Worksheet 6.1: Models of Disability

Read the passage below and answer the questions that follow

There have been four main models of disability over time: a moral model, a medical model, a rehabilitation model and a disability model.

The moral model of disability is historically the oldest and is less common today. This model has regarded disability as the result of sin. Disability is associated with shame and guilt, often attached to the entire family, with families hiding away the family member with impairments, such as keeping them out of school or excluding them from any chance of having a meaningful role in society.

The medical model of disability regards impairments as defects or sicknesses having medical or biological origins, which must be cured or controlled through medical intervention. People with impairments would therefore benefit from coming under the direction of the medical profession, and if the individual is 'cured' then these problems will not exist. Under this model, the problems that are associated with disability are seen as residing within the individual. The individual with impairments is in the sick role under the medical model and they are therefore excused from the normal social obligations, such as going to school, getting a job or taking on family responsibilities. They are also expected to come under the authority of the medical profession in order to get better. Thus, until recently, most disability policy issues have been regarded as health issues and doctors have been regarded as the primary authorities in this policy area.

The rehabilitation model is similar to the medical model. It regards the person with an impairment as in need of services from a rehabilitation professional who can provide training, therapy, counselling or other services to make up for the deficiency caused by the impairment.

Disabled people have been very critical of these three models, particularly the medical and rehabilitation models which are still common today. Many disabling impairments and chronic medical conditions will never be cured but people with these impairments are quite capable of participating in society and permanent allocation to the sick role is simply not acceptable.

The disability model regards disability as a normal aspect of life, not as a form of deviance and rejects the notion that persons with impairments are in some way 'defective'. A person's ability to participate in society is limited not so much by their impairments as by physical barriers and the attitudes of others. Social discrimination, stereotyping and stigmatization are the most significant problems experienced by people with impairments and are the cause of many of the problems they encounter. It is not the impairment in itself that is the cause of disability but the social reaction to that impairment. Disability is therefore seen as a social construct, with people disabled by their environment, as they encounter cultural, physical or social barriers which prevent their access to the various services and opportunities that are available to other citizens. This model also raises questions about the meaning of 'normality'. What, for example, is the normal way to be mobile over a distance of a mile? Is it to walk, drive one's own car, take a taxi or bus, ride a bicycle, use a wheelchair, roller skate, use a skate board, or some other means?

Most people will experience some form of disability, either permanent or temporary, over the course of their lives. Given this reality, if disability were more commonly recognized and expected in the way that we design our environments or our systems, it would not seem so abnormal.

This social construction approach to disability therefore focuses on labelling by professionals and others, inadequate support services when compared with society generally, as well as barriers created by social attitudes and architecture, and stereotyping which overlooks the large variations within the disability community.

Adapted from *The Definition of Disability* by Deborah Kaplan, Director of the World Institute on Disability

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Questions

1. In the moral model of disability described in the passage above, why might families try to conceal a family member with impairments? Identify *three* possible consequences of this for the family member concerned.
2. Identify *three* features of the medical model of disability described in the passage above.
3. Which individuals or groups gain power through the medical model of disability?
4. Identify and explain *three* ways in which the disability model described in the passage above differs from the moral, medical and rehabilitation models.
5. Suggest reasons why many disabled people might regard permanent allocation to the sick role as unacceptable.
6. Some impairments create disadvantages and social stigma for the individual.
   a) Suggest two examples of socially-created disadvantages facing people with impairments
   b) Explain one way in which disability carries with it a social stigma
7. Explain what is meant by the disability model raising 'questions about the meaning of "normality" '.
8. The passage suggests most people will experience some form of disability, whether temporary or permanent, during the course of their lives. Explain this, with examples.
9. With reference to the passage above, explain what is meant by 'disability is a social construct'.