

LBS3E10 Throwback Thursday - A Listener Chooses Her Favourite Episode

Transcript

Jeff

Welcome to Living Blind. I'm Jeffrey Rainey, the Podcast Producer and your guest host for this episode. The Living Blind podcast is brought to you by BALANCE for Blind Adults located in Toronto, Canada. And this season of Living Blind is sponsored by Accessible Media Incorporated. Here at Living Blind, we explore the perspectives and lived experiences of people with sight loss, and delve into barriers, challenges and real life strategies for living life to the fullest. This episode is the final installment for season three. So we thought we'd have some fun with a "Throwback Thursday" edition. One of the prizes for our top donors for the most recent "Because of BALANCE" campaign, was the chance to come on the podcast and talk about a favorite episode. We are very pleased to have Elizabeth Mohler with us to do exactly that. Elizabeth raised a whopping \$2,343 for BALANCE, and thus was a leading fundraiser, and she agreed to select an episode that was meaningful to her to feature this month. One of our early episodes mental health matters with Lisa Derencinovic was very popular when we first dropped it and season one back in 2021. We have decided to replay Lisa's episode here, immediately followed by my interview with Elizabeth about her takeaways and tie ins with her own work and life. As you may recall, Lisa is a Registered Social Worker and Psychotherapist and runs her own practice "Counseling with Lisa". She also provides BALANCE clients with mental health counseling, and has been the Professional Moderator for one of our mental health support groups over the past six years. Enjoy this listen or re-listen for some. And then I'll be back with my interview with Elizabeth and her commentary after a message from our sponsor. And now, here's Lisa,

Lisa

Thank you for having me.

Naomi

Can you start by telling the listeners a little bit about you?

Lisa

Sure. So my name is Lisa Derencinovic. My career is I'm a Registered Social Worker and I have my own private counseling practice. I also live with vision loss, I was diagnosed at age four with RP and then rediagnosed in my early 20s With Bartel Fidel Syndrome. So it's a progressive eye, genetic eye disease. And right now I use a white cane. And I use JAWS to access the computer.

Naomi

Thank you. We're gonna get started, maybe can you talk a little bit about how you got interested in social work and counseling?

Lisa

Sure. Um, so I actually didn't start out in Social Work, I actually started out taking a degree in an English Literature at the University of Toronto. At that point, I wanted to be a writer. But I sort of shortly came to the conclusion that I wasn't good enough to be a writer and that I also didn't have the self discipline it takes to be a writer. So I had to kind of think, you know, what else did I want to do. And during that time, I had been participating in a peer support group where I was helping to co-facilitate, and I really enjoyed that experience. And so that led me towards considering Social Work. So then I went to Ryerson, and did an undergrad and a master's program in Social Work there. And during my master's degree, I did a counseling placement and I found it really rewarding. So then, after I graduated, I did do some community work, where it was more group facilitation based. And that is still something that I do, I do that with BALANCE, and then I've done that with other groups as well, too. But now I kind of focus more on my counseling, one-on-one work. And so that, you know, has been something that has really been an opportunity that I've quite enjoyed as a Social Worker.

Naomi

You use your lived experience, as well as something you draw on, in your work. Can you talk a little bit about how that comes together with the the academic or the practical, professional side?

Lisa

For sure, for sure. I think ideally, it's great when, you know, worker does use their lived experience as well as their professional experience. And in general, I mean, you know, we still are people so even if we don't have the same lived experiences with people we're working with, we still bring a lot of ourselves and our values into the work. And so for me, you know, working with the partially sighted and blind community, when that is my lived experience, I can definitely, you know, relate to what people are going through, I've gone through some of what, you know, some of my clients have gone through myself. So there's definitely a connection and an understanding that sometimes they don't find with other counselors. But I also have to be aware that my experience is not the only experience of vision loss. I was born with sight. So someone who was born blind, we have a different experience. And then also looking outside of just the vision loss. You know, I've worked with people who, even though we might have a vision loss in common, there's lots of other aspects of our social identity that are different. So just I always have to be aware of both the similarities and the differences. When I'm working with someone,

Naomi

Can you speak to our other kind of common situations or experiences that come up, of course, keeping in mind that everyone is so different, right. But in your experience, are there certain challenges that come up on a frequent basis?

Lisa

So looking more sort of at the people who have more of a progressive vision loss, or maybe sudden vision loss, there is a commonality between the adjustment process. And so sort of needing to think of themselves as someone who is visually impaired, partially sighted or blind, whatever term they want to use, as opposed to thinking of themselves as a sighted person. And that's experience, that I found that

a lot of people struggle with. But when they can sort of switch that perspective, it can be really an opportunity for that acceptance and growth.

Naomi

How so?

Lisa

Because a lot of times, I find, people are still trying to do things, in a way as if they were a sighted person. So they're trying to use their limited amount of vision, and their limited amount of vision is not really enough vision to do what they want to do. Whereas if they were, you know, to try and maybe do it in a more tactile or hearing way, then it would, you know, might be more successful. And just also, it can be a way of trying to hang on to things in terms of, you know, how we think of ourselves. And, you know, not that we have to think of ourselves as being disabled, but just sort of, you know, having that feeling of acceptance can bring about a letting go of some of the barriers that we might have around how we think of ourselves. So it can actually make things easier sometimes.

Naomi

Right? I like your point that you made about trying to do things a certain way, right, that you're used to, or is that is, you know, an able bodied person may go about doing it. And then to think, you know, if I can accept my situation, I can move forward and do things in a way that works for me. That's trying to fit, you know, my identity and my life into into the box that I used to be in, right?

Lisa

For sure. Yeah, cuz I mean, it's not to say that everything that we used to do, we can't do anymore. But there might be things that you can do, but you have to do them differently. And it's finding that way of how to do it differently that can really be, you know, again, that opening, or that opportunity to find a way to do the things that you want to do or that you used to do.

