

## MindFIT Podcast – Anti-Ableism in Mindfulness Facilitation with Sezgi Ozel Transcript

Lauren Brown:

Hi, and welcome to the University of Toronto's MindFIT lecture series. On this podcast, we discuss the Buddhist roots of mindfulness along with current issues in mindfulness and yoga. My name is Lauren Brown, and I'm the Mindfulness, Meditation & Yoga Program Coordinator for the Division of Student Life. Thank you for listening.

Chloe Ellard:

Before we begin, we wish to acknowledge the land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and the Mississaugas of the Credit. Today, this meeting place is still home to many Indigenous people from across Turtle Island, and we are grateful to have the opportunity to work on this land.

Today's lecturer is Sezgi Ozel, who is the lead of the On-Location Graduate and Professional Faculties team at Accessibility Services on the St. George Campus. She holds a Honors Bachelor of Health Science from McMaster University and Masters of Science in Occupational Therapy from the University of Toronto. She has developed and facilitated a number of workshops in professional and recreational settings on ergonomics, self-care, self-compassion, mindfulness, and assertive communication. So we are very lucky to have this presentation today, and the floor is yours.

Sezgi Ozel:

Thank you. Hi everyone. I'm Sezgi Ozel. I'm the lead of the On-location Graduate and Professional Faculties team at Accessibility Services on the St. George Campus. I'm very excited to be here to talk to you about anti-ableism in facilitation and meditation and yoga. So in this session, we'll explore how to create a more accessible space for guided mindfulness practice, whether in meditation or yoga, we'll discuss disability, the importance of language and mindfulness facilitation, and how to adapt meditations for inclusive practice and precautions. So I've had a nice introduction here already. As I mentioned, my name is Sezgi. I currently work in Accessibility Services. I did study occupational therapy here at UofT, and so I'm an occupational therapist by background.

I have both personal and professional experience with chronic pain. And as they've mentioned, I've facilitated workshops for many years, primarily at Sheena's Place, which is a nonprofit for people with... living with eating disorders or disordered eating. And sessions that I've run there have ranged anywhere from general support groups to skills-based groups on a variety of topics that have already been mentioned. Last year, I completed the Applied Mindfulness-Based Chronic Pain Management Facilitation Certificate at the School of Continuing Studies here at UofT as well. And so, I'm excited to be here to talk to you briefly about ableism and mindfulness practice to increase awareness and improve the inclusion of your facilitation. Some objectives here for us today. I'm hoping that by the end of today's session, you'll understand a little bit more about disability and some types of disability.

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Learn the importance of fostering an inclusive practice environment to increase your awareness around ableist language and to explore a few types of disabilities with examples of guidelines for inclusive language that you can use. Just to note, also that this is an introductory session. So everything that I will be talking about is pretty high level, so I just want to flag that. So to start, what is a disability? I'll read this definition here. "So a disability is a condition or a state of the body or mind that makes it challenging for a person to participate in certain activities and interact with the world around them. It can be permanent, prolonged, or temporary, visible or invisible, and it can come on at any point in a person's life.

People with disabilities often make use of other senses, adapted tasks, learned coping skills, and adaptive technology to participate." So one of the biggest things I like to highlight when it comes to disability is this component here that it can be permanent, prolonged, or temporary, visible, invisible, or can come on at any point in a person's life. So disability is really one of those things that can touch anyone in their lifetime. Whether you know someone with a disability, maybe you break your arm or leg at some point in your life, or if you develop something as you age. So it's really important to build that awareness because it's everywhere, and it's important to be aware and to learn about it. And to give you an idea of a few types of disabilities or conditions that could be considered disabilities, I've listed some here.

So physical and mobility disabilities could be related to fine motor. Fine motor is those small movements of the hand, like with writing or gross motor, and those are larger body movements like walking or balance. You could also consider arthritis a physical or mobility disability. That is one example. Sensory disabilities are those related to our senses. The most common ones that we often think of are deafness, hard of hearing, blindness, or low vision. Neurological disabilities could be attention deficit hyperactivity disorder (ADHD), autism spectrum disorder, and learning disabilities. Some examples of chronic health disabilities could be diabetes, Crohn's disease, irritable bowel syndrome, cystic fibrosis, or migraines. And then, mental health disabilities could be anxiety, depression, obsessive-compulsive disorder, and bipolar disorder.

