



Models of Disability

A Theoretical Orientation to Our Work

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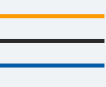




Agenda



01 The Why



Reasons to intentionally use models in our work

02 Key Disability Models

Models that should or do influence our work

03 Takeways

How to apply them to your work



A Note About Language

I will use both “people with disabilities” and “disabled people” to honor those who use person-first and identity-first language to describe themselves

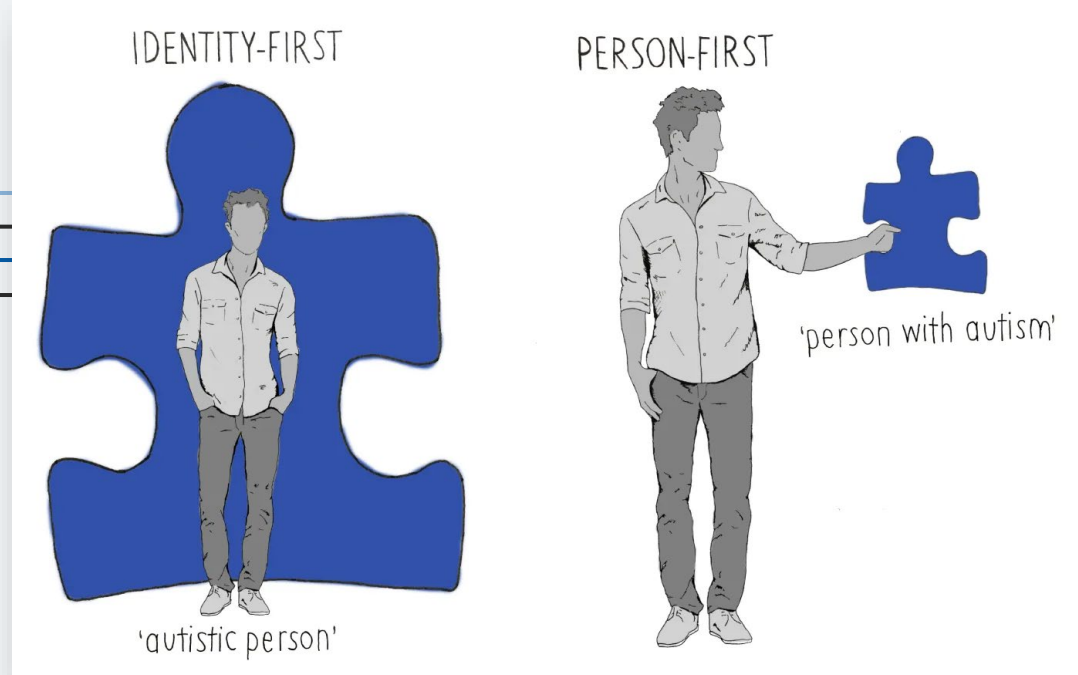


Illustration by Lia Petronio/Northeastern University





01

Framing the Discussion



Why Use Models of Disability

- 1 Models help us to make the invisible visible**
 - 2 Models orient us toward aligned solutions**
 - 3 Models help orient us to collaborate with others**
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Conceptual Tools

Theories

- Most abstract
- Frame *why* things happen



Models

- Mid-level of abstraction
- Frame *how* something occurs

Frameworks

- Least abstract
- Frame *what* to consider

'Disability Models' don't always follow these rules.

We will use 'models' to describe tools at each level, as they are knowing in the field.



Models

Vary by Field

Models employed often vary by professional lens. Social workers, paraprofessionals, educators, and doctors, might all use different models (and language) to communicate about disability




Vary by personal context

Often models employed vary because of our positionality, whether due to lived experience of disability, being a family member of a disabled person, or someone with limited exposure to people with disabilities.



Contradict or encapsulate other models

Coming from different disciplines that don't integrate means that many similar models exist with different names or partially overlap. Others are fundamentally opposed.





Why Use Models of Disability (cont.)

These are not mutually exclusive.

We can overlay them to understand how different constituents view the same situation.





