

Disability in society

[Health & Medicine](#), [Disability](#)



Disability is an umbrella term for individuals that do not have the ability to function societal roles ' normally' in comparison to a fully functioning individual, ranging from mental, physical and sensory disability. The World Health Organisation described three stages of disability; impairment: a deviation from the norm, resulting in poor functioning or development, disability: a limitation experienced because of an impairment and handicap: a disadvantage imposed because of an impairment of disability (Spiller, 1982: 56) all of which show the stages of vulnerability endured. The extension of impairment and disability to disability and handicap is to accommodate people with intellectual and sensory impairments. Bartel and Guskin (1971) explain that through the social settings of normality and the expectation to maintain desirable attributes, ' those who fail to conform to these attributes are labelled deviant' (Spiller, 1982: 56) thus, Haber and Smith (1971) add, ' the general tendency of the able-bodied population is to treat a disability as an extension of the sick role' (Spiller, 1982: 57). The ' sick role' was a term coined by Functionalist Talcot Parsons who believed that alongside being ill, privileges and obligations were set alongside the individuals to want to get better if they are to receive benefits. This, he believed, led to deviance which disturbs society and needs to be policed. Like criminals, the disabled labelled with the sick role are treated with the expectation or ' relative legitimacy', an ' agreement to ' pay the price' in accepting certain disabilities and the obligation to get well' (Parsons, 1951: 312) which in the nature of their disablement will disable or handicap them more. Functionalists believe that being disabled is a tragedy and that impairment and disability are glued together due to the disability being

located within the individual, which leads to inevitable restrictions, which can be relieved by welfare intervention such as social care and psychological therapy ultimately rehabilitating the individual into a non-disabled world. Functionalists provided an explanation of disability discrimination through the 'medical model', also referred to as the 'individual model', which defines disabled people as the problem, not society, and the disabled individual must adapt to the way society is constructed and run. This particular model uses medical conditions or illness to explain that impaired individuals are disempowered through medical diagnoses which controls the access to social benefits, housing, education and employment. Within the model, medical care is viewed as the main issue, and at the political level, the principal response is that of modifying or reforming healthcare policy. However the medical model has been criticised for assuming normality within society being socially and culturally relative. This mirrors the attitude once taken to another vulnerable group; gays and lesbians. Heterosexuality was once considered to be the 'norm' which society is now 'beginning to give way to a greater acceptance of diverse and legitimate sexual preferences' (Payne 2006: 253). Another criticism is the failure to recognise constraints in society that prevent social participation leading to only a partial explanation of social disadvantage. This is evident in the attitude towards public transport whereby due to the lack of access available on tubes or buses, disabled individuals are not able to fully participate in society, not because they don't want to, but because of the prevention society causes. Most significantly, this particular model has noted to reinforce policies that are seen as ineffective to promote social participation

and therefore 'at worst reinforce disadvantage and social exclusion' (Payne 2006: 253)