DISABILITY

IN ENVIRONMENTAL EDUCATION

BEYOND CHECKLISTS: DEVELOPING A CRITICAL LENS

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INTRODUCTION

This zine was created to highlight the importance of **disability inclusion, belonging, and justice** in environmental education. Disability is often left out of conversations of equity in the context of outdoor and environmental education - a field that, whether explicitly or implicitly, continues to perpetuate ableist notions, assumptions, and practices, even in equity and justice-centered organizations.

With this zine, we hope to help educators identify where ableism and disability exclusion can seep into their practice - **not by providing a checklist, but by giving educators the tools to develop the necessary lens and framework that they can use to identify ableism** in whatever context they are in.

POSITIONALITY STATEMENT

Siri:

I come into this work as a white, cisgendered, queer, chronically ill and disabled woman.

Everything I know about disability justice and disability as identity is the result of the effort and works of disability scholars and disability justice advocates, artists, and writers like Leah Lakshmi Piepzna-Samarasinha, Alice Wong, Allison Kafer, Patty Berne, Rebecca Coakley, TL Lewis, Jen Deerinwater, Stacey Milbern, Mia Mingus, A.H. Reaume, Imani Barbarin, and so many more.

It is my hope that those who use this zine will use it as a starting point and call to action to engage with the scholarship, advocacy, written work, and artistry of those who inspired and influenced it so much, as it is in their perspectives and experiences that this work should be based.

Allison:

My perspective is informed by my position as a white, nonbinary, neurodivergent educator with a passion for experiential learning.

I am a relative newcomer to the work of disability justice, and owe much of my learning to disabled scholars and activists such as Carlyn Mueller, Subini Annamma, and my good friend Siri.

My intention in contributing to this zine is to invite fellow educators to reckon with the constructions of disability that pervade learning environments while recognizing the rich contributions of disabled people to advocacy and educational work.

WHAT TO EXPECT

1

Where to Begin

Questions for recognizing Implicit bias

2

Evaulation of Bias: Where is this coming from?

Who are you counting (and not counting) as disabled?

Where do you think disability comes from?

How do your answers to the first two inform what approach you are taking to disability?

3

Taking Action

Using a critical disability lens to inform inclusive lesson planning and program design

RECOGNIZING IMPLICIT BIAS

What kinds of **words** and **feelings** do I associate with the word **disability**?

How do I notice **disability showing up** in my conversations, lessons, and workplace?

What **assumptions** am I making about my students – how they **move**, **think**, and **communicate**?

How is that reflected in my **lesson plans** and **curriculum design**?

What kind of **bodies** and **minds** is environmental education **designed** around and for?

What **impact** does it have on students to fall outside of that "norm"?

What kind of **assumptions** am I making about what it means **to be in or connect with nature**?

What kind of **activities** does that **bias** you towards in your lessons and curriculum?

EVALUATING BIAS: WHAT IS DISABILITY?

In order to understand **what disability is**, we have to understand the different ways people **conceptualize** of disability.

These two models differ in where they locate the **source of disability**: in a person's **body** or in an inaccessible **environment**.

While many models of disability exist, two of the most common are the **medical model** and the **social model** of disability.

IN THE MEDICAL MODEL...

Disability is a **primarily medical experience**; goal is to treat and **cure** so as to restore person to a state of "normativity"

Disability = **deficit**. Lower quality of life assumed as result of disability. Negative value association and stigma

Strict **gatekeeping** around disability in order to access accommodations and treatment

Equitable participation is framed as something extra (**"special needs"**) or as a burden

IN THE SOCIAL MODEL...

Disability is a **socially constructed identity** as the result of the way society is built around some minds and bodies and not others

Variation in human bodies and minds is **natural and valuable**. What minds and bodies are privileged in society is tied to historical, social, and cultural contexts

Recognizes the **inherent political, cultural, social, and economic aspects** of disability identity

Equitable participation is framed as a matter of **civil rights and social justice**

MEDICAL AND SOCIAL MODELS PLAY OUT DIFFERENTLY IN LEARNING SETTINGS...

LOOK ON THE NEXT PAGE – WHICH MODEL FEELS FAMILIAR TO YOU? WHICH HAS THE LEAST POTENTIAL FOR HARM AND THE MOST POTENTIAL FOR STUDENT GROWTH?

