Able

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Volume 1!

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Able was a project created to fill a need on campus by providing students with disabilities and their allies an outlet to explore the complexity of disability in its many forms. Physical challenges, chronic illness and pain, along with invisible impairments are not always addressed, which leads to a misrepresentation of the prevalence of these issues on campus. With Able we wanted to challenge individual conceptions of what it means to be disabled and expand the limited definition to include all perspectives. Able provides an outlet for people to artistically express their challenges and experiences interacting with often unaccommodating environments. We hope this publication will expose the lack of accessible spaces on campus and within the Kingston community in addition to the daily challenges experienced by students confronting the impediments created by these spaces. This lack of accessibility on campus hinders student access to important resources and their ability to succeed. Only by challenging the environment of ableism in our society can we begin to have meaningful discussions and enact real and permanent change.

For this inaugural issue we have compiled submissions from individuals in the Queen's and Kingston community as well as selections from various books and zines addressing these issues. We understand our editorial bias and the imposition of a narrative through our chosen sequence of articles. Disability is a complex topic and we hope Able will address the stigma and misperceptions surrounding it and empower individuals as well as provide an outlet to amplify their voice.

We encourage you to reflect upon your own perceptions and experiences of disability and to challenge your environments. This project has been extremely rewarding for all of us, and we look forward to its growth in the future.

Sincerely,

Alex, Ben, Justin, and Steph

UN'S STANDARD RULES ON THE EQUALIZATION OF OPPORTUNITIES FOR PERSONS WITH DISABILITIES

PARAGRAPH 17
The term "disability" summarizes a great number of different functional limitations occurring in any population in any country of the world. People may be disabled by physical, intellectual or sensory impairment, medical conditions or mental illness. Such impairments, conditions or illnesses may be permanent or transitory in nature.

ONTARIANS WITH DISABILITIES ACT, 2001
S.O. 2001, CHAPTER 32

s. 2 (1)
"disability" means,
(a) any degree of physical disability, infirmity, malformation or disfigurement that is caused by bodily injury, birth defect or illness and, without limiting the generality of the foregoing, includes diabetes mellitus, epilepsy, a brain injury, any degree of paralysis, amputation, lack of physical co-ordination, blindness or visual impediment, deafness or hearing impediment, muteness or speech impediment, or physical reliance on a guide dog or other animal or on a wheelchair or other remedial appliance or device,
(b) a condition of mental impairment or a developmental disability,
(c) a learning disability, or a dysfunction in one or more of the processes involved in understanding or using symbols or spoken language,
(d) a mental disorder, or
(e) an injury or disability for which benefits were claimed or received under the insurance plan established under the Workplace Safety and Insurance Act, 1997; ("handicap")

ORIGIN OF THE TERM "CRIPPLE," FROM GWYNETH FERGUSON MATTHEWS

Derived from an Old English word, *crypel* -meaning creeper- cripple fills my mind with visions of the days when the disabled formed the majority of the beggar population. In times before wheelchairs, proper crutches, and white canes, the disabled were reduced to begging, creeping around city gates, bowls in hands, pleading for hand-outs.

AMERICANS WITH DISABILITIES ACT OF 1990, AS AMENDED

Sec. 12102. Definition of disability as used in this chapter:
(1) Disability
The term "disability" means, with respect to an individual
(A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
(B) a record of such an impairment; or
(C) being regarded as having such an impairment (as described in paragraph (3)).

(2) Major Life Activities
(A) In general
For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
(B) Major bodily functions
For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

(3) Regarded as having such an impairment
For purposes of paragraph (1)(C):
(A) An individual meets the requirement of "being regarded as having such an impairment" if the individual establishes that he or she has been subjected to an action prohibited under this chapter because of an actual or perceived physical or mental impairment whether or not the impairment limits or is perceived to limit a major life activity.
(B) Paragraph (1)(C) shall not apply to impairments that are transitory and minor.
A transitory impairment is an impairment with an actual or expected duration of 6 months or less.

the RADICAL MODEL

"...medical or psychopathological models...strongly suggest an expert–client relationship in which the expert seeks to cure or at least alleviate the symptoms experienced by, the client" (Dewsbury et al 2004:156).

