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ECAY5005: Health and Social Care: Disability and Wellbeing

Moral, Medical and Personal Tragedy Models
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Trawsnewid Addysg; Trawsnewid Bywydau
Transforming Education; Transforming Lives



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**HOW DO PEOPLE
UNDERSTAND
DISABILITY?**

**CONSIDER THIS
QUESTION IN RELATION
TO FAMILY AND FRIENDS,
HOW DO THEY TALK
ABOUT DISABILITY?**

What is 'disability?'

- According to the Equality Act 2010 (Part 2. Chapter 1. Section 6:1):
- A person (P) has a disability if —
 - P has a physical or mental impairment, and
 - the impairment has a substantial and long-term adverse effect on P's ability to carry out normal day-to-day activities.
- Disabled Person: A person who can be understood using The Social Model of Disability as a person with impairments whose 'Disability' arises from society.
- Person with disabilities: Person first language, thereby promoting the person and not the disability/impairment. Is increasingly used more around the globe

Impairment V's Disability

Impairment

- Loss of physiological or psychological function due to an injury, illness or congenital (Inborn) Condition

Disability

- Loss or limitation of opportunities to take part in society on an equal level due to social and environmental barriers.

(University of Leeds, nd, p.1)

Different models of disability we'll be looking at:

Moral

Medical

Personal
Tragedy

Social

Minority
(socio-
political)

Affirmative

The Historical Construction of Disability

- “While people with impairments have been part of every human society since the beginning of recorded history, disabled people have only been around for about the past two hundred years or so” (Cameron, 2014, p. 65)

History of Disability

Pre-industrial revolution, people with impairments were part of the 'mass poor' (Borsay, 2002)

At the 'bottom' of society but not excluded (Borsay, 2002)

Life was difficult but it was for most people (Cameron, 2014)

Pre-industrial revolution people with impairments worked within their community (Oliver and Barnes, 2012)

Industrial revolution brought factories and the need for 'able-bodied' workers to use machinery (Cameron, 2014)

People with impairments became excluded, removed from the mainstream and institutionalised (Cameron, 2014, p. 66)

In institutions medical professionals turned impairments (disability) into a medical issue (Oliver, 1990)

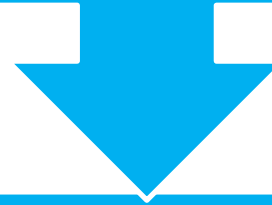


MORAL MODEL

Moral Model

(Adapted from Goodley, 2017, p. 7)

Oldest of all disability models but, arguably, still the most prevalent worldwide.



Goals of intervention:

Spiritual or divine or acceptance.

Increased faith and forbearance.

Finding meaning and purpose in affliction.

Disability as a Moral Condition

(Goodley. 2017, p. 7)

Believes that disability is a defect caused by moral lapse or sins

Includes myth that as one sense is impaired by disability another is heightened, i.e., the blind seer

Shame to the person with the disability and their family

The family must address their immoral nature as evidenced through the presence of a disabled family member.

Ostracised from family and community,

Feeling profound shame

Hiding disability symptoms of the person with a disability.

Disability exposes sinful (past and present) lives of family.

Overview of the moral model

Ancient Greece: God's dismay

Medieval France: Intimacy with God

Renaissance: God's punishment for parent's wrongdoing

(Snyder and Mitchell, 2001)

- Rise of the eugenics movement brought burgeoning science and capitalism together
- Those deemed unproductive became responsible for their disability

(Goodley, 2017, p. 6)



A faith healer tried to cure my disability

(Yates, 2017)

The Medical Model of Disability



Michel Foucault



- **Power/Knowledge:** Power and knowledge are intertwined
- The knowledge we have at any era is influenced by the power relations in that same era
- e.g., scientific knowledge is thought to exist separately from political and economic power but is it really? (i.e., climate change, Covid etc.)
- **Biopower:** the power over of bodies at institutional levels and controlling populations

Foucault's work:

His work included looking at the histories of madness / medicine / crime and punishment / sexuality

- History of Madness (2006 [1961]): historical understandings of 'madness'
- Renaissance: the 'mad' was seen as different, wise, revered and free to wander
- Mid 17th century: 'madness' was medicalised, institutionalised and needed to be 'cured'
- Birth of the Clinic (2003 [1963]): historical understanding of medicine
- Challenges the notion medicine became more humane
- 18th century: the 'medical gaze' when medicine became dehumanising

'The medical model of disability, which has historically predominated in the public imagination, depicts disability as a deficit from the norm, a malady to be fixed through physical therapy, technological devices, and personal willpower'

(Manago, Davis and Goar, 2017, p. 170)

Disability as a Medical/Individual condition

Mid-1800s onwards. Underlies most rehabilitation facilities and most rehabilitation journals in rich countries

Patients or clients are expected to:

Avail themselves of services offered by trained professionals with the promise of:

Cure (the amelioration of the physical condition to the greatest extent possible),

Rehabilitation (the adjustment of the person to their condition)

Adjustment (adjust to live as PWD (people with disability)).

