

RETHINKING CONCEPTIONS OF DISABILITY

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Introduction

There is a general consensus that health disparities are derived from various circumstances including social, economic, and environmental factors. While all of these factors can impact disabled individuals, I contend that social factors such as discrimination, greatly contribute to disability-related health disparities and are the result of a specific conception of disability. Historically, the ‘Medical Model’ of disability has been most prominently utilized and referenced. Such medical models of disability “equate pathology with inherent disability” and are primarily concerned with curing disabled individuals (Grover 2021). These medical conceptions of disability result in problematic social consequences that ultimately harm the well-being of disabled individuals.

In this paper, I argue against the medical model and defend the social model of disability which prioritizes destigmatizing disabilities and seeks to make the world a more accessible place for all people. I will begin by briefly introducing the historical context of disability in the United States and more specifically, the origins of the Medical Model and its social impacts. Next, I will propose an alternative model of viewing disability that avoids the issues presented by the medical model of disability. I will also address possible objections to my proposed model and offer a response. Finally, I will end with a statement that emphasizes the dire need to make a shift toward a model of disability that consciously works to end discrimination against disabled people.

Historical Background on Disabilities in the United States

In order to understand the scope of health disparities affecting disabled individuals, it is crucial to first acknowledge the attitudes toward disability shared in the past. Prior to the Disability Rights Movement that began in the early 20th century, people with disabilities were

seen as anomalies and shunned by society. A common practice during the 1800s and early 1900s included involuntarily sending individuals diagnosed with disabilities to asylums and poorhouses (Meldon 2017). Disabled individuals often had to endure an entire lifetime of inhumane treatment and living conditions. Yet gradually, there was a shift in both thoughts and in care towards individuals with disabilities, particularly in the healthcare field.

Rather than physically isolating disabled individuals, a new approach to looking at disability was introduced. The Medical Model views disability as “a defect with the individual” and holds that “in order to have a high quality of life, these defects must be cured, fixed, or completely eliminated” (UCSF, n.d.). While this new approach increased education and concern for disabled individuals’ well-being, it also resulted in detrimental consequences.

Consequences of the Medical Model

The social effects that resulted from the adoption of the Medical Model are arguably its most problematic consequences. The harmful effects of the Medical Model stem from both the way disability is perceived and its focus on curing individuals that are diagnosed with disabilities. In the article titled “Conceptual Models of Disability,” Prateek Grover states that this outlook “resulted in the stigmatization, impoverishment, and institutionalization of many individuals with pathologies” (Grover 2021). It is pivotal to recognize the vast layers of these consequences and the various ways they can affect disabled individuals. By emphasizing the notion that a disability equates to a person being defective, the Medical Model strips many disabled people of their identity, contributes to their loss of self-worth, and ostracizes them from society. Moreover, the Medical Model presents a perception of disability that is inconsistent with the way in which many disabled individuals view their own disability.

In the article “Valuing Disability, Causing Disability,” Elizabeth Barnes clarifies that while there is nothing wrong with disabled individuals wanting to be nondisabled, “there is something wrong with the expectation that becoming non-disabled is the ultimate hope in the lives of disabled people and their families” (Barnes 2014, 111). This expectation to hope for a cure is illuminated through the Medical Model and feeds the ableist perception that it is the responsibility of disabled people to change.

Alternative Models of Disability

In opposition to the Medical Model, other models such as the Social Model have a different perspective on disability. Rather than claiming that disabled people must be cured, the Social Model takes a disabled person’s environment into consideration. Pioneered by Mike Oliver in the 1980s, the Social Model was based on “his belief that individual limitations [are] not the cause of the problem” (Grover 2021). Instead, it is society’s failure to provide appropriate services and adequately ensure that the needs of disabled people are taken into account in societal organization” (Grover 2021). The Social Model allowed a new narrative to form—one that sought to end discrimination and was told from the perspective of the disabled community.