However,
"Disabled people and radical disability theorists have rejected the individualistic, 'personal tragedy' models that positivist and interpretative research have spawned. In their place, a new epistemology of disablement has been formulated whereby disability is understood as a social relationship, created by a disabling environment and disabling attitudes, 'socially constructed and culturally produced,' and a form of structural oppression...Thus, when researchers...still fail to locate their analysis within the epistemological framework of the social model, their research cannot be but deemed oppressive" (Stone and Priestly 1996).

But,
"Experiences are local, situated phenomena in that we have experiences of this or that" (Dewsbury et al 2004:157).

Therefore,
"...in recognition of the fact that all physical conditions have psychological implications and that all intellectual impairments have physiological consequences. Also, that labels are generally imposed rather than chosen and that they are politically and socially divisive" (Barnes 2000:442).

So we can establish that,
Disability cannot be cured. The goal should not be to conform us, our bodies, to norms, but instead to make space in society for ourselves as we are.

In Conclusion,
ITS SOCIETY THAT'S FUCKED UP, NOT OUR BODIES.

You get used to the stares, the sideways glances, and the questioning looks. I imagine they ask themselves: "What is wrong?"... "Is it permanent?"... "That sucks"... "Weird"...

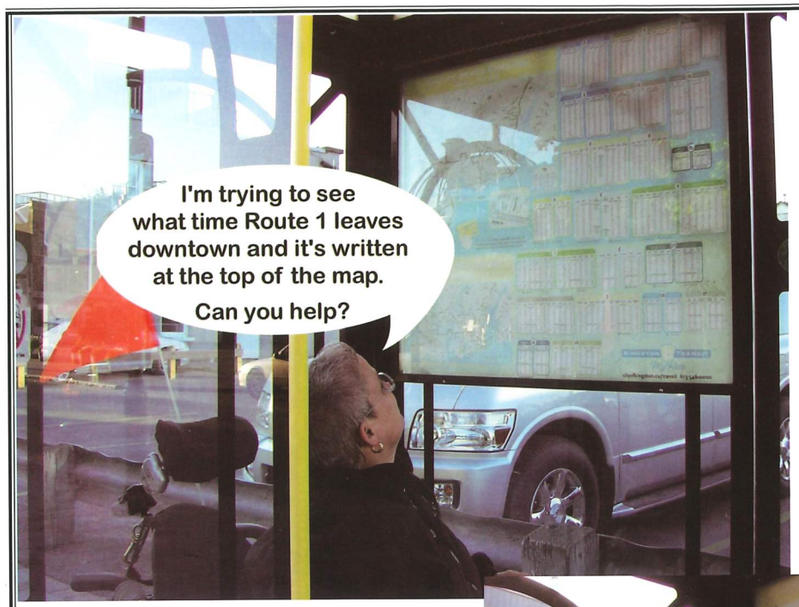
This has been my experience for as long as I can remember and ninety-nine percent of the time I'm oblivious to them as I continue on my way. They are transitory and generally without consequence...

My own self-concept doesn't include the awkward gait, but that doesn't mean there aren't things to remind me... From the corner of my eye I reluctantly catch him reflected back to me, in full motion, as I walk past a row of windows or glass doors. He is foreign, yet familiar. Other differences are internal and can be hidden, therefore his appearance is frustrating. This does not define me, I remind myself, and they do not affect me, I repeat. This mantra builds a surprisingly resilient wall, but it is only effective against those intrusions of which it has encountered before. This glaring weakness is exposed...

