Defining & Describing Disability: An Overview on Disability Models and Language



There are many different ways to define and conceptualize disability. These definitions are socially constructed and vary across cultural contexts and through time. The medical model, social model, biopsychosocial model, and ICF model are the most relevant to exercise professionals.



MEDICAL MODEL

The medical model is the most traditional, Western way of viewing disability. In this view, disability is caused by an individual's impairment. The individual has a problem which needs to be fixed, cured, or rehabilitated by a doctor or program provider.

Criticisms of this model include:

- The participant is passive
- Participant needs defined by non-disabled 'experts' and does not account for lived experience
- It ignores a person's context



SOCIAL MODEL

The social model, in contrast with the medical model, views disability as a societal probem. In this view, **disability is caused by societal factors** that disable people, such as the environment, attitudes, stereotypes, and organizational procedures & practices.

Benefits of this model include:

The participant plays an active role

Criticisms of this model include:

 It overlooks the impact of physiological impairment on a person's life (i.e., pain)



ICF MODEL

The ICF framework or biopsychosocial model is an integration of both the medical and social models. In this view, disability is caused by an interaction of health conditions with personal and environmental factors.

Disability is a continuum in which some activities and environments are more disabling than others.

This model is the most relevant and up-to-date for exercise professionals, and is most closely aligned with widely accepted inclusive language. A first step to building a relational space and rapport with your clients is using inclusive and respectful language, because the language you use matters. Interestingly, disability language relates to the models of disability described previously:

- Medical Model: "Person diagnosed with X"
- Social Model: "Disabled person"
- ICF Framework (Biopsychosocial Model): "Impairment", "activity limitation", "participation restriction"

So, what language should you use when communicating with your client or patient? In North America, person-first language is widely accepted terminology. It stems from the US-based Disability Rights Movement, emphasizing that disability is one trait of an individual, but not their defining trait. Corresponding language: "person with a disability."

The below chart, can help you determine how you should (and shouldn't) describe disability.

USE	DON'T USE
Person living with impairment or experiencing disability or disabled	Crippled, handicapped, handicap, physically challenged, invalid
Person who lives with, person with	Victim, afflicted with
Uses a wheelchair	Restricted or confined to a wheelchair, wheelchair bound
People without impairment/disability (able-bodied)	Normal
Deaf, Hard of Hearing	Deaf-mute, Deaf and dumb
Born with	Birth defect
Psychiatric history, psychiatric impairment/disability, emotional disorder, mental illness, consumer of mental health services	Crazy, insane, mental patient, wacko, a lunatic, a psychotic, a schizophrenic
Epilepsy, seizures	Fits
Learning disability, intellectual disability, developmental disability, cognitive disability, ADD/ADHD	Mental retardation, slow, retarded, lazy, stupid, underachiever
Para-sport or Special Olympic Sport	Disabled sport

References

This document was created as part of a series of **Disability and Exercise Training** resources designed for health care and exercise professionals to outline important steps and considerations for exercise discussion and prescription for persons with disabilities.

For more information or to see other resources in this series, visit www. cdpp.ca



MEDICAL & SOCIAL MODELS

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ICF MODEL

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