Naomi

Right. And I think this brings me to another topic, which is, you know, counseling, or at least I think a lot of people might have the impression that counseling is very person centered or oriented around what the person can change. But there's a lot of things that are going on in society that would affect someone coming in for counseling. So can you you speak a little bit to, you know, ableism, or disableism, what's going on in our society in Canada? I know that it's a very big topic. You know, how is the the world around your clients influencing their thoughts, their feelings about themselves or just anything in general?

Lisa

Definitely, there's many levels that ableism affects the person. You know, so there's the systemic levels, there's more of the institutional levels, there's the family levels, and then there's the individual levels. And so all of these are interacting at the same time. And, you know, ableism it looks at the discrimination and harassment of people with disabilities, but it also looks that the limiting of opportunities and the barriers that people with disabilities face. And sometimes these can be attitudinal barriers. And those attitudinal barriers can come from people, you know, outside of us in society, they

can come from our family members, or they can even also come from ourselves. So understanding what those attitudinal barriers are, and how they affect, you know, our experiences, can be a way to sort of shift sometimes how we're feeling and how we're behaving and what we're thinking of.

Naomi

And that's something that sometimes people would work through with you in the session?

Lisa

Definitely, yes, but I will definitely label when someone is talking about something that might be ableism. You know, and it's something that I talk about a lot with my clients, you know, can contribute to a lot of emotions, you know, can bring about anger, or sadness, or grief or frustration, and you know, all of those things. Sometimes, you know, we try and figure out where they're coming from, and the person might blame themselves for what they're feeling. Yet, when we bring that social lens into it, it can open it up, and give a different perspective to what the person is experiencing.

Naomi

Mm hmm. On that note, and thinking about when people come to see you for counseling, what do you usually do to help them prepare? Or what can they expect in terms of how the process works?

Lisa

So depending, sometimes, I will have a short conversation with a person before we start our first session. And that is to give them a little bit of information about what the counseling process is like, and what my style is, and what they can expect. And then also, they can ask any questions. So sometimes that happens, sometimes, we go straight to the first session. And within the first session, there is the structure of, of, you know, kind of doing some questions, to get information from them about what their past experiences has been, like, I usually also ask if they have any specific counseling goals that they want to work on. And that can be very general or can very, be very specific. And based on that, we just kind of keep going. And I mean, the counseling process at its basis, is a conversation. And so it's a give and take between myself as the counselor and the client. And, you know, so we just talk about what they're experiencing what their day to day is like, and kind of take it from there. And it sort of kind of flows from one topic to the other.

Naomi

So it's, I don't want to say unstructured, but it's not exactly maybe the word, the better word is that the client is in the driver's seat, when it comes to what they want to talk about, and what they want to work through. And your role is to, well, maybe you your, you'd be best at telling me what you feel like your role is in that conversation?

Lisa

Sure. So I see myself as sort of like a guide on their journey. So I keep track of where we've been and where we're going. And so I might, you know, if we've been doing multiple sessions, I might talk about like, Okay, so last time, you know, we talked about this, where are you with that? You know, or, you know, your goal was to work on on this. Where are we with that? But definitely, you know, if there's something that the person wants to talk about, you know, that's very urgent to talk about that day, that

is where I start from. And yeah, I would say, my approach is definitely not very structured, I, there might be some counselors who have a more structured approach than I do. But mine is a little bit more kind of following where the conversation goes, I feel that like, if we go from one topic to another, that's where the conversation needed to go.

Naomi

And do you ever find that people are kind of hesitant to try counseling, or they have fears or concerns?

Lisa

For sure. I mean, you know, they're, they're telling their life story to someone that they don't know anything about. So it can sometimes feel like a very vulnerable situation. Sometimes just even making that first inquiry, you know, that first phone call or email can be the hardest part. So sometimes, you know, when you have started to talk to someone, and you feel like you're being listened to, and you feel like you have a space to talk about things that you might not have anyone else to talk about, it can relieve some of those fears or concerns at first.

Naomi

Yeah, that makes sense, I think, I feel like there's a bit of ahh that first step can be a little bit scary for a lot of people, like you said. You're going and talking a lot, a lot of things that are on your mind are quite private to somebody who's a stranger in that moment. So, yeah.

Lisa

Yeah, just the other thing to reassure people is that everything within the confidential, sorry, everything within the counseling process, except for certain limitations is confidential. So I'm not going to talk to my friends about, you know, what my clients are telling me. There's very strict limits on when and how I can break confidentiality. And those those incidents is where I would break confidentiality are very specific and I actually tell everyone, before we start our first session, what the limits to confidentiality are, it's part of my opening spiel.

Naomi

Yeah, that that's I'm sure, I'm sure that that yeah, it's reassuring. It may be that if somebody hasn't done counseling before, it's that, you're right, that's something that they, a person may not be familiar with, the structure and the professional boundaries and things like that. So make sense. Taking a different direction. I know we talked a lot about, we talked about your counseling work. I guess, here's the big question, for you. Can you talk a little bit about your thoughts on what, you know, thinking about vision and mental health, like what what experiences or what things have you come across in your either your professional or your personal experience that affects the community... if there's anything in particular? So for example, like I've heard, I'm talking thinking about blindness and mental health, and what our, you know, unique needs as a community. So to give you an example, I've heard that it's a really unfortunate fact or statistic, but heard, a lot of people would say they'd rather die than go blind. Right? So I've heard, I've heard things like that. In terms of coping with and adjusting to the disability. I know you already talked about specific issues, your clients have come to you with, but I guess, is there any, do you have any comments on mental health in the blind and partially sighted community in general?

Lisa

I don't know. It's, it's kind of a hard question to answer. I don't have any hard stats on what the percentage of people with partial sight or blindness, with mental health problems. They're sort of, I mean, there's different levels. So you know, there's someone who might be just experiencing some, some stress or some ableism and need someone to talk to. There might be someone who's experiencing, you know, trouble integrating with their family, and needing some help with relationships. Or there might be people who are dealing with depression and anxiety. But I don't have any of the statistics to say whether that's higher or lower than the general population.