While the Social Model has resulted in many positive outcomes, it has not provided an ideal solution for addressing discrimination against disabled individuals. In a recent study published in 2020, researchers found shocking results about physicians’ perceptions of people with disabilities. According to the study, “only roughly half of physicians “strongly agree” that they would welcome patients with disability into their practices” and “more than four-fifths of physicians reported that people with significant disability have “worse” quality of life than nondisabled people” (Lezzoni et al. 2021). Although the study was published thirty years after the Americans with Disabilities Act was signed into law, the results demonstrate the slow

progress of the healthcare field. When analyzing their findings, the research team found that the results “suggest that large proportions of practicing U.S. physicians might hold biased or stigmatized perceptions of people with disability” (Lezzoni et al. 2021). While this study was not intended to determine whether perceptions of disability result in healthcare disparities, other studies have determined links between implicit biases and quality of healthcare. The study finds it “reasonable” that there could be a similar connection between explicit biases that negatively impact the quality of care disabled individuals receive (Lezzoni et al. 2021).

It becomes evident that the problem with any proposed model is that it is limited in simply providing a framework and does not guarantee that it will lead to change. Although I believe that the Social Model provides the right framework for ending discrimination against people with disabilities, it has not been effectively implemented in the healthcare field or by society. This leads to the question of how the Social Model can assist in producing tangible action and results.

Beyond Models of Disability

To address the question of how the Social Model can be utilized to see real-world changes, it is important to note that this encompasses changes in both the field of healthcare and in American society. Thus, I believe that the Social Model must be incorporated in various ways and across many industries. I will focus on the two areas that I speculate will have the greatest impact on eliminating biases toward disabilities. The first and more obvious is a focus on the healthcare field. The second area target’s the role of media representation.

a. Social Model in Health Care

As the “Physicians’ Perceptions” study demonstrates, hesitancy toward treating patients with disabilities is prevalent among physicians. The Discussion portion of the study calls

attention to the fact that “medical schools generally do not include disability topics in their curricula” (Lezzoni et al. 2021). This is problematic because it allows a physician’s perception of disability to influence their care for disabled individuals. In many ways, this can be traced back to the Medical Model and to the “disability paradox” which recognizes the disconnect between the way quality of life is differently perceived by people with disabilities and society (Albrecht and Devlieger 1999, 977). The “Physicians’ Perceptions” study provides an example of a health professional failing to “discuss contraception options” with disabled women because they falsely assume that “they are neither sexually active nor at risk of unintended pregnancy” (Lezzoni et al. 2021). This situation exemplifies how a lack of education and biases can impact a disabled individual’s quality of healthcare. It is evident that the healthcare field has neglected to implement educational programs that go beyond physiology. In order for the Social Model to be recognized throughout the healthcare field, I propose that proper training on disabilities and biases is necessary.

b. Social Model through Media

Although I believe that more comprehensive education and training are needed in the healthcare field, the social positioning of biases and discrimination requires action in other areas. Currently, there is a lack of positive representation of disabilities across various forms of media including film, television, and the music industry. Various studies have confirmed the significant role of media representation and its ability to influence social attitudes. According to a recent report by GLAAD, the percentage of series regular characters has increased from 3.1% to 3.5% during the 2020-2021 season (Appelbaum 2021). The analysis of the portrayal of disabled characters problematizes these statistics, as they are shown as ill, pitiful, or marginal. I suggest it is necessary to cast disabled individuals with lead roles that focus “on the abilities and

contributions of people with disabilities, not just the disability” (Appelbaum 2021). Such change of representation will help end harmful stigmas that lead to discrimination, and positively impact areas of life beyond healthcare.

Possible Objections

Some critics may object to my proposed implementation of the Social Model and argue that it could be damaging to individuals who want a cure for their disability and benefit from certain aspects of the Medical Model. I would like to clarify that my propositions do not suggest that the healthcare field should stop conducting research on curing disabilities. Rather, I offer a balanced approach that meets the needs of disabled individuals. Through the implementation of the Social Model, a disabled person’s health, well-being, and representation are all taken into consideration. In her article, Barnes emphasizes that “there’s nothing wrong with—and much that’s good about—a mechanism that allows such disabled people to become nondisabled if they wish” (Barnes 2014, 110). The Social Model supports this statement while simultaneously working to make the world more accessible and free from discrimination against disabilities.

Conclusion

Through this essay, I have argued against the Medical Model and instead proposed that the Social Model provides a proper conception of disability. Further, I hold that implementing the Social Model in realms such as the medical field and through media representation will influence the perspective society has toward people with disabilities. I believe that a new narrative will assist in ending discrimination against disabled individuals and will allow society to recognize that disabled people live happy and full lives, despite their disabilities.

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