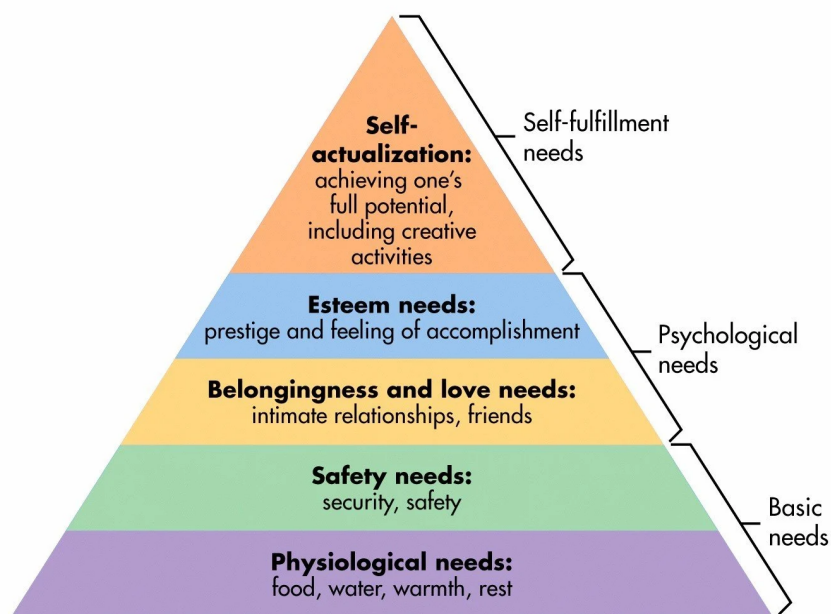


Evaluations of the medical and societal models of disability

Within the wide field of social work there are many models of disability^{1,2} which aim to create a way by which disability can be defined through many different factors such as; social, political, and cultural. This essay aims to cover the Social and Medical models of disability and will come to the conclusion that, whilst none are without fault, all have their own value within their individual areas.

Maslow's Hierarchy of Needs is a theory which claims that human behaviour is dictated by five categories of needs. This theory places basic physiological needs such as breathing, eating, and sleep above all else as without those the person will be unable to attain any other needs³. Most, if not all, disabilities can be linked to an inability to meet one or more needs. The physiological and safety tiers are the most clear in this regard as often those who are unable to meet these needs are physically disabled in some regard. However, a case can be made that mental disabilities, both those relating to learning difficulties and mental health issues, can encompass an inability to meet the needs shown in the esteem and love/belonging tiers.



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¹Disabled World, *Models of Disability: Types and Definitions* (2010)

<<https://www.disabled-world.com/definitions/disability-models.php>> [accessed 3 January 2024]

² Disability Nottinghamshire, *Social Model vs Medical Model of Disability* (unknown)

<<https://www.disabilitynottinghamshire.org.uk/index.php/about/social-model-vs-medical-model-of-disability/#:~:text=The%20social%20model%20of%20disability,life%20choices%20for%20disabled%20people.>>> [accessed 3 January 2024]

³ A.H. Maslow, 'A Theory of Human Motivation', *Psychological Review*, 50 (1943), 370-396

<<https://psychclassics.yorku.ca/Maslow/motivation.htm>> [accessed 3 January 2024]

⁴ Simply Psychology, *Maslow's Hierarchy of Needs* (2023)

<<https://www.simplypsychology.org/maslow.html>> [accessed 3 January 2024]

Maslow's theory is incredibly well known largely for its simplicity allowing it to be viewed in an orderly manner. Since the needs stated within the theory are often seen as innate and universal it has become a model which is incredibly useful in a wide range of settings. This theory has been the jumping point for many other theorists as it was a highly original idea for the time. This, combined with its lasting relevance and universality, has allowed it to remain prominent despite many other early 20th century ideas having now been long discarded⁵.

This does not, however, mean that this theory is without its faults as one of the main criticisms of the hierarchy is its lack of scientific basis due to its unscientific approach and lack of reliable samples. Therefore meaning that the theory was not based on any credible evidence. Wahba and Bridwell claimed that it "is almost nontestable" due to the lack of clear definitions for each construct and the inability to measure satisfaction levels of needs along with the lack of clarity around when the next need is able to emerge. Yet another criticism is the lack of uniformity within these needs as, whilst almost all are needed for every person, some may value some over others. Maslow even acknowledged this when describing so-called "reversals" within the theory, stating "There are some people in whom, for instance, self-esteem seems to be more important than love". This was because he observed some who were content at a level lower than self actualisation, never to progress further, and others who had no interest in some desires, some due to lack of exposure to it prior in life, such as a child who had love withheld from them⁶.

Despite its flaws, an understanding of Maslow's hierarchy is pivotal when discussing models of disability as it is still incredibly relevant when understanding the difficulties disabled people face and the changes that may need to be made in order to address them.