Naomi

Right? I think the takeaway is, you know, it's like you mentioned, people have a lot of things going on and vision loss happens to be one of them. And so I think, overall, the idea is that we're treating people may your clients may all have, or many of them may have something in common, but there are so many differences, that mental health challenges that they're experiencing, are ones that, you know, are also common to many other people.

Lisa

Yeah, I mean, definitely, there are things that are different than, you know, others, but there are also a lot of things that are similar and commonalities between people. So sometimes, I guess I hesitate to sort of, kind of single out, you know, what are the mental health problems of the partially sighted and blind community because that can really pathologize us. And, you know, it takes into consideration I guess, maybe one of the biggest mental health problems for our community is ableism.

Naomi

So more about, "let's check to focus" more on "well, what's going you know, what's going wrong with the people in the community?" And, you know, instead, I think the direction that is more productive or helpful is to address the systemic issues. So maybe that's where we can go, you know, in terms of I think you did speak to it, generally speaking, but you know, are there specific...can you talk a little bit about the relationship between, let's say, barriers and, and mental health or discrimination and mental health?

Lisa

So I would say that one of the biggest barriers for the partially sighted and blind community is lack of opportunities to employment. So for someone, you know, if they're, if they have their education, and they're now trying to get a job, and no matter how many resumes or applications they send out, they still just getting, "no, no, no", it can be very frustrating. And it can be very easy to internalize that rejection, into you know, something's wrong with me, could also lead to anger. I mean, obviously, some of that anger would be justified. But sometimes that anger can also get amplified, and end up sort of being released onto other people. And so it really can have a direct connection between the experiences of ableism and barriers, and what the individual person is feeling, and thinking, you know, in their own life,

Naomi

Right. So it's a, I guess it is an individual reaction, I'm sure some people depending when they come up against challenges, they may feel sad, angry, all kinds of grief, I'm sure all kinds of feelings with not being able to have the same opportunities as others.

Lisa

Yeah, definitely.

Naomi

I think that makes more sense. I'm thinking as hopefully starting to get a little bit more. Well, I guess in terms of mental health, the other thing that I would be curious about is, you know, what are some things that people can do? I mean, counseling is a great option, I think more people should do it. But do you have any other strategies or things that people can do to take care of their mental health?

Lisa

Definitely, there's lots of things that people can do. One of the things that I talk about with almost all of my clients is exercise or movement. Because there is a definite connection to how we feel in our physical body, and how we feel in our mental, you know, mind. And this can be anything, you know, can be anything starting from chair yoga, you know, up to running a marathon, and anything in between. But just finding some regular exercise or movement can really help shift your mood. And then also kind of considering, you know, self care strategies, whether things that you enjoy, to reduce your stress, or to let go when you're feeling those hard emotions. A lot of people like meditation or breathing exercises, and you can find lots of those on the web and, and they can be very helpful, both to do on a regular basis and to do when you're really having that moment, needing some help with a more kind of like, urgent, emotional need.

Naomi

Hmm. Yeah, that I think that the self care piece. It's hard to it's very individual, there are certain things that work for certain people, but in my experience, you kind of have to figure out what works for you as well.

Lisa

For sure, yeah. I think one thing is to kind of decide, like, what do you need right now? What type of self care? So do you need something more energizing and energetic? Or do you need something more calming and quiet? Do you need something more, more tactile or more sensory? You need to talk to a friend and have more social connection. But just trying to kind of tap into what what is it that you sort of need in that moment? And again, there's always room for trial and experimenting to see what it is that you know, really works for you.

Naomi

Hmm. I hope you don't mind me mentioning. I noticed on your website, you might have mentioned that you also enjoy engaging in exercise or other things like that. I saw that you have done a half marathon. Is that right?

Lisa

Yes, I did. I did it with a combination of walking and running. So I didn't run the whole way. And even now, I still do the combination of walking and running. I've never made it fully completely to running. But it is something that I do enjoy. And I connected to one of the, you know, accessible recreation groups. I joined "Achilles" and so besides the exercise, I also have found a great community there for social connection. And it's something that I look forward to all the time whenever I go for a group walk or run with "Achilles".

Naomi

Awesome! Do you have any other groups activities that you'd like to share?

Lisa

I've definitely done yoga before. For a while, there was a Latin dance group that was going on. And unfortunately, the teacher wasn't able to continue long term. So now, once the pandemic is over, I'm gonna look into some other dance studios to see if I can find some Latin dance classes. I like cats, and I love reading.

Naomi

Do you have a cat?

Lisa

We're, I'm right now actually, in between cats. My I had a very old senior cat and his time came in March. I think we're about ready to start looking for our next cat. But unfortunately, there's actually actually not as many cats available, I guess, because people have been adopting quite a few of them during the pandemic.

Naomi

Oh, really? Well, that's sort of a mixed blessing for the cats, and hopefully, hopefully for you, you'll be able to find your, your cat.

Lisa

You know, and that's another great mental health strategy, you know, is having animals around, you know. Whether you're a cat person or a dog person or some other type of animal, you know, they can definitely provide a lot of love and companionship.

Naomi

Mm hmm. Oh, for sure. Okay, well, I feel like I have learned a lot about counseling and, and your work. And, you know, I feel like I've learned a little bit more about how to approach thinking about mental health in the context of ableism, or disability. Is there anything else that you want to share or talk about before we wrap up?

Lisa

I guess, just going back to that point about that, you know, sometimes making that first inquiry can be the hardest part. A lot of people sometimes think that it's a weakness to ask for help. And I don't see it as a weakness, I actually see it as a strength. And so asking for help, is really, you know, something

not to be afraid of, but you know, to look towards that things are going to be possible. And that, you know, things might change once you ask for help.

