

Your topic: The medical model of disability is quite inaccurate. The School of Pain theme has much more relevance to the representation of disability in the twentieth and twenty-first as well as the nineteenth centuries. Discuss with reference to the representation of disabled children and young people.

Your topic's description: Your third assignment will be a 3,000 word on an aspect of the representations and experiences of children and young people. It will enable you to explore a topic which interests you in depth and to read widely. Criteria for assessment Refer to appropriate concepts and theories (about representations and experiences of children and young people). Demonstrate the ability to construct a critical argument, drawing on wide reading and thinking. Be written with accurate grammar and spelling, and be correctly referenced using the Harvard system. You may choose either the UK or a more international context

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**RUNNING HEAD: THE MEDICAL MODEL OF DISABILITY IS QUITE
INACCURATE**

The Medical Model of Disability Is Quite Inaccurate

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The Medical Model of Disability Is Quite Inaccurate

Introduction

Disabled people have arrived at a different ‘model’ to help understand the situation. They are challenging people to give up the idea that disability is a medical problem requiring ‘treatment’, but to understand instead that disability (distinct from impairment) is a problem of exclusion from ordinary life. Requiring a change in society’s values and practices in order to remove the barriers to participation that truly discriminate against disabled people. It is clear that this is possible and is starting to happen, e.g. changing steps into ramps, providing information in Braille or other formats, valuing different learning styles (Rieser, 2004).

This in turn will have a positive impact on creating a barrier-free society the contributions and talents of all its citizens will bring in the high benefit and rightful place for disabled people will assure in education, the labour force and various other facets of community life. The aim of this paper is to establish that the medical model of disability is quite inaccurate; the school of pain theme has much more relevance to the representation of disability in the twentieth and twenty-first as well as the nineteenth centuries. This paper has discussed with reference to the representation of disabled children and young people (Falvo, 2013).

The Medical Model of Disability

The medical model is often known as the ‘personal tragedy

The Medical Model



The two main groups to think about are:

Impairment



Your problem!

Disability



Your problem!

model' because it regards the difficulties that people with impairments experience as being caused by the ways that their bodies are shaped and experienced. It sees disability purely as a problem of the individual, without any discrimination between the impairment faced and the disability itself. "Any economic or social deprivation encountered by disabled people was located within the individual and their impairment (Crow, 2010)."

The medical model is summarized best by demoting to the International Classification of Impairments, Handicaps and disabilities developed by the World Health Organisation in 1980. The following distinctions are made by this classification:

'Any loss or abnormality of psychological, anatomical structure or function or physiological is Impairment (Crow, 2010).

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'.

For instance, one may be a wheelchair user. His or her disability is regarded as being related to the facts, for instance, that one cannot climb the stairs in his or her house or walk to the shops. One may be partially-sighted. His or her disability is regarded as being related to the fact, for instance, that one cannot read information in 'standard' size print. One may be brain injured. His or her disability is regarded as being related to the fact, for instance, that one cannot speak as quickly as other people (Rieser, 2004).

The societies in which we live from a Medical Model viewpoint is considered as being just fine so long as the majority of people who do not have significant impairments (identified as 'normal') are able to go about their daily business within them. It is people who have impairments (identified as 'abnormal') who are identified as being the problem. This is why disabled people often experience pressures to undergo treatment or therapy in order to be made

‘more normal’. Normality is highly valued and abnormality is thought of as being undesirable (Brosco, 2010).

Representation of Disability

The classics children's fiction of early twentieth-century and nineteenth-century contain various characters with disabilities. On the part of recent analysts. The received wisdom on earlier books of children is that disabled characters are two-dimensional stereotypes usually. Sometimes they are villains, particularly in those books which are intended for adults predominantly, and also in some fantasies for instance. They are saintly invalids more often, either to begin with, or because they are reformed by their disability experience. Most of these reformed or saintly cases are of young girls. Very few up them virtually ends up as disable adults, as either they experience a miracle cure or they die young (Sullivan, 2011).

To some early children's books this description certainly does fit more appropriately. However, the differences exist between books that are out-of-print or less available to children and the treatment of disabled characters in the "children's classics". Treatment of disabled characters is often varied and more complex in the former than in the latter. Disabilities in context of children, in many books, where it occurs, and character are associated with its cure. A healthier attitude to life, cure may result from often directly implying an unpaid relinquishment of the immobilize role (Sullivan, 2011).

Colin in Burnett's *The Secret Garden* (1911) has spent his entire childhood indoors and has been neglected emotionally, convinced by a doctor and a servant that like his father he is destined to be a hunchback and die young. by the combination of healthy friendships with Dickon and Mary, Colin is cured ultimately; exposure to the healing effects of outdoors and nature ; and getting persuaded that he will "live forever and ever" as he is in fact healthy. It

becomes clear to the reader in case of Colin, that his ailment is hysterical: due to physical rather than emotional causes. In some books however, will power has demonstrated high significance in curing the effects of a physical injury, as when Clara (in *Heidi*, 1872) of Johanna Spyri, discovered that *she is able to walk once Peter (in intended malice) has pushed her wheelchair off the cliff.*

Disability more commonly in children and young people, by a change of heart is not cured purely, but *is* a means of spiritual discipline. A stubborn child, often a tomboyish girl, is injured, through disobedience or recklessness, and learns discipline of relative immobility and suffering. Katy in *What Katy Did* (1872) can be the best-known example of this.

