The Social Model of Disability Implications for Inclusion

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Abstract:- Disabilities are inextricably diverse in their origins, types, manifestations, and effects upon different individuals. In fact, two or more people with the same disability may be affected in radically different ways and to very different extents. Etiologically, birth defects can cause disabilities, either congenitally or during the labour and delivery process. Both of these birth defects can result from inadequate medical care at any point in the pregnancy, labour, or delivery process. Additionally, environmental factors, illnesses, traumas, accidents, including land mines, wars, and other violent conflicts, can result in disabilities. In turn, models of disability offer a causal explanation, a constitutive explanation, or both for disability. The social model of disability studies has been utilised in this article as a means of shedding traditional and preconceived notions about people with disabilities. The article has been influenced by Oguburn's cultural theory from 1964 and Wolfernsberger's Normalisation from 1980. In this article, I review an evaluation of the social model and discuss how I think it has the potential to improve the lives of people with disabilities. I also emphasise the unjustified criticisms of it and the terrible impacts these have had on Persons with Disabilities (PWDs). The social model is briefly discussed as a concept, ideology, and practice at the beginning of this article. The social model in research is then explored. This paper offers implications and points of view from various emerging studies on how to better include PWDs in practice, building on the work of earlier researchers who have written extensively on various models of disability studies.

Keywords:- Social Model, Disability, Inclusion.

I. INTRODUCTION

Disability has traditionally been studied from a clinical medical perspective that emphasises functional impairments; a psychological perspective that emphasises occupational limitations due to physical, mental, or sensory impairments; a systems analysis perspective that views the phenomenon of disability in terms of systems; a minority group perspective that attempts to justify comparisons between the disabled and other minorities; or a humanistic perspective.

Models of disability have two main purposes: (1) classification, which answers the question "What," and (2) explanation, which addresses the question "Why" (Silvers, 2010, p. 22). The first of these entails defining disability—a question of identity—and, typically, determining who qualifies to be considered disabled. Different models use various criteria to determine who or what is considered "disabled." For instance, the medical model defines disability in terms of "biological defect," whereas the social model defines it in terms of "social victimisation" (Silvers, 2009, p. 22). The second purpose, explanation, seeks to clarify why people have disabilities (or, more precisely, "why they have the limitations associated with disability"; (Silvers,2010, p. 22).

Offering a causal explanation for why disability occurs as well as pointing to a preferred method of intervention in that causal process are typically involved. According to the medical model, releasing people from biological dysfunction is the suggested method for reducing disability-related suffering because disability is (primarily) caused by biological defect or dysfunction (Silvers,2010, p. 22). In contrast, the social model naturally "proposes that liberating disabled people from stigmatisation and exclusion offers the most effective relief from suffering" because it places emphasis on social oppression and discrimination as the (primary) causes of disability (Silvers, 2010, p.22)

The social model is simply stated as follows by Thomas (2008, p. 15): "In short, the social model asserts that "disability" is not caused by impairment but rather by the social barriers (structural and attitudinal) that people with impairments (physical, intellectual, and sensory) come up against in every setting. According to the social model, people with disabilities are socially oppressed, so eliminating disablist social barriers and creating social policies and practices that promote full social inclusion and citizenship are necessary for improving their lives. Most histories of the social model trace its inception to Michael Oliver's research on disabled people, at least as far back as the 1990 release of *The Politics of Disabilities*. In the UK, the social model of disability has had a significant impact on the growth of disability theory and politics. Its impact on disabled people's organisations' operations and core beliefs as well as on academic circles has been significant.

The so-called "medical model" of disability, which Bill Hughes characterises in the following manner: "The ontological essence of disability is a physical or mental impairment or a biological "deficit" or "flaw," which limits what disabled people can do, contrasts sharply with this "social model" of disability (Hughes, 2002, p. 60,). According to Hughes, the fundamental premise of this model is that biophysical "abnormality" or "maladaptation" somehow influences or contributes to social "abnormality" or "maladaptation":

In other words, to be defined as having a "flawed" body also means that you are unable to fully participate in society. In concrete terms, the corporatization of disability [means] the segregation of those with that label. The medical model follows a logic chain from diagnosis to social response. There appear to be three connected factors in the chain, in terms of causality: impairment leads to disability, which then results in confinement or "institutionalisation" (Hughes, 2002, p. 60).