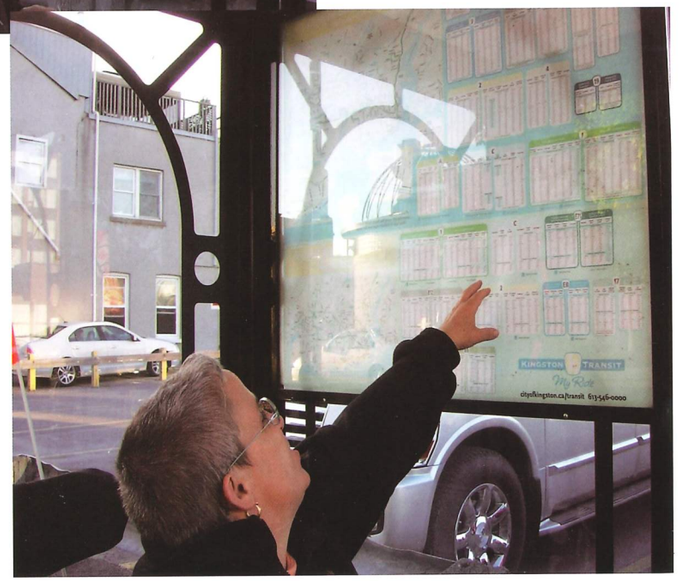
"Are you drunk?" she asked.
That was a new one...
"No" I quickly retorted.

It doesn't bother me I remind myself, but it was too late... The stone had been cast. Small cracks never stay small for long and it was only once the wall began to crumble did I realize what had happened.

It doesn't bother me... How could it?
It doesn't bother me, I repeat...
It doesn't bother me... But it did...



How to read a bus map from a wheelchair...



...get an able bodied person to stand on a wheelchair.

It's a little ridiculous don't you think? How many can climb up on the bench to see what it says on the map?

Please Think:
Seniors, people wearing bifocals, the disabled, and children can't see these maps. Map problems exist province-wide.

A special thanks to my friend for reading the map.

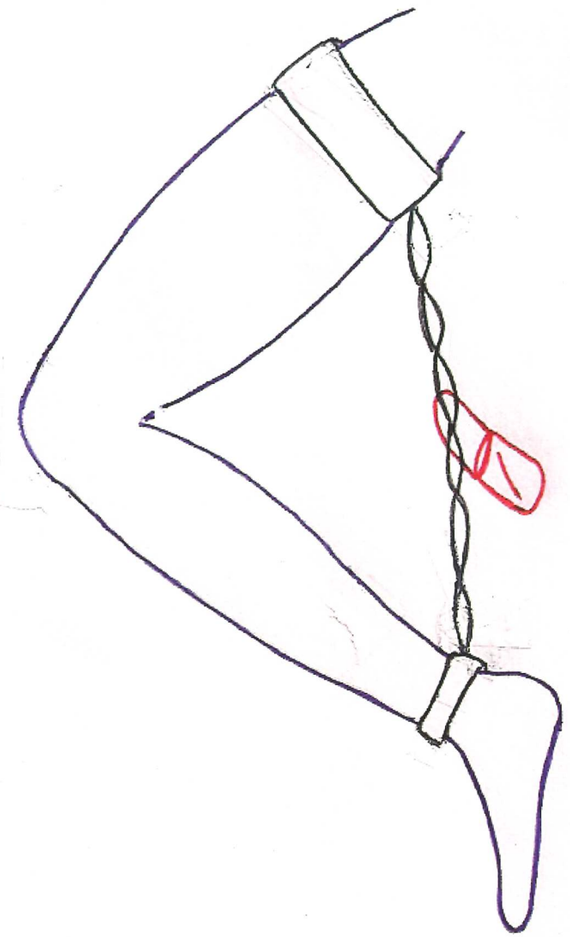
At Easter Seals' Camp Merrywood I learned to unbuckle my seatbelt before approaching the lake, and the Virginia Woolf image lodged in my mind.

In Ottawa, there are two rivers and a canal -- the canal. Everywhere bridges. There would be a magic-realism glory to it. The machine would drag me down beyond all resistance, clean, linear. In Kingston at the lake, just South of King Street and the bike path where I smoke surreptitious joints feigning chronic pain, there are yards of rocks and a shallow end, and I would go grotesquely over sideways and bloody and maybe not even die, and staring out at Wolfe Island I miss the Laurier bridge.

