MODELS OF DISABILITIES

WHAT ARE THE MODELS OF DISABILITY?

The models of disability are instruments to help us understand disability in different contexts and scales.

They are a frameworks used to understand disability, shaping how individuals, organisations, and societies perceive disabled people and respond through policy, environments, and behaviour.

Why are Models of Disability are relevant to Disability Strategy?

- Models directly influence public policy and social attitudes. They shape how governments design public policy and how citizens perceive disability and accountability (data, indicators, evaluators).

- A model of disability establishes the framework that determines the values and principles that are important to a community (local government).

- Different models define “the problem” differently, which influences the approach to accessibility and Inclusion.
- Determine whose knowledge counts.
- Affects resource allocation and cost-effectiveness.
- Understanding the models helps us to move beyond the surface level of inclusion and build meaningful disability inclusion strategies.

Heuristic Map of main Models of Disabilities

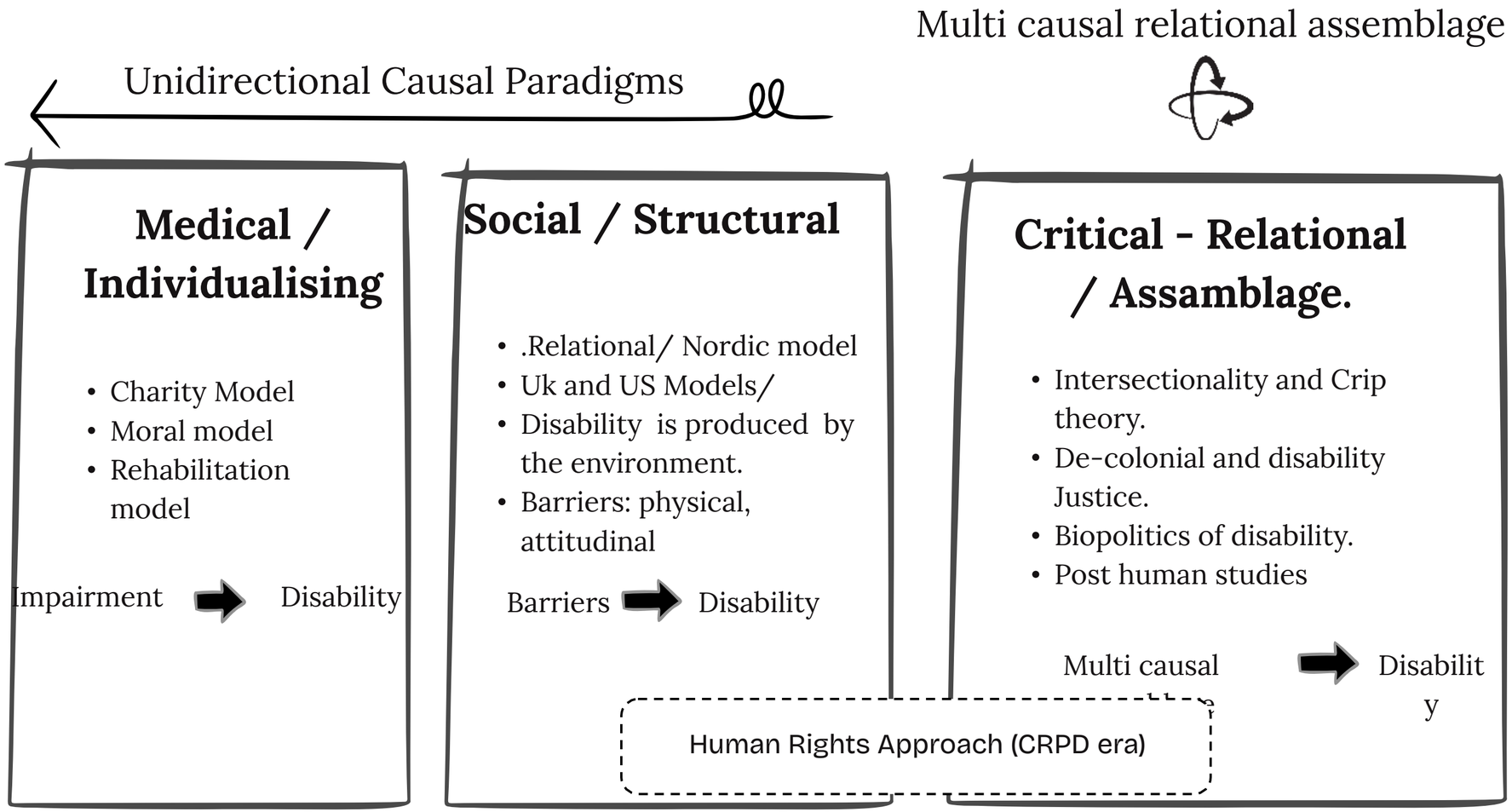

Figure 1. Heuristic map of the Models of disability. Graphic by author.

MEDICALISED MODEL

Main Aspects

- Origins at the end of the 18th century in Europe, mainly Germany, France and the UK. This model appears at a time when the Modern State is also evolving into what we know it to be today.
- The development of the field of Social Medicine, or state medicine, was key to enabling the state to classify and manage populations.
- There is then a process of biologisation of political life, including law and the military.
- The medicalisation model is heavily influenced by eugenics, in which sterilisation, euthanasia, and segregation (institutionalisation) are key elements in the system.

“Biologisation” of Political and Social life

“Population is understood as a body in which the state is necesary to help apply the immunisation to combat the viruses and bacterias and this way to secure the quality of a healthy body” (Esposito, 2006).

Eugenics

The word derives from the Greek eugenes, “Good in birth” or “good in stock”

The term was first coined by Francis Galton, who, using Darwin’s theory of evolution, defined it as “the study of agencies under social control that may improve or impair the racial qualities of future generations either physically or mentally.”

