A social model analysis of disability

In recent times, social model of disability has gained academic attention through the works of acclaimed activists like Vic Finklestein, Paul Hunt and Mike Oliver (Barnes, 2000; Oliver, 1990a). The social model of disability holds a divergent view to that of the medical model. The social model tends to make a clear distinction between " impairment" and ' disability'. That is to say the impaired person is disabled as a result of social barriers and structures. This social model of disability view is esteemed highly in the ' developed' nations as America, Germany, Britain and Austria. In the UK the Disability Discrimination Act (DDA) was enacted based on the medical model however service providers adjusting to accommodate the law reasonably follow the social model (Lewis, 2005). Could the social model of disability be translated into the economies of the majority world where lack basic infrastructure to meet the needs of persons with impairment are far reaching?

This essay will attempt to answer that question by firstly defining what ' social model' and ' developing' nations are. It will, secondly, develop further by giving a brief historical background of the social model of disability. Thirdly it will discuss other modules of disability such as the medical model, the WHO's International Classification of Impairments, Disabilities and Handicaps (ICIDH) and International Classification Functioning (ICF). It will make reference to situations in a few minority countries for broader comparison. Disability in the majority world will be examined in conjunction with social model of disabilities ideology. Then finally critically analyse the social model under the microscope of the majority world perspective.

Definitions and Models of Disability

Llewellyn and Hogan (2000) state that usually a model signifies a kind hypothesis that is specifically structural and which looks to make clear an idea by linking it to a theoretical method and device. A model is basically a structure for assessing information. Models of disability therefore offer structures through which the experience of disability is understood. This enables disabled people to provide for themselves and the society they live in a framework through which laws, regulations and structures can be developed. It also provides knowledge about the attitudes, ideas and prejudice of people and the impact they can have on people with impairments. Furthermore, they highlight ways in which society relates to disabled people in daily life. The models of disability are characterised by two primary viewpoints, medical and social.

Williams (1996), a proponent of the medical model, asserts that impairment is a natural part of disability. Given the position that impairment is a natural part of disability, then the individual becomes responsible for his/her disability. Oliver (1990b) highlights this issue by saying that there are two main problems with the individual or medical model. Firstly, it places the ' problem' of disability with the impaired person and secondly the cause of the problem and the practical restrictions involved are imagined to arise from the impairment. The medical model was obviously born before the ' social model' and is often held in contrasting opinion with the ' social model'. Mercer, Shakespeare and Barnes (1999) posit that disabled individuals are considered to be reliant on others to be looked after, and to overcome disability they have to rely on healing medicine. Practically, normality through rehabilitation is then sought if the impairment cannot be healed.

Overcoming disability can then be considered to be parallel with prevailing over physiological restrictions of impairment.

Disability rights groups often compare this model to the price of intrusive medical procedures like genetic screening. Often big investment in these procedures and technologies is underpinned by the medical model. Oliver (1990b) asserts that where impairment cannot be treated or cured, a lot of people with disabilities will receive unnecessary medical attention, which is oppressive and unacceptable. This is often thought of as a waste of money as adaptation of the disabled person's surroundings could be less expensive and achievable than medical intervention. The medical model of disability is also seen by some disability rights groups as a civil rights issue and they often disapprove of benevolent initiatives such as awareness raising campaigns which are used to portray disabled people. It is felt that this often encourages negativity and undermines the image of people with impairments and does nothing to promote disability as a political, social and environmental dilemma.

The International Classification of Disease (ICD) was the first definitional schema developed by the World Health Organisation (WHO). It had been in existence since 1893 and evidenced that the health care systems previously focussed on disease. The theorisation of disease was purely straight forward. If a disease manifests it is able to be cured or it can develop until the organism dies. The progress in medical technology drastically changed the potential outcomes of pathologic conditions beyond weighing morbidity and mortality. Impairments and disabilities figure prominently in these conditions

and as the ICD model could not assess health problems that were chronic or disabling a new model that would make assessment significant was required.

The new definitional schema took an individual model approach in the name of International Classification of Impairments, Disability and Handicaps (ICIDH). Bury (2000) confirms this when he comments on ICIDH2. He writes of his excitement as WHO shied away from its constricted medical model view point. ICIDH was developed in the mid 1970s and is part of a family of classifications. It was purposely designed to constrict the gap between what health care will be able to do and what it is expected to do (WHO, 1980b). The International Classification of Impairments, Disability and Handicaps (ICIDH) basically examined the cost of non-fatal disease to an individual and also the interaction between that individual and society. There are three parts of the ICIDH which are related to the state of health. They are namely impairment, disability and handicap which has been defined as follows:

" Impairment – In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function.

