The Changing Perceptions of Disability

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It is a fact that, in earlier periods, people with various disabilities often failed to gain acceptance from society and the general public. This was one of the main reasons why many people, especially children with disabilities, were hidden from other members of the community. They were not always accorded fair treatment, recognition, or opportunities to participate in ordinary social life. When a person with a visible disability appeared in public, other people sometimes responded with fear, shock, pity, or ridicule. Such treatment contributed to a situation in which people with disabilities were isolated and made unnecessarily dependent on their families or caregivers.

Perceptions of disability have gradually changed, although progress has not occurred equally in every society. Disability was once commonly interpreted through moral, religious, charitable, or purely medical ideas. People with disabilities were frequently treated as objects of pity, patients who needed to be cured, or burdens who had little to contribute. More recent perspectives recognize them as individuals with rights, abilities, identities, ambitions, and valuable roles in their communities. This change has shifted attention away from what a person supposedly cannot do and toward the barriers that prevent that person from participating fully in society.

Early Attitudes Toward People With Disabilities

Throughout history, perceptions of disability have been influenced by cultural traditions, religious beliefs, limited medical knowledge, and fear of physical or mental differences. In some communities, disability was understood as a punishment, curse, tragedy, or sign of personal misfortune. These explanations could cause families to experience shame and conceal a disabled family member from neighbors, schools, and public institutions. Instead of receiving support, people with disabilities were often excluded from education, employment, marriage, recreation, and decision-making.

These negative attitudes had serious practical consequences. A child who was kept at home could not receive an education or develop relationships with other children. An adult who was assumed to be incapable could be denied employment even when he or she possessed the necessary knowledge and skills. Physical barriers, such as buildings without ramps or transportation without accessible features, further limited participation. Society then misinterpreted the resulting isolation as evidence that disabled people were naturally dependent, even though that dependency had often been created by exclusion.

Negative perceptions can also affect how people with disabilities understand themselves. Constant exposure to low expectations, pity, discrimination, or ridicule may lead a person to doubt his or her abilities or avoid public participation. Babik and Gardner (2021) explain that attitudes toward disability develop through social learning, cultural messages, personal experiences, and contact with

disabled people. Therefore, perceptions are not fixed or inevitable. They can improve when children and adults encounter accurate information, inclusive environments, and realistic representations of disabled people.

The Charity Model of Disability

One traditional way of viewing disability is known as the charity model. Under this model, disabled people are regarded mainly as unfortunate individuals who require sympathy, donations, and protection. Charitable assistance may provide essential resources, and compassion itself is not harmful. The problem arises when charity replaces equality and presents disabled people only as helpless recipients of care.

The charity model can reduce a person's identity to suffering and dependence. Public campaigns sometimes reinforce this perception by showing disabled people only as tragic figures whose lives can be improved by nondisabled benefactors. Such representations rarely show disabled people as workers, parents, students, professionals, leaders, voters, athletes, or community members. Consequently, the public may learn to feel sorry for them without recognizing their right to make choices and control their own lives.

This perception also establishes an unequal relationship between the person providing assistance and the person receiving it. Support becomes something granted out of kindness rather than something required by justice, accessibility, or equal citizenship. A rights-based perspective does not reject voluntary assistance, but it insists that dignity, education, employment, healthcare, and participation should not depend entirely on charity.

The Medical Model of Disability

The development of modern medicine changed many perceptions of disability. Medical advances helped identify the biological causes of numerous conditions and created treatments, rehabilitation methods, assistive devices, and forms of professional support that improved many people's lives. However, the medical model also encouraged society to locate the entire problem of disability within the individual.

According to the medical model, a person is disabled primarily because of an impairment, illness, or abnormality that should be prevented, treated, corrected, or rehabilitated. Professionals may become the main decision-makers, while the disabled person is treated primarily as a patient. Success is then measured by how closely that individual can be made to resemble a nondisabled standard.

