the real tragedy.

Myth: People with disabilities are dependent and always need help.

All of us may have difficulty doing some things and may require assistance. People with disabilities may require help on occasion; however, disability does not mean dependency. It is always a good strategy not to assume a person with a disability needs assistance. Just ask!
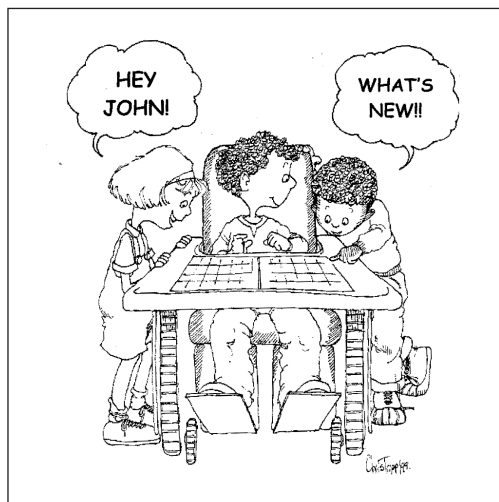
Myth: People with disabilities want to associate with each other.

Relationships and friendships are a matter of personal choice. People with disabilities may share similar characteristics; however, it should not be assumed that everyone wants to associate or develop friendships with each other.
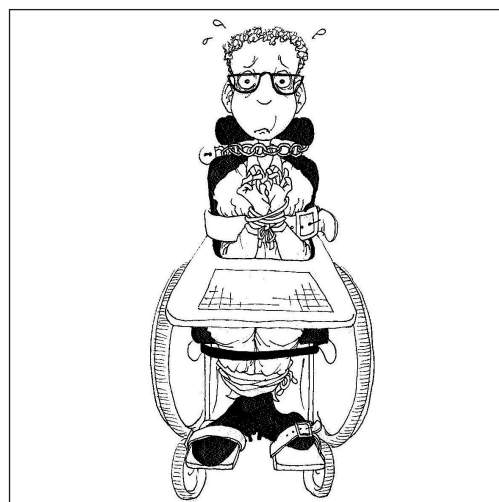
Myth: People are confined to their wheelchair.

People with disabilities typically do not view themselves as "confined" to their wheelchair.
In the same way, a person without a disability is not described as confined to their car. A wheelchair, like an automobile, is a form of mobility that contributes to a person's independence.

Myth: People with disabilities are a one-dimensional group.

There are societal assumptions that tend to view people with disabilities as a one-dimensional group who all have the same needs, interests and opinions. People with disabilities reflect the same diversity that exists in the rest of society, including varying social, economic, cultural, family and educational characteristics. The viewpoints expressed by an individual with a disability are not representative of those of all people with disabilities.
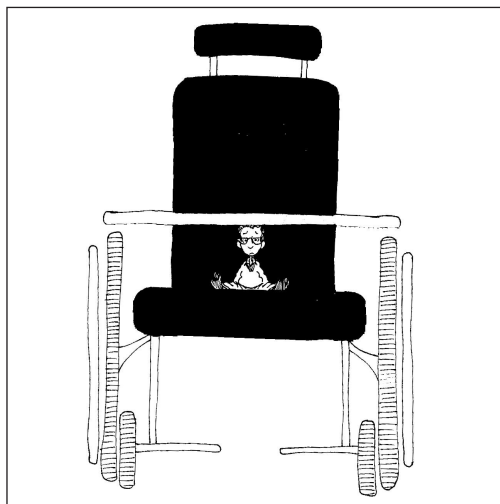
Myth: People with disabilities cannot lead a full and productive life.

People with disabilities are capable of fully participating in community life. The challenge is to focus on a person's ability, not their limitations. Researchers at Dawson College and MacKay Centre in Montreal remind us: "Mechanics who are blind, nurses who are wheelchair users, teachers who are hard of hearing, painters without arms, and chemists with shaky limbs - it's all been done!"