Disability – In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Handicap – In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on the age, sex, social and cultural factors) for that individual." (WHO 1980a: 27-9)

This classification was recognised world wide and underpinned many medical assessments but it was not long before it came under criticism. Oliver (1990) for instance disapproves of the ICIDH because for an individual to carry out their role as an ordinary member of society the person would be expected to change instead of his/her environment. He feels the medical viewpoint on disability is propagated through the definitions given and that individuals are expected to be healed through some form of interference. Pope and Talov (1991) also criticised the usage of the term ' handicap'. The word had negative connotations which inferred limitations in performance. They also assert that ICIDH fails to make a clear distinction between disability and handicap planes.

WHO, in the light of criticisms, brought about the development of the ICIDH-2 which soon after became International Classification of Functioning (ICF) (WHO, 2001). The social and medical models of disability have been integrated in the ICIDH-2 (Finkelstein 1998, Barnes and Mercer, 2004; World Health Organisation, 2002). The aim of the ICF was to create a classification that would be simple enough to be considered by practitioners as a significant description of the consequences of health conditionsAmong other things it was to be functional and enable identification of health care needs, shape intervention programs like prevention or rehabilitation. De Kleijn-De Vrankrijker (2003) affirms that the ICF is a better revision of the ICIDH. The language is impartial and the fundamental values very contrasting.

The social model, however, was developed in the 1970's by disabled people. It was a response to basically how society treated disabled people plus their experience of the welfare and health systems which drove them to being

segregated and oppressed. Scholars like Vic Finkelstein, Colin Barnes and Mike Oliver gave it a backing (Shakespeare and Watson 2002). The social model could be said to have been initiated from an essay entitled " A Critical Condition" written by Paul Hunt in 1966. (Hunt, 1966) In the essay Paul Hunt argued that society held non-disabled people in high esteem making disabled people feel unlucky and good for nothing. Fallow (2007) however, argued that this might not be an exact view of disabled people but one that had been imposed on them.

Almost a decade after Paul Hunt's essay, the Union of Physically Impaired Against Segregation (UPIAS) developed the social model in their definition of impairment and disability. They asserted that disability was:

' the disadvantage or restriction of activity caused by a contemporary social organisation which takes little or no account of people who have physical impairments and thus excludes them from participation in the mainstream of social activities' (UPIAS 1976: 14).

Mike Oliver, teaching a group of social work students, later coined the term social model in an attempt to introduce the ideas of the UPIAS Fundamental Principles. He said focusing on the individual model concept against that of the social model he derived the difference made between impairment and disability by UPIAS. (Oliver 1990b)

Making a clear distinction between impairment and the disabling effect of society in relation to impairment is what the social model is about. It implies that when a person cannot walk it is not his/her inability to walk that disables them but the lack of stairs that are not wheelchair accessible that disables

them. If a person is visually impaired, it is not their impairment that disables them but the lack of information in Braille or large print that disables them. Disability can be said in other words to be socially constructed. The social model recognises people with physical, mental or learning difficulties may not be able to function and therefore seeks to remove any barriers that limit their functioning. It advocates for disabled people to enjoy equal rights and responsibility. Swain et al (2004) assert that impairment should be considered as a positive benefit not something pitiful. It has been documented from disabled people's perspective that being impaired can have benefits.

Definitions of ' Developing' and ' Majority' World

' Developing' nations is an economical term used to describe medium income economies for the purpose of this essay. It is a term that has many variations for example third world, and the south (Stone 1999). These terms are sometimes frowned upon because they give an impression that western industrialisation or so called ' developed' nations provide the yard stick for judging advancement. Stone (1999) alleges that the idea of the west occupying the highest sit in development and the rest world hanging to the sit is inherent. ' Developing' nations also refers to a nation or country that does not have a well developed economy and political structure compared to industrialised nations. World Bank Group (2004) defines developing nations as countries with average levels of GNP per capita plus 5 high-income developing economies like Hong Kong, Israel, Kuwait, Singapore and United Emirates. Pearson Education (2005) states that they are nations that have been defined by the World Bank as having low or middle incomes with low

living conditions compared to high income nations. Katsui (2006) uses the South to refer to developing countries and beneficiaries of growth collaboration and North for developed countries.

Majority world refers to non-westernised countries where often policies and structures are lacking to support the nations. These are countries that fall outside of the minority world and are considered to have low income per capita, levels of economic growth and low indices of life expectancy and education. Minority world also stands for developed world, western world, the North and industrialised nations. Countries like America, Australia, Germany France, Britain, Netherlands etc that have high level of economic growth according to their income per capita and high gross domestic product per capita. Industrialisation is another economic criteria used to measure growth in these countries. In recent times more outstanding issues like human development index matched with economic weight, national income, other measures, indicators like life expectancy and education have become part of the criteria for measuring which type of world a country is from.

