Models of Disability: Implications for Practice

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Five Models of Disability

1. Religious/Moral Model
2. BioBiomedical Model
3. Functional Model
4. Environmental Model
5. Sociopolitical Model

The last 3 models are interactive.
What is a model?

- A set of guiding assumptions
- Human made tool for understanding
- Human made tool for guidelines for action
- A representation of reality
- However, models of disability result in the daily, lived experience of PWDs.

Important:

- Models are only invented, human assumptions.
- Models are, to some extent, culture-bound and time-bound.
- Models are not reality.
All models are reductionistic

- No single model completely describe the disability experience
- All of these models describe disability as one-dimensional.
- Further, no PWD thinks of his or her life in terms of these three, neat models.
- Disability is a complex, multivariate experience.
- The Sociopolitical Model most closely represents the daily, lived lives of PWDs.

A note about defining disabilities

There are four broad types of definition:

1. Clinical
2. Legal
3. Personal
4. Cultural
Purposes of Models

1. Provide definitions of disability
   - Who has a disability?
   - What is a disability?

   Definitions result in diagnoses, labels, stereotypes, and self-definitions.

   Also operationalizes research variables.

   Definitions reflect the values of the definers.

Another purpose of models

2. Provides causal attributions

   Understanding the source and cause of the disability.
3. Models determine responsibility attribution

- Who is responsible for the “solution” of disability?
- What, if any, is society’s responsibility to PWDs?
- There is a trend toward disregarding causal attribution and focusing on responsibility attribution.

4. Another purpose of models: Models determine needs

Models are based upon perceived needs.

First, these needs need to be defined.

Second, resources are marshaled to meet these needs.
Needs are described

- In each model, needs are described along a single dimension.
- Disability laws and policies trace their origins to a theoretical orientation in a single model.
- Furthermore, most experts consider disability law to be neither unified nor comprehensive, but rather incremental.

Definitions have profound power
Models of Disability are not Value-Neutral

- Since models are human-made representations of reality, models reflect the values and needs of their developers.
- Powerful people (most often people WITHOUT disabilities) defined disability and developed the mechanisms with which to respond.
- Therefore, models are not objective.

5. Models of Disability Determine which Academic Discipline Study Disability

- PWDs, and their history and experience, have been invisible in university curricula.
- Disability has been thought of entirely biological and Biomedical.
- Even in Biomedical schools, the disability experience is often ignored.
Models of Disability Shape the Self-Identity of PWDs

- Labels, diagnoses, theories of causation, and responsibility are all based upon authoritative and prestigious sources.
- These beliefs are widely believed, strongly believed, and constantly socially reinforced.
- Further, most PWDs lack role models
- Therefore, models can effectively teach PWDs to feel inferior and dependent.

Models of Disability can cause Prejudice and Discrimination

- Models are not harmless abstractions and theories.
- Models are abstractions and theories, but they are not harmless.
- Models guide legislation, shape public opinion, guide resource allocation, and influence the training of professionals.
Even worse, the prejudice toward PWDs often appear to be neither prejudicial or unwarranted.

- These models have long histories.
- Society has endowed established disciplines, such as science and medicine and economics with authority and support.

The Biomedical Model of Disability

A perfect world is a world without disabilities.
A quotation

“The most commonly held belief about this model of disablement is that it involves a defect, deficiency, dysfunctional, abnormality, failing or Biomedical “problem” that is located within the individual.

More of the quotation

“We think it is so obvious as to be beyond serious dispute that disablement is a characteristic of a defective person, someone who is functionally limited or anatomically abnormal, diseased, pathoanatomical, someone who is neither whole or healthy, fit or flourishing, someone who is biologically inferior or subnormal.”
More Quotation

“The essence of disablement, in this view, is that there is something *wrong* with people with disabilities.”