TOGETHER WE ROCK!
Building Accessible and Inclusive Communities

Basic Etiquette: People with Disabilities

1. **Use "Person First" language as a default, but recognize that some people prefer "Identity First"**
   Examples: Person First: "person with a disability" not "the disabled"
   Identify First: "a blind person" not "person who is blind"

2. **"Disability" is the most generally accepted term -- not "handicap"**

3. **Offering Assistance**
   - It is okay to offer assistance
   - Ask before providing assistance
   - Once the offer for assistance has been accepted, ask for instructions and clarify what kind of assistance the person wants.

4. **Respect all assistive devices (i.e., canes, wheelchairs, crutches, communication boards, etc.) as personal property.** Unless given specific and explicit permission, do not move, play with, or use them.

5. **Do not pet or play with an individual's service animal.**

6. **Always direct your communication to the individual with a disability.** If a person is accompanied, do not direct your comments to the companion.

7. **Remember that people with disabilities are interested in the same topics of conversations as people who do not have disabilities.**

8. **Use a normal speaking tone and style.** If someone needs you to speak in a louder voice, they will ask you to do so.

9. **Remember that people with disabilities, like all people, are experts on themselves.** They know what they like, what they do not like and what they can and cannot do.

10. **Make eye contact and don't avoid the person with a disability.**

11. **Assume people with disabilities are capable.** Do not underestimate their capabilities.

12. **When introduced to a person with a disability, it is appropriate to offer to shake hands.** People with limited hand use or who wear an artificial limb can usually shake hands. (Shaking hands with the left hand is an acceptable greeting.)

13. **Fully include people with disabilities in all activities.**

14. **Respect people's right to privacy.** Don't make unnecessary inquiries regarding people's conditions, and don't share information with others that should remain private.

15. **Treat adults as adults.** Address people who have disabilities by their first names only when extending the same familiarity to all others.

What Do We Mean By the Term "Disability"?

"Disability" includes a wide range of conditions.
A few examples:

- paralysis
- blindness or visual impairment
- deafness or hard of hearing
- intellectual disabilities
- learning disabilities
- psychiatric disabilities and mental health conditions

- chemical sensitivity
- epilepsy
- head injuries
- cerebral palsy
- autism
- HIV/AIDS
- and many others

Disability impacts people's lives in a wide variety of ways, and the level of impact can range from minimal to extensive. In some cases, a person's disability is a minor inconvenience, something that is controlled through medication, or requires some simple adaptations. In other cases, a person's disability plays a major role in their lives, impacting their ability to earn a living, to participate in activities in the community, and to do many of the things that many non-disabled people take for granted in their daily lives.

Disabilities are often not apparent. Learning disabilities, psychiatric disabilities, epilepsy, and multiple sclerosis are just a few of the many disabilities that are often "hidden". Never presume that someone doesn't have a disability just because it is not readily apparent.

Disability is a natural part of the human existence. There has been a major shift in our society's view of disability. Disability used to be seen as an aberration, something that had to be "fixed" before a person could fully participate in their community. A more progressive view is that disability is simply part of a person's identity, not something to be fixed, and that people with disabilities have the same right as anyone else to full participation in society.

Legal definitions vary considerably. A person may be considered "disabled" under the Americans with Disabilities Act but not by their state's vocational rehabilitation agency. Also, particular conditions specify the criteria that a person must meet in order to have that condition. For example, not all people who wear glasses have a visual impairment. The following are some important legal definitions of "disability":

> Americans with Disabilities Act (ADA)
> A. a physical or mental impairment that substantially limits one or more of the major life activities of such individual;
> B. a record of such an impairment; or
> C. being regarded as having such an impairment.

> Social Security The inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment(s) which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months.

> Rehabilitation Act The term "individual with a disability" means any individual who
> - (i) has a physical or mental impairment which for such individual constitutes or results in a substantial impediment to employment and
> - (ii) can benefit in terms of an employment outcome from vocational rehabilitation services.