Naomi

Yeah, that's a good way of putting it. Thank you so much for your time, Lisa!

Balance For Blind Adults

No problem.

Naomi

And now a message from our sponsor, discover AMI's collection of podcasts created by and for the blind and partially sighted community. Visit AMI.ca to learn more. AMI entertains, informs and empowers. And now back to the podcast.

Jeff

Today, I am joined by Elizabeth Mohler. And I could go on for an hour about Elizabeth's achievements, but instead I will let her speak for herself. Hi, Elizabeth.

Elizabeth

Hi Jeff. Thank you so much for having me. My name is Elizabeth Mohler, I use she her and elle pronouns. I became part of the BALANCE family in 2013 when I was a client receiving Orientation and Mobility instruction... Community Access Facilitation as it was then called, and Assistive Technology instruction. I joined the BALANCE board in 2015 as a member at large and became an employee of balance in 2016, where I was an Assistive Technology Specialist and Community Engagement Lead. I left balance in 2019, but not for long. I'm back on this podcast and I've also done some consulting. So some of you might hear my voice in the pre employment program workshops, or other workshops that BALANCE has done over the years. I'm also a doctoral candidate at Western University and going into my fourth year, and I look at how discourses and practices within self managed attendant care shape how individuals access self managed attendant care. I also run my own little consulting business called EM Disability Consulting. I am a writer, presenter, and I am the Vice President of our student union of graduate students at Western University.

Jeff

So you are a writer, what is your book?

Elizabeth

I co-authored a book with Dr. Mahadeo Sukhai in 2016, called "Creating a Culture of Accessibility in the Sciences". I am not a scientist, but I sort of dealt with the more practical space learning environments and how folks maybe who want to do placements and who live with a disability experience barriers, as well as getting into professional programs and how students have experienced barriers and those programs. So I kind of tackled that part of the book. And Dr. Sukhai did more of the sciency science lab stuff. And then we had a number of other contributors as well, that made the book possible. So shout out to all those folks.

Jeff

Right. We'll have a link to that book in our description as well. You are currently a doctoral candidate at Western University, as you mentioned, School of Occupational Sciences. What's your research include?

Elizabeth

Yeah, so my research looks at a program called Ontario Direct Funding or Self Managed Attendant Care. And I look at how discourses so discourse is really our text based language that uses to describe the program, looking at the wording used, the tone used, so the discourse is kind of just a way of talking about language and how we speak. So I look at how discourses and practices shape how people access health managed attendant care, and specifically how that program frames conceptions of care for people with disabilities. So this is a program where people receive funding, and then they hire and train and onboard their own attendants to provide support in the home as needed. I am also a host of the show "Grad Cast" at Western University. So you can find us on the radio on Wednesday mornings at 11 o'clock 94.9 in London, or just go to the Western radio station, or look us up anywhere you get your podcast. Of course that's just one thing I do at Western. And as well, I mentioned that I am a Vice President of our Student Union.

Jeff

That's a really hot topic right now, isn't it with direct funding into...

Elizabeth

Yes, yes, it is a very hot topic. And I think it's going to become a hotter topic as we age in place.

Jeff

I think so, and I also hope so. Now the two of us have a lot in common. We're both coffee addicts. We both love the Mackenzie Brothers...

Elizabeth

How did you know about coffee and the Mackenzie Brothers? Where did you find those things out about me? Oh, I don't know. But we also joined BALANCE in and around the same time in 2013. And both joined as clients because I also joined in 2013. I was going to college downtown and I needed some help getting from St. Andrew subway to Recording Arts Canada. I've also had... 10 years! This is kind of cool. It's like our 10 year anniversary.

Jeff

It really is! And then yeah, we've both found employment through BALANCE. I started as the Producer of The Living Blind podcast in 2022.

Elizabeth

And might I say you're doing a great job.

Jeff

Well, thank you. But you're here because you were one of the top donors of the most recent "Because of BALANCE" campaign. So first of all, congratulations.

Elizabeth

Thank you. It's a great cause.

Jeff

But one of the causes one of the prizes of being a top donor was getting to pick your favorite episode of this very podcast, and then having the option to come on here and talk about it. So you chose to cash in your prize, and so there, here we are today. The one you chose was mental health matters with Lisa Derencinovic. Now, I look at the work that Lisa does, and the interview that she did with Naomi and I look at your own work and I see a lot of parallels there. And I can I can see how there's an affinity there, in just the way you like not only the work that you do, but the way that you approach people. If I had to sort of sum you up, I would sort of say that you have a very human side to activism.

Elizabeth

Oh, thank you. Yeah, I certainly try. I think you're right, there are a lot of parallels. You know, one thing that I often tell people because they see the word "occupation", and they might think I'm an OT or an Occupational Health and Safety Nurse, so Occupational Science, I could do a whole podcast on what that is it really has to do with human doing and how the environment and the individual interact and shape one another. But yeah, I think that Occupational Science lens brings that humaneness to the activism work that I do. Although I don't offer clinical advice or counseling, I've done a lot of mentorship through the National Educational Association of Disabled Students or Needs since 2013. Boy was busy in 2013. And I've also done some some coaching and mentorship through workshops at BALANCE, as well as the Ontario Chamber of Commerce. And I think, you know, one of the things that as you were speaking, Jeff I was thinking about is how I bring, and Lisa said this to my my own experience of living with a visual visible disability, to my work and whether that be using practical everyday examples, or whether that be, you know, framing my position as a researcher around why I came to the work that I did, or whether it's just that the types of things I'm interested in. I do believe that because of my disability that's shaped the types of questions I want to ask and the types of ideas I want to explore.

Jeff

And aside from the fact that you as you said, you are not a counselor, you do not offer counseling yourself. Your approach to advocacy and activism and accessibility and just creating a culture of accessibility as you as you've said, you really enjoy getting to know people one on one.

