

Theoretical Approaches to Disability

In recent decades, there has been increased emphasis on the social model of disability rather than the medical model. The theoretical model that underpins a programme or organisation influences the way services are provided and the type of interventions that are implemented. A basic understanding of the main theories of disability can help to shed light on different approaches.

The Medical model

Two major conceptual models of disability have been proposed. The *medical model* views disability as a feature of the person, directly caused by the disease, trauma or other health condition, which requires medical care provided in the form of individual treatment by professionals. Disability, on this model, calls for medical or other treatment or intervention, to 'correct' the problem with the individual.

The Social Model

The *social model* of disability, on the other hand, sees disability as a socially-created problem and not at all an attribute of an individual. On the social model, disability demands a political response, since the problem is created by an unaccommodating physical environment brought about by attitudes and other features of the social environment.

The Biopsychosocial Model

On their own the medical and social models are partially valid but not adequate so a synthesis of both models is the most useful approach. The latest International Classification and Functioning from the World Health Organisation is based on the *biopsychosocial model* which is an integration of the medical and social models and provides a coherent view of different perspectives of health: biological, individual and social.

International Classification of Functioning, Disability and Health

The International Classification of Functioning, Disability and Health is more commonly known as the ICF and it provides a standard language and framework for the description of health and health-related states. The first version was published in 1980 and was updated in 2002. The latest version puts the notion of health and disability in a new light by acknowledging that every human being can experience a decrement in health and thereby experience some disability. This is not something that happens only to a minority of humanity.

In the ICF, the term *functioning* refers to all body functions, activities and participation, while *disability* is similarly an umbrella term for impairments, activity limitations and participation restrictions. In ICF disability and functioning are viewed as outcomes of interactions between *health conditions* (diseases, disorders and injuries) and *contextual factors*. Among contextual factors are external *environmental factors* (for example, social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth); and internal *personal factors*, which include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual.

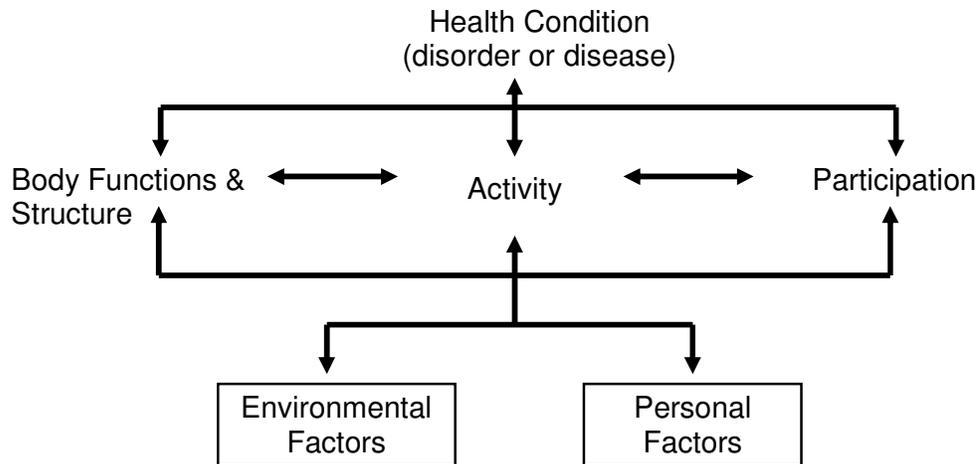


Figure: International Classification of Functioning, Disability and Health

The diagram identifies three levels of human functioning classified by ICF: functioning at the level of body or body part, the whole person, and the whole person in a social context. Disability therefore involves dysfunctioning at one or more of these same levels; impairments, activity limitations and participation restrictions.

Recommended Reading

[Towards a Common Language for Functioning, Disability and Health: ICF](#)

(World Health Organisation, 2002)

A document published by the World Health Organisation that introduces and explains the International Classification of Functioning, Disability and Health, its purposes, history and application.