

Considering people with disabilities and inclusive society from the perspectives of the medical model and the social model.

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Introduction

The environment surrounding persons with disabilities today is changing. However, there are various obstacles to disabled people actually contributing to society as members of society or respecting their way of life. This paper compares the medical model and the social model in terms of the problems faced by people with physical, mental or intellectual disabilities and the support they receive.

People with disabilities or impairments in contemporary society

People with physical disabilities need support from family members, health professionals and care givers in their lives. According to Giri, A. *et al.* (2021), 86% of carers say that disabled people cannot travel without help from others. The use of public transport does not seem to be practical for many carers, as it creates problems such as ‘not being able to use public transport sometimes in a wheelchair’, ‘not being able to walk long distances’ and ‘not being able to go out alone’. Also, according to Shahrak (2021, p.174), “it is important to investigate the mismatch of urban public spaces with the needs

and wishes of persons with physical disabilities”. In Japan, the Plan for Persons with Disabilities was published in 1995, and one of its key policies was ‘to live together in the community’, and various systems have been established to support seriously ill children at home, including the dispatch of visiting nurses, emergency temporary protection and day-care services (Iijima *et al.*, 2005). These considerations suggest that it is necessary to improve public spaces to make them easier to use for people with physical disabilities and to apply universal design that takes disabled people into account in public transport. However, are public authorities and public transport the only ones supporting people with physical disabilities? According to Iijima *et al.* (2005), mothers are currently responsible for most of the daily care of severely disabled children at home among the physically disabled, which places a heavy mental and physical burden on them. Also, it is said that home-based therapy is effective for children with a physical disability to overcome social/emotional barriers, and which can teach children their own capabilities and boundaries and increasing self-esteem (Engelen *et al.*, 2021). These suggest that parental support is more important for children with disabilities than it is for able-bodied children. Given the current situation, further support for family carers as well as inclusive approaches by public authorities is considered necessary. On the other hand, what about people with mental disabilities? According to Dunn M *et al.* (2023), it is needed to support people with intellectual disability to make independent health decisions, an equitable and accessible informed consent process, and it is considered necessary for carers to be able to make appropriate decisions for people with intellectual disabilities. According to Yanagisawa (2012), families must support the medical care of children with intellectual disabilities, and the burden on families would be great. This can discourage families from participating in activities outside the home and may lead to the loss of opportunities for

family leisure activities. In addition, it has been pointed out that if the mother is working, she is forced to change her lifestyle, and the siblings are asked to take over the role of parents and have to devote their own time, and there is less social experience outside the home (Yanagisawa, 2012). In order to reduce the burden on families with disabled children, organizations such as the Autistic Church of Japan in Japan and the National Autistic Society (NAS) and the Autism Society of America in Europe and the United States are playing a central role in providing support to families (Yanagisawa, 2012). In view of these considerations, improving public transport and public space for people with physical disabilities can lead to an inclusive society. Also, in particular, it is clear that support from family members, such as parents and siblings, is essential for both people with physical disabilities and people with mental or intellectual disabilities. Also, governments and health systems are required support not only the people with disabilities or impairments themselves, but also their families. In addition, it is obvious that there is a need for cares to be able to determine what the most appropriate treatment is for people with mental or intellectual disabilities who are unable to make their own decisions about treatment. I have mentioned that people with disabilities or impairments need support from many different people, but what is being implemented in contemporary society to support them? Also, are some charities really the right kind of support for people with disabilities or impairments and their families? According to Islam (2015), people with disabilities have always been considered as recipients of charity and welfare. Eayrs and Ellis (1990, p.352) also notes that “the very existence of charities reinforces the perception that disabled people are objects of pity, dependent on the charity of others”. It can therefore be said that disabled people are seen as objects of charity and welfare benefits. Caroline also identifies a contradiction between normalization and the growing

need for increased donations to improve the quality of life of people with mental handicaps through charitable contributions (Eayes and Ellis, 1990). These suggest that charities promote the view of disabled people as pitiful objects and seem to emphasize that disabled people are different from the 'normal'. Therefore, people with disabilities are seen as 'objects of assistance' rather than 'persons', which may be causing them to lose their human rights and dignity as human beings. In this context, "from the 1970s onwards, academic discussions on disability and disabled people moved away from the concept of disability or 'handicap' and introduced the concept of a social model of disability (Islam, 2015, p.299)". This social model emerged as a reaction against medical disability injury treatment, which reduces disability to a disorder, such that the authority to treat is held by medical and paradigmatic professionals (Islam, 2015). These factors indicate that providing medical treatment to persons with disabilities may not always be the correct treatment. Also, in some cases, the treatment may not respect the opinions and wishes of people with disabilities and may be seen as disrespectful of their human rights. Therefore, it is arrogant to assume that all disabled people want medical treatment, and it is necessary to look at disabled people themselves, both physically and mentally.