Elizabeth

I do.

Jeff

And I think the causes and activism and some of the language surrounding activism in terms of the more, sort of on the side of law, might be sort of either off putting or a little bit overwhelming to people in terms of their rights and just means of access. But getting to know them one on one, what they're

having trouble with what they're struggling with, and the fact that they can't get it. And the fact that it's the 21st century, and we're talking about things that are so simple. Do you see that as well?

Elizabeth

I do. And I think, you know, you're bringing up some really important points around, you know, what I what I sometimes call in my writing, the invisible work of advocacy. So, sometimes we'll hear as, as students or as new employees, or as job seekers, or as clients, you just need to advocate, you need to advocate for yourself and absolutely 1,000%, we do, but there's a lot of invisible work, you could be spending hours on the phone calling ODSP, to see if you can get an electronic statement. Or you could be spending hours on the phone with your bank because the apps not accessible. And so that's kind of that I say invisible because people don't see the work. And sometimes advocacy can be exhausting. So there's an emotional piece to there's the emotional labor of doing all that work, and explaining what you need. But it also can be very rewarding when you've made a stride. And all of a sudden on campus, there's an audible pedestrian signal, or on campus, there's Braille beside the washrooms then then that sort of all of that work, you sort of feel that "a-ha" moment. And I think that one of the things I try to do when I'm speaking to administrators, or when I'm speaking to fellow student leader colleagues is to talk about access as everybody's can to carry and everybody's challenge to negotiate because it accessibility benefits everybody. So one of the taglines that I like to use is accessibility is for everyone. So I will often use very concrete examples, like if you send materials out in advance of a meeting, everybody comes prepared with questions, people aren't distracted in the meeting, reading a document they've just got, and our time is used more effectively. So it isn't just send it in advance for Elizabeth that all of a sudden, is everybody's going to benefit. And so, you know, back to your sort of human side of activism and being able to sort of draw parallels, you know, between my work and Lisa's, I think one of the things I heard from Lisa and her in her podcast interview, was really being able to use her experience to teach and to educate. And I like to think that I do that as well.

Jeff

Absolutely, because one thing that might elude people is accessibility is for everybody... but what about me? And if you're, for example, that person organizing the meeting, for example, as you said, you might not be thinking of "oh, just if we're doing this for one person..." So let's say for example, someone has told "get the talking points for this, for this meeting out in advance for Elizabeth", for just the one person. They might kind of go, "okay", they might think they might do it, they might not. But that really goes a long way in the educational aspect, because once you have them, then you can be prepared yourself. And then you can make contributions to that meeting, people will then take note of those contributions, they might get to know you better, and they might hear ideas from you that they never would have thought of. And then the whole project goes much smoother.

Elizabeth

Yeah, yeah, for sure. And, you know, it's a work in progress. I'm on several different committees and boards, some through church, some through school, some just through community life. And some, you know, I think that that needle moves a little bit slower in some spheres than others. But it is true when you have the materials in advance. Not only can you come prepared to make contributions, but it's also again, that teaching moment, you know, what about people that couldn't be present at the meeting that want to participate asynchronously they can do that if they're getting stuff ahead of time. So I think, you

know, this "access is for everybody" is really important, especially as we're moving into this "what have we learned and what to be unlearned, from COVID". So when we think about COVID, and I know Lisa recorded her episode during COVID, we had to rethink how we did things and a lot of that rethinking made it easier for people that live with disabilities to participate. I know several colleagues that got their first job because they could finally work from home on Zoom, and they didn't have to worry about negotiating Wheel Trans or or care needs and attendant care needs at work. So that was that was a really big thing too. And for myself, I go to school in London, I live in Toronto, just to just to confuse everybody. I'm in two different cities. And so it meant for me in my first year, I wasn't commuting, I was doing my coursework on Zoom and putting that energy that I would have otherwise use commuting into zoom and into school on Zoom, which was a lot easier, more effective. You know, and even even things like you know, how we socialize has changed and there's a lot more spaces that have opened up for activism, online. Disability Twitter really ballooned and blossom during COVID because it had to. So I think there's a lot of ways that accessibility we've learned through COVID how accessibility actually has this practice that works really well for everybody.

Jeff

Just for reference, for those of you who might not be in Ontario or in Canada, the distance between Toronto and London is about a three, four hour drive and...

Elizabeth

Two hours, two hours train ride, two hour train ride. Yes.

Jeff

And even more if you were taking the bus.

Elizabeth

Yes, yeah.

Jeff

You did that daily.

Elizabeth

I didn't I don't do it daily. Usually now I commute in once a week and stay overnight, but it is it is a commute for sure.

Jeff

Coming from someone who did do a daily commute of two hours, one way every day, so I guess you could say four hours each day, I get what that is. But going back to educating the educators, do you think that one of the words that we hear a lot now is ableism. Ableism, and barriers to ableism. This is another thing that Lisa touched on barriers to ableism and barriers, barriers coming in many different forms. There are ablist barriers, but barriers of ableism will then also lead to attitudinal barriers that can also lead to internal barriers within the people that are being excluded in this case. Do you think that this is hot right now? And do you see a way forward?