Institute for Community Inclusion, *UMass Boston* – www.communityinclusion.org

Watch Your Language!

The words we use to describe one another can have an enormous impact on the perceptions we and others have, how we treat one another, mutual expectations, and how welcome we make people feel. The following are guidelines for talking with, and about, a person with a disability. While these guidelines can be helpful, keep in mind the following:

- If you're unsure of the proper term or language to use, ask!
- The best way to refer to someone with a disability is the same way we all like to be referred to: by name.

GENERAL GUIDELINES		
OUTDATED OR OFFENSIVE	REASON(S)	CURRENTLY ACCEPTED *
Handicapped	Outdated; connotes that people with disabilities need charity. Disabilities don't handicap: attitudes and architecture handicap.	People with disabilities
Admits she/he has a disability	Disability is not something people "admit" to or needs to be admitted to.	Says she/he has a disability
Normal, healthy, whole (when speaking about people without disabilities as compared to people with disabilities)	People with disabilities may also be normal, healthy and whole. Implies that the person with a disability isn't normal.	Non-disabled Person without a disability
Courageous	Implies person has courage because of having a disability.	Has overcome his/her disability Successful, productive
SPECIFIC DISABILITIES & CONDITIONS		
Deaf and dumb Dumb Deaf-mute	Implies mental incapacitation; Simply because someone is deaf does not mean that they cannot speak.	Deaf Non-verbal Hard of hearing Person who does not speak Unable to speak Uses synthetic speech
Hearing impaired Suffers a hearing loss	Negative connotation of "impaired", "suffers"	Deaf Hard of hearing
Slurred speech Unintelligible speech	Stigmatizing	Person/people with a communication disability Person/people with slow speech

Confined to a wheelchair Wheelchair-bound	Wheelchairs don't confine; they make people mobile	Uses a wheelchair Wheelchair user Person who uses a wheelchair
Cripple Crippled	From Old English, meaning "to creep"; was also used to mean "inferior"; Dehumanizing	Has a disability Physical disability Physically disabled
Deformed Freak Vegetable	Connotes repulsiveness, oddness; Dehumanizing	Multiple disabilities Severe disabilities
Crazy Insane Psycho Maniac Nut Case	Stigmatizing Considered offensive Reinforces negative stereotypes	Behavior disorder Emotional disability Mental health issues Person with mental illness Person with a psychiatric disability
Retarded Retardate Mentally defective Slow Simple Moron Idiot	Stigmatizing; Implies that a person cannot learn	Intellectual disability Developmentally delayed Developmental disability
Mongoloid	Considered offensive	Down syndrome
Stricken/ Afflicted by MS	Negative connotation of "afflicted", "stricken"	Person who has multiple sclerosis
CP victim	Cerebral palsy does not make a person a "victim"	Cerebral palsy
Epileptic	Not "person first" language; Stigmatizing	Person with epilepsy Seizure disorder
Fit	Reinforces negative stereotypes	Seizure
Birth defect	Implies there was something wrong with the birth	Congenital disability
Deinstitutionalized	Stigmatizing; groups people into one category; not focused on the individual	Person who used to live in an institution
Midget	Outdated term; considered offensive	Little people Dwarf Dwarfism

PERSON-FIRST

VERSUS

IDENTITY-FIRST

COMPARING THE TYPES OF DISABILITY LANGUAGE

Person-first language mentions personhood first in a phrase.	Identity-first language mentions disability first in a phrase.
It indicates a disability as a secondary aspect of a person.	It indicates a disability as an inherent aspect of a person's identity.
"A person with a disability..."	"A disabled person..."
We affirm that the person has value and worth, and that disability is entirely separate from self-worth.	We recognize, affirm, and validate an individual's identity as a disabled person.