So just again to note that these are pretty general. They're high-level categories. It's really difficult to fit a disability or a person in a box like this. Some conditions might fit under multiple of these headings here. Functional impacts of a condition could look very different from person to person, and some people with any of these labeled diagnoses here might not even consider themselves as having a disability. So just want to name for today's purposes I am oversimplifying a little bit, but this is, again, just an introduction. Another important component to think about when you think about disability or when we talk about disability that I like to discuss is two models of disability. There are more, but I'm just going to talk about the medical versus the social model of disability. So the medical model of disability is more of a bottom-up approach.

It looks at a functional impact or impairment that a person might have, and it says that that thing has to be cured or fixed in some way so that the person can do the thing that needs to be done or access their environment. So in this case, in this image here on the slide, we have a person who is using a wheelchair, and the sign says, "Weigh in, everyone welcome, and it's up the stairs." So the medical model of disability says that her impairment is the problem. They should give her a cure or give her prosthetics, implying that the person needs to be able to access the environment the way that it is, and they need to have... their body needs to be a certain way in order to get in.

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So right now, this person can't access the space because there are stairs and they're using a wheelchair. The social model of disability is more of a top-down approach. So, instead, this model says, for example, "Hold on a second. If we made a ramp, then everyone would be able to access this building regardless of how the person mobilizes, whether they can walk or whether they use a wheelchair, everyone could access it." So the social model acknowledges that society has put barriers in the environment in attitudes around us, and that has essentially built an inaccessible space if you don't fit within a certain type of body or set of abilities that our world was built for. And really, that is, in a sense, what ableism is, right. Ableism is the tendency to prefer able-bodiedness, right. And the fact that our systems and our society is really built for able-bodied people.

And so, in this case, again, the social model of the disability says, "The stairs are the problem, the environment is the problem, the attitudes are the problem. And if we build a ramp, everyone will be able to come in." So why is inclusive practice important? It's really kind of talking to those models. Why are we including this session? There are, first of all, an increasing number of people living with one or more disabilities that can be visible or non-visible. Mindfulness and meditation practice is often recommended for managing symptoms of disability like chronic pain or anxiety, concentration disabilities. So it's really important to have that awareness and understand how to ensure our facilitation is as inclusive as possible for everyone.

And again, when we're thinking about the medical or social models of disability, practicing more inclusive facilitation is also operating more under that social model of disability. We're creating an environment where people can feel included, and we're not putting unintended barriers in place based on our own biases. So, in general, some suggestions for creating an inclusive space are listed here. Firstly, using each prompt as an invitation, like using ING verbs. Verbs that end in ING, instead of more directive language is a trauma-informed approach that gives the participant agency over their practice. So, for example, instead of saying, "Take a deep breath," you can say, "Taking a deep breath." It's more of an invitation that allows more choice. Similarly, providing options for movement or sensation encourages agency and choice as well.

So, for example, it might be more comfortable for someone to lie down on their back instead of sitting up tall or sitting in a chair instead. People might prefer to focus on their breath as it comes in and out of their nose instead of focusing on the rise and fall of their chest. That can be quite activating for people who experience panic attacks. Focusing on your breath at all can also be quite activating. So offering an option not to even focus on your breath, maybe to focus on the sensation of your body against the floor or the chair. So offering these types of choices can be quite important. Another one is intentionally setting up your space. That's another way of offering choice.

So having chairs available, having space to lie down, having enough space to get around if people are using mobility devices like walkers or wheelchairs, having supportive supplies available like yoga blocks, blankets, bolsters, all these things that can allow people to set themselves up in a more comfortable way. Another component is to encourage self-compassion. And there are several ways to encourage self-compassion in your cues as well. A common misperception of mindfulness is that in order to do it right, and I put that in air quotations, your mind should never wander, and it should be completely free. That's how you know that you're doing mindfulness right. And, of course, there can be comparisons in yoga too about doing things perfectly.

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So it can be really meaningful in facilitation to remind folks that when your mind wanders, because it most likely will wander, you can gently bring your attention back to your breath, back to the present. And really, that practice of mindfulness is being able to notice when your mind wanders and then practicing bringing it back to the present. Normalizing this and different experiences can really foster that self-compassion for your participants. And finally, providing an opportunity for self-reflection for feedback and suggestions. That's always useful for continuous learning. We can never really predict how everyone will respond to a mindfulness practice, and there's always an opportunity for us to improve our facilitation.

So really encouraging feedback from people which really acknowledges how different everybody is and where people can come from different backgrounds and experiences and abilities. So that allows us to learn and constantly develop our facilitation skills to further make it more inclusive. So for the meat of this presentation, I'm going to provide some example adaptations for some different disabilities that you might come across. And this is really to help give those general facilitation considerations I just mentioned some more context. So I'll run through a few example adaptations that could be made to your prompts to account for various disabilities, and I'll run through an example for each of these listed here.