Disability in the Minority World

Priestley (2005) puts forward that there has been a remarkable change in the way disability is viewed in European social policy. The minority world has over the years seen the application of social model of disabilities in various laws, policies and strategies. The European Commission (EC) (2010b) maintains that disabled people should have dignity, basic rights, and protection against intolerance, equality, justice and social cohesion. It sees disability as a social construct which fronts intolerance and stigmatisation.

Consequently, it is the disabled person's environment that has to change and not the person. The EC has a disability strategy plan (DAP) which guides disabled policies.

The EC wants to see disabled people get involved in disabled affairs and also have more accessibility, job opportunities and self-sufficient living. EC (2010a) further asserts that about 80 million Europeans have a disability and cannot enjoy the everyday comforts like riding on a bus, shopping, using the internet and watching television because of barriers put in place by society. A new strategy to remove these obstacles has been implemented. These EC statements are certainly underpinned by the social model of disability. They all advocate for a disabled person's environment to be altered to enable them participate fully in society. National Disability Authority (2005) adds its voice to the debate by saying the social model has added to the shift from disability based agendas to a more conventional and inclusive approach.

All of the above makes it relatively easy to live with impairment in the minority world. The provision of the welfare system is a fundamental part of western society and those who benefit from it most are those who are unable to work because of ailment (Overland 2007). If a person lost a limb, for example, they would be registered disabled as they would be limited in what they could do. Their needs would be taken care of by some sort of income benefit. Fit-for-purpose cars are built for people who have difficulty moving about. Special parking spaces for disabled people are provided making life relatively easy for many disabled people. Architecture supports building design and factors in access ramps. The Disability Equality Duty (DED) which was introduced by the new Disability Discrimination Act of 2005

in the UK for instance makes public bodies obligated to take into consideration the needs of disabled people when they are planning services. An affirmative attitude is recommended to be shown towards disabled people. Out-Law (2006) affirm Disability Rights Commission UK's view that the Disability Discrimination Act 2005 would bring a great change to disabled people and will change how public authorities offer their services.

Walking aids are provided for those with balancing difficulties to help support and maintain their balance. Visually impaired are given guide dogs to move around with. They have various assistance technologies to help them study and participate in full economic and social activities. Most organisations provide accessible information for the hearing and visually impaired. There are electronic resources that support disabled life. Enabled People website is one of them. It gives information about disabled support, rights and systems (Bristow 2005). Developed nations and their respective governments make sure that disabled people live normal lives or reduce restrictions placed by disability. They have organisations and networks and people or organisations with political clout lobbying on disabled people's behalf. Disability in Britain was transformed by disabled people's movement in the 1980's (Hasler, 1993).

The European non-governmental organisation, European Disability Forum (EDF) stands for the concerns of 65 million disabled people in Europe. In America effective laws like the Americans with Disabilities Act of 1990 regulates disability law and prohibits discrimination against people with disabilities in housing, employment and access to public services. The purpose of ADA is to assist disabled people in any way practicable and to

ensure that their human rights and civil liberties have not been abused. It ensures that disabled people have all the comforts non disabled people have like disabled parking space and permits, ramp laws to showers and bathroom installations designed for physically disabled people. ADA was also established to improve quality of life by training both disabled and non disabled.

Social model disability ideology

The developing world cannot boast of such a life for its disabled people. The social model of disability has become known and thrived within minority or western society but critics have said it cannot be translated into the majority world (Stone, 1997; Miles 1996). In Britain the social model has become a fundamental indicator of disability politics which is used by disabled activist to differentiate among establishments, strategies, regulations and ideas (Shakespeare 2002). The needs and opportunities for people with impairments in majority world are sometimes entirely divergent from those in minority world and may require various solutions, systems of enquiry and explanations. The inequality is not a stand alone issue, but has roots in the various ideologies that surround disability in the majority world.

The social model of disability has two main schools of thought. Those who believe that capitalism has contributed to the oppression of disabled people and those who believe that disability is as a result of an inherent believe in culture, attitude and prejudice (Sheldon et al., 2007; Barnes and Mercer 2005). The former, materialist, believes that the economic and political structures put in place in society have largely contributed to disabilism.