MEDICAL MODEL

Child is faulty

diagnosis → labelling

impairment becomes focus of attention

assessment, monitoring, programs of therapy imposed

segregation and alternative services

`ordinary' needs put on hold

reentry if 'normal' enough

permanent exclusion

SOCIAL MODEL

variation in bodies and minds is natural

Environment is faulty

Systemic barriers are identified

community resources and support are allocated

programs are designed for universal access

relationships nurtured

disabled students feel valued and thrive

WHETHER SOMEBODY SUBSCRIBES TO THE MEDICAL OR SOCIAL MODEL WILL DETERMINE HOW THEY DEFINE DISABILITY.

In the medical model, disability is...

Deficits-based: Assumption is that all disabled people should be assimilated into non-disabled identity

Apolitical: Assumption that definition of disability is neutral, biological fact rather than informed by the political and economic dimensions of who is deemed "normal" and "abnormal"

Ahistorical: Assumption that attitudes and definitions of disability are scientific rather than products of social, cultural, and historical context

Our legal and educational systems often define disability in terms of the medical model, including the Social Security Administration:

"To meet our definition of disability, you must not be able to engage in any **substantial gainful activity** (SGA) because of a **medically determinable physical or mental impairment**(s) that is either expected to **result in death** or has lasted or is expected to last for a **continuous period** of at least 12 months."

- Who and what defines substantial or gainful?
- Who may the medical system privilege in the diagnostic process? Who may it leave out?
  - Is disability always static? Or is it fluid and context-dependent?

Because the social model defines disability as a product of its social, cultural, and political context, definitions in this model are varied, purposefully broad, and always evolving.

Disability is understood not in terms of one static set of criteria, but more in terms of "collective affinity," defined by historian Joan W. Scott as "play[ing] on identifications that have been attributed to individuals by their societies, and that have served to exclude them or subordinate them."

""While we have diverse disabilities, we are all at the receiving end of ableism, or the systemic discrimination of people with disabilities." - **Dessa Cosma, Detroit Disability Power**

"Societal interpretations of and responses to specific differences from the normed body are what signify dis/ability. Indeed, notions of dis/ability continually shift over time according to the social context." - **Subini Annamma, David Connor, and Beth Ferri in "Disability Critical Race Studies"**

"People within each of these categories [of disability] can all be discussed in terms of disability politics, not because of any essential similarities between them, but because all have been labeled as disabled or sick and have faced discrimination as a result." -**Alison Kafer in "Feminist, Queer, Crip"**

UNDER THE SOCIAL MODEL, DISABILITY CAN ENCOMPASS (BUT IS NOT LIMITED TO):

Chronic Pain

Physical Disabilities

Intellectual Disabilities

Chronic Illness

Learning Disabilities

Developmental Disabilities

Blindness and Low Vision

Deafness and Hard of Hearing

This accounts for 1 out of every 4 adults in the US.

In this model, disability identity is **not limited** only to those with diagnoses.

HOW DO WE DEFINE ABLEISM IN THE SOCIAL MODEL?

The social model defines disability in relation to its social, political, and cultural context, particularly in regard to what bodies and minds are considered "normal" or "desirable" and which aren't. Because there is no one set definition of what is "normal," ableism can be leveraged to oppress any people or group deemed "undesirable."

Abolitionist community lawyer, educator, and organizer Talila A. Lewis defines ableism as:

"A system of assigning value to people's bodies and minds based on **societally constructed ideas** of normalcy, productivity, desirability, intelligence, excellence, and fitness. These constructed ideas are deeply rooted in eugenics, anti-Blackness, misogyny, colonialism, imperialism, and capitalism.

This systemic oppression leads to people and society determining people's value based on their culture, age, language, appearance, religion, birth or living place, "health/wellness", and/or their ability to satisfactorily re/produce, "excel" and "behave." You do not have to be disabled to experience ableism."

"Working definition by @TalilaLewis, updated January 2022, developed in community with disabled Black/negatively racialized folk, especially @NotThreeFifths. Read more: bit.ly/ableism2022"

THE MODEL OF DISABILITY THAT PEOPLE USE INFLUENCES THE WAY THEY INTERACT WITH DISABILITY AND DISABLED PEOPLE.