“(b) The **socially inadequate classes,** regardless of etiology or prognosis, are the following: (1) Feeble-minded; (2) Insane, (including the psychopathic); (3) Criminalistic (including the delinquent and wayward); (4) Epileptic; (5) Inebriate (including drug-habitués); (6) Diseased (including the tuberculous, the syphilitic, the leprous, and others with chronic, infectious and legally segregable diseases); (7) Blind (including those with seriously impaired vision); (8) Deaf (including those with seriously impaired hearing); (9) Deformed (including the crippled); and (10) Dependent (including orphans, ne'er-do-wells, the homeless, tramps and paupers).”

Sterilization

Segregation

Euthanasia

Harry H. Laughlin, Eugenical Sterilization in the United States (Chicago: Psychopathic Laboratory of the Municipal Court of Chicago, 1922), Chapter XV, “The Model Eugenical Sterilization Law,” pp. 446–447.

Eugenics in NZ

The 1924 Inquiry into Mental Defectives and Sexual Offenders.

This committee explicitly linked mental deficiency to moral degeneracy and crime, recommending expanded segregation and sterilisation as a eugenic measure. It called for the permanent sequestration of the “feeble-minded” to prevent them from breeding and producing further “defectives.” The result was the rapid expansion of the segregation system.

The Eugenic Apparatus 1/3

- **A system of beliefs: (the building of the otherness)**

The eugenic idea that disability was an inherited “defect” that weakened the whole population. Disabled people were seen as a threat to national health, a drain on money, and a moral danger. This created the pressure to remove them from society.

- **A system of classification labels that fit “Mentally Defective”**.

(Mental Defectives Act 1911).
That broad wording covered intellectual disability, physical impairments, epilepsy, brain injuries, and often just poverty or non-conformity.

The Eugenic Apparatus 2/3

- **A fast-track legal process** that takes away any autonomy an individual could have over their own body.

The court system sees as “merciful the death of disabled infants. Many disabled people died of preventable and curable diseases due to ill treatment and medical neglect. (let die, Puar).