PERSON-FIRST

V E R S U S

IDENTITY-FIRST

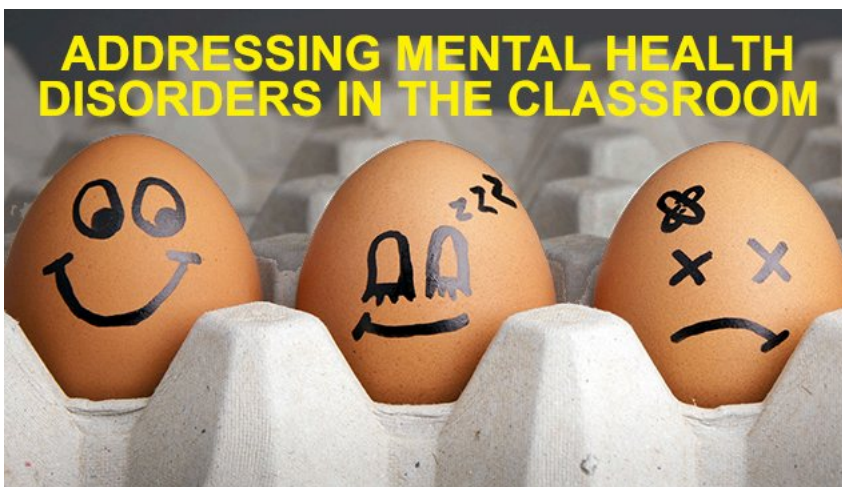---

TIPS FOR NAVIGATING DISABILITY LANGUAGE

- **Ask your audience about the language they feel best represents them.** This can be achieved by verbally posing a question to the group, or collecting written opinions via a survey or other mechanism for feedback. Also, ensure the availability of an option for attendees to speak directly to someone from your staff for any concerns regarding inappropriate or offensive language.

- **Remember, there is no "one size fits all approach" to disability language.** Set ground rules for equal participation amongst all group members and cultivate a safe space for voicing different perspectives. For example, persons with physical disabilities may prefer person-first, while members of the blindness community may prefer identity-first language. If there are varied opinions, alternate facilitation language frequently to acknowledge both ways of identifying.

- **Provide educational resources about disability terminology to your group.** Though there is no right or wrong way to reference a disability type, informing the group about disability community perspectives on language can help alleviate confusion regarding opposition to specific terms and labels. Facilitators should also practice cultural competence when using disability language in multicultural settings.

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LATEST ISSUE

Mental Health & Well-being (https://teachmag.com/archives/category/mental-health-well-being), Popular (https://teachmag.com/archives/category/popular)

## Addressing Mental Health Disorders In The Classroom

Originally published March 2013

By Bruce Van Stone

There is often a prevailing image society has of someone with mental illness. The stereotype is of a person who is out of control, with a "crazy" look in their eyes, and is highly dangerous. That characterization is not only incorrect, but also insulting. Mental health disorders come in many sizes and shapes and there is not a one-size-fits-all method of addressing them. According to the Canadian Mental Health Association, about 20% of Canadians will personally experience a mental illness in their lifetime. However, from my own experience as a teacher, I know that a much larger number of youth are never diagnosed. Educators are often in the front lines of their students' lives so not only are they sometimes the first to notice symptoms of mental illness, but they strongly influence how students perceive mental health. While teaching, I was always aware of instructional strategies and practices that can help their students meet their full potential. I would

(https://teachmedia.squarespace.com/)
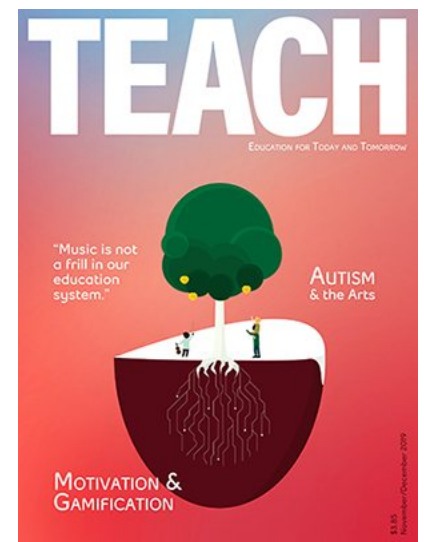
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PROVINCE/STATE OR OTHER *

Grade Level Taught *

○ PRE-K

○ KINDERGARTEN

○ ELEMENTARY

○ MIDDLE SCHOOL OR JUNIOR HIGH

○ HIGH SCHOOL

○ OTHER

like to share these strategies that I have used to address mental health in the classroom. Please keep in mind that every child is different and that with each disorder, there are varying degrees of symptoms and presenting issues.