Medical care remains important, and many disabled people seek treatment, pain relief, rehabilitation, or assistive technology. The limitation of the medical model is not its recognition of impairment but its tendency to overlook social conditions. A wheelchair user may have a physical impairment, but the

inability to enter a building is caused by stairs without an accessible alternative. A deaf student may experience hearing loss, but exclusion from a lecture may result from the absence of captioning or sign-language interpretation. A person with a learning disability may need support, but educational failure may also reflect an inflexible teaching system.

Goering (2015) argues that the social model does not require people to deny the effects of pain, illness, or impairment. Rather, it helps distinguish the person's physical or cognitive condition from the avoidable barriers created by social arrangements. Medical support and social change can therefore operate together.

The Social Model of Disability

The social model brought a major change in the perception of disability. Instead of asking only what is wrong with an individual, it asks what is wrong with an environment, institution, or attitude that excludes that individual. Under this approach, disability emerges partly from the interaction between an impairment and social barriers.

These barriers may be physical, communicative, institutional, economic, or attitudinal. Examples include inaccessible buildings, information that cannot be read by screen-reading software, videos without captions, discriminatory recruitment practices, segregated schools, inadequate public transportation, and the assumption that a disabled person is automatically incapable. When such barriers are removed, the individual may participate more independently and equally.

The social model also challenges the belief that dependence is an unavoidable consequence of disability. Every person depends on social systems, technologies, infrastructure, and other human beings to some degree. Nondisabled people use roads, schools, communication devices, medical services, and public institutions without being described as dependent. Disabled people may require different forms of assistance, but those requirements do not eliminate their autonomy or social value.

This model helped disability activists demand accessibility, independent living, inclusive education, and equal employment opportunities. It also promoted the principle that policies affecting disabled people should not be designed without their direct participation. The experiences and preferences of disabled people must guide decisions about services, public spaces, technology, education, and healthcare.

Disability as a Human Rights Issue

The human rights model extends the changing perception of disability by emphasizing dignity, equality, autonomy, and legal protection. The United Nations Convention on the Rights of Persons with Disabilities states that people with disabilities are entitled to the full and equal enjoyment of human rights and fundamental freedoms. It also recognizes that long-term impairments may interact

with barriers that prevent complete and effective participation in society (United Nations, 2006).

This framework represents an important departure from the assumption that disabled people should simply be cared for by families, charities, or medical institutions. They are rights holders who must be able to make decisions, express preferences, obtain an education, work, establish relationships, participate in political life, and access public services on an equal basis with others.

Lawson and Beckett (2021) argue that the social and human rights models should be understood as complementary rather than competing perspectives. The social model identifies the disabling structures that must be changed, while the human rights model provides legal and ethical principles for demanding those changes. Together, they explain both how exclusion occurs and why governments and institutions have a responsibility to address it.

Reasonable accommodation is an important part of this approach. Equality does not always mean giving every person exactly the same treatment. A student may need accessible course materials, additional examination time, assistive technology, or sign-language interpretation. An employee may require modified equipment, flexible scheduling, or an accessible workstation. These measures are not unfair advantages. They remove barriers that would otherwise prevent equal participation.

Changes in Education and Employment

Education has played a central role in changing perceptions of disability. In the past, children with disabilities were often excluded from schools, placed in separate institutions, or assumed to be incapable of learning. Inclusive education challenges these assumptions by allowing disabled and nondisabled students to learn together with appropriate support.

Inclusion benefits disabled students by improving access to academic instruction, friendships, communication, and community participation. It also affects the perceptions of nondisabled students. Regular and meaningful contact can reduce fear, correct stereotypes, and demonstrate that disability is a normal part of human diversity. Research suggests that knowledge about disability and the quality of contact with disabled people are among the most important influences on public attitudes (Wang et al., 2021).

Perceptions in the workplace have also begun to change. Employers are increasingly expected to evaluate people according to their qualifications and ability to perform essential job responsibilities rather than make decisions based on stereotypes. Accessible technology, flexible work arrangements, modified workspaces, and inclusive recruitment can enable people with different disabilities to contribute effectively.

Nevertheless, exclusion continues when employers assume that accommodations will be excessively costly or that a disabled employee will be less productive. These assumptions often arise without an individual assessment of the person’s abilities or the actual adjustment required. True inclusion

requires institutions to move beyond symbolic statements and remove barriers from recruitment, training, promotion, communication, and workplace design.