In kindergarten, my five-year-old compatriots were instructed that the three-hundred-pound hunk of mobile metal I had recently acquired was a part of my body and were scolded when they touched it, interacted, tried to drive it, engaged me like a child engages a child. Meanwhile, among these same adult authorities, my true flesh body was never private for me.

I talked to strangers. I kissed strangers. Strangers were never the threat, not once.

At, say: seven, nine, twelve? all my fantasies of running away involved buses with stairs, houses and churches with stairs, and a power outlet somewhere to plug in my wheelchair every few nights. They involved immobility in the rain and the risk of electrocution. At night I dreamed of crawling across busy streets, keeping up with green lights, dragging skin across pavement to ill-defined freedom.



THIS FUCKED-UP PLACE

Don't wanna be here in this fucked-up place,
It's cold & white, & so are its people.
Can't identify with most of the stuff here,
¡Porque adentro Boricua soy!
[Because I'm in Boricua!]
And in this fucked-up place there's no Puerto Ricans,
Boricua music? Poetry? Won't find much here.
And the CNIB is someone's really sick joke!
Oh yeah, if you're white and quiet,
And don't wanna rock the boat,
The CNIB has lots for you,
It even offers bowlin' too.
And Heaven 4-bid you should want to do something

¡PRESENTE!

I am a twenty-five-year-old blind Boricua woman with brains, brawn, and a balance problem. By the way, the balance problem is physical, not mental. Despite my disabilities and all the discouraging things my family and many others have told me, I've done a lot of "non-traditional" things in my life.

Back in the days when I actually thought I could protect my people by being a cop or something like that, I took courses in private investigation, and tried to find a job investigating human rights abuses, discrimination, etc. That is, until I found out that those agencies don't want to protect anyone but corporations and maybe middle-class white people. Yes, there was actually a time when I wanted to put people in jail, but the people I wanted behind bars were the corrupt cops and all other kinds of abusers.

I also do woodworking and have always had a strong desire to work with my hands and build. There are lots of things I really want to do but don't have access to. I want to learn to play salsa and calypso, be able to do carpentry without having to have someone help me all the time, and have access to other types of art.

Hi, I'm Dave. A few months ago I was diagnosed with Crohn's Disease. Crohn's Disease is a chronic digestive disorder. The main symptoms are abdominal pains, often in the lower right side, and diarrhea...lots and lots of diarrhea. I also experienced a severe loss of weight, loss of appetite, feeling I had no energy, fevers, and intestinal bleeding...from the onset of the disease in early February to the diagnosis in late march, was easily the worst time of my life. I watched my health deteriorate and had no idea what was going on. I felt like I was almost constantly in pain and nothing I tried made it any better. I felt totally out of control and helpless. My body was turning into something I didn't recognize and there was nothing I could do about it.

■ ■ ■

One sleepless night, instead of picturing my innards, my feverish mind came up with a sitcom set in a home for troubled kids. I developed a cast of characters, thought of a few plots for shows, and even made up some dialogue. Unfortunately I didn't write any of it down. My future in Hollywood is lost because of my shortsightedness.

BEAUTY QUESTS – A DOUBLE DISSERVICE, BEGUILED, BESEECHED AND BOMBARDED – CHALLENGING THE CONCEPT OF BEAUTY BY AMBER COVERDALE SUMRALL

Being disabled is being different. To be disabled is to face experiences, which are different from those of non-disabled people. For many people it involves institutionalization and segregation from the mainstream of the community in education, work, housing and leisure activities. It means being on the receiving end of prejudice and discrimination. Prejudice and discrimination are based on appearances. People are judged not on their ability but on the way they look. Disabled people look different from other people. The difference is caused by disability. Discrimination results when this difference triggers the negative attitudes towards disability that are held by the other person.

