



Engellilik Çalışmalarında Önemli Bir Paradigma Değişikliği : Sosyal Model ve Eleştirisi

A Significant Paradigm Shift in Disability Studies: The Social Model and Its Critique

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ÖZET

Engellilik konusu 20. yüzyılın öncesinde daha çok bireyin bedenine indirgenerek beden'de yer alan zihinsel, fiziksel, bedensel bazda yer alan bozukluklar ve gelişimsel eksikliklere odaklanarak ele alınmıştır. Bu anlamda engellilik, bedende yer alan eksiklikler ve sınırlılıkların müdahale edilerek giderilmesi veya azaltılması üzerine yoğunlaşmaktaydı. Bu açıdan geleneksel yaklaşım olarak ifade edilen ve tıbbi model olarak oluşan paradigma, engelliliği tıbbi, patolojik bir vaka olarak ele almaktaydı. 20.yüzyıl ve 20. yüzyılın ortasından sonra özellikle Batı Avrupa'da oluşan engellilik hareketleri ile birlikte engellilik üzerine düşüncelerde ve tanımlamalarda da değişiklikler yaşanmıştır. Bu değişiklikler bağlamında engelliliğin sadece bedenin üzerinden tanımlanamayacak kadar geniş bir açısının olduğu düşünülmeye başlanmış ve bu bağlamda önemli bir paradigma değişikliği ile sosyal model ortaya çıkmıştır. Sosyal modele göre engellilik, bireyin toplumsal yaşamı ve toplumsal ilişkileri bağlamında ortaya çıkan engeller üzerinden düşünülmekteydi. Sosyal modelin engelliliği toplumsal olarak ele alması, engelliliğin sosyal bilimler açısından daha geniş irdelenmesine, sosyoloji gibi alanlarda da farklı bakış açılarının ortaya çıkmasına neden olmuştur. Sosyal model önemli ve devrimsel bir değişiklik yaşatırken zamanla engelliliğin açıklanmasında sosyal modelin de yetersiz olduğu düşünülmüş ve eleştirilmeye başlanmıştır. Bu bağlamda bu çalışma tıbbi model ve sonrası oluşan sosyal modelin çığır açan önemli etkisi üzerinde dururken diğer taraftan sosyal modelin üzerine olan eleştirel bazda düşüncelerle konuyu tartışmaktadır.

Keywords: Engellilik, Tıbbi Model, Sosyal Model, Fiziksel Bariyerler, Sosyal Engeller

ABSTRACT

Before the 20th century, the issue of disability was addressed by reducing it to the individual's body and focusing on mental, physical, physical disorders and developmental deficiencies in the body. In this sense, disability focused on eliminating or reducing the deficiencies and limitations in the body through intervention. In this respect, the paradigm formed as a medical also referred to as the traditional model, treated disability as a medical, pathological case. After the 20th century and the middle of the 20th century, there were changes in the ideas and definitions of disability along with the disability movements that occurred especially in Western Europe. In the context of these changes, it has begun to be thought that disability has a broad perspective that cannot be defined only through the body, and in this context, a significant paradigm change and a social model has emerged. According to the social model, disability was considered in terms of obstacles that emerged in the context of the individual's social life and social relations. The fact that the social model addresses disability socially has led to a broader examination of disability in terms of social sciences and the emergence of different perspectives in fields such as sociology. While the social model brought about an important and revolutionary change, over time the social model was thought to be inadequate in explaining disability and began to be criticized. In this context, this study focuses on the groundbreaking impact of the medical model and the social model that emerged after it, while discussing the subject with critical thoughts on the social model.

Anahtar Kelimeler: Disability, Medical Model, Social Model, Physical Barriers, Social Barriers