Three major components of the definition of disability in the Biomedical Model

- Normative
- Located in the individual and therefore not an interactive model
- Disability is an objective condition that exists in and of itself.
Normative

- Not viewed as a valued difference
- Viewed as deviance from a desired normality or deviance from some standard of evaluation.

Not interactive

- When determining the level of severity of the disability, the degree of stigma toward that particular disability, is never taken into consideration.
- Nor are the individual’s resources. Example: Christopher Reeve
Not Interactive

- The individual’s environment is not taken into account

Normative

- Excuses “society” of the need to value PWDs.
- The physical environment is constructed for “normal” people.
- The absence of PWDs in society is not even noticed!
- People WITHOUT disabilities are not aware of the segregation imposed upon PWDs.
Normative

- Every individual with a disability, regardless of his or her privilege, economic resources, education, or achievements knows that he or she belongs to a devalued category.

- For some PWDs, there is no advantage in assimilating into a society that automatically devalues them.

The Biomedical Model results in Categorical Devaluation

- Clinicians understand that they are describing a condition that the individual has and not the individual himself/herself.

- However, there is a tendency to treat individuals in terms of their diagnoses and categories, “the blind,” “the deaf,” “the schizophrenic”
Devalued and Stigmatizing Categories

- Allows society to view these individuals as their category.
- PWDs are not treated as individuals, but as their category.

If the “problem” exists in the individual

- Then all attention and efforts are focused on “fixing” or rehabilitating the individual.
- The responsibility for both the problem and the solution lie within the individual.
- Disability, therefore, is a private matter and not a public concern.
The Biomedical Model is perceived to be experts in charge

- The PWD should be passive and compliant and not an active decision-maker.
- Very little information and few treatment options are given to the PWD.

Being a PWD is a normative role

- The disability becomes the “master” status.
- There are rules to being “disabled.”
  1. Be cheerful
  2. Manage the disability as well as possible
  3. Make others comfortable with your disability.
Results of the Biomedical Model

- Legislation has tended to be incremental, simply adding layers to the foundation based on the Biomedical Model.
- Has its origins in the two-outcome paradigm of medicine—death or cure. Therefore, the Biomedical model is not good on managing chronic, long-term conditions. (This actually isn't true)

Results of the Biomedical Model

- The categorization of PWDs was objectifying, dehumanizing, and polarizing.
- Most important, categorization resulted in the fragmentation of the disability community. The disability community is divided along diagnostic, clinical categories, competing for resources and civil rights.
A quotation from a Canadian disability scholar

“The Biomedical model of disability has fragmented the disability community by stressing the functional traits that divided them rather than the external obstacles faced as a common problem. Groups representing the rights of people with disabilities are invariably organized around diagnostic categories and must compete among themselves for social attention.”


“As a result, few broad attempts are made to form alliances or coalitions that might facilitate the emergence of a broad social and political movements of citizens with various types of disabilities.”
More results of the Biomedical Model

- By focusing attention away from the social and physical environment, the Biomedical model is silent on issues of social justice.

A quotation

“Because of the way the medical profession is organized and the mandate it receives from society, decisions related to medical diagnoses and treatment are virtually controlled by the Biomedical professions. . . By defining a problem as Biomedical, it is removed from the public realm where there can be discussion by ordinary people and put on a plane where only Biomedical people can discuss it.”
Another quotation

“In the *Anatomy of Prejudice* (1996), Elizabeth Young-Bruehl analyzes what she believes to be the ‘four prejudices that have dominated American life and reflection in the past half-century—anti-Semitism, racism, sexism, and homophobia.

Quotation continued

“No reference is made to disability discrimination. Misrepresented as a health, economic, technical, or safety issue rather than discrimination, prejudice based on disability frequently remains unrecognized.”
No one advocates the total abandonment of the Biomedical Model

- No one, including proponents of the other models, suggests any intentional harm on the part of the Biomedical profession.
- The Biomedical profession itself is moving away from the Biomedical Model.
- It is the broader society that has endowed the Biomedical professions and the Biomedical Model of Disability with the appearance of reality, science, and objectivity.