Do they address issues of inequity by focusing on "fixing" the **disabled person** or by fixing the **barriers in the environment**?

Do they see disability as a **valuable** part of the human experience and use it to help shape their programs, or do they see it as something to merely be included into existing systems?

Do they see the connections between **ableism** and other **systems of oppression**?

APPROACHES TO DISABILITY HAVE TYPICALLY FALLEN INTO THREE MAIN CAMPS...

Approaches to Disability

Charity-Based Approach

Disabled people are seen as disempowered, pitiable, or as burdens, and are **not given agency or autonomy** as a result.

Access and inclusion is dependent on the "**charity**" of individual nondisabled people who decide to act. Disabled people are seen only in **deficit** terms, and are assumed to be **incapable** of self-determination.

Exclusion is seen as justified, so nondisabled people are **praised for their "compassion"** by including disabled people.

Rights-Based Approach

Disability is not a matter of individual charity, and disabled people are not objects of pity or charity. **Disabled people are people**, and deserving of the same rights as anybody else.

Access and **inclusion** are not optional or left up to chance - they are an issue of **civil rights** that should be guaranteed via federal legislation, like the ADA, IDEA, or Section 504.

"**Nothing About Us Without Us**" - Disabled people themselves should be leading disability related movements and organizations.

Justice-Based Approach

The disability **rights** movement is **centered** around the needs of **white**, **male**, and **physically disabled** people who do not face as much discrimination in social, political, and medical systems. Disability rights legislation prioritizes and benefits those people the most.

Disability justice corrects this by centering work around those who are **multiply marginalized** by focusing on the experiences of BIPOC, queer and trans, poor, femme, unhoused, undiagnosed, and incarcerated disabled folks. Disability justice goes hand in hand with **racial and social justice**.

A NOTE ON LANGUAGE

In this zine, we use the terms "disabled person" (identity-first) and "person with a disability" (person-first) interchangeably. Both terms are acceptable, and people with either preference exist in the community.

Do not use euphemisms, as they reinforce the medical model and the idea that disability = deficit. Common ones include "special needs," "Differently abled," and "Diverse abilities." When a person with a disability prefers to use one of these terms, use that term with them - but do not apply it to other disabled people you interact with.

Make sure that any language you use reflects the desire and preference of the disabled person themselves - not their teacher, their parent, or their care attendant. Proximity to disability does not entitle others to speak on behalf of disabled people.

WORDS TO AVOID

Handicapped

Special Needs

Wheelchair Bound

Crazy

Crippled

Differently abled

Handicapable

Midget

Low-functioning/
High functioning

WORDS TO USE

However that person identifies!

Disabled Person

Wheelchair user

Person with a Disability

Deaf

Blind

Low Vision

Hard of Hearing (HoH)

Neurodivergent

Accessible
(for bathrooms/
parking spaces)

Autistic

REFLECT

1 How have you typically **understood** and **defined disability** in your life and practice? Does it adhere more closely to the **medical model** or **social model**? What steps can you take to **unlearn** the influence of the medical model in your thinking?

2 What approach to disability have you taken to disability in the past? Have you ever fallen into **charity-based** approaches? How did it show up in your work? What **harm** may it have caused? What steps could you take towards a **justice-based** approach that ties into your **anti-racist** learning, reflection, and practice?

TAKING ACTION
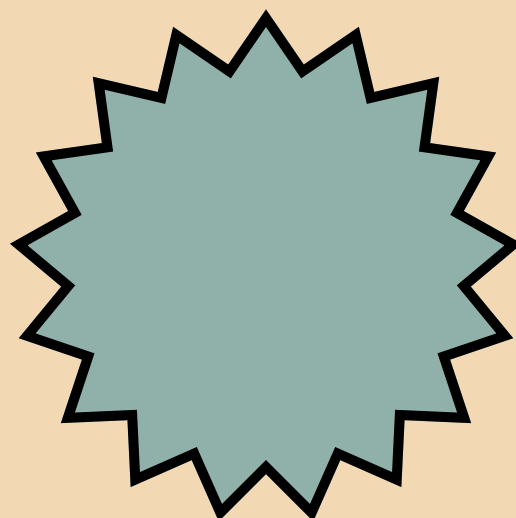
HOW ABLEISM SHOWS UP IN ENVIRONMENTAL EDUCATION

USING A CRITICAL DISABILITY LENS FOR INCLUSIVE PROGRAM DESIGN AND LESSON PLANNING

EXAMPLES OF HOW ABLEISM SHOWS UP IN ENVIRONMENTAL EDUCATION

Assistive technology and mobility equipment is seen or referred to as **unnatural**, damaging, or distracting from **"true" connection** to nature.

