Values and Principles of Teaching Critical Disability Studies in a Physical Therapy Curriculum – Part 2: Pedagogical Imperatives and Teaching Innovations

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In Part 1 of this two-part editorial, we focused on describing and discussing critical disability studies (CDS) and the values needed to lead and teach CDS scholarship in a non-CDS academic space, such as a physical therapy (PT) curriculum. To briefly summarize, we presented a four-point CDS value framework for a PT curriculum that focuses on (1) embracing and working from a CDS standpoint and that of other critical social science literature, (2) stating one's relationship to disability, (3) valuing the knowledge of disabled people or the lived experience of disability, and (4) learning from, and working in regular partnership with, disability rights communities and disability consumer-led organizations.

THE TEACHING PHILOSOPHY WE USE AT THE UNIVERSITY OF TORONTO

Now, in Part 2 of this editorial, we discuss the teaching philosophy we use in the PT curriculum at the University of Toronto. This teaching philosophy, based on critical pedagogy,^{1–3} invites the learner to reflect on and question what is being discussed. As a starting point, we discuss and critique the dominant, individualized view of disability and provide another way to view disability: from a critical social science point of view, which we also critique. In understanding that disability can be viewed differently, we believe that disability can be reimagined in the context of PT teaching, research, and service. We outline four CDS pedagogical imperatives for teaching CDS in a non-CDS program such as PT: (1) equitable teaching partnerships with disability communities; (2) knowledge and learning located in the diversity of disability communities and its members; (3) the importance of critical thinking, reflecting, questioning, and analyzing from cross-disability and intersectional approaches; and (4) teaching disability-positive content that focuses on disability rights, arts, culture, and history. As discussed in Part 1, partnerships are essential to

the work; thus, in Part 2, co-authors Heather Willis and Natalie Rose, who have been involved in teaching CDS for several years, contribute their perspectives on teaching CDS.

Teaching critical disability studies in physical therapy is an equitable teaching partnership

Faculty members in academic settings need a greater appreciation of the value of teaching CDS as an equitable teaching partnership with members of the disability consumer-led community. Disabled people and disability-led organizations have taken the stance “nothing about us, without us”¹ and have applied it to teaching, research, and policy development on issues related to their citizenship and human rights. We used the term *equitable partnerships* in an earlier publication on this topic⁴ and have subsequently updated our perspective on it.

We view equitable partnerships with the various disability communities as relationships that emphasize respect, shared power, and decision making with full accessibility. Respect reflects our acknowledgement of disabled people's knowledge of, and expertise with, living with disability. This knowledge, we argue, is essential to developing and teaching CDS content. Respect, shared power, and decision making in relation to CDS content are exemplified in the development of the overall CDS content and in cases or scenarios used in the MSc.PT curriculum. The content for the small-group sessions is developed, reviewed, and revised by the community members facilitating the sessions; as a result, each session centres on a disability scenario that has been developed in consultation with the disabled community. These scenarios are grounded in disabled people's experiences and are relevant to the developing knowledge base of PT students. Following the CDS approach, it is important that students hear about these issues directly from disabled people because this perspective is typically

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not addressed in textbooks or lectures developed by non-disabled experts or service providers.

Accessibility is an important and essential value in teaching CDS scholarship. Accessibility implies support for equity related to the time, format, environment, and location of developing materials and teaching CDS content. We strive to establish environments that maximize the participation of disabled colleagues. For example, teaching sessions are usually scheduled later in the day to accommodate disabled colleagues' work, family, and (if used) attendants' schedules. We ensure that all participants' physical, informational, and interaction access needs are met.

Critical disability studies knowledge and learning is located in the community, among community members

The teaching of CDS is experiential. It is based on discussion and located in the community. The critical pedagogy we use explicitly acknowledges the diverse knowledge of and perspectives on disability that are important for PT students to learn. For example, the embodied knowledge of disabled people is an essential part of CDS. According to Linton,⁵ a course is considered to be a CDS course only if it emphasizes speakers with disabilities and incorporates readings from disabled writers using various media. In the CDS-content sessions, we provide assigned readings from a wide variety of sources, including academic readings from disabled and non-disabled scholars and activists as well as Internet-based writings and information. Much of the focus is on providing first-person narratives and a range of community voices, perspectives, and critiques.⁶ When students are exposed to the voices and experiences of the people who may become their clients, they gain a more rounded education, one that includes not only the professional and technical elements of PT but also the socio-political context of the work they will do; they also learn the potential impact, both positive and negative, that they may have on the lives of disabled people.