Therefore political effort is desired to effect fundamental changes of an unequal system designed by capitalism. The latter, Idealist believes that disabled people are excluded from society purely because of lack of thought than anything else and in that sense a redress can be sought with education and addressing people's attitudes without changing legislation that excludes people from everyday activities and inaccessible infrastructure (Priestly, 1998). This line of argument supports the improving of existing social systems.

Capitalism which controls most of the world economy today is believed by the materialist to be the undercurrent of poverty in the majority world. Norberg (2003) raises issue with the fact that per capita GDP is more than 30 times higher in 20 wealthiest nations than in 20 deprived nations. Oliver (1999) asserts that the oppression of disabled people is ingrained in the economic and social formation of capitalism.

Free markets have allowed various international organisations and individuals to set up home in the majority world taking away land and property from original settlers. Eskine (2009) asserts that numerous rich nations are purchasing land from the majority world for future investments. Since 1960 a new global industrialisation has arisen with international corporations operating in offshore outsourcing (Nash J and Fernandez-Kelly 1983). This has caused people who use to rely on agriculture; fishing and petty trading to lose their livelihood pushing them into poverty. Poverty is a major cause of disability in the majority world as simple diseases like diabetes cannot be managed making people blind. Thomas (2005) posits

that poverty and disabling impairments are expressly connected and most disabilities can be avoided because they are poverty orientated.

Meanwhile, other social commentators also argue that the free market is a good thing and that developing countries will benefit from this freedom (Urbach, 2004; Murkherjee, 2004) People will be able to travel freely and immigrate to other countries. They would also be able to trade with who ever they wish to trade with. It is further argued that consumers will have a wider choice and businesses will be able to lower their cost by hiring workers from other countries. Organisations setting up home in the majority world will bring more work to the society and people will be able to learn new skills, have social links and mix with other cultures but are these arguments not entrenched in colonialism or neo colonialism?

Nkrumah (1965) asserts that neo-colonialism is the most damaging form of imperialism because those who engage in it have power but not accountability leaving those at the brunt of it exploited with no way of putting things right. Examples are, in the mid 20th century in places like Africa where nations obtained independence from their European masters but found that they were not totally free from their influence. Governments were undermined using destruction tools like propaganda, coup d'états and the nomination of specific people into positions of influence (Hanlon, 1991). This caused many nations to remain dependant on their colonised masters even though they were free.

Another form of capitalism which has influenced the majority world is Imperialism. It has been described as the ultimate form of capitalism and an

extension of the basic parts of capitalism (Lenin 1916). Imperialism creates socio-political systems which make the world an unfair place and this inequality is constantly represented in global relationships where the rich and poor nations fight for the same resources and the improvement of their citizens. That is, if a nation is able to get in the lead by maximising its resources, technology and power then it becomes a super power and rules the others who could not. This gap then becomes a divide which has been termed the North-South gap. This ruler and ruled is an old concept. Wallerstein (n. d) posits that difference is a basic truth about today's world systems as is of past world systems.

Even though Imperialist rule has long gone, distribution of resources and power is still uneven. Global south is still being exploited and continues to trail behind the super powers with all types of international insecurities like starvation, disease, civil war and the digital divide (Fong 2009; Compaine 2001). This inequality produces continuous discrimination making majority nations more impoverished. The gap means the rich minority world has been able to create powers that in effect control the poor majority world. Organisations like the World Bank and International Monetary Fund (IMF) have over the years designed policies and strategies which are difficult for the majority world to follow (Barnes and Mercer 2005).

Disability in the majority world

According to the World Health Organisation 650 million people are disabled in the world. Of this total, 80% live in developing countries, 20% of them are the poorest in the world. Out of these figures only 2 – 3% of disabled children

have access to education (Youthink, 2010). These figures are significant and make uncomfortable reading. Katsui (2006) gives further insight by stating that according to the United Nations (2000) and San (1999) Out of 80% disabled people living in the developing world only 2% receive some type of help. He further asserts that disabled people who live in the south are mainly uncared for by the governments and the global society. Godrej (2005) posits that in the majority world people with impairments are not at the top of the priority list.

Disabled people in the majority world face multiple challenges, the overarching being poverty and social discrimination. WaterAid (2010) indicates that disabled people in the developing world do not only deal with social barriers but poverty and isolation. Yeo (2001); Coleridge (1993) states that suffering high levels of poverty is not the only problem for people, but the likelihood of acquiring an impairment. Furthermore, people with ailments normally have little rights to property, medical care, healthy food, accommodation, education and work.