The Functional Model or the Economic Model

- In a perfect world, everyone contributes economically.
- The government considers only one function, working. Therefore, some disability rights scholars term this the “Economic” model.
- Rooted in the academic discipline of Economics.
The Functional Model is interactive.

- Disability is defined as the interaction between the individual and his or her functions.
- The functional model defines disability as the inability to perform socially valued roles (work). This is also called “role failure.”

The Functional Model is normative

- The desired condition is the ability to work.
- Deviance is the inability to work.
- Individuals are judged on their (perceived) cost-effectiveness.
- Most eugenics movements began with economic judgments.
- The concepts of “burden” and “drains.”
The Functional Model of Disability

- Is rooted in religion
- The moral, personal, and social worth of an individual are based on his or her ability and willingness to work.

The Biomedical Model and Economic Model can conflict

- According to the economic model, the professor in a wheelchair does not have a disability, but an airline pilot with diabetes does have a disability.
- Therefore, in the economic model disability is defined in relation to work requirements.
Obviously

- Determining the presence of a disability is more difficult in the Economic model than it is in the Biomedical Model
- A disability for one type of work may not be a disability for another type of work.
- Public vocational rehabilitation is based on the Economic/Functional model of disability.

In the Economic/Functional Model of Disability

- Disability is also defined in terms of the abilities and skills the individual possesses, the labor market, and the demands of the job.
- The concert pianist who loses one finger.
- World War II—the “Golden Age of Employment” for PWDs.
- The shift from a physical economy to an economy based on information and technology changes the definition of disability.
The Economic/Functional Model is also considered to be interactive because:

- It is possible to take into consideration the degree of prejudice and discrimination in the job market.
- The environment can cause, contribute to, or exaggerate disability.

Responsibility Attribution in the Functional/Economic Model

- American law considers prejudicial hiring practices to be illegal.
- Thus, some of the responsibility attribution is shifted to employers (rather than focusing solely on the applicant with a disability.)
Assistive Technology changes the definition of disability (in the Functional Model)

- 30 years ago most A.T. was mechanical and home-made.
- Today, most A.T. is computerized.
- The example of Amy Purdie and “Dancing with the Stars.” She could not have competed with wooden legs.

The Functional Model is not as easily understood as the Biomedical Model

- Does not have the strong explanatory power of the Biomedical Model
- However, the Functional Model decreases the power of labels, diagnoses, and stereotypes.
The Functional Model deals better with:

Psychiatric disabilities which are “episodic, highly responsive to context and environment, and exist along a spectrum—people with mental disabilities are frequently strong, talented, competent, and capable, and their environments can be structured in a way to support and increase their strengths, talents, competence, and capabilities.”

Functional Model Better with

Thus, it provides a better basis with which to understand and respond to disabilities experienced by people who are not white, middle class, heterosexual, male, or Euro-Americans.
The Functional Model is more appropriate

- With chronic conditions.
- In chronic conditions, after Biomedical stabilization, the treatment focus is on:
  1. maintaining the highest QOL
  2. avoiding secondary disabilities
  3. supporting independence
  4. acquiring the appropriate AT
  5. assisting the individual negotiating developmental tasks.

Therefore, it can be seen that:

- For most of these five interventions, require functional and environmental adaptations, rather than focusing solely on “rehabilitating” the individual.
The Sociopolitical Model of Disability

- This is sometimes called the “Minority Group” paradigm.
- In a perfect world, PWDs are accorded full civil rights and accommodations.

In the Sociopolitical Model,

- The only commonality among PWDs is the prejudice and discrimination they experience.
- “Society” teaches PWDs to submit to prejudice and discrimination with equanimity—to be a “good sport.”
Some disability scholars assert

- That PWDs are victims of “greater animosity and rejection than many other groups in society.”
- PWDs are forced to meet their need for personal and political recognition by joining groups comprised of “their own kind.”