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GİRİŞ

Until 30-40 years ago, individuals diagnosed with disabilities were often guided in a way that they had no control over. They were over-medicated and questionable treatments, and still hopelessly dependent on others. In the context of medical treatment of disability, disability highlighted the need to heal and use treatments such as medication to help the person be happy and healthy. In case a person could not walk, the emphasis in the medical model was to focus on determining the cause of this situation and possible solutions that would enable the person to walk. On the other hand, this perspective has been criticized for causing the stigmatization and impoverishment of disabled individuals and the institutionalization of this situation (Lacke, 2021). Starting from the 1970s, under the influence of the disability movement in England and other disability movements, a radical alternative to the approach that reduced disability to an individual and physical condition emerged. This approach has been defined as a social model that asserts that disabled people are disabled not because they are medically disabled, but as a result of the imposition of social, cultural, economic and environmental barriers (Albert, 2004: 3). The social model, which emerged as an alternative model to the medical disability model, reveals and criticizes the social role, oppression and marginalization structures behind the disadvantages experienced by disabled individuals (Bampi, Guilhem and Alves, 2016: 816). In this context, while this research considers both the medical and social models, it reveals the differences in the understanding of disability within the criticisms of the social model. The research reveals the importance of the social model in terms of disability studies, as well as presenting its criticism, which constitutes an important originality and an important area for the literature.

1. MEDICAL MODEL

Although the medical model is a traditional approach that finds disability in the world of individuals, the medical model is also referred to as the traditional individualist or bio-medical model. In this context, according to this model, interventions for individuals are aimed at maximizing their function levels. This model attempted to create scientific legitimacy for this situation, based on the idea that disability is an individual experience, and tried to explain disability with a medical approach (Burcu, 2015: 23). As required by this medical approach, disability begins and ends with the body, and efforts to eliminate or end the limitations caused by disability are considered in the context of interventions in the body. In this model, when comparing disability with physical disorders, the emphasis is on deficiencies in a part of the body and functional limitations (Johnston, 2009). While the medical model of disability emphasizes that people are disabled because of their disabilities or differences, it focuses on what is "wrong" with the person, rather than what the person needs. Therefore, this model creates low expectations in individuals, causing them to lose their independence, choices and freedom (Afdo, 2018 : 2).

As a result, according to Bunbury (2019 : 28), the medical model does not help transform attitudes in terms of reinforcing the person's dependency and the patient role, but causes the problem to continue. In this context, while unchanging attitudes affect disabled individuals individually, they also cause social attitudes towards them to continue in a negative direction. In terms of the medical model, society's perspective on disabled people can be as follows :

- While disability leaves the person behind, this situation is not desired by disabled people and makes them different in a negative way.
- Although disability is a personal problem, it is within the person and is his own problem.
- Curing the disabled person or making him less disabled will increase his existing problems.
- It is possible for a disabled individual to adapt to society and be accepted by a professional who can help him/her (Afdo, 2018 :2).

Considering the explanations in question, while disability is seen as a personal problem in terms of the medical model, the dependence of disabled individuals or people on them is suggested in the context of social participation and socialization. Additionally, the care and maintenance of individuals with disabilities is envisioned in some way. As a result, this situation of the disabled individual may lead to exclusion and proliferation in social relations with definitions such as "can rely on others", "can rely on help", "incapable", "passive". The figure below carries important and concrete impressions in terms of understanding the medical model that defines disability as a pathological and individual problem.