So I'm going to do an example for mental health for paraplegia, which is a mobility condition here, for ADHD, and then a sensory example as well. Okay, so, for example, one mental health. The case here is that a participant has PTSD, post-traumatic stress disorder, and experiences anxiety and chronic pain on a daily basis. They are interested in exploring mindfulness and meditation as a coping strategy for anxiety and pain. So the first thing that I've listed here is to use a trauma-informed practice to mitigate harm. So trauma-informed means that we are considering what we know about trauma and then trying to mitigate any harm that we might cause through our facilitation by using that knowledge.

So some examples of trauma-informed actions could be queuing people to leave their eyes open, queuing people to move if things become too challenging by staying in one place, or it could be even queuing to focus their attention on the sound of their breath instead of the sensation, for example. Or, what I mentioned before, feeling it through their nose instead of their chest or focusing on sensation of the floor rather than the breath. Just really emphasizing this choice. Another part of trauma-informed could be reminding people in the facilitation that mindfulness practices can bring up strong emotions or can be overwhelming experiences sometimes. So allowing people not to force themselves through it if something really considerable comes up for themselves.

Another really important piece that I learned in the past is providing a brief summary of what the mindfulness facilitation will entail before starting is also good trauma-informed practice. So, for example, letting them know how long the session will be, whether it will be guided, so you'll be talking throughout, or if there will be a lot of silence throughout, letting people know whether there's movement throughout, or even if it's a visualization meditation, it's good to give them a heads-up about what will be visualized. So I was in a meditation course last year, and we were doing a guided visualization meditation called The Lake, and one of the reflections from a participant after the session was that they actually had a lot of anxiety come up for them because they had a fear of water from an experience that they had as a child.

So this meditation where they had to visualize a large body of water, and the meditation was about different weather events and how the water kind of gets more waves in certain water and less waves in

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other weather that it was talking about how the water changed in response to the weather patterns. Just thinking about a vast body of water caused a lot of anxiety for them. So knowing that upfront that this meditation was going to be talking about water was helpful because then this person knew what to expect based on their own fears and experiences, and then they could make choices about how they were going to go through this meditation.

Maybe they chose to leave their eyes open for a little bit or sit in a certain position or put their hand over their hearts or choose to tune out of some of the words or to tune into their body more at various points, anything that they could do to support themselves. So having that heads up in advance was helpful so that they could make that choice. Use of language can also be important to help provide invitation and agency, like I mentioned earlier. So for pain, an example could be allowing or encouraging any body position. For example. Another kind of assumption is that, again, in order to do mindfulness right, or meditation right, you have to be sitting upright in a seated position, very alert, and maybe having your legs crossed.

So instead, you can remind the person they don't have to be seated upright. They can be lying down, or they can be in a chair, whatever position causes the least amount of pain. And another consideration when it comes to pain is using words like I just said the least amount of pain or the most comfortable, rather than saying to find a comfortable position. Someone who is in chronic pain may not be able to find a comfortable position, no matter how hard they try. So telling them to find one can actually highlight that challenge for them, the fact that there is no comfortable. So instead, you can suggest finding the most comfortable position and encouraging listening to what their body needs today.

Finally, it can be useful to have some mental health resources available for people to access after a session, just to have that kind of in your back pocket. So some sample prompts here for mental health that go over some of those ideas that I just mentioned. The first one here is, "I will be guiding you through a body scan that will bring attention to the physical sensations of each part of your body. I invite you to engage with this as you feel possible today. You can always choose to come back to your breath if this becomes sensitive, painful, or overwhelming." So you can see here that I'm providing an explanation about what the meditation is going to be like. I'm mentioning that it's going to bring attention to the physical sensations of each part of your body.

So that could be a note for someone, especially with chronic pain. They'll be noting, "Okay, we're going to be talking about my body, and I might notice the pain in certain places." I've said, "I invite you to engage with this as you feel possible today." So that, again, is giving some options. "You can always choose to come back to your breath if this becomes sensitive, painful, or overwhelming." So again, highlighting that there can be some sensitivity, painfulness, or overwhelm that comes from it, but again, reminding them that their breath is always there for them to come back to. The second prompt here. "We'll begin this practice in a position that feels most comfortable for you today, whether that be sitting, laying down, standing, walking. I invite you to choose what works best for you in this moment."