I shit myself three times over four days. Do you know what that does to your confidence, to your self esteem? I had diarrhea five times a day or more for over a months and a half. I had no appetite and couldn't eat more than a can of soup and half a peanut butter and jelly sandwich a day. I figured I lost almost a pound a day, dropping to 99 pounds after a little more than a month. I never had any energy and I spent most of my day in bed. Between the fevers and having to run to the bathroom, I never got more than three hours sleep in a row. I always felt half asleep if not half dead.

I hated myself for falling apart like this. I'd lie awake at night, a little delirious and drenched in fever sweat, whispering the most vitriolic curses at my body. I started wishing I wouldn't wake up.

One morning I made the mistake of looking at myself naked in the mirror before I showered. My emaciated body looked like a morbid caricature of someone about to die; every rib visible, my stomach concave; a thin veneer of skin wrapped around a trembling skeleton. I wanted to cry. When you find your own body repulsive, you don't rebound so easy...I was so ashamed of myself I couldn't face anybody. I didn't feel like a person anymore...I was a plastic bag being thrown about in the wind. I didn't have a disease, I was a disease. How could I face you like that?

It is an odd occurrence that I'm not dealing with some imbalance in my body. Most of the time I am able to take this in stride and chalk up more writing time (sitting at my desk requires no great energy expenditure other than tremendous willpower). But on the bad days I internalize anger and contempt for my body as if it were the enemy, plotting my demise.

Voices from the Shadows by Ferguson Matthews

The nurse left me at the dining room door. Even though my right arm was still sluggish and the imbalance caused the chair to go in circles, I inched my way in. Controlling the ancient, hospital-issue chair required steady concentration, so it wasn't until I heard Janice's voice calling to me that I looked up and took notice of my surroundings.

I immediately recoiled in horror, a wave of violent nausea washing over me. The room was filled with young people not much older than myself, and one or two elderly men, all sitting in wheelchairs. The majority were quadripalegics with purple accident scars on their necks and throats. Frightened but fascinated, I watched one fellow trying to pick up a paper cup, using his--

wrists pincer fashion. Another, who appeared unable to move at all, was being fed by a nurse. A third was using his teeth to strap a splint with a fork mounted on it under his lifeless hand. The thought flashed into my mind: this is where you've been. This is what you've escaped.

Averting my eyes, I joined Janice and Ann. The food was atrocious, but I would have choked on filet mignon. And my conversation was as bland as the stew; I wanted only to finish eating and get out of there.

Roche

Once again I felt my body was out of my control and I didn't know when things were going to get better.

Eventually I noticed the pain was abating. I was definitely glad of that, but I couldn't understand what was going on in my body. I couldn't decipher what various pains or feelings meant. My stomach would rumble and I wouldn't know if that meant I had to poop or I was hungry. It sounds stupid, but I honestly couldn't figure out what I felt. It was like my body was speaking a new language and I was trying my hardest to learn it. It was disconcerting at first, but then I felt relieved. It was good to feel I was becoming reacquainted and reconnected with my body.

Overall, though, I've been doing good the last couple months. I have a newfound appreciation for my health. It feels good just to get out of the house, to feel the sun on me, or more frequently the rain. When I ride my bike I pay attention to all the sensations I took for granted before, the ache in my legs as I pedal as fast as I can in the highest gear, my heart rate increasing my breathing getting heavier, sweating. Sometimes I'd take the long way home from work just to savor the sensation. It takes on a new urgency knowing I could lose it at any time.

Imprinting Our Image by Diane Driedger and Susan Gray

For too long academics and writers have written *about* women with disabilities without consulting the women themselves. For too long medical professionals and social workers have done *to* disabled people, or have written *about* them. This is doubly true for disabled women – as women, they have been *more* silent, as society teaches women to be. Until just a few years ago, very few women with disabilities were writing about themselves, their histories and experiences, and their philosophies of liberation. Slowly this situation is beginning to change.

I did not grow up loving my body. The messages I received, as an able-bodied Catholic girl in the '50s, were consistent in their negativity. My body was considered a temple of the Holy Ghost, on loan from God, to be held in trust like a gold certificate until I died. A woman was classified as virgin, whore, or mother. How to get from virgin to mother and still have a good time was a dilemma for many of us. I opted for becoming a tomboy.