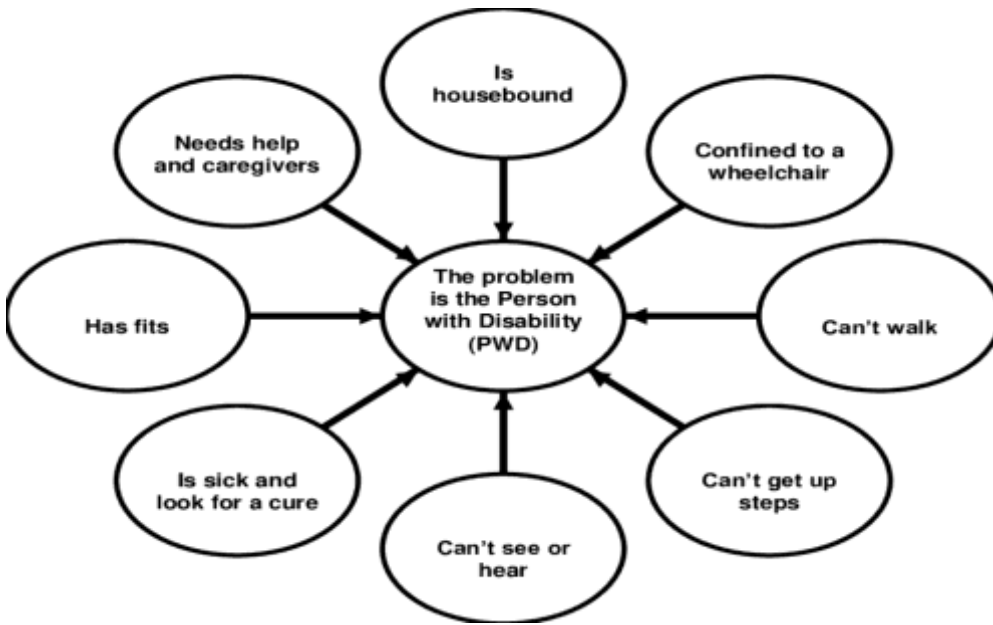


Figure 1: Assumptions of the Traditional Medical Model of Disability (Source: Inclusion London, 2015, p. 6)

It can be understood from the medical model-based diagram above that the situation of disabled people is symbolized as helplessness, in need of help and care, and hopeless. With the negativity

of the language used, a critical situation arises that will cause serious problems such as exclusion, stigmatization and discrimination for disabled individuals and their families. As a matter of fact, according to Zaks(2023:9), medical care for disabled individuals is aimed at therapy, treatments and almost exclusively for normalizing the body and brain. Moreover, such an approach leads to morally degrading treatment and a series of terrible realities, together with an oppressive, systematic reaction on them. In this context, the approach of the medical model is restrictive for disabled individuals and closed to the development of individuals, and stands out with its inadequacies. There is a need for a more liberating approach towards disabled individuals, which will free disabled individuals and the definition of disability from the influence of the individual and medical approach and carry it to a wider area.

2. SOCIAL MODEL

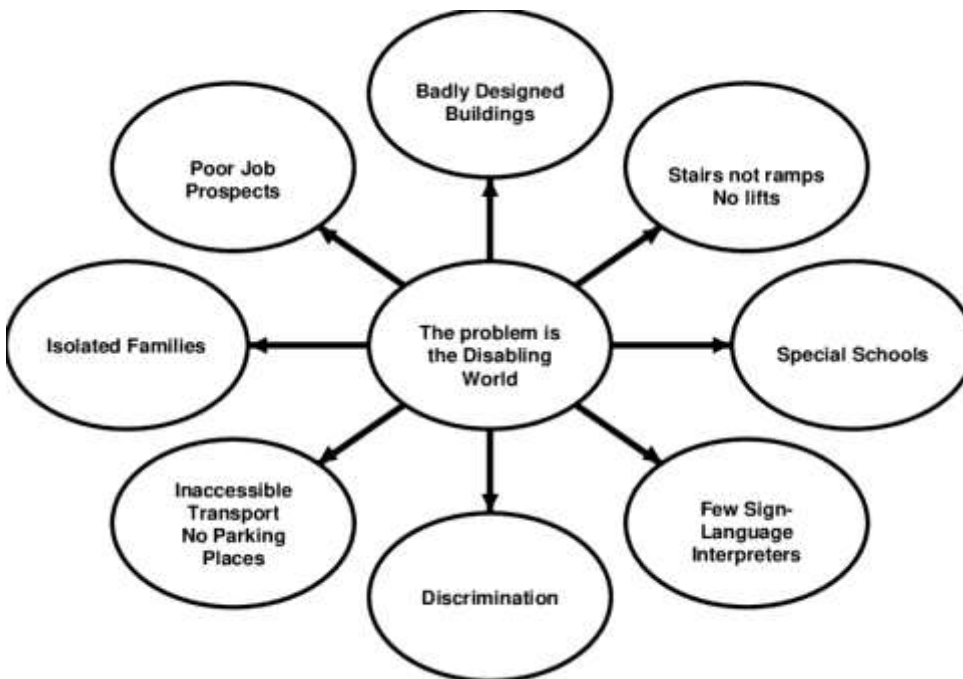
One-sided explanations of the medical model and criticisms of its solutions have led to developments in terms of disability and enabled the situation to be evaluated socially by social scientists, leaving aside the medical and pathological approaches specific to the treatment model (Burcu, 2015: 31). In its broadest sense, the social model emphasizes that the problems and obstacles experienced by disabled individuals are social and arise as a result of preventive approaches towards them