Again, this is providing some choice. I've used terms like "most comfortable" today also. Focusing too on what feels most comfortable for you today is also kind of a reminder of last time you were here. Maybe you wanted to lie down the whole time. Maybe today you're feeling a little bit better. It doesn't mean that you have to lie down again. You can choose to sit up this time. So again, what feels most comfortable for you today in this moment. Also encourages some mindfulness to check in with the body for that day and then again inviting to choose what works best for you right now. Okay, so the second

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example, our case, is a person with paraplegia. So participant experienced a traumatic car accident that led to paraplegia, and this is the loss of sensation and control of both their lower limbs. The participant arrives to the session in a wheelchair.

So noting here, if you're ever facilitating a walking meditation, this could be especially important to think about in your planning and facilitation whether somebody is going to be able to do the walking meditation if they're going to be able to walk. So it's okay to facilitate a moving meditation, of course, and it's not to say to never do any of this. It's just that if there's someone in this space that certain prompts don't apply to, you can think about maybe changing some of your wording so that that person can be included. So this could look like encouraging them to participate in a way that they're able to or providing options and modifications to movements or sensations. For example, instead of saying, "Feeling your feet on the floor as you take each step," you could say, "Feeling the earth beneath you as you move forward in space."

So it's a way of just kind of using some inclusive language in your cues and prompts. And also saying, "As you're able to today" is also a way of acknowledging all levels of ability. And like I mentioned before, varying levels of ability from day to day. So some I mentioned in a moving meditation where you might be planning to prompt walking or feeling the earth beneath your feet, you can kind of make this a little bit more inclusive by speaking about moving instead of about walking. So here are some examples of alternative cues and prompts. I mentioned this one already, "Feeling the earth beneath you as you move forward in any way that you can. Noticing the difference in each stride of movement. And then noticing the sound of each movement."

Also drawing on different... Well, I think I talk about this a little bit later, but drawing on different senses, different sensations, different movements, rather than focusing all on one thing, can also be helpful because then people can kind of tune in when it is more relevant to them and tune out to the places that maybe aren't relevant or choose different things at different times so that they're never fully excluded from the whole mindfulness session or even a certain section of it. So it always comes back to that choice piece. Okay, so for example three, case number three, we have somebody who is diagnosed with ADHD. They mentioned that their mind is constantly racing, and they have trouble focusing. They're interested in exploring mindfulness and meditation to slow down and improve concentration in their daily life.

So when we're thinking about attention, having additional queuing can be helpful, especially during times of prolonged silence. So if you can think about if you're sitting in silence for a really long time, it can be very easy for your mind to wander. So advising about how long a pause or silence can be or will be can be helpful so that there's sort of an expectation, and the person's mind hopefully will then be less likely to wonder about how long a silence will last. At least they'll know, "This is how long a silence is. I don't need to wonder about that part." Providing a number of breaths can also be a useful way of marking that because it's practical, and people are already encouraged to focus on their breath, potentially in a mindfulness session like this. So if they're already encouraged to focus on their breath, and telling them how many breaths there will be is helpful to just provide that cue.

As I mentioned earlier too, when it comes to encouraging self-compassion, it can be helpful to normalize that our minds naturally wander. It's normal for our focus to shift, and then a cue to bring their attention back to the present or to their breath or to a certain sensation highlighting without judgment can be a helpful reminder as well. That also relates to removing expectations for a specific outcome.

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Remembering again that people might expect that their mind never wanders during a mindfulness practice, so they might want to do things perfectly. Adding a prompt around the fact that there is no perfect practice, that it's okay for your mind to wander, that it's okay to be patient with yourself and continue to practice bringing your mind back to the present. Finally, setting up the space to be free from distractions is also important.

So making sure that you're facilitating in a space that's quiet, maybe where people are not walking or talking loudly outside in the hallway. Hopefully, a place where there might not be a lot of traffic sounds from outside, reminding everyone to kind of respect one another in the silence in the space. Things like that can really help to set up the space to be free of distractions, to support people who already have some challenges with attention. Okay. So for some sample prompts here, the first one here, I said, "For the next five minutes, we will be continuing at this pace, breathing in and out in silence. I will ring a bell once at the halfway mark and twice at the very end." So here we're kind of setting that expectation where we're marking a timeline, and we're also saying, "I'll ring it once at the halfway mark and twice at the very end."

You'll notice, in this one, I just mentioned saying how many breaths can be really helpful, but if it's a five-minute silence, that would probably be pretty hard to count how many breaths that you're doing within that time period. So an alternative way to kind of gently remind people to bring their attention back if they've wandered, is this bell idea. So ringing the bell at the halfway mark and then twice at the very end is again, if my mind wandered for the first two and a half minutes of this five-minute period, at least I will have a marker to remind me to come back midway and then at the end. So you can kind of adapt that even for a 10-minute silence, maybe it's every couple minutes, whatever the case may be, but this is another way of doing that.