If able-bodied women can't accept their bodies, how do they view their disabled sisters? And more importantly, how do we view ourselves? The great white homogenous society sees women as sex objects or they don't see us at all. Disabled women are perceived neither as sexual beings nor as invisible. In a world of commodities we are "damaged goods."

He had called me ugly. There was more to beauty than wearing makeup and stockings, or the rights clothes. I was ugly and not because my legs were too skinny, my bust undeveloped, or my face too plain. I was ugly because I was a disabled person. I was ugly and I would get uglier as my disability progressed.

The blooming of womanhood reveals a flower that is plucked and then repainted and then deodorized, then perfumed, padded and constricted, and pulled into and out of every shape in order to approximate the mystical concept of beauty. This bombardment continues until the day of our death.

One recent winner in Victoria has a birth mark on her nose. But you cannot see it because she disguises it with makeup...She thought --

that winning, despite her defect, would be an inspiration to disabled women and that it would prove you do not need to be perfect to enter and win a beauty quest. Yet her actions proved the opposite...She is telling disabled women that we will succeed too if we hide our defects. But I cannot camouflage the hump on my back by using makeup.

Dr. Brandt was concerned about how children's attitudes toward the disabled might be affected by the attitudes of their parents: "Kids come up to me, and a wheelchair can be very exciting. They want to see how it works, or it's 'Look at that lady.' And in a very high-pitched voice, Mama shushes them. It's as if children are being given a negative association; that they're being told there's something bad about the disabled."

Nobody had told me that the sisters who ran the big school for girls had refused to accept me – only many years later was I told that they thought I would not feel comfortable being the only disabled girl in that school.

I went to a public school. Not for long, though. The principal wanted me to be tested. Why? I think her idea was that my brain was located in my legs and as I was not able to walk, my learning abilities could not be normal. Well, didn't I have cerebral palsy?

FERGSON MATTHEWS

Marsha understood why it was so hard to go out: "In rehab, you're very positively programmed about your ability to be independent. But while someone was programming you, no one was programming society to accept you."

■ ■ ■

"I worry about her, about how she'd cope," said Jane. One of her nurses told me that when Sarah got a little older, boys'd start taking bets on whether she could or couldn't have sex. I'd never considered that, and I told the nurse she was crazy, but she said, "No. Be prepared for it, because it's going to be one hell of a big hurt." Now I'm really leery.

I'm sure my mother was, too, and for her sake as much as mine, I'm glad I never met that type of man. And yet, when I brought home the young men I did see, I wonder if her thoughts corresponded with those described by Jane: "A boy she likes has come here, and I'm wondering, why are you doing this? You're a perfectly nice, able-bodied, good-looking boy; you should be going out with other girls instead of taking Sarah across to the pool hall. I really look at those boys suspiciously, then I as myself, am I reading in something that's not there? Am I taking away something that is? Oh, Lord, it's terrible. It's terrifying."

In a shaky voice, she began, "Before I got put in that room [in the nursing home], I was starting to dress myself. I could get on and off the toilet alone. But now I've slipped right back. The rehab said I need a lower bed, so they can teach me to transfer independently, but I can't get one. I'm so fed up. I wish I could die."

"Do you have any privacy here?" I prompted.
Alarmingly, Ruby began to sob. "When they're bathing you, they--

strip you down naked. I insisted I have a screen, but there aren't any. For a person with her mind, with all her mental faculties, this is very dedgrading. I have no dignity left."

What could I say? I could well imagine the embarrassment and spirit-destroying shame that modest, private woman must experience every morning. How could the nurses...remain aloof to such obvious suffering? I put away my questions: I'd upset her enough.

A wild, tormented expression in her eyes, she grabbed my hand. "You do believe me, don't you?" I nodded. I bellieved her, all right.