Elizabeth

Yeah, I think Lisa did a really lovely job explaining ableism. You know, we might be familiar with terms like racism, we might be familiar with this concept of sort of gender inequality. But ableism tends to elude people. You know, I like to kind of think of ableism as sort of this, this beliefs or attitude that able bodiedness is superior, and that differences in body minds are inferior. And unfortunately, it can be very systemic. So meaning it can come in the form of policy, everyday attitudes, practices, environmental ableism. And I think, you know, to Lisa's point, it can really impact our mental health. So one word that comes to mind for me is internalized ableism. So you start to believe some of the attitudes, so maybe I can't go to school, because I'm somebody that has vision loss, or maybe I can't get a job or live on my own. And I think where that's really harmful is that we kind of, we self perpetuate. So I think one of the pieces around ableism, that's going to be really important is is we see our demographics, right. So our stats tell us at 22% of people in Canada right now are living with disabilities, and that's gonna, that's going to rise as the population continues to age. So I think one of the things that I'm hopeful for is that through in Ontario, here, we have the Accessibility for Ontarians. With Disabilities Act, or AODA, we have two new standards, education and health that are going to be rolled out. And those will help hopefully help push that needle forward to remove barriers. And also we have an accessible Canada Act, which came out in 2019. So for federally regulated organizations to be more inclusive. And we don't just want to think about what we have to do, but what can we do to remove barriers? It's not well, what's the bare minimum? But you know, what, what, what can we do?

Jeff

Thinking just on a personal note, we can we can touch on this as well. But then there's the whole mental health aspect I would like to get into as well. But when I think of the word ableism, there's a lot of nuance, the exact word can be really big, and also really subtle at the same time. Because, as you know, humor me this, as someone who was born blind myself, I grew up in a mainstream environment. For a bit of background, you your two choices for schooling are, you go to a mainstream school, like the majority of other people, or you can go to a specialized school for the blind, and you learn to integrate, and it was only later on in life that I really started to meet more blind people and people like myself, and could talk to and it could address and talk about things that I just couldn't talk about with other people before. But I think that a lot of times people just don't know what ableism is, or they might take it to heart and think that there's something wrong with being able bodied. And I think that there's a lot more education and and just one on one conversations in the general public that could lead to much more agreeable and a lot more just easier ways of getting things done.

Elizabeth

Yeah, it's really interesting, because I was also born blind and I went to a mainstream school for grade ones that here in my local community, and then I went to a school that had a classroom for folks with sight loss until the end of fifth grade and then I went to a school for the blind. And it's interesting exactly what you say. There were just things that I I like I think I always knew that there was other kids out there like me, but I never really got to fully experience that until I went to a school with a live-in, live-in program. And I think what was interesting is I got to then participate in sports and music and I got to do things like, you know, outdoor club that I just couldn't do in the mainstream school because there wasn't supports. And so I kind of, you know, when I'm doing workshops, especially for little, little kids, and I'm talking about inclusion in schools, I often kind of talk about it as if, you know, sort of like Harry Potter,

right? Like when he was not at Hogwarts, he knew there was something different about him, but he didn't really know what it was. And he didn't really have a great time and in his home school, and then he went to Hogwarts. He's like, wow, there's people like me, I can do really cool stuff. So I kind of use that comparison, because it is true if we don't have people in our lives that that we can talk to about these these challenges that we might be facing or even just, "hey, I want to try this, have you done it?" That it can be very isolating? For sure.

Jeff

Absolutely. And I think that it's easier than a lot of people think it is. There's not this us-and-them divide that we, that we, as as, as a society are meant to have been accustomed to for millennia.

Elizabeth

Yeah, for sure.

Jeff

And just on a personal note, thank you. I've never read Harry Potter before I thought it all started at Hogwarts.

Elizabeth

Oh, well, nope. Jeff, next episode, we'll talk about Harry Potter, you gotta read it.

Jeff

All right. Maybe something we will we'll work that in somewhere. But going back to ableism and attitudinal back attitudinal barriers and leading to internalizing. That does a lot of mental health, doesn't it?

Elizabeth

Yeah, it really does. And I think part of it is, you know, just knowing how to express that and how to get that support. I think, you know, one of the things I love about the work that that Lisa does, is that she and she says it really well, she has experience with sight loss, but everyone's experience is different. But being able to talk to someone who might be able to say, yes, I've been through something similar. Or I can appreciate what you're going through, I know that those barriers exist, I think can be really affirming. And that's part of I think, a big part of counseling, where it is being affirmed. And to feel like somebody really is validating what you're what you're experiencing and saying. And I think part of it, too, is the education. Like if you've just lost your sight, you don't know what you don't know, you don't know, there's recreation groups, for people in your city, perhaps for people with sight loss, or you don't know that there's a screen reader on the computer. So I think being able to have those, those touch points as people even go to to say, hey, what's out there, and how can I do this is really important. Because otherwise you can be can become quite isolated, I think.

Jeff

I think the two of you bring a lot of yourselves and your own values into your work, which can really help with the connection side and the empathy side. Because while no one has the same two experiences, and you might be talking to someone who's had a totally different life, and comes from a totally different

set of experiences, and yourself, there's a lot of commonality. And we're not so different you and I and I think that that I think that that really leads to a lot of a lot of really deep and meaningful connections. And especially when you mention someone, if we take that example of someone who's recently gone blind for the first time, or just someone who's delving into something new, you know, from Lisa's point, seeking counseling for the first time, you might be feeling very vulnerable, because you're talking to someone whom you don't know at the start, and you're talking about things that are fundamental to you. And they are very deep at your core. And that does introduce a lot of vulnerability, doesn't it?

Elizabeth

It absolutely does. And I think, I think sometimes too, depending on our background and our situation, we might not have always had the most positive experiences with the healthcare system or with counseling. So we're hesitant, because maybe we have experienced ableism, whether it be systemic, or attitudinal. Or we've experienced micro-aggressions. So microaggressions are sort of very subtle, implicit forms of discrimination that are put forward towards specific minority groups. So in this case, you know, disability, although micro-aggressions can exist at for many different groups. So it could be something as simple as a comment, "are you actually going to be able to do that if you can't see?" So the implication being like, "you couldn't do that, or are you going to be able to manage getting home by yourself from this appointment?" So those things kind of, they're very subtle, but they are there and on my blog, I have a whole blog post called "Managing Micro-aggressions", just so you know.

Jeff

Thank you for for sort of bringing light to the word micro-aggressions because it's become kind of a buzzword and it's familiar to some and alienating to others who might not be in on it, yet the impact everyone.