We incorporate critical thinking, reflection, questioning, and analyses and use cross-disability and intersectional approaches

The teaching of CDS should include critical thinking. PT students need to reflect on and critique the dominant, individualized view of disability prevalent in Western medicine and rehabilitation. We introduce the social model of disability, which states that the source of hardship for disabled people often lies outside their individual bodies, existing instead in the wider society.^{7,8} For people living with differences, the physical and social environments, other people's perceptions of them, and everyday practices in a Western, urban, capitalist society can "disable" them.^{7,8} We discuss how these and other practices of our society assume the existence of certain normative bodies.⁹ For example, public transport, movie theatres, and restaurants assume a certain type of body that can fit into these standard chairs and move around

in these specifically configured spaces. Thus, students become more aware of how everyday practices in our society include and exclude non-normative bodies in different ways.

Another layer of thinking critically is to consider disability using cross-disability and intersectional approaches. A cross-disability approach allows us to emphasize not only the commonalities across the various disability communities (e.g., physical, sensory, learning, D/deaf, mad) but also the unique, embodied knowledge and experiences of the diversity of disabled individuals and communities. We also take an intersectional and disability-justice approach to teaching CDS. Taking an intersectional approach means that, in addition to considering disability, we also consider how other types of individual social identifications—such as gender, race, class, sexual orientation, geographical location, nationality, and immigration status—commingle to shape experiences of inclusion and oppression.¹⁰ Mingus¹¹ has emphasized that communities of people marked by differences or mixed abilities should work interdependently, with each other, toward social justice and equity. Mingus's concept of mixed abilities is similar to our use of a cross-disability focus, and her added emphasis on interdependency establishes the relationship of disabled people to each other, and to non-disabled people, in diverse communities.

We teach disability-positive content, focusing on disability rights, arts, culture, and history

Providing students with disability-positive content is an important component of an inclusive PT curriculum because it provides a counterbalance to the medical or disability deficit-based content found in some other parts of the curriculum. Disabled people themselves provide counter-narratives focused on their positive experiences of being disabled.¹² It is important for students in a non-CDS program to be exposed to the variety of ways in which people experience being disabled. This is best done by incorporating disability arts, culture, and history into the PT curriculum.

Over the past two decades, there has been a growing emergence of disability arts and culture around the world.¹³ Canadian disability arts, culture, and history are also on the rise, and there is a movement to cultivate and showcase art produced by people who identify with non-normative bodies or minds. We provide a session on disability arts, culture, and history, in which the students attend an event, installation, or gallery focused on the art, culture, and history or rights produced by non-normative artists. An excellent example is the *Out from Under: Disability, History and Things to Remember* history exhibit curated by the School of Disability Studies at Ryerson University. This exhibit of 13 material-based objects showcased different aspects of Canadian disability history and disability rights (<http://www.ryerson.ca/ofu>). This session focuses on how difference should be valued

in and of itself¹⁴ and how embodied difference can be translated into artistic expression that is culturally and historically valuable. Much of the artistic work provides a counter-narrative to the view that non-normative bodies or minds are unproductive, and it can often highlight injustice and focus on the positivity of non-normativity.

BRINGING PRINCIPLES TO PRACTICE

The four imperatives discussed here provide the pedagogical foundation for introducing CDS content into PT curricula. But how do these values influence the content and enactment of the actual teaching of CDS? Below, we briefly outline the CDS content taught in the MSc.PT program at the University of Toronto and describe one particular teaching innovation.

Critical disability studies content in the MSc.PT curriculum

Our teaching goal is to introduce CDS and deliver the basic foundations of this scholarship to students in the MSc.PT program. We challenge students to connect this content with their emerging knowledge of the roles and practices of PT as a profession. To do this, we offer sessions that define CDS, critique individual and social models of disability, provide narratives of disability (D/deaf, vision, intellectual, and mad studies perspectives), and address accessibility issues in PT practice. We also include discussions on immigration and disability, critical self-reflection, community visits, the role of PT in navigating access to equipment and devices, disability and violence, the importance of community resources and services, and sexuality and disability.