The social model has evolved into what Shakespeare and Watson (2001) refer to as "the litmus test of disability politics": if a piece of work incorporates the social model, it is viewed as progressive; if it does not, it is viewed as lacking. Since the beginning of civilization, the phenomenon of disability has puzzled people of all backgrounds. In "Disability Rights: Do We Really Mean It?" (2009), Amundson makes the case that many academics frequently express attitudes toward people with disabilities that are inappropriate. This is especially evident in the way that many mainstream academics continue to fail to accord the disability rights movement the same level of legitimacy that is accorded to other civil rights movements. Amundson asserts that many academics openly express demeaning attitudes toward those with disabilities—attitudes that would be deemed unacceptable if they were expressed toward other disadvantaged groups—by citing a number of arguments from From Chance to Choice (Buchanan, Brock, Daniels, & Wikler, 2000). Choice suggests that maintaining segregationist practices is in the best interests of the dominant group (in this case, the non-disabled population) and that integrating people with disabilities into society is frequently "unduly burdensome to others" (Buchanan, Brock, Wikler, & Daniels, 2000, p. 320). According to Amundson, these comments would be condemned if they were directed at women or racial minorities. However, such remarks are accepted without hesitation when referring to people with disabilities.

By locating the causes of disability within the social and political spheres, the social model of disability provides an alternative paradigm for understanding disability (Smith 2009). Consequently, the feeling of disability is not reduced to a fixed medical indication relating to the severity of a specific medical impairment, but rather is a situation that depends on the political and social organisation and structure of society in relation to specific medical conditions (Smith 2009). From this vantage point, the Disability Rights Movement (DRM) focuses on the "politics of disablement," where citizenship, inclusion, accessibility issues, and discriminatory participation barriers are seen as crucial to the struggle of "being disabled" (Oliver 2009); that is, rather than emphasising individually based functional limitations that require treatment, as indicated by the medical model.

II. PROBLEM STATEMENT

Either viewpoint directs attention away from people who are classified as disabled and toward the surrounding social structures. Neither requires anything resembling the medical model's individualised causation story nor does it

eliminate the social model's key insight. The problem is specification and scope, even though it is true that the social model of disability cannot account for every human "disadvantage" connected to every individual trait. When compared to the widespread belief that physical and mental disability is only the result of a series of personal tragedies, even its most modest claim—that characteristics of particular people are not always the sufficient cause of disadvantage—is persuasive. What the social model accomplishes on its own is the key question. Is social change recommended by the social model? Numerous academics appear to concur. Recommendations for environmental restructuring frequently come after the social model in academic literature. The identification of a "civil rights" or "minority group" model of disability can sometimes interrupt or punctuate this analytical surge from causation to policy. The civil rights model, as it is applied to legal literature, is not merely a causal model of disadvantage. It is a normative orientation that emphasises respect for individuals with disabilities and their inclusion alongside individuals without disabilities. The social model explains how disadvantage arises, whereas the "model" for civil rights suggests more or less concrete policy solutions by drawing parallels to other social movements.

III. REVIEW OF LITERATURE

➢ *Theoretical Framework*
The article was influenced by Oguburn's cultural theory from 1964 and Wolfernsberger's Normalisation from 1980. According to Wolfensberger's (1980) theory of normalisation, people with disabilities should be accepted and provided with the same opportunities as other citizens. It entails awareness of the regular cycle of life, which includes the regular cycle of a day, a week, a year, and the life cycle itself. It involves the everyday necessities of life, such as housing, education, employment, physical activity, leisure, and freedom of choice. The emphasis here is on "the dignity of risk" rather than "protection."The lack of knowledge and resistance of "atypically developed" community members, who have been taught by our culture that "those people" are somehow fundamentally different and flawed and that it is in everyone's best interests if they are removed from society, has been a significant barrier to building community support Wilmshurst and Brue (2005).

Restoring people to the community and assisting them in leading as "normal" a life as possible have been part of the normalisation process, but another part has involved expanding the definition of "normal" to encompass all people, according to Wolf (1980).People with disabilities shouldn't be seen as being sick, abnormal, subhuman, or unformed; rather, they should be seen as people who need a lot of help in some (but not all) aspects of their lives Ndurumo (1993). This is accompanied by the knowledge that while everyone needs support occasionally or in specific areas of their lives, the majority of people do so on their own or via socially acceptable channels. Productivity and self-sufficiency, two values that are essential to our society's definition of self-worth, are typically the key issues of support.