Some lastingly disabled characters in early 20th and 19th century books of children are "saintly invalids", whose prim role appears to be to set a standard for others. Tiny Carol in Wiggin's *The Birds' Christmas Carol* (1891), Dick in Alcott's *Little Men* (1871), and Tim in Dickens' *A Christmas Carol* (1843) are few dominant example of the representation of disability of children and young people.

More complex picture is divulged from the critical review of the role of disabled characters in early children's literature. Primarily, Boys as well as girls grow, learn and attain discipline and restraint through suffering together as the School of Pain is co-educational. The two outstanding examples of learning control of temper and cheerfulness are Leonard in Ewing's *The Story of a Short Life* (1885) and Hugh in *The Crofton Boys* (1841). Ferdy in Moles worth's *The Oriel Window* (1896), to perform "good works" in the community he used the learning from his period of suffering.

The main difference between the treatment of boys and girls is that there is more stress on boys demonstrating and developing courage and on girls learning to be useful to their families, though these differences are not, confined of course, to books featuring disabled characters. Secondly, the School of Pain is not restricted to disability alone; its treatment must be seen in the broader circumstance of the ways in which treatment of misfortunes were often bestowed by God for the virtual gain of the individual. In 19th century children's literature, it is frequently emphasized that apparent misfortunes must be received as part of a higher plan, *an attitude starkly expressed in "Rabbits' Tails"*.

Thus, the prevailing view of 19th century authors was that one should submit to misfortunes, both as a form of obedience to God's will, and because these seeming misfortunes are ultimately intended for one's own good. In early Victorian books, especially, this attitude can guide characters' behaviour to a quite extreme degree. In Yonge's *The Two Guardians* (1852) Marian is not sure whether she really needs to have a tooth extracted, but decides to do so on the grounds that "Self-denial is always best, and in a doubtful case the most disagreeable is always the safest (Sullivan, 2011)."

This stress on giving in to the will of God applies not only disability but to a all characters and to various circumstances, a strong feature of the treatment of disabled characters is the need for such submission, but it they are not set apart from others: Their non-disabled siblings and friends and must also submit to the will of God. Thirdly, it's not always that disabled characters are treated as saintly invalids or as helpless wretched creatures or. In the School of Pain is not only comprehensive some disabled characters are highlighted more by other characteristics, such as special talents, than by their disabilities. It's pivotal that disabled

children and young people are quite as capable of having human failings as normal one (Sullivan, 2011).

Furthermore, the disabled characters do not always either die or get cured. Most of them are only cured partially, or survive with an unaffected severe or mild disability, which in most of the cases does not stop them from following interesting lives and exciting pursuing careers. Thus, in 19th and early 20th century literature of children the disability treatment is more complex than it appears at first prospect (Sullivan, 2011).

Although, in past disability was seen absolutely as all hardships, misfortunes and as providing spiritual discipline, disabled children and young people were not completely transformed always into stereotypical "*saintly invalids*". To a degree variation across place and time is reflected by this, or in the writer's personalities and their personal or vicarious experience of disability. The same author may deal with disabled children and young people very differently in different books.

Books of twenty first century in print reflect not only the attitudes of the reader and authors and this time, and also those readers who will in future have kept them in print. The pious invalid and the under control wilful girl may, after all, have been required as more or as much by the late- 19th century reader and than by the 20th century reader.

Disabilities in the 20th century may have been considered, as more preventable and curable, particularly in children and young people. Moreover, it was seen as least more possible or more appropriate to consign young people with disabilities to institutions. Thus, disabled characters might have been taken as rare and abnormal may have been seen as rarer and more abnormal which demands either a miracle cure or extraordinary piety to give reason for their attendance (Crow, 2010).

Inaccuracies of the Medical Model of Disability

Disability still often considered by Modern civilized human society as an individual tragedy and unsolicited load for the family and society often. This entire believe primarily stems from the 'medical model' of disability. As this model fundamentally focuses on the lack of sensory, mental or physical functioning and mostly employ a clinical approach of describing an disability of any individual. In development, there are certain 'norms' and the person is judged in functioning against which the focus is on what they cannot do, instead of what they can do (Shakespeare, Watson, 2001).

Medical model has lead to a dehumanising view, where only severity of the impairment and the nature is significant. Some medical and other professionals are believed to be uncomfortable with disability, either the nature or incurable condition and represent an unrelenting "breakdown" by the health professions. This model categorises and defines disabled people by their impairment, and it transmits the individual child or young individual as "the problem" or "the victim" (Shakespeare, Watson, 2001).