Lack of thorough diagnosis of ailment and on going medical care is another challenge for the disabled in the developing world. Impairments like Down syndrome can be detected in the womb but the fairly sophisticated equipment for doing this is often lacking. In child birth, routine conditions which are taken for granted in the minority world cause complications which often lead to brain damage and other physical disabilities for babies and their mothers. Baylies (2002) states that, pregnant mothers who for instance, abuse alcohol are often not aware of the harm they are causing

their unborn children. A large number of mental impairments are acquired because of Iodine deficiency or poor nutrition.

Disabled people are normally very deprived and frequently reside in places where health care and other facilities are hard to come by or does not exist leaving some impairments undiscovered and others not discovered on time (United Nations Enable, 2006). In the developing world many disabled people are less likely to be employed. Many resort to begging on the streets to support themselves and their families as most of the time there are no structures in place to support them in employment. Income is scant, dwindling and unequally allocated among the disabled. Transportation is another challenge as cars, lorries, buses and trains are not accessible for disabled people. Savill et al (2003) argues it is challenging for disabled people to travel therefore difficult to find a job or socialise.

In many parts of the majority world culture affects the way disability is perceived. Often times, ignorance, superstition and fear cause people to see disability as a curse from God. In some parts of the majority world disabled people are seen as sub-human and unhealthy to join in community activities. Some are ashamed of their disabled relatives and hide them depriving them of any prospects whiles others view them as supreme beings and worship them (Turmusani, 2003; Edgerton, 1970). Disabled people hardly form part of the political process in the majority world often missing in the process of making decisions in communities and governments. Some even don't have the basic right to vote in elections because of difficulties in getting access and information. Most of the time, they are not consulted on subjects and decisions concerning them.

Relevance of Social Model in majority world

Advocators of the social model emphasizes that discrimination against disabled people is socially constructed and has little to do with their impairments. Meaning that disabled people in the majority world can live more like their non disabled peers if social barriers like inaccessible roads, transport, schools, hospitals and churches were adapted to accommodate them. Barnes (2009) states that disability is a social problem which has been worsened by globalisation and that the answer to the difficulties disabled people face in the developing world will probably remain the same if fundamental changes do not occur at local and global stages. Albert and Hurst (1997) affirms that the social model has given rise to awareness among the disabled people to forge a common front to fight for their basic rights.

However, the relevance of the Social model of disability has been questioned by a number of academicians. Grech (2009) criticises the social model saying it is challenging for cultures because it for a certain period and speaks for certain class of disabled people in the minority world. She further argues that applying the social model in communities where the source of revenue is based on household economies is debatable. Edgerton (1970) describes in his East African research on how different communities across East Africa view people with mental impairments. Some show prejudice, others welcome them whiles others revere them. It has been argued that these cultural differences would make the adaptation of the social model of disability difficult. Albert and Hurst (1997) refute this argument asserting that many local customs like genital mutilations and killing of infants are acceptable in

certain cultures but are they acceptable world-wide? This is affirmed by Baird and Hernández (2005) Tomás Hernández a disabled activist from Nicaragua highlighted on the changes that took place in Managua after wheel chair users demonstrated, realising they could not go to work without help. This demonstration had a positive effect where the sitting government took measures to lower kerbs and build ramps to accommodate wheel chair users.

The Social model of disability is also accused of not taking into account the impairments of disabled people. Albert and Hurst (1997) asserts that this a major problem for the minority world how much more the majority world but they immediately defuse this statement by arguing that the statement is made by able bodied people who have no idea of what it means to live with impairments. Thomas, Gradwell and Markham (1997), and Oliver (1996) state that the social model of disability does not overlook impairment but refuses to give it attention. Opponents of the social model of disability like Crow (1996) and French (1993) question the reason: the word impairment is being overlooked and calls for it to be brought to the fore as it is a fundamental part of being disabled. Albert and Hurst (1997) further argue that the social model of disability does not overlook the source of disability rather it advocates for the removal of social constructs like poverty and wars that easily beset people.

Another argument is that the social model of disability is a western phenomena and that disabled people in the minority world have basic needs and therefore are able to fight for social rights whereas their compatriots in majority world lack even the basic needs (Werner 1998 cited in Albert and

Hurst 1997 p27). Charowa (2005) posits that disabled people in Zimbabwe are frequently not able to acquire personal aids so they make use of makeshift wheel chairs. Albert and Hurst (1997) however, counter argue that the social model of disability is not a western phenomena as a large percentage of its out spoken proponents come from the majority world. Schmidt (2010) indicates that specialist equipment that will require the use of energy will not be helpful to the 1. 5 billion people who are poor. International Energy Agency forecast that 1. 3 out of the 1. 5 poor people will not have access to energy until 20 years time.

Another point raised against the relevance of the social model of disability in the developing world is the matter of difference. Where for example, the physical impaired are treated better than people with mental impa