Mike Oliver, one of the pioneers of the social model regarding disabilities in the 1980s, emphasized that the cause of the disease does not exist individually, that society does not provide appropriate services, and that the needs of disabled people are not taken into account (Lacke, 2021). In addition, it is also an important factor that society does not provide appropriate services and does not pay enough attention to the needs of people with disabilities. The social model evolved over the next 30 years as society stopped trying to "fix" people with disabilities and instead created equitable practices such as social inclusion and universal design (Lacke, 2021). According to Oliver (1996), three general points about the social model seem important: First; shifting the focus from functional limitations to problems arising from environmental and cultural barriers, second; not to see the problems separately from the whole of society, thirdly; Knowing that individual-based interventions in people's lives, whether medical or rehabilitation, are inefficient and useless (Quoted by: Oliver, 2004). This reveals that; There are factors that hinder disabled individuals socially, create social barriers in front of them, and cause important problems such as exclusion and stigma (Inclusion London, 2015: 7). Although there are many basic elements in the social model, it distinguishes the disabilities people have from the oppression they experience by expressing that disabled people are an oppressed social group and are under pressure. Moreover, perhaps most importantly, it defines "disability" not as a form of disability but as social oppression (Shakespeare and Watson, 2002: 4). The explanations and approaches put forward focus on the social aspect of the social model by separating disability from the body, unlike the traditional medical model. In this context, disability is not only limited to the body and the individual, but also gains meaning and is understood within social communication and relationships. The places and times in which the disabled individual and his/her family interact in social life, such as their neighbors, neighbourhood, public transportation, education and health, are included in the definition and understanding of disability, and a broad perspective is presented. With a social model-based approach, society's perspective on disabled people can be as follows:

- It is just a difference, like gender or race.

- Being disabled is neither good nor bad, it is just a part of who you are.
- Disability issues and problems arise from individuals with disabilities trying to function in an inaccessible society.
- Making society accessible to everyone will also help individuals with disabilities (Afdo, 2018 : 2).

It also emerges from the above explanations that; Although disability seems to be a unique difference of the individual, not a situation that represents discrimination and exclusion, it is thought that what creates obstacles for disabled individuals is a dysfunctional and inaccessible society and the obstacles therein. In this context, the diagram below reveals the social barriers for disabled individuals.



The Social Model of Disability (Source: Inclusion London, 2015, p. 8)

It emerges in the figure as a concrete expression of the social model's approach that reveals the social sources of disability; It is not the disabled individuals who are disabled, but the society and the obstacles and approaches within it. In addition to physical and environmental barriers, social and cultural barriers such as discrimination, exclusion and stigma also pose problems for disabled people. Especially in the field of sociology, sociologists such as Erving Goffman (2014) have carried out studies on the exclusion and stigmatization of disadvantaged groups and, in this context, disabled individuals and families. In this context, the emergence of the social model as an important paradigm change after the medical model, separating disability from the individual and moving it to the social, creates a striking change in the understanding of disability and revealing the real problems of the disabled individual. In addition, the social model reveals the effort to remove disability and disabled individuals from a position that is slave to practices such as medical and drug treatment,

therapy and rehabilitation, and to move them to an important subject position with principles such as universal design, social inclusion and equality, as mentioned above. In this context, according to Öz Gökçeler and Alper (2010: 46); The social model is basically based on dynamics such as equality and participation in social life and supports policies in this direction.