I will begin my focus with the anxiety disorders that can manifest in different forms. Anxious students may be easily frustrated or be perfectionists, having difficulty completing assignments. Or, they may simply refuse to begin out of fear of failure. This can lead to absenteeism to avoid embarrassment.

Here are some strategies that I have used effectively for students suffering anxiety:

- Allow flexible deadlines when they find a particular assignment worrisome.
- Encourage accountability and follow-through, but not in ways that promote stress and discomfort.
- Provide choices for assignments and help them feel like they have some control over their environment.
- Ensure they write down assignment instructions correctly.
- Post the daily class schedule so students can know what to expect.
- Encourage involvement in extra-curriculars to help alleviate some anxiousness through exercise and a sense of social belonging.
- Model calmness and self-control.

Bipolar disorder is another illness that is seen by teachers in the classroom. Students may experience fluctuations in mood, energy levels, effort, and motivation that may occur many times a day, daily, in specific cycles, or during certain seasons of the year. As a result, a student with bipolar disorder may have difficulty concentrating, understanding assignments that have many parts or that have complex directions and may become defiant when confronted about their classwork.

Here are some suggested instructional strategies:

- Divide assigned readings into manageable segments and monitor the student's progress, checking comprehension periodically.
- When a student's energy is low, reduce academic demands; when their energy is high, increase them.
- Identify a place where the student can go for privacy until he or she regains self-control.
- If a student becomes defiant, do not argue with them; instead, concentre on calming him or her down.
- Regularly check in with the student's parents so that you can share your observations and better understand their cycles of mood fluctuations more effectively.
- If the student is willing, talk to him or her about their cycles and how they would prefer you to respond to their episodes.
- Correct other students who attempt to "stigmatize" or "label" a classmate who is experiencing mood or energy fluctuations.

Depression is another disorder students may be experiencing. They may display a marked change in their interest in schoolwork and activities. Their grades may drop significantly due to lack of interest, loss of motivation, or excessive absences. They may withdraw and refuse to socialize with peers or participate in classroom-based group projects.

Here are some suggested strategies for addressing depression:

- Reduce some classroom pressures.
- Break tasks into smaller parts.

- Reassure students that they can catch up. Provide step-by-step instructions and be flexible and realistic with your expectations.
- Help students use positive statements about their performance and encourage positive and realistic goal-setting.
- Encourage gradual social interaction (i.e./ small group work). Ask students who are more social to help bring that student back into group discussions.
- Ask parents what would be helpful in the classroom to reduce pressure or motivate the child.
- Encourage physical activity that will assist the student in getting daily exercise.
- Never dismiss student feelings. Do not say "you will get over it" or "it's just a part of growing up."
- When students approach you about their depression, ask questions to help understand how they feel and what they are experiencing.
- Include information on depression in your teaching. Show students that there have been many famous and successful people who have had depression and overcame it.

Mental illness is still very misinterpreted and under-discussed in society and as a result, our youth often suffer in silence. They know that they don't feel right, but they are also aware that they may be called "crazy" or "nuts" if they come forward. Those labels and any stigmas attached to mental health disorders need to be extinguished and educators need to be at the forefront of such actions. Remind your whole class that those who suffer from mental health issues deserve the same respect and dignity as those who suffer from physical health issues. You can illustrate this through lessons on the effects of stigmatization, prejudice, and discrimination. If a student has been diagnosed and confides in you about their condition, I hope my suggested strategies help students reach their full potential in an inclusive, positive, and empathetic classroom environment.

