[=]LTA
LiveTextAccess

UNIT 1

Element 1 – Learning Outcome 1

TRANSCRIPT: DISABILITY MODELS

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LiveTextAccess. Training for real-time intralingual subtitlers.

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This is Unit 1. Understanding accessibility. Element 1. Basic concepts.

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This video lecture explains different models of disability.

My name is Rocío Bernabé from the Internationale Hochschule SDI München in Germany. I have prepared this video lecture in collaboration with the European Federation of Hard of Hearing, in short, EFHOH.

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On completion of the training sequence, you will be able to explain the concept of disability and to distinguish between several models.

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Let's take a look at the agenda. First, we will talk in the introduction about how different perspectives have led to different approaches to disability in the past. Then we will talk about four main models of disability. And we will discuss the main ideas behind them. Lastly, we will end this video lecture with a summary.

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Let's get started with the Introduction.

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"We are not disabled, we are being disabled" is the slogan of a German campaign started by the Social Association North Rhine-Westphalia e.V.

The statement shows how the way we look at a concept, in this case disability, influences the way we understand it. In this case, the perspective is a social one.

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In other words, the perspective matters. We can define disability by putting the focus on individual factors, such as a person's health condition or his or her impairment. Conversely, we can define disability by putting the focus on the context, in which this person lives in. In this case, disability would be influenced by factors that are external to that person.

In between these two opposite sides of this continuum, there are also approaches that consider both individual factors and contextual factors.

Indeed, the way disability has been understood, has changed and moved along this continuum during the past decades.

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We can say that there are three main approaches to disability: individual, social and mixed approaches. Individual approaches put the focus on the person. This is on individuals and their impairments. The mystical-religious and the medical models are both individual approaches. Conversely, social approaches put the focus on disability as a product of the environment. This approach has led to the social model of disability. Lastly, there are mixed approaches that consider both the impairment and contextual factors. This is the case in the biopsychosocial model of disability.

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Let's see some characteristics of each model.

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The mystical-religious model goes back to the classical antiquity.

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This model follows an individual approach. The mystical-religous model revolves around the values that were at the centre of arts and of the culture at that time. These were: body perfection, harmony and proportion, clear lines, movement in the stillness.

These prevailing values and the lack of literacy lend people to search for explanations that were of a more divine or more magical nature. For instance, parents believed that they had been punished for their sins when their kids had an impairment. Others thought that the gods were sending them misfortunes, or other thought that the impairment was the result of magic.

Persons with an impairment had no place in such a society. This explains behaviours that we know from that time, for instance, from Sparta where kids were abandoned, hidden, or even killed.

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Around the 14th century, the understanding of disability changed as society did. During the Renaissance another individual model emerged: the medical model.

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The medical model approaches disability as a condition that can be treated, that can be cured. The model considers that it is a person's fault to have an impairment. Persons with an impairment were considered to be less able than persons without an impairment. The society also believed that medicine could fix them.

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Then the social model emerged.

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This model considers that barriers emerge in a society or in environments that have been designed without taking into consideration varied needs. The social model grows out of the disability advocacy movement from the 70s and 80s. The idea is that the society creates barriers that impose a disability or a state of disability on persons with impairments.

In other words, society does not address the needs of persons with impairments, nor their rights are being preserved when environments are not accessible. The focus of the social model is, therefore, on environments. This view is crucial because it meant a radical change away from the individual approaches. With the social model, the focus is on environment and on the ability to create universally designed environments that are accessible for all persons, no matter what their abilities or capabilities are.

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Lastly, the biopsychosocial model. This model was introduced in 2002 by the World Health Organisation. The model can be described as a combined or mixed model because it considers both the health condition, or the impairment, and the context.

The model describes that engaging in an activity is influenced by two types of factors. That is a medical condition or an impairment and by contextual factors. Contextual factors are not only environmental, such stairs. Contextual factors are also intangible ones and include the ideas and values in a society as well as those ideas, values or beliefs of a person. The extent to which a person can participate in society on an equal basis results from the interaction of all of them. For instance, the ability of a person with a hearing impairment to attend to a conference on an equal basis, and participate on an equal basis, will depend on environmental factors, such as whether the conference is barrier-free and offers, for instance, real-time subtitles, but also on personal factors. These personal factor can be time, financial means to pay the fee for the conference and, of course, whether he or she are interested in the topic, maybe for working reasons.

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Before we finish this video lecture, let us take a look at the definition of disability provided in the Convention on the Rights of Persons with Disabilities from 2006.

Allow me to read it aloud. "Disability is an evolving concept that results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others."

As you can see, the definition is in line with the social and the biopsychosocial models. To date, 165 states and the European Union have ratified the Convention, and therefore this definition, or this approach, to disability. We could actually conclude saying that this approach to disability is widely shared in the world.

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Le's recap briefly.

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We have seen that disability is widely understood as a state that results from the interaction between a person with an impairment and the environment. We have also seen that this view is shared in many countries.

However, this does not necessarily mean or imply that all persons share this view, nor that they have internalised these values. What I mean by this is that being aware or agree into a definition matters. But it also matters the way we behave in our daily life.

This is why I would like to end this video lecture with two questions. They are: Which is your perspective towards disability? And, how does it show in your daily life?

As for now, thank you very much for your attention.

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Exercises.

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The exercises for this video lecture are in the Trainer's Guide and the PowerPoint file.

23   Voiceover

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Authors: Dr Rocío Bernabé Caro and Piero Cavallo.

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