A CRITICAL DISCUSSION ON THE SOCIAL MODEL

Academic and multifaceted discussions in the context of disability have led to the formation of perspectives where explanations and approaches to this situation differ and sometimes support each other. These models, whose aim is to explain disability, were produced as a discussion center by researchers who aim to understand and reshape disability and the body (Burcu, 2015: 23). Therefore, the medical model approach and the social model, as two important basic paradigms in explaining disability, form an important basis for the models and approaches that came after them. Studies on disability in the field of social sciences and therefore sociology are within the framework of social model interactive and social model. Therefore, the social model represents a multifaceted challenge to traditional thought (Albert, 2004: 8), and forms the basis for studies and approaches on disability. While the significant change created by the social model brought the thoughts on disability and definitions of disability to a separate field, over time the social model began to be criticized as being considered inadequate. According to Meşe (2014: 90); who stated that the social model has been criticized because it emphasizes that disability occurs in the context of social causes, and in this case, creates a dichotomy and differentiation between disability and disorder, body and culture. While this approach of Meşe can be seen as important in terms of expressing the emergence of different categories and differentiations, on the other hand, there are also criticisms stating that the social model neglects the body because it focuses especially and significantly on social factors. Reducing disability to the social domain as a sole dimension and underestimating the roles of biological and mental conditions raises important debates (Anastasiou and Kauffman, 2013: 441). Because in this context, thinking that disability is only socially produced, excluding the body or not bringing physical experiences to mind is seen as an important deficiency and emerges as an important criticism of the social model. According to Burcu (2014: 37), there is undoubtedly a need for a medical perspective and medical science in identifying the problems of disability and providing solutions to these problems. However, it will be insufficient to make an explanation by only considering the person's medical care process and medical treatments. As a matter of fact, the social model has found medical advances that will positively develop disabled individuals and increase their productivity acceptable in the process (Burcu, 2014:25). Unlike the medical model's assumptions of individual abnormality and the priority of treatment, the social model does not actually reject medical intervention, but implicitly accepts it and emphasizes the importance of medical advances. It also emphasizes that medical advances are reducing the number of people with disabilities and that they are better able to recover from illness and injury. However, this positive result shows that the significant impact is related to economic welfare (Albert, 2004: 3). The social

model of disability is more complex than simply focusing on economic, environmental and cultural barriers (Oliver 2004: 6). In this context, defending the social model does not mean denying the necessary needs for health care or the causes of disability, including for disabled people. Because although health care is a fundamental right for people, it is also important to produce solutions that will eliminate the causes that cause diseases or disabilities (Albert, 2004: 5). But what should not be overlooked at this point is that the social model rejects a linear causality, and although disability emerges as a reality combined with mind and body, it is more related to society's failure to calculate what disabled people need (Burcu, 2015: 25- 26). In this context, it becomes clear that although the social model attaches importance to a medical perspective and the medical treatment processes underlying it, this is limited. Because the social model argues that disability is mostly socially produced. Disability is related to the daily relationships of the individual and his family, starting from within the family, their relationships with their neighbors, their neighborhood, their relationships in the context of the public spaces they visit and the services they receive, and the obstacles they encounter while receiving these services. On the other hand, it should be emphasized that the groundbreaking and striking approach of the social model in moving disability from the medical field to the sociological field cannot be denied. However, it should not be forgotten that disability is not only and predominantly related to social relations and obstacles that arise in society. Focusing especially on society or mainly on society and relationships, and not adequately revealing the experiences of the disabled individual regarding his or her body, will constitute a significant deficiency. Because it is seen in the field and in real life that disability can occur not only in one type but in different types and degrees. These types and different levels of disability may require medical care, therapy, medical devices and materials. For example, improving the relationships of a physically disabled individual in the wider social circle, starting with the family, but not meeting or neglecting important needs such as medical care, physical treatment and a disabled chair may create limits and obstacles in participating in social life and achieving social relations. In this case, it would be appropriate to produce solutions and services that meet the needs and possible obstacles of disabled individuals and their families in both aspects (medical and social).

CONCLUSION

What is quite surprising about the social model is that the social model leaves out the human biological world. Minimizing or even denying biological aspects allows the opposite pole, namely biological determinism, to make simple and direct explanations (Anastasiou and Kauffman, 2013: 453). As a result, it can be considered an appropriate approach to remember that disability occurs physically and socially, and although it has a social significance, physical experience can also be important. In this context, different body and brain characteristics may require medical care, health services and treatment methods, and this will not diminish the importance of a strong social model (Zaks, 2023). In this context, it would be an appropriate and respectful stance to save disability and its understanding from a medical hegemonic perspective and to give justice to the social model as

an important paradigm change in this context. While achieving this, it is important to remember that disability can occur within a physical experience and this is an important point.

ETHICAL INFORMATION REGARDING RESEARCH

Since this study does not include quantitative or qualitative field research, it does not require ethics committee approval.

CONFLICT DECLARATION

This study has no conflict of interest with any institution or person.

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