(Adapted from Goodley. 2017, p. 7)

Implications

Disability is a medical problem that resides in the individual

Impairment and disability are conflated, e.g., the Downs syndrome child

Refutes the view of disability is a moral failing

But may blame person or family for healthcare habits (e.g., lifestyle choices leads to heart attack)

Perpetuates the view of disability as a personal tragedy

(Goodley, 2017, p. 7)

'A growing preoccupation with 'normality' meant that illness and disability became separated from everyday life and were constructed as forms of individual pathology. In this process the medical profession came to exert almost complete jurisdiction over the definitions of normality and abnormality'

(Fisher and Goodley, 2007, p. 67)

Overview

Benefits

Medical and technological advances in key services of the welfare state have improved the lives of PWD.

Promotes faith in medical intervention and a defined patient role

Offers a label as explanation.

Negatives

Paternalism, pathologizing and the promotion of benevolence.

Interventions on PWD rather than with them

Promotes research by outsiders and services for but not by disabled people.

The Medical Model of Disability



This is a diagram of the traditional Medical Model of Disability, which the Social Model was developed to challenge.

Disability as a Medical/Individual condition:

Contemporary implications

- A narrowing of the definition of disability-as-impairment in a time of welfare cuts and austerity.
 - Cost of Living Crisis
 - Food Prices
 - Energy Bills
 - Housing/Poverty Crisis
 - Lack of affordable housing
 - Lack of accessible housing

(Goodley. 2017, p. 7)



The Sick Role (Parsons, 1951)

The rights of the sick role

1. The sick person has the right to be sick and exempt from social obligations (work/family). But avoidance depends on how sick they are. A medical expert can be called on to verify how sick a person is.

2. The person must not be blamed for their sickness, have the right to be looked after and be absolved of any blame for their deviance

The obligations of the sick role

1. The sick person must accept that the situation they are in is undesirable and that they should seek to get well as soon as possible

2. The sick person must seek professional help and cooperate to get better.

(Haralambos and Holborn, 2013, p. 303)

Mothers and the medical model

Research by the University of Sheffield found that mothers with disabled babies had 3 narratives:

- Linear narrative: Fell in line with the medical model. Mothers placed importance and hope in medical expertise. Hopes for 'normality' and linear progression, i.e., looks to the future.
- The Challenging parent: Also looks to the future but doesn't have as much faith in the medical model. Challenge's constructions of 'normality'. Less deferential to medical expertise.
- Mothers as philosophers of the present and becoming: Focuses less on the future. Hope is not focused on achieving a concrete goal and embraces the here and now.

(Fisher and Goodley, 2007)



**WHAT DO YOU THINK OF THE
MEDICAL MODEL?**

**CAN YOU RELATE IT TO YOUR
WORK / LIFE?**

**HOW DO YOU THINK IT
DOES/DOESN'T RELATE TO
SOCIETAL UNDERSTANDING OF
DISABILITY?**



PERSONAL TRAGEDY MODEL

Personal Tragedy Model

- Relates to discourse of 'inspirational' people with disabilities who have 'overcome' their disability
- Reinforces ideas of normalcy (e.g., abled-bodied celebrate disabled people which reaffirms their own 'normality')
- It is the cultural expression of the medical model
- Impairment is to be endured
- Health is 'normal'





'The sick role impacts on their lives by marking impairment as a condition to be dealt with privately and struggled with cheerfully. Cultural disapproval is reserved for those who see no point in striving to attain the unobtainable, who complain instead about access. These are regarded as people with chips on their shoulder, who have just not come to terms with their limitations'

(Cameron, 2014, p. 117)

Personal tragedy model

The personal tragedy model argues that professionals want people with disabilities to be:

'normal'

independent

Independence is equated with performing tasks, not making autonomous choices

People with disabilities are expected to:

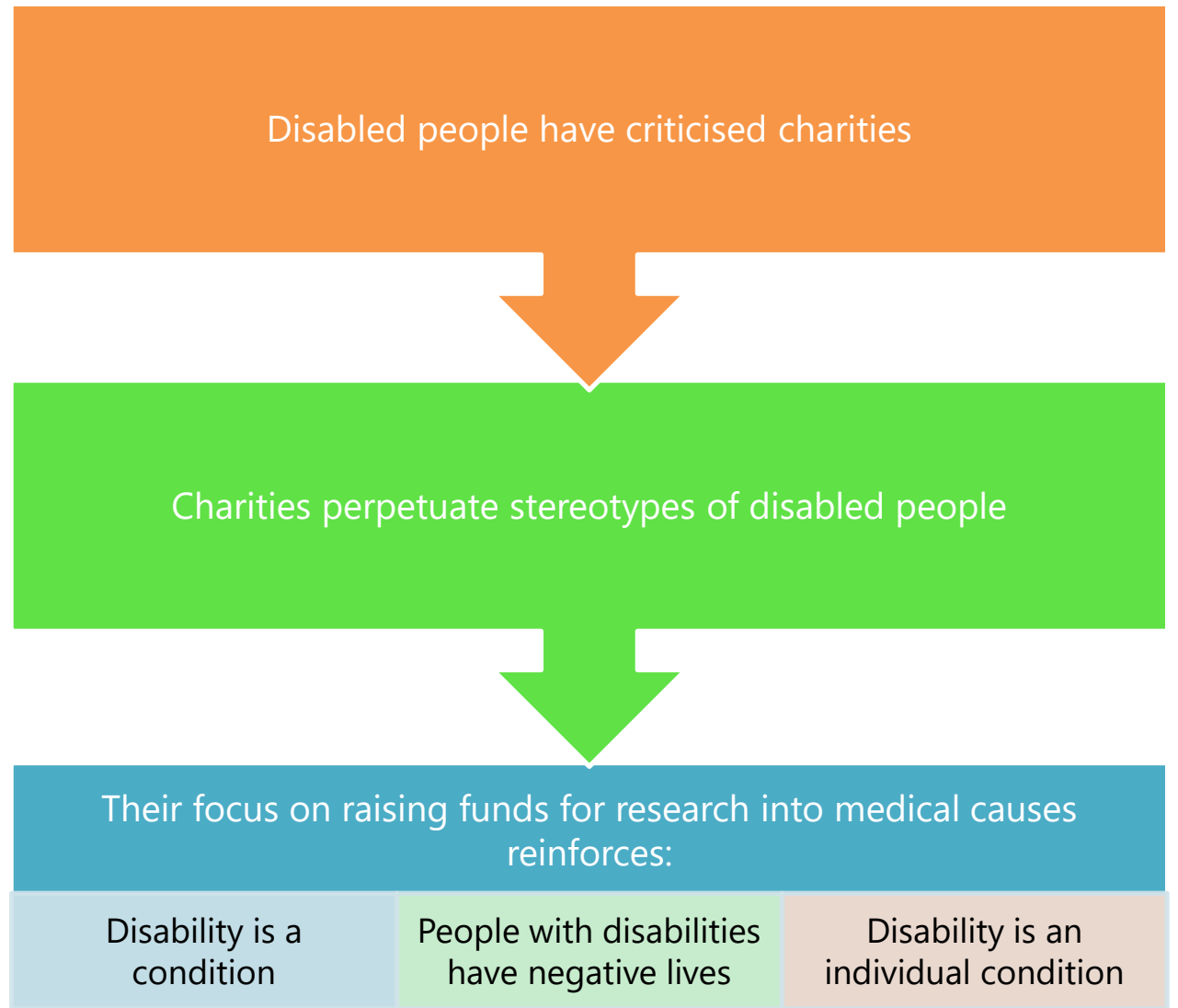
Accept the 'loss' their impairment brings

Make able-bodied people feel better about their condition

(Cameron, 2014, p. 118)

Charity

(Cameron, 2015, p. 23)







**IN WHAT WAYS DO YOU THINK
THE PERSONAL TRAGEDY MODEL
MAY IMPACT THE RELATIONSHIPS
BETWEEN DISABLED AND NON-
DISABLED PEOPLE?**

**THINK ABOUT YOUR WORK/LIFE
EXPERIENCES**

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