An Integrative Approach to Advocacy: The Addition of Aspects from the Medical Model to the Strong Social Model

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Introduction

The strong social model argues that disability is a result of only the social barriers in society such as economic and social policies, individual attitudes, and environmental aspects (Shakespeare, 2014, pg. 13). According to this model, society is at fault for the disabilities—not those who are disabled (pg. 13). Therefore, there needs to be a social transformation, but this is to be undertaken by removing environmental and social barriers (pg. 18). Through the examination of the individual attitudes and policy, economic, and social barriers, I will argue that the strong social model is deficient and needs to change its approach to include medical impairments of those with disabilities. While the strong social model does suggest social transformations that ameliorate the conditions of the disabled, it fails to address the medical policy or practical changes that could be implemented.

Strong Social Model: Individual Attitudes and Policy Barriers

One of the features of the strong social model is that individual attitudes and policy barriers prevent a disabled person from functioning normally in society; this can be examined through the experiences of Abdul, a Bangladeshi disabled individual from my family who lost one of his legs in a motorcycle accident. The strong social model asserts that Abdul is disabled due to the deficiencies of the social arrangements in his hometown of Rangpur (Shakespeare, 2014, pg. 12). Although Abdul was still able to function at work, his employers had fired him because they believed that he was not efficient with his wheelchair or crutches. Abdul sought employment opportunities at several other companies, but everyone refused to hire him. They would outright discriminate against him because there were no policies in place to address discrimination against people who are disabled. Therefore, the strong social model would indicate that not

having the policies in place reinforces these negative attitudes of these employers (pg. 40). The barrier that Abdul had faced was the individual attitudes of the employers toward his condition that arises from their "belief that disabled people are inferior to others" (pg. 29). As a result, he remained jobless for the rest of his life. Abdul also faced physical barriers as well. There are only elevators at contemporary businesses, modern apartment complexes, or government buildings that are fortunate enough to have elevators. In other words, the elevators are reserved only for the wealthy. Residential houses rarely have elevators, even though they may be three to four stories tall, so Abdul would mainly stay on the streets.

The Bangladesh Persons with Disability Welfare Act (2001) was the only act that had addressed people with disabilities; yet, the strong social model would point out that there were several deficiencies in this Act. First, there is no mention of discrimination against those with disabilities during employment. Second, the Act should have specified how much welfare would have been allocated to Rangpur. The social barrier that Abdul faced was that there was no access to services such as these. Although social welfare was mentioned in this Act, Abdul would have been required to travel to the capital city of Dhaka in order to receive his benefits. This is completely counterproductive for those with disabilities because individuals who are disabled should not have to travel long distance in order to receive their benefits. For Abdul, he was not able to afford the ticket to travel to Dhaka. This implies rather than traveling to Dhaka, the strong social model would emphasize that social welfare should be accessible for those with disabilities throughout Bangladesh and not restricted to one city.

Strong Social Model: Economic and Social Barriers

Another part of the strong social model is the existence of economic and social barriers (pg. 11). There are numerous economic barriers that Abdul had faced. Due to his unemployment, Abdul resorted to freelance writing and he made his income by selling his books on the street. Out of desperateness, he sold his land inheritance. In Bangladesh, there is rampant income inequality along with corruption. Some people are able to evade their taxes and there is little law enforcement with regards to this. According to the strong social model, income must be redistributed and there should be more institutional legal enforcement to ensure that taxes are collected efficiently. Then, these payments could be allocated to a disabilities fund that would help the disabled people. For individuals like Abdul, even with the little streams of income they had created, they still would not be able to afford the basic necessities such as food. Abdul would often alternate between his sister's house and his brother's house in order to have a meal. There were also no free meal distribution centers or food pantries, so he would have to always seek help from his family. There were no homeless shelters in Rangpur, and no one would take him in. Thus, by providing welfare payments, this could decrease these barriers for the disabled.

For Abdul, he also faced numerous social barriers that limited his accessibility in public spaces. Transportation was an issue for him because there were no allocated seats for the disabled on public buses. Public buses were often overcrowded with people and this would exacerbate his physical condition. He was not able to use his wheelchair because the buses in Rangpur did not have an allocated seat for those with mobility impairments. Hence, the practical implication of the strong social model is that public policies need to address the provision of more accessibility options for the disabled. For instance, the model would say that it should be a requirement that all public transportation must accommodate those who are disabled by allocating seats for them.

Medical Model: Physical and Mental Impairments

Whereas the strong social model focuses solely on social barriers being responsible for the disability, the medical model says that disability is a result of something being awry with the individual body (Kukla, 2018). According to the medical model, individuals with disability need medical care for their physical and mental impairments (Kukla, 2018). Therefore, the strong social model is very limited because it does not consider medical impairments being a cause of disabilities. Although those who advocate for the strong social model say that its benefit is that it does not draw attention to the physical or mental impairments of the individuals, this may have negative repercussions (Shakespeare, 2014, pg. 12). Since the strong social model does not recognize that something is awry with the body, this would mean that medical treatment is not the first option (pg. 33). Thus, the condition of the disabled individual may be exacerbated, even though it could be easily treated with medication or surgery. For instance, Abdul also had schizophrenia-like symptoms and was delusional. Although the medical model would advise him to get treatment from a psychiatrist to acquire anti-psychotic medication, the strong social model does not address this issue as urgent because it argues that disability is not physically related with the body and that "impairment effects…become of secondary or irregular significance to disabled people as time moves on" (pg. 33). It is clear that the strong social model and the medical model take different approaches to examining and addressing solutions to disability, but overall, they both agree that disability is disadvantageous.

Challenges to the Strong Social Model

Although these are positive aspects of the strong social model, there are several aspects that render this model inadequate. One of the challenges to this model is that social barriers are the sole reason for the emergence of disabilities in societies, and it falls short of addressing other issues that may be more salient. If all the social barriers were extricated from society, then this may pose more burdens for society. For instance, adding ramps, automatic door openers, and other structures to facilitate the ease of access with individuals with disabilities is quite expensive. These costs should instead be funneled towards meeting the needs of the disabled people first, contrary to the strong social model, but aligning more with the medical model. For instance, this may especially pose a burden for developing countries such as Bangladesh because often the needs of individuals with disabilities are more urgent than the ameliorating the structures of society. In the case of Abdul, if he had rehabilitation services for a prosthetic leg, he may have had the opportunity to work. In addition, if Abdul was given healthcare treatment for his schizophrenia-like symptoms, he would have able to lead a more stable life.

Conclusion: Improving the Strong Social Model

Ultimately, it is necessary to develop an integrated paradigm in order to resolve the issues of the strong social model. We can take the positive aspects of the strong social model such as removing the social barriers while recognizing and prioritizing the needs of disabled people with regards to the medical model in order to make a more plausible paradigm. This way, those who are disabled are able to be treated for their conditions first, while also facilitating their accessibility in society.

Citations

Kukla, R. (2018, December 19). Introduction to Bioethics. Retrieved from https://www.edx.org/course/introduction-to-bioethics

Shakespeare, T. (2014). *Disability rights and wrongs revisited*. London: Routledge.