Physical barriers to access are seen as **challenges to overcome**, rather than exclusionary practices that maintain an oppressive hierarchy in outdoor spaces

Rest and **breaks** are **not consistently available** or specifically scheduled, requiring disabled students and educators to **constantly self-advocate** for basic needs

Physically intensive activities are seen as **superior** or as the default. Students whose ways of being in nature involve **stillness, slowness, or starting-and-stopping** are seen as **inconvenient** or burdensome.

Inaccessible program structure, mobility expectations, work schedules, or a lack of health benefits **exclude disabled teachers** and instructors from **serving as models for disabled youth** in outdoor programs.

Social engagement is an expectation for many activities, leading to deficit labeling and potential **punitive consequences** for **neurodivergent** students, especially those of **multiply marginalized** identities

SCENARIOS

On the next few slides, you will be asked to consider a variety of scenarios that may come up in an outdoor educational context

Evaluate the scenarios through both the medical model and the social model of disability. How does your perception change?

Consider charity-based, rights-based, and justice-based approaches to each scenario. How does your response to the situation change?
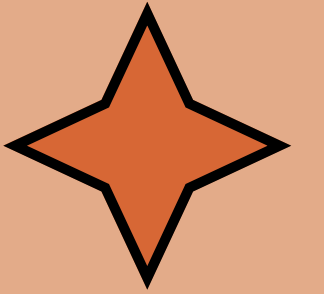
SCENARIO #1

More than one way...

How does this instructor use the social model to respond to this situation?
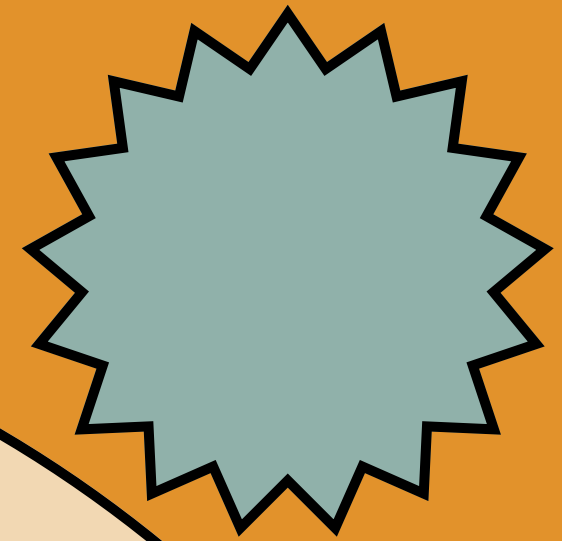
An instructor directs students to walk around a space and connect all the plants they see around them with the descriptions in their field guides. One student stays seated, making detailed observations of a single plant. The instructor realizes that this depth of engagement is just as valuable to student learning, and that mobility is not a prerequisite for understanding and enjoying a natural area. There is more than one way to be in nature.

SCENARIO #2

Community for whom?

Where is the problem located?

Students are gathered together for a team-building activity. The instructor emphasizes that all students must be involved for the activity to succeed, because community requires everyone working together. With all of the talking, movement, and social interaction in the activtiy, one student becomes sensorily overwhelmed and leaves the activity. The chaperone tells the student they are letting their community down by not participating.

How does identity influence this person's experience of disability?

Who gets accommodations?

An instructor in an outdoor education program has chronic health issues that make some aspects of the program inaccessible to them, like carrying heavy backpacks for long distances and walking continuously for long hours. They are undiagnosed and have faced discrimination in the medical system as a person of color. However, in order to receive accommodations in their workplace, they must provide an official diagnosis and letter from their doctor. As a result, they are unable to get their access needs met and their health issues worsen, threatening their ability to remain employed at this program. When asked about changing the format of the program to give instructors options, one white program manager says, "This is just how things have always been - I have health issues too but I can do it."
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How does the medical model show up and cause harm here?