Also, in terms of employment, people with disabilities or impairment might not be able to work "normally". Sinden and Martin Ginis found that many employees were performing jobs that exceeded what would have been typically expected of a person with this injury (Sinden, K. E. and Martin Ginis, K. A., 2012). Bonaccio (2020) states that once a person with a disability is in a job, it must be determined what job each of their personal characteristics is suited to and assigned a suitable job for each of them. The problem here is that managers believe that 'disabled people' are incapable of performing the basic functions of the job for which they are assigned (Bonaccio, 2020). In addition, this

highlights that the very nature of how disabled workers are labelled highlights their lack of ability, as opposed to the nature of the role all workers should fulfil within the organization (Jammaers, Z. and Hardonk, 2016; Baldrige, Beatty, Böhm, Kulkarni and Moore, 2018). Constructing positive identities in ableist workplaces: Disabled employees' discursive practices engaging with the discourse of lower productivity. Thus, in some cases, disabled people are not allowed to do jobs that involve physical action, leading to managers underestimating applicants' abilities (Gröschl, S., 2013). These factors raise the issue that people with disabilities, especially those with physical disabilities, are often considered incapable of doing jobs that involve physical activity, or their abilities are underestimated and they are not allowed to do the work they wish to do. This may deny them dignity and social participation. Also, many disabled people stated that they had experienced discrimination during their employment interview (Duckett, 2000; Marchioro and Bartels, 1994). It is believed that this discrimination is caused by ignorance on the part of employees and the possibility that they themselves may also be disabled (Kitchin et al., 1998; McKinney, 2013; Shier et al., 2009). Given these, in terms of the social model of disability, job applications and ex-post evaluations should not focus on the nature of the potential employee's disability, but rather on competence (McKinney, 2013; Miceli et al., 2001; Shier et al., 2009). Therefore, McKinney and Swartz (2019) argue that it is important that people with disabilities are selected on the basis of their qualifications, experience and ability to perform the job requirements as this will assist with their integration, benefiting both the person with a disability as well as the employer. The above suggests that a problem in today's society is the lack of understanding of the employment of persons with disabilities or impairments in order to accept them as employees, as employees and companies have a wrong perception of them or a bias

against them. It can also be said that labelling all people with disabilities as 'disabled' ignores or disrespects their dignity and abilities without taking into account their individual abilities, qualifications and experience.

Compare medical model and social model

In terms of the medical model, it is also considered necessary to medically treat people with disabilities, so treating people with disabilities is not in itself a bad thing and many people may be saved by it. However, many people with disabilities do not want treatment, depending on the extent of their disability and their circumstances. However, some people with disabilities do not want treatment, depending on the extent of their disability and their circumstances. In addition, some people with intellectual or mental disabilities are incapable of making their own decisions about appropriate treatment or are incapable of consenting, and medical treatment cannot be provided to them without their consent. Furthermore, it is not only the medical and paramedical professions that support disabled people, but also their parents and siblings. Therefore, if a disabled person or their family refuses treatment, they may have no way of providing support. However, from the point of view of the social model, it is considered that providing appropriate treatment for each disabled person is a decision based on their human rights and dignity. Moreover, as mentioned earlier, providing treatment is not always supportive for people with

disabilities. It seems important to consider what is best for the person with a disability, including the person concerned, whether they accept or refuse treatment. In addition, from the perspective that persons with disabilities are members of society, in terms of employment, a lack of understanding or prejudiced treatment of persons with disabilities by employers can lead to hindering their opportunities to play an active role at work or denying them what they 'can do'. And these can lead to disrespect for the human rights of disabled people, which can lead to them losing their identity. In other words, for disabled people to be able to live in society as they are, rather than aiming to become normal, individuals as well as society as a whole need to change their biased attitudes towards disabled people.

Conclusion

In conclusion, improving public transport and applying barrier-free access would be of great assistance to many disabled people. However, the development of designs that take into account people with physical disabilities is still insufficient in society. It is also difficult for people with mental or intellectual disabilities to receive appropriate treatment and support with respect and consideration for their wishes and rights. The reasons for these problems can be attributed to the difference between the medical and social model.

In terms of the medical model, it is considered important to provide treatment to persons with disabilities so that they can live in today's society without any problems. On the other hand, in terms of the social model, it is considered important to respect the wishes of disabled people rather than treating them, and to create an inclusive society where they are not the ones to change, but where employment, public transport and society as a whole do not leave disabled people behind.

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