02

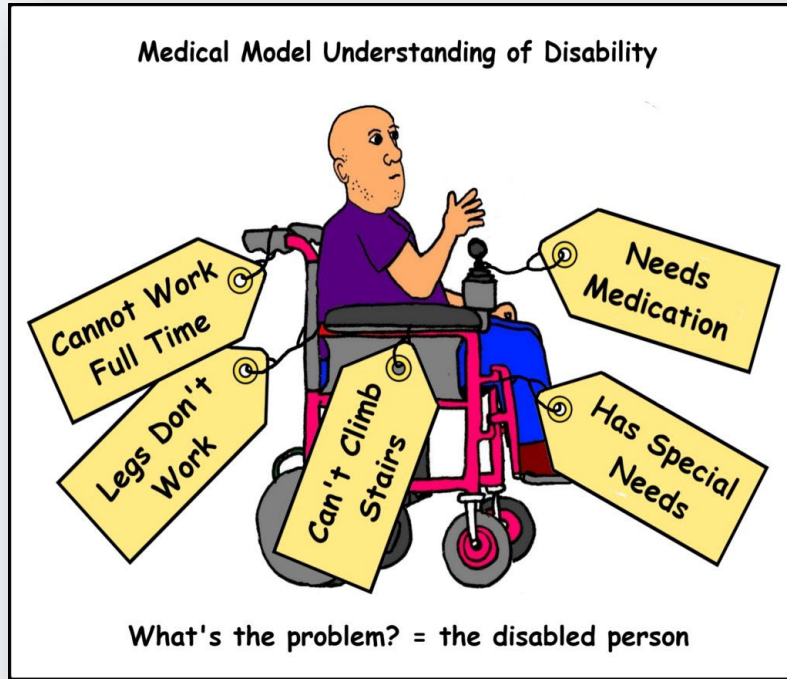
Models of Disability



Key Models of Disability

Models Shaped by US Culture

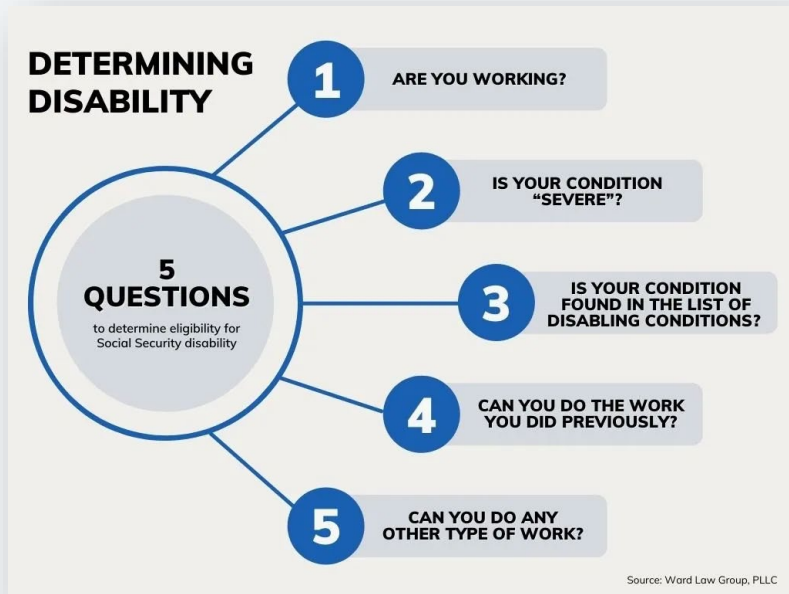
Medical Model



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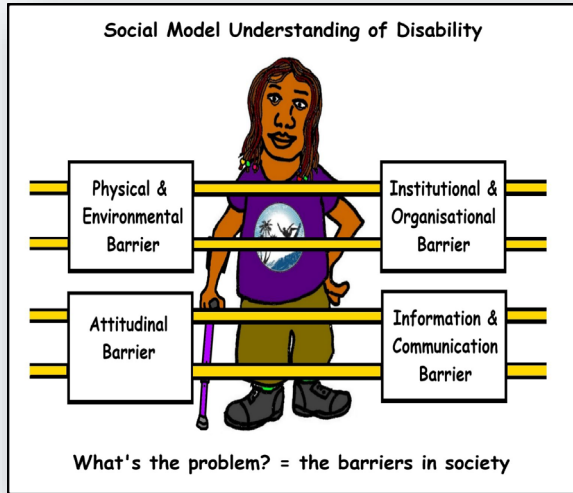
- Begun with advancements in medicine that helped define ranges of ability
- Disability is an impairment and “fixing” the disability should be the goal, to the greatest extent possible
- In this model, the problem is something broken within the individual and how that varies from what is considered “normal”

Medical Model (cont.)