The Influence of Media and Language

Language and media representation strongly influence how disability is understood. Older expressions often defined people entirely by a diagnosis or used disability as a metaphor for weakness, ignorance, damage, or failure. Such language can reinforce the belief that disability makes a person inferior.

Contemporary discussions commonly use either person-first language, such as “person with a disability,” or identity-first language, such as “disabled person.” Preferences differ across individuals and disability communities. The most respectful practice is to follow the terminology preferred by the people being described and to avoid language that presents them as defective, helpless, or inspirational merely for living an ordinary life.

Media portrayals have also moved gradually away from showing disabled people only as victims or extraordinary heroes. More balanced representation presents them as complex individuals with professions, relationships, disagreements, strengths, weaknesses, and everyday experiences. Authentic representation is particularly effective when disabled writers, actors, journalists, researchers, and advocates participate in producing the stories.

Positive representation does not require pretending that disability never involves pain, fatigue, discrimination, or practical difficulty. Instead, it avoids reducing an entire life to those experiences. Disability can be part of an individual’s identity without determining every aspect of that person’s character or future.

Why Negative Perceptions Still Persist

Although public attitudes have improved, negative perceptions have not disappeared. Some disabled people continue to encounter staring, avoidance, bullying, patronizing behavior, employment discrimination, inaccessible services, and assumptions about their intelligence or independence. People with less visible disabilities may be accused of exaggerating their needs because others cannot immediately observe their condition.

Attitudes may also differ according to the type of disability. Mental health conditions, intellectual disabilities, and communication differences can attract especially strong stigma because they are frequently misunderstood. Wang et al. (2021) found that public attitudes are influenced by knowledge, familiarity, quality of contact, social context, and the particular disability being considered. Therefore, a generally positive statement about inclusion does not guarantee acceptance in every situation.

Policies alone cannot completely transform attitudes, but they help establish standards and create opportunities for participation. Public education, inclusive schools, accessible workplaces, responsible media coverage, and direct leadership by disabled people can gradually replace fear and pity with familiarity, respect, and equality.

Toward a More Inclusive Perception of Disability

A more accurate perception recognizes disability as a common part of human diversity. People may be born with disabilities, acquire them through illness or injury, or experience changes in functioning as they age. Disability is therefore not a condition affecting a distant or fundamentally different group. It is part of the human experience.

The World Health Organization and World Bank (2011) emphasize that people with disabilities face disadvantages in health, education, employment, and economic participation largely because of unavailable services and environmental obstacles. This finding changes the central question. Instead of asking how disabled people can adjust themselves to an inaccessible society, institutions must ask how society can become flexible enough to include different bodies, senses, communication methods, and ways of thinking.

Improving perceptions also requires listening to disabled people rather than speaking about them without their involvement. They should participate in designing policies, buildings, technologies, educational programs, healthcare services, and research. Their lived experience provides knowledge that professionals and policymakers may not possess.

Conclusion

The perception of disability has changed from one centered on shame, fear, pity, medical correction, and dependency toward one that increasingly recognizes accessibility, autonomy, participation, and human rights. In earlier periods, people with disabilities were frequently hidden, excluded, or treated as incapable. The charity model later presented them as recipients of sympathy, while the medical model often treated disability primarily as an individual defect requiring professional correction.

The social model redirected attention toward inaccessible environments and discriminatory attitudes. The human rights model further established that people with disabilities are equal members of society who are entitled to dignity, choice, education, employment, and participation. These changes have improved opportunities, but complete inclusion has not yet been achieved.

The most important transformation is the recognition that many limitations attributed to disabled individuals are created or intensified by society. When physical, institutional, communicative, and attitudinal barriers are removed, people with disabilities can participate more fully and independently. Changing perceptions must therefore be accompanied by practical changes in laws, schools,

workplaces, media, transportation, technology, and public spaces. Disability should not be viewed as a reason to hide or underestimate a person but as one aspect of human diversity that an inclusive society must respect and accommodate.

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