Elizabeth

Absolutely. Yep. Yeah, absolutely. And I think they're hard to pin because they're so subtle. So sometimes subtle comments can be really hard. So like a very practical example and I'm I'm sure most of the listeners with sight loss can identify with this one is If we're out with a friend or a colleague, and we're in a restaurant or cafe or and the server speaks to our friend or colleague and not to us. So that's a very subtle microaggression right? But there's a lot to unpack there about, who who do we believe is competent and capable to make decisions? And who do we feel comfortable with, right? Because we all like people like us. And when we see difference, it's unsettling, and it's disruptive. And so I think the natural reaction is to, to focus on having a conversation with somebody that that is more like us, but sort of breaking that stigma. So sometimes what I do is I'll answer. So if I'm out with you, Jeff, and somebody speaks to you and says, "what would Elizabeth like?" I'll say, "Oh, well, I'd like a coffee, please." So I'll just sort of bridge that conversation.

Jeff

How was that introduced to you? Because did you find that that was happening a lot when you were younger, I'm just kind of bringing my own personal experience into this. When did that first come to your attention that that was something that was going on?

Elizabeth

Yeah, for me, I noticed it. So I don't recall when it started happening. But I noticed in university when I'd be out with friends, you know, so whether we're at a restaurant and the server looks to them, or, you know, I'd be at the bank, and the teller would look to the person to read my balance or assist me. And so actually, I remember, you know, to plug BALANCE for a moment, it was in 2013, because I noticed this throughout undergrad and grad school and didn't really know kind of how to handle it. And one of the O and M structures, I had a balance at the time, we were out together doing some work at a bank to learn the route to the bank and navigate inside the bank building. And the instructor said to me, "when people do that, I just look away, and I'll and I'll walk away. And I'll indicate to them that they're to speak to you." So she said, "that's a tip you can use when you're out with friends, it's just getting them to sort of redirect to you, or perhaps even physically step back a bit." So that tip was was courtesy of Paula an O and M instructor that worked at BALANCE.

Jeff

I was just gonna ask you if it was Paula Hoover, because she was my instructor at the time as well.

Elizabeth

That's a great tip.

Jeff

It was great. It was great. I'm going to do that actually. Next time someone speaks to me and not someone else. First of all...

Elizabeth

Physically sort of backup a little bit and then sort of look to the to the person that they should be speaking to, and then sort of nod and then just say, well, you can ask them. So yeah, a shout out to Paula, for that.

Jeff

I just had an interesting thought if someone ever does that to me, rather than the person, if I'm the one that's being spoken to, rather than the one being spoken for. I don't know what that person I'm trying to think of what that person is thinking of my friend who's with me. And I don't really want to go there because it can be it's kind of ugly. But kind of just to go on my own personal experience as well. I actually, it was actually my vision teacher who brought this to my attention when I was in high school. My Vision teacher, her name was Carol Geere, if she's listening to this podcast, hi, Carol, how are you? If I had to describe Carol's motto, even though she never said it herself, I don't think anybody in the profession ever would. But I would say her motto is "you'll thank me later. I'm not here. I'm not here to win any popularity contest, you're not going to like me at times. But these are tools that are going to set you up for life." And she knew that these were things that were overwhelming to someone who's just trying to make it through the day as a teenager. But I can recall this discussion where in my case, it was people it was it was teachers coming up to me or other staff in the school coming up to her rather, and asking about, you know, does he need the note assignments? Or can he go out to this area or you know, such and such? And she brought it up to me, she goes, Why are they asking me? This is your assignment, these are your places to go, they should be asking you. And at the time, I was also struggling with just being proactive and just being approachable. But I guess to be approached, you

have to be approachable, but also just approaching people. I know that's going to be tricky for some to hear on this podcast because I'm yammering away right now. But I did struggle with going up to people and making a case for myself, for sure. But now, absolutely. It's it's become that, you know, and it doesn't have to be a hello, look at me over here, waving their hands and all that. But you can just very subtly come in and just carry on the conversation and then eventually the person will pick up on that.

Elizabeth

Yeah. Yeah, for sure.

Jeff

So it's a very subtle way of doing that.

Elizabeth

Yeah, absolutely.

Jeff

Um, was there anything else from Lisa's that Lisa's interview that you wanted to pick up on?

Elizabeth

Yeah, I just wanted to sort of touch on employment, because we know that our stats are like between 32 and 35% of folks with sight loss, and Canada that have employment and if we look at generally the disability community, it's about 49% of people that are employed and then 80% of non disabled people are employed. Now those are stats are a little bit old. It's "2017 Canadian Survey on Disability". So hopefully with our census from 2021, we'll get some fresh new stats. But I bring that up because you know, work isn't just something that we we do, because we have to. Work gives us a sense of purpose and identity. It gives us fulfillment by building connections and relationships. It prevents us from becoming sort of mentally bored. So we get the mental stimulation and, you know, that kind of thing from from work. But also, I think work gives us a sense of accomplishment. You know, you feel good at the end of the day when you've put a big proposal together, or you've done a really great presentation. And so when we don't have those things are confidence starts to start to wane. Because we don't have those sort of those those measures of accomplishment. And I think, you know, I do want to point out, it's okay, if people can't work for medical reasons. There's certainly no shaming in that and blaming in that. But I think the opportunity for people to work and to work in different ways should be there. And again, I harken back to COVID. Because what COVID has taught us is people can work in different ways we can do gig economy, we can do freelance work, we can do remote work, we can do Flexi work, although that's been controversial lately with sort of people pushing to return to the office. And so I just I really, when Lisa talked about that bit around employment, I really resonated it took me four years, Jeff to find a full time job, I graduated from my master's in 2012. And it wasn't till 2016, that I landed that first full time paying job. And it was a BALANCE, actually.