I have a background in occupational therapy, and [because of] my experiences being married to a disabled person, I have a keen interest in ensuring that rehabilitation students understand that sexuality is an important part of personhood. While many disabled people do have questions or concerns regarding sexuality, this is a topic that is not often addressed in rehabilitation. Students are challenged to think about how acknowledging their patient's sexuality might be part of holistic practice. In this way, disabled people's concerns regarding sexuality are validated, and they are acknowledged as sexual beings. (NR)

Teaching innovation

The lead author introduced a major teaching innovation into the PT curriculum at the University of Toronto 20 years ago, and it has been used consistently ever since. It integrates the key principles discussed in our two editorials. This teaching practice is to take students into the community and have them visit people with disabilities in their own environments, rather than simply having people come into the classroom. This practice is important for several reasons. First, it takes students' learning out of the classroom and into the community. We believe that important knowledge can be gained outside the academic setting and from people who are not

academics. This practice also takes students out of the clinic or hospital so that they can learn about the lives of disabled people outside of these medical settings. The community visits complement in-class sessions that cover topics such as community living and resources (e.g., housing, transportation, sexuality). They provide important context because the students learn how their clients live once they are discharged from the hospital or when they leave the clinic, and this knowledge enhances the students' understanding of how they need to practise in the future.

The ability to provide community visits was facilitated by the lead author's collaboration with disabled colleagues as well as her ongoing work in, and commitment to, the disability community. (She has served as a member of a disability organization's board of directors and conducts academic, community-based research.) This provided the foundation for seeking out community members to assist with this innovative teaching practice. We talk to people we know and explain the purpose of our visits, which is to give students an overview of everyday life for disabled people and to have the students meet and visit with someone who is working, travelling, going to school, or raising a family. We ask that the conversation focus on life in the community, leisure, work, or school and anything else the community volunteer wants to address. The students can also ask whether the volunteer has received any PT or rehabilitation services and the outcome. The volunteers focus on messages they want the students to take away from the visit.

Students have consistently commented on how the experience of meeting a volunteer in a relaxed environment that facilitates detailed conversation allows them to reflect on their own assumptions about disability. This pedagogical learning experience is reinforced by two other post-visit learning activities. The students attend small-group sessions in which they discuss what they learned, their assumptions, what surprised them, and other aspects of the visit. These sessions are facilitated by members of the disability community; they reinforce information from the class sessions, and the community members provide important connections between the students' experiences and their own collective and unique experiences.

Students also write a reflective paper on one aspect of their visit that evoked an emotional response. Writing a critical, reflective piece is an important scholarly practice for students because they need to reflect on their views of what disability means to them. In this paper, students often describe an event that occurred during their visit and that, on critical reflection, revealed their implicit assumptions about disability, which they can now discuss openly and safely. The students often remark on how the visit opened their eyes and how they can now understand disability outside the medical deficit-based model; they can now value the experiences of disabled

people – people who are simply living their lives in the community, just like anyone else.

As a disabled facilitator of these sessions for many years, I have encountered deep moments of insight, when students' prior assumptions are challenged and they are asked to explore where those assumptions are born. Students also share that they found themselves identifying with a disabled person in the sharing of an interest or personal taste. The discovery that they may have something in common puts them on the same level and connects them as peers. (HW)

CONCLUSIONS

The CDS content in the MSc.PT program at the University of Toronto has educated more than 1,000 PT students. Here we have highlighted four distinct but related critical pedagogical imperatives for teaching CDS in a PT curriculum. These imperatives are essential to teaching CDS in any non-CDS program of study. We view the CDS-content sessions as providing students with a counterbalance to the individual and medical views of disability. Students are better able to recognize when a purely individualized intervention is perhaps limited and when a more expanded approach, aimed at eliminating barriers in the environment, can be more fundamental and have an impact. Eliminating barriers and providing more supportive and inclusive environments are important for encouraging equitable physical therapy practice. However, what is most important is a fundamental shift in thinking and valuing disability as difference in and of itself.¹⁴ We believe that students educated in this way can be agents for social change, prepared to challenge the (re)production of normative practices in PT and beyond that devalue disability while working to promote the meaningful inclusion of disabled people in all areas of society.

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