The term "Social Model of Disability " was, despite existing in an unofficial form since the 1970's, first coined by Micheal Oliver in his book *Social Work with Disabled People*⁷. This model claims that disability is as much tied into a person's identity as race or gender and is not caused by a lack on the part of the disabled person, but by a dissonance between them and the environment. This therefore means that the way to help disabled people is to adapt society rather than force them to adapt themselves, for example placing ramps and lifts instead of forcing someone in a wheelchair to go elsewhere. The model often rejects person first language, eg 'person with disabilities'⁸, as it asserts that individuals possess impairments and not disabilities and such language can be mislead as it implies that the disability is caused by the individual and not society itself^{9,10}.

⁵ Human Performance Technology, *Praise & Criticism: Hierarchy of Needs (Maslow)* (2016) <<https://blog.hptbydts.com/praise-criticism-hierarchy-of-needs-maslow>> [accessed 3 January 2024]

⁶ IBED.

⁷ Micheal Oliver, *Social Work with Disabled People* 3rd edn. (Basingstoke: Palgrave Macmillan, 2006), p. 36

⁸ National Institutes of Health, *Writing Respectfully: Person-First and Identity-First Language* (2023) <<https://www.nih.gov/about-nih/what-we-do/science-health-public-trust/perspectives/writing-respectfully-person-first-identity-first-language>> [accessed 3 January 2024]

⁹ Disabled World, *Models of Disability: Types and Definitions* (2010) <<https://www.disabled-world.com/definitions/disability-models.php>> [accessed 3 January 2024]

¹⁰ Disability Nottinghamshire, *Social Model vs Medical Model of Disability* (unknown) <<https://www.disabilitynottinghamshire.org.uk/index.php/about/social-model-vs-medical-model-of-disability>>

Many see the social model as superior as it creates avenues for life improvement that the medical model may simply not. A child with a visual impairment who wants to read a book will find little to no solutions within the medical model as there is only so much that can be done to improve their eyesight, however, the social model would ensure audio recordings of the book are available as soon as the book is released. This would then allow the child to participate in activities on an equal basis with their peers¹¹. Due to the claim that society is at fault for disability, the social model can be seen as a champion of societal change, seeing equal access for those with a disability as a human rights issue which needs to be addressed.

However, the model has the possibility to lead to a wave of people all claiming to be disabled partially due to the lack of a provided true definition of disability. As there is no definition, those who struggle to conform to society's expectations due to no fault of their abilities could claim that they are disabled and therefore dissuade any idea that they could be the problem. Another issue is that, whilst societal change is needed and important, the ways in which it would need to change are possibly endless. This therefore means that some changes would have to be prioritised over others, creating a system by which some disabled people are either classed as more disabled and therefore are more deserving of help sooner or some are seen as easier to deal with as it is easier to make the changes needed for them. In addition, some disabilities are contradictory leading to a conflict. For example, those who are hard of hearing often prefer BSL clapping as it is more visible and makes no noise however this is inaccessible to those who are vision impaired as they need the noise¹².

The medical model of disability follows a very traditional method of defining disability, claiming that people are disabled due to their impairments or differences. The model states that these impairments are required to be "fixed" in whatever way possible, even when it does not cause any form of pain or illness. It looks at what the person lacks or what is "wrong" within them instead of the individual's needs. Within this model, medical care is seen as the main issue and the political response should relate to modifying or reforming healthcare^{13,14}.

This model leads to a much more consistent level of attention and care as everything within their power is done to provide as close to a cure as possible to the individual. It also allows

[ility/#:~:text=The%20social%20model%20of%20disability.life%20choices%20for%20disabled%20people.> \[accessed 3 January 2024\]](#)

¹¹ Disability Nottinghamshire, *Social Model vs Medical Model of Disability* (unknown)

<[¹² Brooke Winters, 'Thinking Persons Guide to Autism', *Understanding Competing Accessibility Needs* \(2018\)](https://www.disabilitynottinghamshire.org.uk/index.php/about/social-model-vs-medical-model-of-disability/#:~:text=The%20social%20model%20of%20disability.life%20choices%20for%20disabled%20people.> [accessed 3 January 2024]</p></div><div data-bbox=)

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¹³ Disabled World, *Models of Disability: Types and Definitions* (2010)

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¹⁴ Disability Nottinghamshire, *Social Model vs Medical Model of Disability* (unknown)

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for the individuals to integrate better into society leading to more people leading the best lives they can and having everything at their disposal to satisfy their own needs. The definition of disability provided by this model is also a lot less subjective leading to succinct medical and legal regulations.

The medical model is flawed, however, as the implication that the person is wrong or broken can be incredibly dehumanising as they are only seen as a problem to be fixed and not a person with individual needs and thoughts. It also creates low expectations as many disabilities cannot be fixed but at best aided or kept at bay, not to mention the fact that medical intervention can often go wrong, both possibilities leading to people losing what little independence they may have as they lose control over their own lives¹⁵.

It is my belief that both the medical and social models of disability have their own benefits and disadvantages, many times even directly contradicting each other. The ideal scenario would be a combination of the two due to the fact that they do not need to be mutually exclusive. Surgeries can be done to attempt to correct a person's eyesight but if it fails or they do not want to go through lengthy recovery processes then societal changes are in place to assist them instead. Both models have merits within their own rights as there needs to be a clear definition for legal and medical purposes however the social model will be more effective for true societal change.

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¹⁵ IBED.

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