The Bare Minimum

Your field group this week includes a student who uses a wheelchair, along with their parent. They are verbal, but often need to talk slowly. Though you start out the week asking the student directly about their likes and needs, you find it difficult to talk on the trail, so you direct questions about the student to their parent instead. You do your best that week to incorporate accessible activities into your week, but you find it hard to think of wheelchair accessible games.
The student ends up sitting out of most games, and you observe that they do not build as close of bonds with the other students. Knowing this, you are frustrated and sad. At the end of the week, you are praised by your boss for "being kind for accepting that student into your group" and that "those students are always a challenge.".

How would you describe the boss's perspective on disability?

What decisions impacted the student's identity as a learner and community member?

What behavior infantilized the disabled student?

REFLECT

What **other scenarios** in environmental education would demonstrate the differences between the medical and social model?

How could you start **planning lessons** or programs for a **wide range** of bodies and minds? What would be important **considerations** for that? What **resources** would you need?

What **questions** have arisen for you since you started this zine? What **perspectives** or **assumptions** have changed or been challenged?
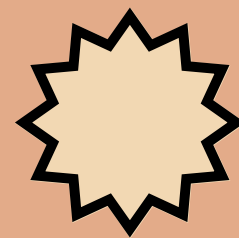
Where do you feel **gaps** in your knowledge, and how could you address that?

WHAT ARE YOUR NEXT STEPS?

We recommend:
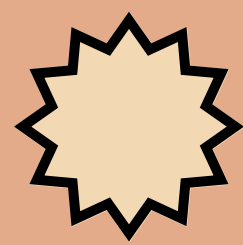
- Reading the work of BIPOC, queer, and trans disabled people

- Learning more about the history, culture, and norms of the US disability community

- Exploring Universal Design for Learning and Culturally Sustaining and Responsive Pedagogies

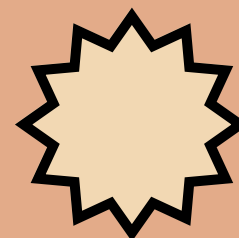- Being in community with disabled people. Support local disability-led and disability justice-centered orgs

- Applying a critical disability lens to your organization's and your own practice, policies, and norms

- Continually reflect on how you are (or are not) being anti-ableist and anti-racist in your practices

WHAT'S THIS ALL FOR?
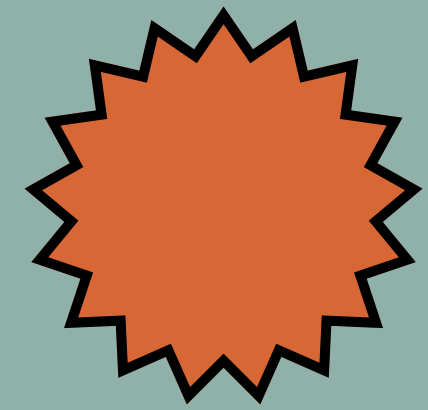
Disability inclusion isn't enough. Even if students with disabilities come to your class or program, do they feel a **sense of belonging?** Are they not only included, but also building an **identity** as a scientist and naturalist? Is this true not only for white disabled students, but also **BIPOC** disabled students, **queer** and **trans** disabled students, and **multilingual** learners with disabilities?

Disabled activist, writer, and artist Leah Lakshmi Piepzna-Samarasinha wrote: "**Disability is a set of innovative, virtuosic skills.**" Without disabled people present, ways of knowing and being in nature are limited to only non-disabled points of view, which is a very narrow range of the human experience. If we are truly interested in facilitating our students' **relationships with nature** and identities as **lifelong learners** and **stewards of the environment**, we would **not limit them** to ways of connecting to nature that they can only do while they are non-disabled and while they are young.