And then the second prompt here is, "If you find your thoughts wandering from your breath, that's okay. When you notice without assigning any judgment, gently bringing your attention back to your breath to continue." Again, that's really building that self-compassion, acknowledging how normal it is for your mind to wander, and just encouraging them to bring it back when they've noticed. And the last example here is sensory. So, in this case, I've mentioned a participant is deaf and ASL, American Sign Language, is their primary language. So if you're facilitating participants who are deaf and who use ASL to communicate, we, of course, want to ensure that there's an ASL interpreter present to interpret your verbal prompts. In your prompting, also shifting your cues from listening to more of a visual input can be a considered option. Of course, this would be opposite if someone has a visual disability.

So you can also encourage imagining what a sound may be or something might look like. Rather than telling participants to listen or look at what's immediately around them, it could be more of a visualization. Excuse me. In terms of queuing silence, this is a good time that you might want to outline the number of breaths during the silence. That can be helpful so participants can maybe choose to close their eyes for a certain portion. Queuing to close your eyes during the silence when somebody relies on American Sign Language to interpret the voice of the facilitator, queuing somebody to close their eyes is not very helpful because then they don't know when to open them again. So to give them the option of closing their eyes, and it is maybe a shorter silence, we can say, "You know, we're going to be in silence for the next three breaths or something, so you can choose to close your eyes if you want."

And something more general to keep in mind for participants with hearing loss or vision loss. It might not always be a complete loss of that sense, right. So people might be able to hear the ringing of the

bell. That might be a cue that is available to them. They might be able to see certain movements that you're queuing if they're sitting closer to the front of the room, things like that. So you can always ask a participant how you can best support them through the practice. And that way, you avoid making any assumptions too, right. Ideally, you'd be able to ask before starting the practice and privately, but you can also start a practice with an invitation to let you know about any access needs people have in this space that how you can support people the best.

I've seen this pretty common in yoga classes that I've been to, where teachers will ask whether there are any injuries or preferences that they should be aware of and encouraging folks to listen to their body throughout. So this kind of comes back to that feedback piece, and just like it's okay to ask for feedback and to ask how you can best support people in the practice too. And so, for a sample prompt here, you can say, "We will be continuing at this pace, breathing in and out in silence for the next 10 breaths. During this silence, closing your eyes if this feels supportive for you, but keeping them open if this feels more comfortable." So again, we're letting them know the pace of the breath even that we've just been doing, but we're going to have a silence for 10 breaths.

Again, giving them the option. "You can close your eyes if it feels supportive, but also you can keep it open if that's more comfortable. There's no one right way of doing it". So again, presenting the options so that people don't assume that they have to do it one way or the other to be right or wrong. So wrapping up a bit, in summary, there are many types of disabilities. Humans are very diverse, right, and disabilities can be invisible. So it's really important to use inclusive language as much as possible and increase our awareness as much as possible because we don't know necessarily who has a disability or who might find a certain meditation challenging or how to best support somebody. So really trying to make it as inclusive as possible from the beginning.

And then asking for feedback or asking for recommendations from people, constantly learning. And that's one of the pieces here about facilitation consideration. So encouraging a lot of agency and choice. There's no one right way of doing mindfulness, of practicing mindfulness. So just naming that and saying that there can be a lot of agency and choice. Intentionally setting up your space to be inviting and inclusive as well, encouraging self-compassion in your facilitation, and again, encouraging feedback and allowing yourself to kind of be open to learning. So what do I recommend for next steps? The first thing is to evaluate and reflect on how different people might experience your practice.

So if you're looking through your facilitation prompts and cues, maybe a script that you're writing or even one that you're reading and thinking of using, just think about the senses, the environment, the cues that you're using, the language, the timing. All of these things can impact how a person engages with it. So just kind of try to think about how certain things might be interpreted in different ways. And then, I encourage you to maybe make one change to your practice or facilitation from the general guidelines that I mentioned earlier. Really thinking about inclusion for all, not just for disability. And this just goes back to the fact that, again, disability can be visible or invisible. We don't need to be making assumptions about how people can engage in mindfulness practice or can or can't engage in it.

So again, think about how I can make something inclusive for everybody, like that really social model of opening up the environment and making the environment a supportive space. Rather than needing to change everything for one person, we can make it accessible for most people or everybody. And again, continuing to learn more, to be curious about people's lived experiences, ask questions. Is there a way



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that I can change my facilitation next time to be more supportive? That's all I have for you today. Thank you so much for having me.

Lauren Brown:

On behalf of MindFIT, the Multi-Faith Center, and the Division of Student Life at the University of Toronto, thank you for listening, and hope you join us for more.