Disclaimer: I am not an expert nor a clinician on this subject matter, but instead have used resources available to me while teaching in the classroom to implement such strategies. Here are the two resources I used for the article and in practice: Canadian Mental Health Association (www.cmha.ca), and Hazelden (www.hazelden.org).

Bruce Van Stone is a Learning Specialist-Bullying Awareness and Prevention at the New Brunswick Department of Education and Early Childhood Development.

‹ EDUCATOR REVIEW: TEACHERS AT THEIR BEST (HTTPS://TEACHMAG.COM/ARCHIVES/7176)

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How To Avoid "Inspiration Porn"

Andrew Pulrang Contributor ⓘ

Diversity & Inclusion

Exploring disability practices, policy, politics, and culture.
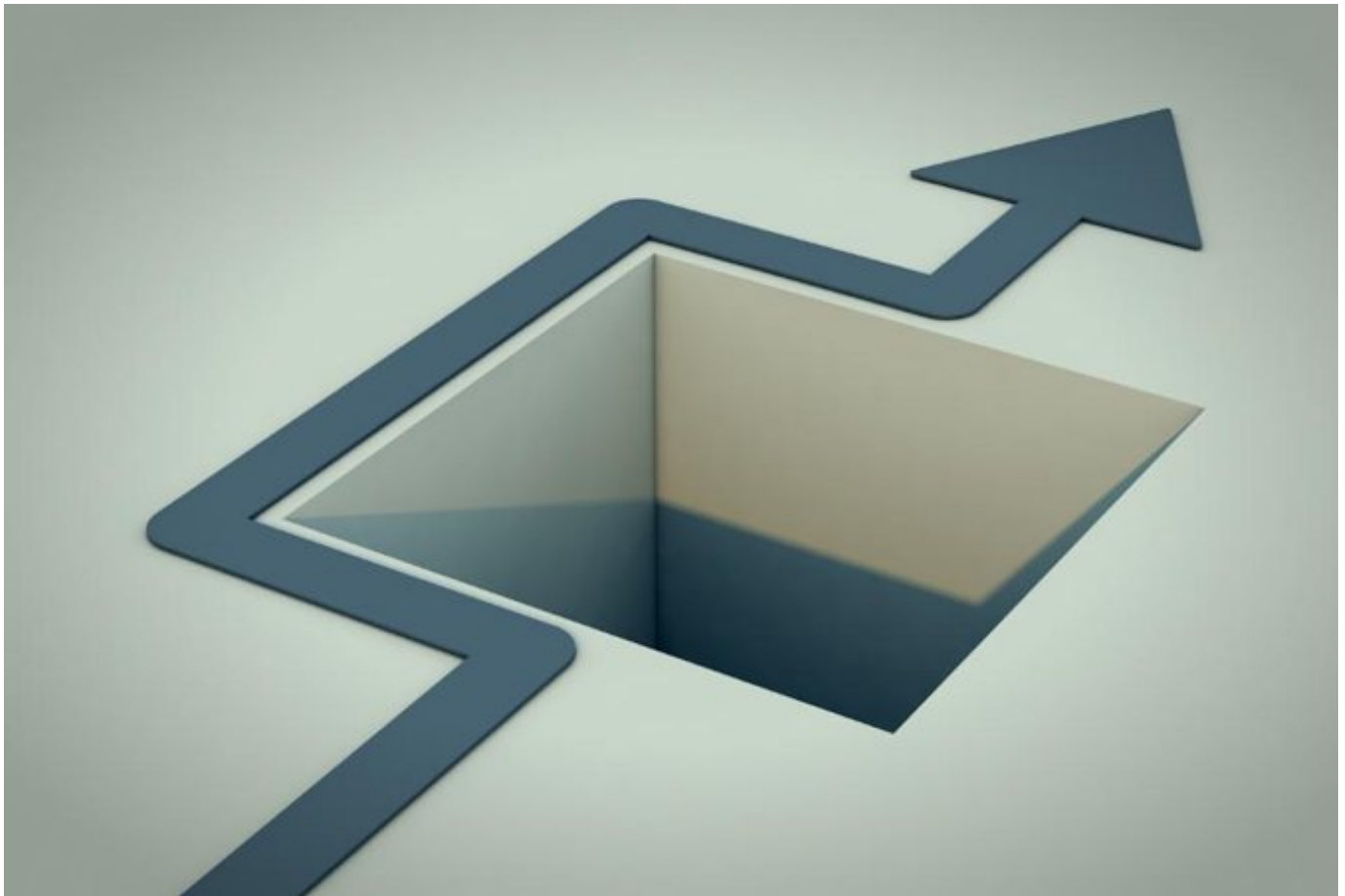
one hole in the floor with an arrow that avoids it (3d render) GETTY