- **The building of a network of remote facilities:** Farm colonies, hospitals, etc.

The Eugenic Board

The 1924 Inquiry into Mental Defectives and Sexual Offenders suggested the creation of a “Eugenics Board”.

This enquiry made important suggestions for building a system of segregation that NZ society is still recovering from. Fortunately, the board and forced sterilisation proposed in it did not reach their full potential, as the 1928 bill did not pass.

> The Board, which might be called the Eugenic Board, should be a central Board associated with a special Department or sub-department, of which the head should be a man of sufficient personality, energy, and organizing-power to grapple effectively with this question—first, by taking the necessary steps to compile a reasonably exhaustive register, and afterwards, by co-ordination with cognate Departments or by independent departmental action, to build up the necessary machinery to provide for the care, segregation, supervision, or treatment of the class with which his Department is required to deal.

Pomare, M. (1925). Mental Defectives and Sexual Offenders. [Report of the Committee of Inquiry]. Ministry of Health.

COMPULSORY STERILISATION

- The bill would have given the state the power to order the compulsory sterilisation of people classed as “mentally defective” or “feeble-minded.”

- The bill failed to pass due to the lack of support from some sectors (catholic church, Labour Party); however, coerced sterilisations were more frequent and occurred despite this not being legal.

Spencer, H.G. (2018). Eugenic Sterilisation in New Zealand: The Story of the Mental Defectives Amendment Act of 1928. In: Paul, D., Stenhouse, J., Spencer, H. (eds) Eugenics at the Edges of Empire. Palgrave Macmillan, Cham. https://doi.org/10.1007/978-3-319-64686-2_5

SEGREGATION -NZ CASE

Segregation often meant for disabled people:

- Forced labour.
- Premature death by deceases that could be prevented and treatable.
- Sexual abuse.
- Alienation of their communities and cultural identities.
- Torture.

For Campbell, the Medical Model determined the boundaries of humanness. Building an idealised benchmark of the human body, and continuing to do so: “The drive to eliminate 'anomaly', enhance and perfect bodies through the utilisation of technologies in effect results in solidifying our definition of human life to what technology is able to sustain” (Campbell, 2000)

Break?

SOCIAL MODEL

The Social Model appears as a response to the conditions of oppression that the medical model had imposed on disabled people, mainly institutionalisation.
It is strongly influenced by other social movements, especially feminism and civil rights movements around the world.

Main Aspects

- The Social Model offers an opportunity to challenge the eugenic system of beliefs and classification of people's disabilities.
- Disability became a political scenario, and disabled people became political subjects with concrete demands.
- There is a change in the language and terminology utilised to describe disabled lives.

The Critique to the Social Model

The split between impairment/ Disability : “most of us simply cannot pretend with any conviction that our impairments are irrelevant because they influence every aspect of our lives” Crow (1992).

It seems to ignore, at least in its origins, certain types of disabilities and impairments, like intellectual disabilities and focuses on the physical aspects of accessibility.

Alternative Aproaches

The Social Model is a good foundation, and its standing can be enriched by new elements that, over the years, activists and academics have developed.

It will all depend on the context and the goal that it's assumed when utilising any approach.

Key enriching elements for the Social Model :

- **Intersectionality :** no universal disabled subject; race, gender, class co-produce disablement.
- Interdependence -Vs Independence
- **Studies in Ableism:** shift focus from “disability” to the norms that invent it.
- **Biopolitics :** how states and medicine govern lives, from eugenics to neo-liberal inclusion.

- **Decolonial and Indigenous perspectives:** reckon with the colonial roots of ableism and the geopolitics of impairment creation. Whānau Hauā (Hichey, 2017).
- **Embodied experience :** reclaim the body's felt reality without falling back into medical models.
- **Crip theory :** expose compulsory able-bodiedness, embrace fluidity and subversion.
- **Disability Justice:** centre the leadership of those most marginalised; fight for interdependence, not just access.

“ From each according to their ability, to each according to their needs.”

Karl Marx

THANK YOU

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