

## **“ON BEING A CRIPPLE” – Some Interesting Issues to Discuss**

Nancy Mairs is an essayist who lives in Tucson, Arizona. She was diagnosed with multiple sclerosis at age 28.

- 1. The importance of labels and language in defining who we are.** Mairs is careful to distinguish among terms such as “cripple,” “handicapped,” “disabled,” or “differently abled.” She feels strongly that these words convey qualities and attitudes about her that she either endorses or rejects. Is language really that important?
- 2. The frustration of uncertainty and misdiagnosis.** Like the SP, Mairs experienced a period of diagnostic uncertainty and was actually told she might have a brain tumor. The essay provides some insight into the confusion of not-knowing, and how diagnosis can almost come as a relief. Why can it be so hard to take some patients seriously?
- 3. Coping.** In contrast to the newly diagnosed SP, at the time of writing, Mairs was probably 10 years into her diagnosis. Clearly she has made adaptations and adjustments in both lifestyle and attitude that the SP has not, although initially, in her words, Mairs favored “a tragic stance.” What are some of the coping strategies she uses? (humor, seeing life as constant adjustment, learning to accept loss, relying on her family for honesty as well as support, avoiding pity). Is there anything a physician can do to encourage successful coping in a patient?
- 4. Doctor-shopping and the doctor-patient relationship.**
  - a. Seeking miracle cures** – Often patients with a chronic, incurable disease cannot accept this lack of solution. The result can be jumping from one doctor to another, exploring alternative remedies, and even putting one’s faith in charlatans. What can a physician do to reduce the likelihood of futile or dangerous behavior?
  - b. Limitations of physicians** – Mairs evinces an unusually empathic attitude toward her physicians. She reflects on the sense of failure and “diminishment” some may have at their inability to cure her, and tries to always “be gentle” with them. In what ways might a physician feel diminished by a patient’s disease? How might physicians learn to be more “gentle” with themselves?
- 5. An honest look at the experience of disability.** Mairs acknowledges that, as a result of her disability, in many ways she has become a better person by increasing her capacity for empathy and connectedness. But she is honest enough to point out that she would gladly accept a cure. When we juxtapose the points made at the beginning and the end of this essay, perhaps one lesson we can learn is not to approach persons with disabilities as either less-than-human (pathetic creatures) or more-than-human (wise saints), but simply as complex people both very similar and very different to ourselves, the temporarily able-bodied. What has been your experience with people with disabilities? What are some ideas you have about them?