People with disabilities have a variety of different views on how to educate the public about disability and increase acceptance of disabled people. But, while disabled people don't always agree on what exactly makes a disability depiction *helpful*, most

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about disabled people. They know these stories and images are meant well, but to most actual disabled people, they feel embarrassing and demoralizing.

This conflict, between the intent and effect of disability depictions has in recent years acquired a provocative but remarkably descriptive term: "Inspiration Porn." Understanding it and being able to identify its causes is vitally important for anyone who wants to understand disabled people.

What is Inspiration Porn?

Inspiration Porn is an informal term, coined by the late Australian disability activist Stella Young, for a loose genre of media depictions of disabled people. Watching Young's 2014 TED Talk is a good introduction:

Today In: Leadership ⌄

Inspiration porn and the objectification of disability: Stella Young at TEDxSydney 2014.

In the years since this talk "went viral," use of the term has expanded somewhat, to cover a wide array of media portrayals and uses of disability that share one or more of the following qualities:

- Sentimentality and/or pity

- An uplifting moral message, primarily aimed at non-disabled viewers

- Disabled people anonymously objectified, even when they are named.

Kristin Ginger, quoted in an article on disability and reporting for the National Center on Disability and Journalism, says of Inspiration Porn:

"It's well-intentioned, but those stories also can be very exploitative and they are very

limited in really getting to the heart of how people live and what they think and how they're affected by what's going on in our civic life."

The term caught on, especially in online disability discussions, because it aptly name an instinctive reaction most disabled people have always experienced, but had difficulty explaining. It captures a striking duality. Like actual pornography, Inspiration Porn provides kind of superficial pleasure and gratification for the viewe while objectifying , often harming the mostly passive subjects being looked at. It's a foundational topic for people with disabilities. Nearly every disabled writer, and writer on disability, eventually writes about Inspiration Porn, how they experience it and what it means to them. Here are just a few links to personal perspectives on the phenomenon:

Cara Liebowitz

Emily Ladau

David Perry

Kate Mitchell

s. e. smith

Dominick Evans

Meriah Nichols

Examples:

There is no precise definition of Inspiration Porn. It's still hard to describe. But it is easy to think of clear examples. For instance:

- News stories about a student with Down Syndrome being elected Prom King

Queen, depicted as an admirable act of charity.

- Profiles of disabled graduates that focus mostly on the sacrifices family members or friends who helped them get through school in the absence of personal care or accommodations.

- Video clips of restaurant employees helping a disabled customer eat.

- Memes and stock photos depicting smiling, athletic, conventionally-attractive people wheelchairs, sometimes with uplifting slogans about hard work, gratitude, or the value of a positive mental attitude.

None of the participants in these stories have done anything wrong, and the broad implications are mostly good. Judging them as Inspiration Porn isn't about criticizin what happens in these depictions, but rather how they were put together, by whom, and how they are used and circulated. In these depictions, the disabled person is usually silent, (sometimes not even informed their image is being used), the tone is infantilizing, and underlying questions of real accessibility and inclusion are papered over by a veneer of charity and moralizing.

Why is any of this a problem?