Disabled people bring in **innovative** and **creative** perspectives on what it can mean to move, think, know, and act in nature that **dramatically expands** our understanding of what it is to be human in nature.. **Environmental education** rooted in **disability justice** is good for our communities, for our intellectual pursuits in nature, and our sense of possibility for the future of how people interact with their environment.
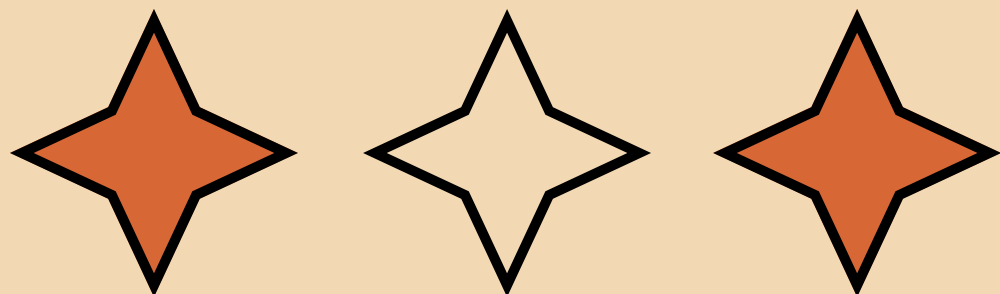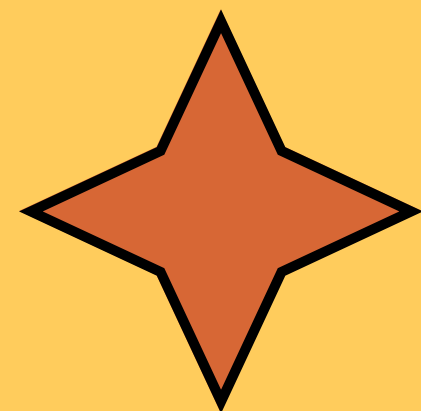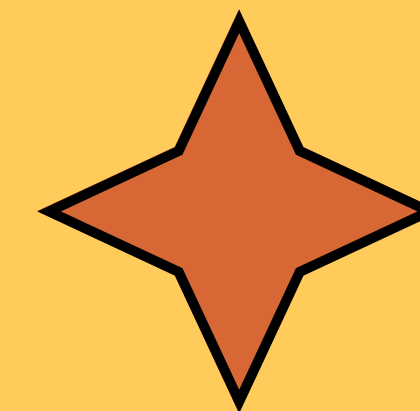
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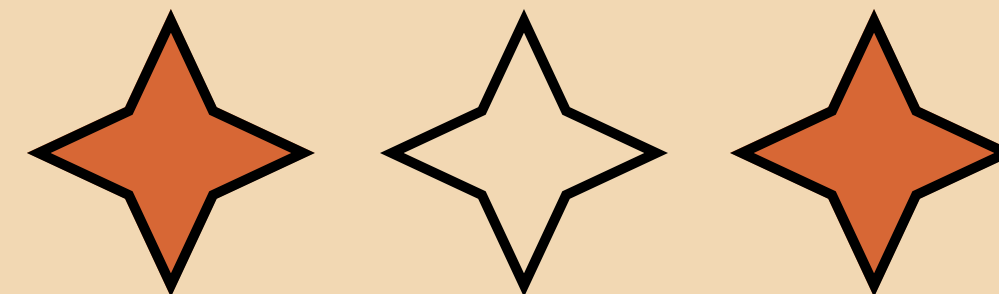
Make space for feedback and acknowledge mistakes

Disability is not a bad word

Students are the authority on their own identities

RECOMMENDED RESOURCES

Books

Disability Visibility edited by Alice Wong

Care Work by Leah Lakshmi Piepzna-Samarasinha

Sustaining Disabled Youth: Centering Disability in Asset Pedagogies edited by Federico R. Waitoller and Kathleen A. King Thorius

A Disability History of the United States by Kim Nielsen

Feminist, Queer, Crip by Alison Kafer

Organizations

The Disability Visibility Project

Sins Invalid

Project LETS

HEARD

The Partnership for Inclusive Disaster Strategies

Autistic Self-Advocacy Network

Social Media

Alice Wong on Twitter: @SFdirewolf

Imani Barbarin on Twitter: @Imani_Barbarin

Jen Deerinwater on Twitter: @JenDeerinwater

Ola Ojewumi on Twitter: @Olas_Truth

sarah madoka currie on Twitter: @kawaiilovesarah

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"The history of disabled queer and trans people has continually been one of creative problem-solving within a society that refuses to center our needs. If we can build an intersectional climate justice movement—one that incorporates disability justice, that centers disabled people of color and queer and gender nonconforming folks with disabilities—our species might have a chance to survive. Let's start by openly, joyously proclaiming that we are natural beings, not aberrations of nature."

-Patty Berne and Vanessa Raditz