

Models of disability

There are various models of disability which have been used by various researchers (some of whom are disabled people themselves), to describe the position of disabled people within UK society. There are at least three models in current use:

Medical

The **medical model** of disability dominated in western societies throughout the 20th century. This model locates virtually all aspects of disability within a clinical/medical framework by solely focusing on the individual's body. It especially concentrates attention on what is different about or 'wrong' with the body of the disabled person, and the way that their body functions.

In this way, the person's disability is permanently linked with assumptions about illness and ill-health; such assumptions may well be false. There are also assumptions which are often made about the responsibility of the medical professionals to provide either a cure or to continually try to treat the person and to 'normalise' them through medical services (eg by repeated surgeries intended to 'correct' distorted limbs so they appear more 'normal', regardless of the effect on their function).

By providing such medical support, doctors are seen as helping to integrate disabled people into 'able-bodied' society, so that they can live a 'normal' life.

The medical approach to disability is useful if it is used to support the actual medical needs of disabled people and to improve their ability to function as independently as possible. However, the primary criticism from the disabled people's movement is that society gives the medical profession considerable power over their lives, often extending into areas which are far outside the medical arena. For example a university might ask for a medical note as 'evidence' that a disabled student is 'safe' to take part in a trip. This is often wholly unnecessary as the person's long-term condition is stable (not subject to change) and s/he is more than capable of judging what s/he can or cannot do safely. This kind of approach can lead to doctors and others assuming that they know better than the disabled person how the disabled person should live their life, which is wholly inappropriate.

Individual

The **individual model** of disability is a further interpretation that has dominated western societies. Those who apply this model view virtually all of the problems experienced by disabled people as a direct consequence of their disability. It is seen as the responsibility of health practitioners, psychologists and educationalists to rehabilitate a disabled person by helping them 'get used to' and 'cope better with' their disability.

The individual model of disability uses an individualist approach, and tends to pathologise a disabled person's experiences, viewing 'the person as the problem'. The model is often favoured by social services professionals, and is separate from the medical model of disability because it focuses on social intervention affecting the person's psychological adjustment, rather than a medical intervention affecting the physical body.

Social

The **social model** of disability has its origins in the 1960s and 1970s, when disabled people began to challenge the control which quasi-medical and social services professionals exerted over disabled people.

Disabled people have identified a key distinction between impairment and disability:

- **Impairment** is about the specific, individual effects of the person's medical condition(s) on their body, its form and its functions.

- **Disability/being disabled** is about the impact of the attitudes and decisions of the other people in society on a person who has an impairment.

For example:

- A person who needs to use a wheelchair may be disabled by an architect's decision to have steps at the entrance to a building and not to bother providing alternative, level access.
- A person with a specific learning difference (eg dyslexia) may be disabled by the decision of an organisation to only permit job applications in hand-written formats.
- A person with a profound hearing impairment may be disabled by a government policy of not allowing deaf children to learn to use a signed language.
- A person with a visual impairment may be disabled by the assumptions made by other people that it is not safe for them to undertake certain tasks and therefore that they (for example) cannot be permitted to catch a bus alone, or go out after dark.

This social model is based on a rejection of the medical and individual models of disability, moving the focus onto society as the cause of disability. Academics working in the field of critical disability studies have suggested that it is society's failure to provide appropriate services and its failure to adequately ensure that the needs of disabled people are taken into account which creates disability.

By uniting people with a full range of impairments into a single group of disabled people, the social model promotes the right of equality and attempts to achieve for disabled people the same citizenship rights enjoyed by other people. By moving the focus away from the individual to society, the social model of disability acknowledges that disabled people are capable of controlling their own lives and have a right to do so. This is often encapsulated in the phrase: **'nothing about us, without us'**.

What do I do if I have any questions?

If you have any questions about the models of disability, you should discuss them with the Disability Advisor or Equality Advisor at your institution.