This might all just be a matter of taste, except that Inspiration Porn, which disabled people absorb over years of repetition, produces a number of corrosive effects:

1. It tends to convey a single feeling, paper-thin sentimentality, which crowds out all other possible interpretations. Instead of describing the complicated ups and downs of living with disabilities, showing us the varied personalities of disabled people, or calling attention to the real problems disabled people face every day, Inspiration Por pushes us towards a single "Awww" response, and one mood, a mix of condescension and pity.

2. As Stella Young described, the "positive" messages of Inspiration Porn stories, videos, and memes rely on an underlying assumption that disability is by default tragic. If disability isn't terrible, then depictions of brave, cheerful, accomplished disabled people wouldn't be particularly uplifting. This distorts our understanding of what disability actually is, in ways that reinforce rather than dismantle negative stereotypes.

3. Relentlessly repeated stories of admirable, charming, high-achieving disabled people tend to create misplaced pressures on other disabled people to behave in certain ways and achieve certain markers of success.

4. Stories of individual courage and perseverance in the face of "hardships" and "long odds" often mask more socially significant evidence of underlying injustice and systemic failures that could be fixed if properly faced and addressed.

5. More often than not, stories about disabled people are told from the point of view non disabled observers, leaving out the actual disabled person's personality and perspective.

6. Many stories that at first glance are about disabled people and disability themes, actually center on non-disabled people selflessly helping or including disabled people in everyday situations.

7. Disabled people are used as stock figures in larger cultural narratives about hard work, gratitude, and other "traditional" values. A disabled person lifting weights or working every day for less than minimum wage is a convenient, (and seemingly apolitical), object lesson for the rest of us to work harder, complain less, and be thankful for what we have.

Does all this mean we can't highlight successful disabled people, or tell optimistic stories of about disability? Are good deeds and kindness always exploitative and

embarrassing? Are we only allowed to report atrocities?

No. That's not what it means. Successful disabled people thoroughly and realistically portrayed are genuinely uplifting, including to other disabled people. And again, it's usually not the acts of kindness themselves that are the problem. It's how they are portrayed and interpreted, in the press and on social media.

How to avoid doing "Inspiration Porn":

Because Inspiration Porn is subjective, it's impossible to create a surefire checklist that guarantees someone won't be offended or put off by a disability story, image, or video. But a few basic practices can go a long way towards avoiding this problem, while still allowing ample room to discuss disability issues, and highlight disbaled people in popular media:

1. Stories about disability should *always* include ideas, impressions, and/or direct quotations *from actual disabled people.* There is simply no excuse not to. If a particular disability makes communication difficult, use whatever tools work best for them. If meaningful inclusion of disabled people isn't possible, for whatever reason, then don't do the story.

2. Photos and videos of disabled people should *never* be posted or shared without *fully informed consent* from the disabled person involved, and input into how their image and story will be used. If you weren't able to meet the person you just filmed, believe the person may be unable to give meaningful consent, don't post their images or use their stories.

3. If you tell a story of a disabled person's perseverance and triumph over "difficult circumstances," make sure to address what is causing those circumstances, what it means to other disabled people, and what changes might be made so disabled people don't have to struggle quite so much. Give readers some broader systemic change to

work for.

4. Don't speak of disability as an affliction, a burden, or a tragedy. Don't talk about disabled adults as if they are children, and never refer to the idea of someone having "mental age" less than their chronological age. Give a realistic picture of what disability entails, but don't over-dramatize it, and remember to also show the tools and supports the disabled person uses every day to function.

Finally, whenever possible, hand the pen, keyboard, microphone, or camera to the disabled person so they can tell their own story. Sometimes, that means passing on the irresistible chance to say something clever or show something cool about disabled people … something that's otherwise guaranteed to win Views, Likes, and Retweets. In the end, that may be the real challenge to avoiding Inspiration Porn … letting disabled people speak for themselves.

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I am a freelance writer with lifelong disabilities and 22 years experience as a service provider and executive in nonprofit disability services and advocacy. I write ab... **Read More**