

Perspectives in Disability

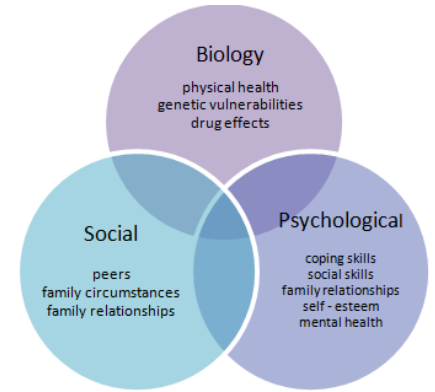
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EuroScholars Spring 2022

About Me:

- Home University: Knox College
 - Major Biology, Minor Psychology
- Host University: KU Leuven
- Future Plans
 - Med School
 - Hopefully continuing with being a disability advocate within medicine
- Why EuroScholars?
 - I believe it will benefit my future goals, and it a way to open my mind in order to be a better doctor



Models of Disability



Social Model:

Society is responsible for the accessibility of accommodations so that impairments are not disabilities (Hogan 2019)

Medical Model:

The individual is responsible for their impairment and overcoming their disability is a matter of individual effort (Llewellyn 2000)

There are other models as well, like transactional, however these are the most well studied because they are the most distinct. (Llewellyn 2000)

Medical Model

Pros:

- Powerful in diagnostic tool and has explanatory power
- Helps create groups like special olympics (Manago 2017)



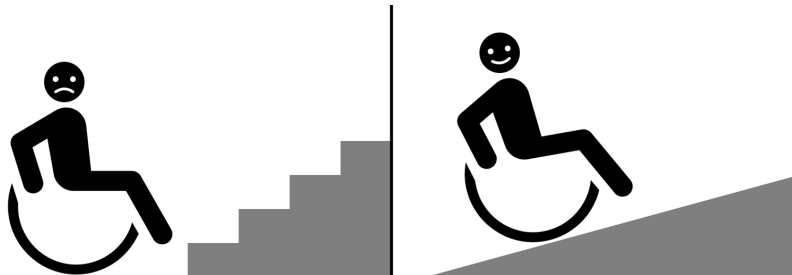
Cons:

- Rooted in religion, and implied that those with disabilities aren't whole (Smart 2006)
- Perpetuates a negative cycle of "try harder" to fix disability, that it is solvable (Manago 2017)
- Divided disability into categories so hard to find a collective voice, they weren't a collective minority (Olkin 2002)
- Reduces people to be defined

Social Model

Pros:

- Aware of systematic issues of disability (Hogan 2019)
- Collective voice to petition
- Looks at disability as a minority group (Oliver 2013)
- Powerful tool for long term change
- Shifts blame



Cons:

- Little room for the personal issues of impairment or individual issues (Reindal 2008)
- There is a growing thought in disability research that the social model is not the grand theory of disability (Manago 2017)
- Does not provide an adequate system to reform the healthcare system (Winter 2003)

The Dilemma

How do attitudes and the disability models correlate?

Schools still require there to be doctor's note, how does this affect this?

Is there an underlying bias?

Are there factors that affect which model teachers will use?

The Duality of the Models

Situation: Parents defending their child

- Dismantle the system “A ramp that goes through the front door needs to be built”
 - Clear intent with a societal change
- Uses the Social Model to fight injustices (Manago 2017)
- Can be seen as not looking out for your own child’s welfare
- What is socially acceptable?
- Deflect the stigma “My child has Autism”
 - Creates expectation of accommodation
- Leans into Medical Model (Manago 2017)
- Mothers often didn’t accept the diagnosis of the doctor at first, this still is because of their perception with the medical model -they did something wrong(Landsman 2005)
- The goal of therapy is to move toward or approximate the norm in appearance and

Duality of the Models

- Medical model is a self deprecating cycle because you need it to avoid stigma but it is also the one causing stigma in the first place
- Either fight the system, which is tiring and can be seen as a disregard for their child's welfare or abide to it which perpetuates the stigma
- Disconnect on how they are implemented in society beyond their inherent definitions

Relationship with Attitude

Definition of Attitude:

- Attitudes as time-dependent states of the system, constructionist view where attitudes are fluid entities that change and adapt over time and exposure (Bohner 2011)
- Key issue is the extent to which each attitude influences the person's cognitive and affective reactions as well as overt behavior" (Conrey 2007)

General Trends:

- Females have more positive attitudes towards disabilities than males (Bossaert 2011)
- Type of disability strongly affects attitude as those with behavioral issues being ranked as the most negative attitude due to hardships maintaining relationships and intellectual disabilities also have a negative than those with sensory disabilities (Ginevra 2021)
- Younger teachers with higher education and connections with people with disabilities have more positive attitudes to disability as well (Kofidou 2017)



Relationship with Attitude

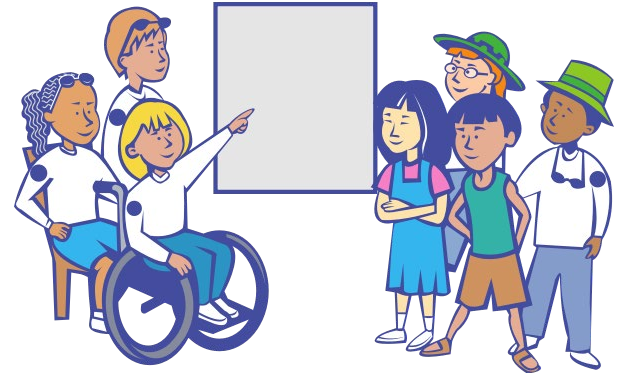
- It is unclear whether this implementation of the social model over the medical model has made a change in attitudes or in the practice of inclusion within the classroom
- Even if an initial positive attitude towards disability it does not correlate to the inclusion or accommodation in the classroom
- Awareness of disability is positively correlated to accessibility and policy support
 - The social model endorsement has indirect effect so it is an important tool (Dirth 2017)
- Bogart, et al. (2019) found that weaker medical model beliefs and stronger social model beliefs correlated with positive attitudes towards people with disabilities

Survey

- No survey has been created to look at the attitudes and their relationships with the views of social and medical models of disability.
- I am using the MAS- Multidimensional Attitudes Scale Toward Persons With Disabilities because it is a more multifaceted scale and a more recent one adapted from Findler 2007
 - ADTP is another possible scale to use but scale it is not a multidimensional scale (Antonak and Livneh 1998)
 - Validity of the ATDP (Attitudes Toward Disabled Persons Scale) is more significant in some research (McKenney 2018)
 - MAS scale is recent 2007 and the ATDP was developed in 1960 (Tervo 2002)
- Currently working on adapting it to include model beliefs as well as looking at validity

Hope to Find:

Correlations between attitudes and use of the models and a new survey that can be used to link these models



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