**Medical and Social Models of Disability**

**Which framework do you use?**

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|  | **Medical Model** | **Social Model** |
| **The problem** | The inability to perform major life activities such as walking, seeing, hearing, working, learning, self-care, etc. | The long-standing inequities, discrimination, prejudice, exclusion, and devaluation. |
| **Source of the problem** | The source of the problem is a physical, mental, or emotional malfunction within the disabled person. | The source of the problem is the physical, organizational, and attitudinal barriers present within society, which lead to discrimination. |
| **Indicators of the Problem** | The observation of impairments in individuals and the confirmation by medical measurement and diagnosis, dependency and welfare, assistance, support, or other services. | Consistent, widespread reports of discrimination from people with disabilities. Extensive levels of poverty, unemployment, and segregation. |
| **Solutions to Problem** | Curing the individual. If a cure is not possible, rehabilitation, prosthesis, orthotics, counseling, etc. are used to help the person becomes as “normal” as possible. | Equal access to the economic, social, educational, and environmental resources of society through civil rights, legislation, litigation, policy reform, consciousness raising, political action, systems advocacy. |
| **Who’s the Expert** | Views medical and rehabilitation professional as the ones with the most knowledge and understanding about the “issue” and therefore, the most qualified to make decisions regarding the disabled person. | Views the person with the disability as the “expert” because they are the one living with the disability and experiencing the barriers first hand on a daily basis. Therefore, they would make the best decisions regarding what is best for them. |
| **How PWD are Affected** | Internalization of a deviance role and acceptance of lesser status, endless effort to overcome one’s defects in order to be socially acceptable. | Identification as an oppressed minority group member and motivation toward self acceptance and social action. |
| **How Society Benefits** | Improved functional capacity, return to work, improved personal adjustment, increased independent functioning and less use of support services. | Equal opportunity, equality, fairness, freedom of choice, the rights and responsibilities of full citizenship. |
| **Words Associated with Model** | Sick, ill, compromised, deformity, invalid, functional limitations, afflicted, vocational, education, overcoming, adjustment. | Equality and opportunity, rights and remedies, discrimination, litigation, accommodation, access, liberation. |
| **Legislation and Policies** | Sterilization policies, eugenics, SSDI/SSI, Medicare, Medicaid, Worker’s Compensation. | Americans with Disabilities Act, Rehabilitation Act, Air Carrier Access Act, Fair Housing Act. IDEA. |

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