Medical and Social Models of Disability

Leaders in the disability rights movement have constructed two distinct models of how society views disabilities: the Medical Model and the Social Model. These models provide a framework for how people perceive those of us with disabilities. While the Medical Model is a helpful way of understanding illness and loss of function, people in the disability community have largely rejected it in favor of the Social Model. The Social Model promotes the idea that adapting social and physical environments to accommodate people with a range of functional abilities improves quality of life and opportunity for people with and without impairments.

Medical Model

The Medical Model views disability as a defect within the individual. Disability is an aberration compared to normal traits and characteristics. In order to have a high quality of life, these defects must be cured, fixed, or completely eliminated. Health care and social service professionals have the sole power to correct or modify these conditions.

Many of us, including those of us with significant functional limitations, communication difficulties and high support needs, strongly identify with our disabilities. They represent important elements of how we see ourselves and how we connect to our families and to the larger society. We may have lower self-worth when we internalize the belief that a central piece of our personhood is wrong and needs to be fixed.

When disability is seen in a negative light, messages of pity and shame are often conveyed through the media, by people in our own communities, and sometimes by health care professionals. The messages can take the form of inspirational stories of people with disabilities accomplishing basic, everyday tasks or of non-disabled people extending common decency towards people with disabilities. These messages convey a form of low expectations that can lead to fewer opportunities. Other messages highlight people's fears about becoming disabled. They convey notions of weakness, dependence, and abandonment. Sometimes, these messages take the form of treatments meant to normalize, but which do not improve our ability to function or participate in our chosen activities of daily living.

Social Model

The Social Model takes a different approach. This model states that disability is the inability to participate fully in home and community life. The interaction between functional limitations or impairments and physical and social barriers to full participation create disabling environments. The social model distinguishes between disabilities and impairments. Disabilities are restrictions imposed by society. Impairments are the effects of any given condition. The solution, according to this model, lies not in fixing the person, but in changing our society. Medical care, for example, should not focus on cures or treatments in order to rid our bodies of functional impairments. Instead, this care should focus on enhancing our daily function in society.

The Social Model calls for an end to discrimination and oppression against people with disabilities through education, accommodation, and universal design. This education will lead to changes in the way people think about disabilities. Ideally, these changes influence how architects incorporate universal design and accessibility features into building plans, how governments consider our rights and needs when passing new laws, how people with disabilities are included in education, and how clinicians approach the care of their patients with complex disabilities.

By valuing a spectrum of abilities, we only add to our collective richness and diversity. When we try to remove disability from the human experience, society misses out on all the beautiful and brilliant things our community has to offer. As disabled writer and scholar Alison Kafer says, "To eliminate disability is to eliminate the possibility of discovering alternative ways of being in the world, to foreclose the possibility of recognizing and valuing our interdependence."[1]

Scenarios

How are real world situations viewed through each of the models?

Scenario #1: Physical ability versus architectural barrier

A woman using a wheelchair is excited to meet her date at a trendy, new restaurant located inside of an older, historic building. However, two steps prevent her from entering the restaurant.

Medical model: Her inability to walk up the steps prevented the woman from entering the restaurant.

Social Model: The absence of a ramp prevented her entrance. It also limited the access of families with infants in strollers, and delivery people using wheeled carts, which can also reduce their risk of injury.

Scenario #2: Perceived intellectual abilities versus employment accommodations

A man with an intellectual disability applies for employment at a retail store.

Medical Model: The man's learning deficits are perceived to prevent him from performing the duties of this job, and his application is rejected.

Social Model: The potential employer recognizes that the man's strengths such as loyalty, consistency, and reliability benefit the store. The employer also recognizes that the man's job coach not only helps the man successfully perform essential job duties, he also identifies opportunities to increase efficiency, frees supervisors and managers from routine tasks, and improves training.

Scenario #3: Presumed quality of life versus lifesaving care

A twenty-year-old woman with cerebral palsy and high support needs is admitted to the hospital with pneumonia. Her mom has accompanied her to the hospital. The woman is having difficulty breathing and the physicians cannot understand her communication

Medical Model: Severe disability is assumed to represent a lower quality of life. This new illness only increases her suffering and adds to the heavy burden already placed on her mom and her other caregivers. Since the attending physician does not understand her wishes, they encourage her mother to let nature take its course. Her hospitalization is extended because she is extremely anxious about her care. Relationships between her supporters and the hospital staff break down, so she develops complications.

Social Model: Her life is valuable and meaningful regardless of her disability. The woman has chosen her mom to help her make and communicate her medical decisions. Her decisions are respected. To facilitate a speedy discharge, the hospital social worker inquires about her needs and helps the woman communicate her needs and preferences, and her mom find additional support services so she is able to go home as soon as medically stable.

Footnote: [1] Kafer, Alison. Feminist, Queer, Crip. Bloomington, Indiana :Indiana University Press, 2013. (p. 83).