STUMMER

There were a few inquisitive looks, and questions like, "Did you hurt your foot?"; "Can't you walk?"; "Not even if you try really hard?"; "How do you go pee if you can't walk by yourself?" Then everyone including me, had a lot to do and so the novelty of a disabled classmate who needed help to walk soon wore out. Strangely enough, most of the attitudinal barriers I came across were from professionals: teachers, nurses, doctors, politicians; in sort, from people whose actions showed how unprepared they were for anyone or anything out of the ordinary.

Things have improved since a group of disabled students have been doing a fine, far-reaching job promoting awareness, talking--

to fellow students, and most important of all, being there, showing that education and disability are not incompatible.

FERGUSON MATTHEWS

"You're so courageous." Wouldn't I love to have a dime for every time I heard that! Also, "Oh, my dear, you're such an inspiration." From the very beginning, I hated those comments. I found them embarrassing, patronizing, and sometimes plain old sickening. I didn't -and don't- like being praised for doing what's necessary to survive.

I asked Chris and Cindy, "How do you feel when you're told how 'courageous' you are?"

Their expressions told me they knew all about this battle. "I don't know how to cope with it at all," sighed Chris. "First of all, being disabled makes people look at you as abnormal. To try to prove that you're a person inside -that everything's the same as theirs- is very difficult. You don't want to be on a pedastel." Cindy agreed: "This fall, Chris and I are going to university, and it's been, 'Oh, isn't that lovely! My God, that's wonderful. You girls have a lot of courage.' Our younger sister, who isn't disabled, is also going to college for the first time, but she doesn't get that. It sets Chris and I apart, and we resent it!"

Side Effects of My Meds
Dealing with the medical industry has been very frustrating...the system is set up so that you are made to feel you don't know anything about your own body, or at least not as much as the doctors.

So here's a list of all the side effects of the medicines I've been taking. The ones I've experienced are in bold type:

SIDE EFFECTS OF PREDNISONE

COMMON
Increased appetite
Indigestion
Nervousness/restlessness

LESS COMMON
Darkening or lightening of skin color
Dizziness/lightheadedness
Flushing of the face or cheeks
Hiccups
Increased Joint Pain
Increased sweating
Sensation of spinning

RARE (*Notify doctor*)
Decreased or blurred vision
Frequent urination
Increased thirst

VERY RARE
Blindness
Confusion
Excitement
False sense of well being
Hallucinations
Mental Depression
Mistaken feelings of importance or being mistreated
Mood swings
Restlessness
Skin Rashes/hives

CONTINUED USE
Abdominal/stomach cramping or pain
Bloody or black, tarry stools
Changes in vision
Filling or rounding out of the face
Irregular heartbeat
Menstrual problems
Pain in arms, **back, hips,** legs, ribs, **shoulder**
Swelling of feet or lower legs
Reddish purples lines on arms, face, groin, legs or trunk
Tearing of eyes
Thin, shiny skin
Unusual increase in hair growth
Unusual tiredness or weakness
Acne
Eye pain
Headache
Vomiting
Weight gain
Nausea
Trouble sleeping
Usual bruising
Redness of eyes
Sensitivity to light
Wounds that won't heal

maybe, I'm not sure...

I don't know what this means...

(If they mean crying, then yes)

read this one again and really think about it

NO, I'm usually this tired and weak...

(I don't know why this was listed as both "common" and "very rare")

At an art exhibit, several years ago, I found myself falling mysteriously in slow motion...I noticed that my foot was hanging by a thread from the rest of my prosthesis. It swung back and forth like a pendulum. A crowd formed in record time, unable to comprehend that it was not a flesh and blood foot. "Is she drunk?" someone asked, in response to my wild laughter at their horrified expressions. "Drunk or crazy," someone else replied...It was worth the discomfort and embarrassment to see the shock register on all those faces as they stared at my rapidly swiveling foot. I felt as if this was my initiation into a secret, esoteric club. Able-bodied need not apply.

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11. Americans with Disabilities Act (ADA) (2011) http://www.ada.gov/

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