Jeff

There's a couple of things I want to pick up on. Because that goes back to the whole internalization factor, the internalizing because of making a case for for services for advocacy for work. For accessibility for the disabled community. We do measure in statistics like that, because policies are

data driven. And so when we see stats, like you mentioned, 35% of people with blindness or low vision are employed, the subtle message that gets sent to someone else is, while I'm not employed right now, I'm one of those statistics. And that can lead to a bit of a mental, you know, that just brings even more pressure to perform, because we then do that does bring work down to those most basic principles of making, you know, needing work to have a living or just finding work so you're not someone without a job. But I think, as you mentioned, work is so much more than that, because it is it gives you a sense of accomplishment, and it gives others reward as well. You know, whether the work that you do then impacts others, whatever that work is. And I think that there is so much that we can move on going forward. And I hope that everyone from employers and employees themselves to agencies, to the government's themselves everywhere, I don't just mean provincially, I don't just mean yes, municipally, I don't just mean federally everywhere, understand that there is a lot of flexibility that goes around to this. You've mentioned people who can't work. And COVID There are people who can work in many different capacities. If you can't leave your home, absolutely, you can still work. If you're at a point where you are totally fine. And you can work and then something happens to you and you can't work again, and you have to maybe go back on some assisted living for a while. There's no shame, there shouldn't be any shame in that too. You should not be punished for then having to go back or to be refused to have any go back to not being able to work for a while while you get yourself settled. There's a lot of flexible, because then what does that say? Then we're back to square one. Yeah, I failed again. You know, it's so there's a lot that we that we have going forward?

Elizabeth

Absolutely. Yeah, I think you know, just to sort of tap onto that something that's really hard from sort of a mental health and confidence perspective is when all your peers are landing those jobs, and you're not. And it's partly because at least my experience in school, we're really trained as people with disabilities to focus on school, because it does take us longer. So, you know, don't do extracurriculars don't work part time, don't do a co op. And so I think one of the really big challenges is that we sort of, we have to sort of navigate that. And as a result, we don't have as much experience. So when we're coming out of school, we've graduated. We don't have that experience, like our able bodied peers, and we're not able to land those jobs as quickly. So sometimes you might have to volunteer or sometimes we might have to do some skill upskilling and skill building.

Jeff

For all the students out there, there is absolutely no shame in A - taking extra time taking three courses a semester instead of four. That's and even if you have to graduate later on. That's totally fine. You're here for yourself. Yes, you're there to make friends is what like that is a huge part. I don't want to underestimate that. But it's not that these these go hand in hand. But it is not a competition. You're there to make the most of it. And in some cases, if it's post-secondary, you're paying for it. There is no shame in taking three courses and lightening the load for a month and there's no shame In fact, my best experiences and I'm sure this is the case with you to Elizabeth, were co-ops, were field placements, were volunteer. No, even, and so if you have to take an extra year, two years for that, so be it. There is, there is going to be that little bit of, even if someone is in high school listening to this, I know we have more adults listening. But again, this all goes from very young. If you're in high school, and you take a victory lap, there's no shame on it.

Elizabeth

I had grade 13 It was the best year of my high school.

Jeff

I made my own grade 13 Because it didn't have it by the time I got to school. And so I... 12.0... 12.2.0. And I think it was only after I started doing it that everyone else realized, "hey, that's a really good idea." Where all everyone under me wanted to take an extra year because they realized how good it was.

Elizabeth

There you go. Trail blazer.

Jeff

Hey, there we go. Well, we've come up I don't know how long this recording has been. But we could go for another three hours just based on off each other. Was there any final thoughts that you had on just Lisa's work or anything you wanted to say?

Elizabeth

No, thank you so much for having me. I think we've covered a lot of ground and I'm really excited to see what you know what will come next in the way of accessibility? I think we're it's sort of a reckoning, as we move into an endemic of COVID and we move with these accessible Canada acts and new AOD standards, I think it's an exciting time.

Jeff

An endemic,

Elizabeth

Yes.

Jeff

Think we'll start seeing that word soon in them in the news?

Elizabeth

I think so. I think so.

Jeff

Do you think it'll be as restrictive as COVID?

Elizabeth

I hope not.

Jeff

I hope not either. All right. Well, that is going to do it for this interview for Living Blind. It will be the end of June by the time this comes out. Everyone have a great summer. You have a great summer
Elizabeth.

Elizabeth

You to Jeff.

Jeff

Be sure to check out the show notes for resources and information regarding mental health supports, as well as the contact info for both Lisa and Elizabeth. And with that, that's going to wrap things up for a third season of Living Blind. But not only is it the finale for the season. It is also the final installment with yours truly as Producer. It's been a great run and I have thoroughly enjoyed working on this podcast for BALANCE for Blind Adults and for our awesome listening audience. So I hope you will allow me an extended credits list to acknowledge the entire team that has brought this podcast to you during my time at the controls. Host Naomi Hazlett, Guest Hosts Eve Pervin, Ramya Amuthan and Madeline Somerville. Communications Coordinators, Ronashelle Coro and Chloe Thibault. Development Officer Deanna Carruthers. Web developer Sandy Feldman. Marketing, Damon Grewal and Priyanka Bakhshi. Transcriber, Greg Pickios. My predecessor, Troy Taylor. And of course the executive producer Deborah Gold. Finally, my biggest "thank you" of all is to you, the listener. And please continue to provide us with your comments, questions and suggestions for future installments. Get in touch with the podcast on Facebook, Instagram, YouTube and Twitter by searching "BALANCE for Blind Adults", and chat with other listeners in the "Living Blind Listeners Facebook group". You can also email us at LivingBlindPodcast@BalanceFBA.org. For more information about BALANCE for Blind Adults and our programs and services, or to access the show notes and transcription of this episode, please visit us at www.BalanceFBA.org. I'm Jeffrey Rainey and this has been "Living Blind Throwback Thursday". Thanks for listening and have a great summer

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