The Sociopolitical Model

- Is the only model that has the power to mobilize PWDs into political coalitions.
- In this model, PWDs refuse the legalized inferior treatment based on their so-called biological pathology or inferiority.
No academic discipline

- PWDs assert the right to define disability and determine the way in which disabilities should be treated. Self-determination
- Some scholars have stated that American law has made PWDs “foreigners in their own country.”
- PWDs wish to be free of “professional tyranny.”

Problems with “professional tyranny.”

1. The professional field defines and describes disability and prescribes the treatment.
2. A power differential is put into place.
3. Bureaucracies segment and polarize PWDs.
4. Excuses “society” from the need to respond—because the professionals are taking care of disability.
In the Sociopolitical Model of Disability

- The “problem” of disability is located in the social and political environment.
- Therefore, the “solution” is changing the social and political environment.

Or, stated differently

- There is nothing inherent in the disability or in the individual with the disability to warrant prejudice, stereotypes, and reduced opportunities.
In the Sociopolitical Model

- Disability is thought to be “socially constructed” and therefore there is the possibility that disability can be “socially de-constructed.”
- Thus, both attributions have changed—causation and responsibility.

Itzak Perlman, the famous violinist stated:

People with disabilities experience two problems:

1. a physical environment which is not accessible.
2. the attitudes of PWODs toward PWDs.

Neither of these problems concern the PWD or the disability.
The academic discipline of the Sociopolitical Model

- Law—It is law that determines who has a disability and who does not.
- Sociology
  
  The Canadian Bill of Human Rights states: “All Canadians are responsible for the necessary changes that will give disabled people the same choices of participation that are enjoyed by those who are not disabled.”

The Sociopolitical Model is interactive

- Disability is a politically manipulated category
- Disability is in the eye of the beholder.
- Disability is a collective concern
Existential Angst

“There, but for the grace of God, go I.”

The fear of acquiring a disability (among PWODs) is greatly reduced in the Sociopolitical Model of Disability.

All bioethical issues in disability are based in the Biomedical Model
Implications for Practice

1. Professionals should engage in an examination of the individual’s feelings about the disability and the interaction of the professional’s beliefs with that of the client. If the professional feels that disability is a tragic inferiority, the PWD may resent this attitude.

More Implications for Practice

2. Professionals should realize that many PWDs do not accept the basic tenets of the Biomedical Model. They consider biology to be important and they manage the disability. However, many PWDs consider the disability to be an asset and would choose not to eliminate the disability if this option were available. Biology is important, just not as important as previously thought.
More Implications for Practice

3. Accepting the Biomedical Model of disability may lead the professional to have lowered expectations of the PWD and to feel sympathetic. Both of these attitudes are prejudicial and demeaning.

More Implications for Practice

4. Professionals should recognize that the disability is only one part of the PWD’s identity. As anyone else, the PWD has multiple identities and multiple roles. Disability is not the “master status.”

Therefore, the disability is not the source of all the PWD’s problems or concerns and the disability is not always the presenting problem.
More Implications for Practice

5. Professionals should understand that the disability is an important and valued part of the PWD’s identity. Therefore in order to understand the PWD, it will be necessary to understand how he or she views the disability experience.

More Implications for Practice

6. Professionals should keep in mind that empowerment issues are often important to PWDs. Professionals should present as much information and as many options as possible.
More Implications for Practice

7. The power differential between professional and the PWD may need to be addressed. The collaboration between professional the PWD has the potential to be empowering.

More Implications for Practice

8. Professionals should listen and be willing to hear about experiences of prejudice and discrimination experienced by PWDs. PWDs often represent a part of society we may wish to deny.
More Implications for Practice

9. Professionals should recognize that their professional training may be inadequate to prepare them to deal with PWDs. Many professional practices may have their basis in the Biomedical Model.