

# Video transcript: Models of Disability

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Disability is conceptualized in many ways, each rooted in a certain set of beliefs that typically serve a related purpose. These framings are called models. In this video, we will explore the two most dominant models of disability. A model doesn't depict a literal and singular reality; it amplifies certain aspects of disability for deliberate examination. Each is constructive when applied appropriately and integrated with other perspectives, but when one model, *any* model, is considered exclusively, it becomes harmful.

**Medical Model:** Medical advancements have assisted many disabled people in establishing their desired autonomy and thriving with their own mental and physical functionality. However, there is a long history of disability being treated exclusively as a medical 'problem.' Casting disability as a pathology – or a problem within the person – frames disability as an illness, deviance, or flaw which society has the responsibility to treat, cure, contain, or even eliminate. Ableism does not get acknowledged in the medical model; the medical model often reinforces ableism.

**Social Model:** The social model centers ableism as a system of oppression, stating that a society built by and for nondisabled people is itself the root of disability. The social model's purpose is to hold society accountable for actively excluding people. Taken to extremes, however, the social model does not account for the realities of impairment, chronic health conditions, and neurodivergence that are not context dependent. For example, an inflexible work environment may *exacerbate* chronic pain or *devalue* diverse ways of processing and communicating. However, we must acknowledge those individual realities and lived experiences are rooted within the body or mind.

For further information on these models, we offer an expanded discussion of the positives and negatives of each.