

# Dancing Wheelchairs: An Innovative Way to Teach Medical Students about Disability

Johanna Shapiro, PhD

*Department of Family Medicine, University of California Irvine Medical Center, Orange.*

The Surgeon General,<sup>1</sup> the Institute of Medicine,<sup>2</sup> and the Association of American Medical Colleges<sup>3</sup> have called for better education of physicians in terms of caring for patients with disabilities. While such an effort should necessarily be comprehensive and pervasive throughout the curriculum,<sup>4</sup> all medical educators should consider how disability issues can be addressed in their existing coursework. One way that is surprisingly rich and provocative is a single 2-hour session I developed for preclinical students organized around a remarkable DVD: “Outside-In.”<sup>5</sup>

“Outside-In” presents a performance by Axis, a mixed disabled/nondisabled dance troupe. Victoria Marks, a professor of dance, is the choreographer. The dance, set to an insistently sensual beat, touches on issues of connection, contamination, sexuality, and identity for individuals with and without disabilities. It challenges assumptions often made about individuals with disabilities, such as the inherent difficulty of their lives, their lack of sexuality, even their mobility restriction. The DVD highlights aspects of the social construction of disability while not wholly rejecting the medical model.<sup>6</sup>

The structure of the teaching session is either small (10) or large (50-70) groups of first-year medical students. After an introduction, I show a segment from the DVD, and then facilitate a brief discussion. This process occurs 5-6 times throughout the allotted period, and concludes with a wrap-up summary. Whenever possible, a disabilities-rights advocate from the community or a physician with experience working with patients with disabilities also participates.

---

**Funding:** This project was funded in part by the University of California Medical Humanities Consortium.

**Conflict of Interest:** The author has no conflict of interest.

**Authorship:** The author is solely responsible for writing this manuscript.

Requests for reprints should be addressed to Johanna Shapiro, PhD, Department of Family Medicine, University of California Irvine, School of Medicine, 101 City Dr. South, Rte. 81, Bldg. 200, Ste. 512, Orange, CA 92868.

E-mail address: [jfshapir@uci.edu](mailto:jfshapir@uci.edu)

We examine several themes. The first, based on the work of Garland-Thomson,<sup>7</sup> is staring and the clinical gaze. Because of the way the DVD was filmed, often students are not initially aware that some of the dancers have disabilities. When they make this realization, they reinterpret their initial reactions. This “revisoning” facilitates a discussion of how disability becomes a lens through which all aspects of a person are filtered. It also encourages students to think about various ways they look at the other, especially the visibly different other, in patient care settings.

The next issue we consider is fear of contamination through contact with the different other.<sup>8</sup> Although disability is not literally contagious, a pervasive theme in the video is “contagion and transmission,” represented by persistent sneezing, coughing, and breathing on, versus “connection and intimacy,” symbolized through kissing, touching, and embracing. These interactions between dancers raise intriguing questions about whether we see individuals with disability as sources of fear, to be avoided just as we might avoid a person with an infectious disease; or whether interactions between individuals with and without disabilities offer opportunities for connection and caring. Such discussion helps students become more aware of their reactions of empathic distress (pity, fear) or empathic identification (connection, willingness to see self in other).

We also investigate the meaning of the DVD’s title. Who are the outsiders and who are the insiders in a disability context? Who has shaped the world in their image? One funny scene portrays “wheelchair choreography,” with a nondisabled dancer trying to make sense of the outline for a wheelchair dance. Next, a dancer with no legs attempts to fit his hands into the outlines representing the dance steps for a nondisabled dancer. These compelling images encourage reflection on how we can recalibrate boundaries<sup>9</sup> between outsiders and insiders in the doctor-patient relationship, especially with regard to patients with disabilities.

One unanticipated problem is the persistent seduction of triumphalism, the need to “defeat” adversity. I am struck by how often students glorify the skills of the disabled dancers, speaking of them as “inspiring.” While

given the technical and artistic expertise of the performances, such approbation is not misplaced, it also enables a discussion of how excessive admiration of individuals with disabilities can restrict their full humanity as much as denigration and avoidance.

Student evaluations of and feedback about the session are generally very positive. This superficial experience represents only a small step in addressing the real need to develop comprehensive longitudinal curricula focused on disability issues. However, incorporating this unusual teaching strategy has proven to be engaging to learners and stimulates interest in this critical topic.

## References

1. US Department of Health & Human Services, Office of the Surgeon General. The Surgeon General's call to action to improve the health and wellness of persons with disabilities. Available at: <http://www.surgeongeneral.gov/library/disabilities/>. Accessed April 13, 2011.
2. Field MJ, Jette AM, eds.; Institute of Medicine (U.S.), Committee on Disability in America. *The Future of Disability in America*. Washington, DC: National Academies Press; 2007.
3. Kirschner KL, Curry RH. Educating health care professionals to care for patients with disabilities. *JAMA*. 2009;302:1334-1335.
4. Symons AB, McGuigan D, Akl EA. A curriculum to teach medical students to care for people with disabilities: development and initial implementation. *BMC Med Educ*. 2009;9:78.
5. Outside-In (DVD). Victoria Marks 1993. The Concorde Films Council, 210 Felixstowe Road, Ipswich, Suffolk, IP3 9B, England.
6. Couser GT. What disability studies has to offer medical education. *J Med Humanit*. 2010;32:21-30.
7. Garland-Thompson R. *Staring: How We Look*. New York: Oxford University Press; 2009.
8. Douglas M. *Purity and Danger: An Analysis of Concept of Pollution and Taboo*. New York: Routledge, 2002.
9. Aull F, Lewis B. Medical intellectuals: resisting medical orientalism. *J Med Humanit*. 2004;25:87-108.