According to the cultural theory's analysis, a society's adaptive non-material culture changes very slowly in comparison to how quickly its material culture changes. Cultural lag is caused by different rates of change in the material and non-material components of culture (Orodho,2004). According to this theory, the level of effort put into promoting education determines how well a nation will develop. Development in all spheres, including the political, social, and economic ones, is based on education. A nation without clear-cut educational policies will inevitably lag behind in development. To harmonise the various educational activities involved therein, all spheres of education should be taken into consideration. Cultural lags are defined by Oguburn (1964) as the inability of concepts, attitudes, institutional components, and practices to keep up with the material culture. Many people's perceptions of cultural norms led to the educational elimination of special needs. A disabled person was viewed as a liability rather than as someone with potential and ability. However, other foreign beliefs made contributions that helped indigenous people become enlightened and let go of their traditional beliefs, enabling the

➢ *What Does the Social Model of Disability Mean for Inclusion?*

Mike Oliver developed the social model of disability in the 1980s with social workers and other professionals who work with people with disabilities in mind (Oliver, 2013). Oliver developed a model because he was motivated to do so because he has personal experience with disability. As a severely disabled tetraplegic who must make the necessary arrangements every day of her life in order to be able to get up in the morning, go to bed at night, and even use the restroom, Oliver writes, "Such suggestions humiliate me, especially when they come from non-disabled people or those who are disabled and have no idea what it's like to be dependent on public assistance for basic needs, let alone social interaction." Swain et.al. (2013).

Oliver's model is heavily influenced by Marxist theory. This argument is based on the premise that students with disabilities live in an industrialised, capitalist society where their needs are not prioritised. The author examines these subjects in his influential book Capitalism, Disability, and Ideology: A Materialist Critique of the Normalisation Principle. According to Oliver (2013), negative attitudes and perceptions of people with disabilities are the root of disabling barriers in the labour markets. People with disabilities are stigmatised as being less capable, dependent on others, and less economically productive. This may imply that, especially in a capitalist environment, they are viewed as unproductive and uncreative employees.

Corker (1999), building on Oliver's (1996: 52) claim that the social model should not be viewed as a social theory of disability but rather as one strand of it and that it is dangerous to try to take it further than it is meant to go, contends that what is needed is a method rooted in discursive strategies to complement the structural analysis preferred by the social model. According to Corker (1999:639), the relationship between "the cultural/structural and the material/discursive" should serve as the foundation for theoretical development. This is considered significant because:

The inclusion of this paradigm would allow for the discussion of linguistic and cultural differences and how they relate to the unequal distribution of knowledge in politics. Additionally, it would enable us to more fully address the issue of the social agency of disabled people as well as the complex problem of attitudes and discriminatory language that transcends materialism (Corker, 1999: 640).

According to Barton (2003), the social model gives people with disabilities a framework to describe their lived realities and raises questions about why and how society excludes specific people and groups that it labels as inferior or lacking in abilities or having an "unacceptable" appearance. According to Oliver (1990), people who are disabled must conform to environmental settings intended for healthy or "normal" people because of barriers that exist in both society and their immediate environment. Therefore, these obstacles must be eliminated or overcome in order for people with disabilities to participate fully in society.

Shakespeare (2014), who acknowledged the social model's simplicity but insisted that it is also its "fatal flaw," is perhaps the most persuasive of them (p. 6). Shakespeare argued that a "barrier-free utopia" is difficult to achieve because the social model ignores impairment itself as a significant aspect of disabled people's lives (p. 6); the social model tautologically assumes that disabled people are oppressed (p. 7); the distinction between the medical perspective of impairment and the social perspective of disability is crude (p. 8); and a "barrier-free utopia" is assumed by the social model but does not actually occur in reality (p. 8).Shakespeare's argument contends that this comparison between the sex and gender distinction made by feminists and the distinction between the medical impairment model and the social disability model is crude. Shakespeare (2014, p. 8) claimed that "in practice" it is challenging to distinguish between impairment—which is a person's innate condition—and disability—which is a social construct. Shakespeare must once again demonstrate that the disabled person's impairment is genetic in order for his argument to hold up against charges of tautology. Social and individual aspects are practically inextricably linked in the complexity of the lived experience of disability, according to Shakespeare (p. 8). Shakespeare heavily relies on the self-evidentiary basis of what happens "in practice," but this is insufficient evidence to show that the disabled person has a defect or impairment that is inherent. There are a lot of anecdotal accounts of what happens "in practice."

The social model has a lot to recommend it because society, not disabled people, are responsible for making change. Disabled people are repositioned as subjects in their own lives and stop being the target of interventions (Shakespeare 1994). In the same way that black people, lesbians, and gay people have claimed through their respective political movements, disability is conceptualised as a form of social oppression, and disabled people become

a distinct social group. As a result, it is not helpful to divide different disability groups, such as those with visual impairment, physical impairment, and learning difficulties, as has been the case with charities, schools, and other agencies and organisations. This is a crucial understanding of the collective experience of disability.

IV. THE POSTMODERN TREND IN STUDIES OF DISABILITY

Agostinone-Wilson (2013) asserts that the academic rejection of Marx and acceptance of "false pragmatism/postmodernism, alongside the growth of right-wing and reactionary ideologies" (p. 7) were both results of the political shifts of the 1980s and 1990s. In the field of disability studies, "the politically centre right in the disability movement" rose to prominence, as discussed by Finkelstein (2007), and demanded that the social model be "updated" in order to return the emphasis to changing attitudes, accepting diversity, and achieving legal rights as ends in themselves.