- This model gives authority to medical professions with hierarchy over disabled people
- This model influences program eligibility with medical criteria, such as SSDI and educational plans
- Creates great disparities in supports for those with inadequate access to doctors
- "Severity" labels rather than support-need labels

Social Model



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- Positions our environments and systems as inequitably supporting people with disabilities
- A person with disabilities is seen as whole and part of the full diversity of what it is to be human
- Disability is created by a mismatch in what the person needs and barriers
- When we orient to policy, systems, and environmental change, we are largely using this model

≡ Social Model (cont.)



- Used for the framing of the Americans with Disabilities Act (ADA), however, most of what the ADA contains post-preamble is much more oriented to the Medical Model
- Important because it frames disability as normal and puts the onus on society to fix barriers to access and participation
- Criticized for not allowing for physical factors to contribute to disablement, such as the impacts of chronic pain



Universal Design Framework

Designing for disability improves usability for everyone!

- Design for diversity upfront instead of retrofitting later
- While designers often design for an imagined user, instead consider who is *excluded* by the design
- Find the one choice that will work for many bodies, minds, and contexts









Universal Design Framework (cont.)



Based on 7 Principles

- Equitable Use
 - Flexibility in Use
 - Simple and intuitive
 - Perceptible information
 - Tolerance for Error
 - Low Physical Effort
 - Size and Space for Approach and Use
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Biopsychosocial Model



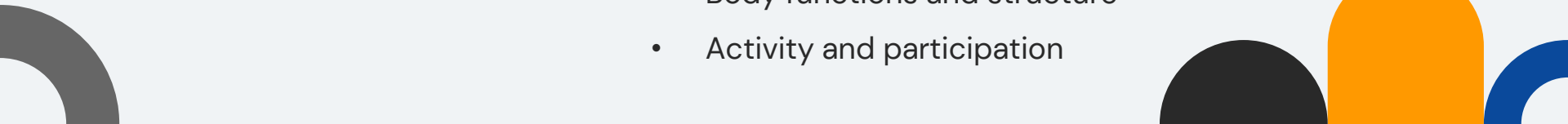
- Blends the Medical and Social Models
- Suggests disability happens at the intersection of biological, psychological, and social factors
 - Best outcomes address all 3 domains
- Aligns with key social work principles



ICF Framework (International Classification of Functioning)



- Attempts to provide a universal language for health functioning and disability
- Considered a classification system for health and health-related domains
- Considers person's "functioning" in environments and in relation to social environments, but ultimately these are inputs that allow for a person to be quantified by ability
- Uses two lists
 - Body functions and structure
 - Activity and participation



Identity/Affirmation Model



- Centered around disability as a positive social identity
- Useful for creating diverse blocks of disability advocates oriented toward change
- In contrast to those who have conditions considered to be disabilities but don't consider themselves to be disabled



Human Rights Model

- People with disabilities are entitled to inalienable human and civil rights
- The model upon which the US Convention on the Rights of Persons with Disabilities was based
- Often seen as an extension from Social Model but varies in:
 - Positioning accommodations as rights, not privileges
 - Allowing for embodied disabilities and challenges (such as chronic pain)
- The Human Rights Model is a tough sell in the US, because our 'rights' are often civil, not human





Other Models to Know

Social Justice Models







Lived Experience/Experiential Model



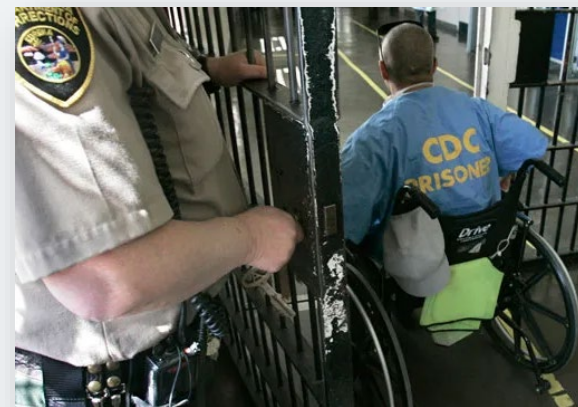
- Disability knowledge should be generated by people with lived experience, not professionals
- Lived experience is *expertise*
- Authority should flow upward from disabled people to institutions
- Meaning is generated through narrative, embodiment, and daily life

This model strongly influences the IHC Grant Program.



Disability Justice/Feminist-Intersection Models





- Disability Justice created by queer disabled people of color
- Intended to center intersectional marginalization and highlight that legislative changes do not affect all individuals equitably
- Considers impacts of racism, colonialism, capitalism, patriarchy, heteronormativity, incarceration and state violence
- This model is often misrepresented as a model that is fighting for justice for people with disabilities, akin to the Human Rights Model, rather than centering those people with disabilities with other marginalizations





Feminist Disability and Ethics of Care Models



- Decenter the role of independence, preferring interdependence
 - Insist productivity does not equal worth
 - Center:
 - Care work
 - Embodiment
 - Validity of conditions like chronic pain that are often ignored and stigmatized
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Crip Theory



While not labeled as a model, I'd be remiss to leave this one out...