This model has been rejected by many disable people even young individual attributing to their undeveloped life skills, low self esteem, and poor education and unemployment levels as consequence. Above all, they have recognised that the results of medical model are in the conflict of natural relationships with their families, communities and society as a whole (Albrecht, et al., 2001).

To put it simply, a disabled person is considered as defective and in need of curing or fixing. By definition disabled people are then dependent on the help of other. Thus, disability is a considered as tragedy, and focuses on what a person cannot do. This result in segregation of disability, giving anyone perceived as different a label due to the fixation of "normality" by

society (referring to people by their disability, “he’s a Down’s baby,” “she’s the dwarf”), lack of individual respect and the ignorance of cultural, social and institutional barriers that disabled people face in trying to lead their own independent lives (Hodkinson, 2007).

Paul Hunt wrote an essay in 1966 arguing that due to society’s treatment of disabled people in the past and society’s high regard for the “normal,” disabled people have felt themselves to be “unfortunate, useless, different, oppressed and sick,” and although due to the constraints placed upon them, this may not be how disabled people see themselves actually, this is how they have been forced to view themselves (Hodkinson, 2007).

“Unfortunate” because they haven’t had the opportunity to marry, have children and contribute to earning their own money and independence; “Useless” due to their inability to contribute to the economic wealth of society, relying instead on charity and feeling of less worth than the “breadwinner;” Feeling part of a minority and singled out as “different” due to their physical disability against the “stares of the curious;” An overwhelming feeling of “oppression” due to society not allowing the disabled person to challenge its view of them, either through lack of education or through lack of independence; “Sick” compared to people who are relatively healthy, and who’s mortality is challenged by the disabled (Hodkinson, 2007).

In order to break down this disabling definition of disability as exclusively a medical problem, with medical and para-medical solutions (which in most cases means no 'solution'), A clear distinction between a disease and a disability is established here in this paper, for there is commonly a confusion of the two. A demonstrable physical manifestation has been obvious with a disease (with the omission of the contentious area of mental health); a disability is not this sort of concrete thing by any means. It’s basically constituted the things one is not able to do because

of the organization of the world around: its causes are predominantly rooted in external social factors (Christensen, 1999).

It is usually unsuitable entirely to consider someone as a disability to a person 'suffering' from some disease, because this will not contribute to an understanding of the life they lead. It may well constrict the possibilities of such a life by drawing the individual back within the medical model and its debilitating emphasis on physical limitations and low expectations.

Many disabilities are clearly not diseases, because they result from traumatic accidents, but even in cases where a disease can be named as the cause of certain physical characteristics it is not helpful to see the individual as a 'diseased' person (Christensen, 1999).

It is certainly not appropriate in cases where a disease is congenital and has existed in a factor in someone's life since the day they were born. In this situation a person is simply leading a life which is in some ways different to the expected norm. To look at this person as having a disease is to ignore the fact that the disability has always been integrated within all aspects of their life, and does not represent a change from some 'norm' which was never applicable to them. The disability is simply part of being the person they are, in the context or the social world they live in. Indeed, there is literally no case in which a disabled person should be seen as 'diseased', because no disease related to disability (or anything else for that matter) extends so completely into a person's life as to define that person.

Conclusion and Recommendation

In order to understand disability as an experience, as a lived thing, we need much more than the medical 'facts', however necessary these are in determining medication. The problem comes when they determine not only the form of treatment (if treatment is appropriate), but also

the form of life for the person who happens to be disabled. As well as the 'facts', therefore, we need to build up a picture of what it is like to be a

Disabled person in a world run by non-disabled people. This involves treating the experiences and opinions of people with disabilities as valid and important; more than this, they must be nurtured and given an overriding significance, in order that they begin to outweigh the detached observations of the medical 'expert', which have invested in them the power of history. *Our* experiences must be expressed in *our* words and integrated in the consciousness of mainstream society, and this goes against the accumulated sediment of a social world that is steeped in the medical model of disability.

It is vital that we insist on the right to describe our lives, our disabilities, and that we appropriate the space and proper occasions to do so. After all, the way something is presented will condition to a great extent the way it is received, as any newspaper or television editor will tell you. The experience of disability is always presented in the context of the medical implications it is supposed to have, it will always be seen as largely a matter of a particular set of physical or intellectual dysfunction and little else. In this way the myth is perpetuated that disabled people require medical supervision as a permanent factor in their lives.

As in society generally, the language used and the situation in which it is expressed will determine the message that goes out to those listening. There are plenty of colloquialisms that indicate the damage that can be done through inappropriate terminology. Disabled people are seen as weak, pathetic and in need of sympathy when they are referred to as 'cripples'. A person with cerebral palsy, when referred to as a 'spastic', has to suffer the indignity of being equated with a raving, dribbling, idiot - these are the facts beyond the medical 'facts'. What we have to get to, instead of this, is the real person inside the image of disability.

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