The postmodern turn criticised the social model and advocated for theorising disability as a sociocultural phenomenon, ignoring the political and economic aspects of disability and emphasising its sociocultural outcomes. According to this theory, disability experiences are thought to be primarily constructed through culturally embedded discourses and only reinforced through social practices and social structure (Corker 1998). Postmodernists claimed that the social model devalued "individual embodied experience" by establishing a rigid binary between impairment and disability (Ahmed & Chao, 2018, p. 175). Shakespeare (2014) promoted what he called the "interactional approach," which defined disability as "an interaction between individual and structural factors."The social model is to be understood as an alternative to the individual model, raising a different set of research questions, as Oliver (1996) noted in his earlier work (Oliver & Barnes, 2012, p. 23). Additionally, highlighting the social aspect of disability and separating it from the biological does not exclude the former.

Shakespeare's "interactional" theory of disability explained it in terms of "associated functional limitations and culturally determined deficits" (Oliver & Barnes, 2012, p. 11), implying that people with disabilities (and their "burdened" caregivers) have faced and will continue to face the same types of disadvantage they do under capitalism (Slorach, 2016). Additionally, as Oliver and Barnes (2012) argued, the medicalization of disability effectively served to reproduce socio-political and economic structures by attributing responsibility for the problem of disability to individuals who treat the purported flaws of disabled people. Postmodernism ascribes ableism to the ideology of individualism that defines modernity by invoking the autonomous individual. Furthermore, from a post-modernist perspective, they link disability to the way society despises those who deviate from the "ideal" human form, and they argue that in order to 'fix' disablement, society must change

by altering its attitudes and beliefs toward those who are disabled.

V. CONCLUSION

It is frequently assumed that while the social model calls for social reform to lessen oppression and discrimination, the medical model calls for the cure, repair, or compensation of the disabled. Many theorists have come to the conclusion that the "medical" and "social" models are inherently incompatible with one another based on this assumption and the additional assumption that these two approaches to social justice are mutually exclusive. The idea of disability, according to Shildrick (2007), is "slippery, fluid, heterogeneous, and deeply intersectional" (p. 223). According to this quotation, the social model of disability is criticised for being too simplistically binary in its distinction from the medical model of disability. Remember that the medical model of disability predated the social model and continues to be the normative thought regarding disability for many people who are invested in concepts of remediation. The medical model is essentially rejected as the dominant, stand-alone approach to disability by the social model of disability and the majority of other critical disability theories that may have since developed. That is what matters most in this situation. The social model has drawn criticism despite, or perhaps even because of, its conceptual strength. They should have arrived sooner, one might have thought. After all, some social model users asserted disadvantages in startlingly general terms. For disability studies researchers, who are occasionally disregarded by those concerned that the field is too technical, pointless, or partisan, the emerging critiques may be a sign of progress.

VI. IMPLICATION

Disability Studies runs the risk of losing sight of its critical purpose due to its reliance on a theory that was first proposed in the 1970s and its resistance to adaptation to how society is changing. It is connected to a set of predetermined ideas, and research is conducted in a way that supports rather than undermines this connection. If the social model is to accurately reflect the experiences of people with disabilities, it must be dedicated to ongoing social change. Thus, disability research must be viewed as an effort to help disabled people develop a critical mindset toward a society that is oppressive to them. The social model is a tool for providing the theory of change, helping to transform the vast majority of disabled people into a politicised grouping whose individual grievances will be expressed in a public struggle. What is required is an analysis that offers an alternative to these conventional viewpoints, rejects these oversimplified dichotomies, and disavows the notion that a person's disability or the existence of disabled people constitutes a coherent "fact in itself." One of the first pieces of research to apply such concepts to the field of disability was Mairian Corker's (1999) work. To effect this shift, it is necessary to move disability away from the binary oppositions in which it is typically situated and to employ a

more nuanced and flexible understanding of power than is found in much of the social model theorising.

Disability has an asocial component, but the social model of disability represents a fundamentally new way of viewing society as a whole. It sees people and their problems as being intertwined with a social structure and acknowledges that the present is a part of a history that is rife with class struggles. And because of this characteristic, the social model is incompatible with other models of disability that view society as a collection of isolated individuals and ignore its historical, political, and economic dimensions. These models include the human rights model of disability as well as sociocultural models of impairment. Therefore, we need to reconsider what we mean by "the social model of disability," particularly in light of the fact that academia frequently discusses the social model from a postmodernist perspective.

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