- At the intersection of queer theory and disability theory and proposes that there is no normal
- Every 'norm' is socially constructed
- Disability and queerness disrupt compulsory normalcy, revealing how bodies, time, and futures are regulated by power



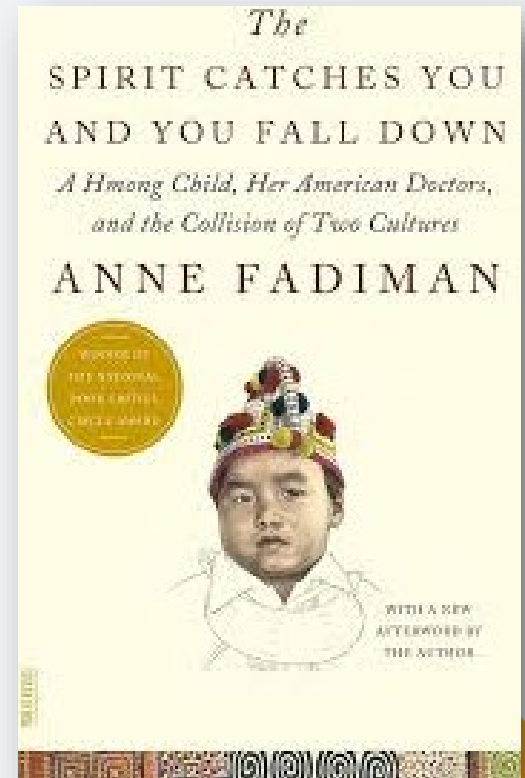


We have to understand to recognize
when they are being employed

Unaffirming Models

Spiritual / Religious Model

- The Spiritual Model can be used to discriminate against or idealize disability
- In early US, disability was seen as result of moral failing or punishment by God
- Communities were sometimes discouraged from providing for people with disabilities because they felt suffering was part of God's plan
- In some cultures, religious beliefs position a disabled person as blessed or divine
- Divine positioning at times creates challenges with accessing medical care



Charity Model

- People with disabilities are to be pitied and assisted through charity – often forced to give up autonomy in exchange
- While this is an early model of disability, it's still evident today (e.g., praise for workers, parents)
- It does not consider that people with disabilities have strengths or contribute to society
- Examples: Jerry's Kids, Autism Speaks



Tragedy Model

- Disability is a misfortune or tragedy
- This creates a deficit within the person
- Focus is on fixing the person or curing the condition
- Reinforces stigma and fear
- Use of this model is common during onset of disability, but is often moved beyond – necessitating input from people with a longer-term history of disability as advisors
- I believe this is part of the challenge with addressing newly acquired disability with older adults





Economic Model

- Considers the workplace and labor potential of people with disabilities
- Positions worth of person with disabilities in terms of work ability
- Also considers costs incurred in support of accommodations and workplace supports
- Has been criticized as applying a cost/benefit analysis to accommodations
- This model underlies much of US legislation and programs, determining eligibility for SSDI and providing loopholes through the ADA for “undue burden”





Paternalistic Model

- People with disabilities must be taken care of “for their own good”
- Often used framing arguments for conservatorships/guardianship
- Also applied to older adults with disabilities and those perceived as less than due to age-related changes



SuperCrip Model

- People with disabilities can and should 'overcome limitations'
- Often held as inspirational
- Sets unrealistic expectations for individuals with disabilities
 - Renders people with disabilities invisible unless over-achieving
 - High-achieving disabled people may feel inadequate if they cannot overcome all obstacles



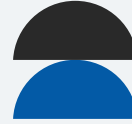
**Inspiration Porn (Stella Young)
lives at the intersection of the
Paternalistic Model and the
SuperCrip Model**





03

Takeaways





Questions for you!

1

What models do you feel most align with your organization (or self?)

2

What models do you think have the most potential for advancing disability rights?

3

How will you use models in your work going forward?



Applying Your Knowledge

1

We should use models to uncover biases and align with others in partnership and communication

2

Considering what models others are employing can help us understand how to build positive relationships and approach a shared understanding

3

We can better understand how much of what we know about the human condition is culturally constructed





Thanks!

Do you have any questions?

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