Main theoretical approaches to functional diversity: A literature review

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Abstract

Disability is a phenomenon that encompasses both personal and social factors. The former ones refer to limitations presented by subjects which makes it difficult or impossible for them to perform certain activities as a result of a deficiency, while the latter ones are equivalent to multiple barriers, which act as obstacles that lead to a considerable detriment in the degree of accessibility and citizen participation. Disability has experienced a visible evolution during the course of history through the development of different theoretical models to approach it. The aim of this article is to carry out a conceptual approach to the concept of functional diversity in base to the different paradigms of disability used in academic research. In order to do so, an exhaustive literature review was conducted to select articles dealing with theoretical discussion on the topic. A total of 47 articles worldwide were finally selected. After careful examination, the evidence showed that the independent living model and the social model of the disability are the prevalent models in the last decade. The medical and rehabilitation model have gradually faded as conceptual approaches to disability. The concretion of the later models is still ongoing and subject to disciplinary, political, societal and geographical perspectives.

Keywords: Functional diversity, theoretical paradigms, independent living model, medical-rehabilitation model, social model of disability, human rights, citizenship

Introduction

When speaking of functional diversity there is a clear homogeneity on how classifying them according to two primary causes: First, by carrying out a categorization of it in very general terms (mental disorders or illnesses, physical, motor disabilities, language, educational, social, etc.). Second, as a result of the evident degree of repression experienced in social and cultural environments. As Rodríguez and Ferreira (1) pointed out, the peculiarities of this group

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are imposed and, as a consequence, they end being objects of medical cataloging.

In recent years research in the field of functional diversity has proliferated substantially, focusing its analysis from different approaches and perspectives. As Muyor (2) stated, this growing interest is visible in trying to respond to the needs of a group especially prone to exclusion, protecting it through the implementation of multiple public policies that offer benefits, services and resources. Unfortunately, outside the academia reality is different, evidently vulnerable to the lack of resources to assert their own rights.

Society condemns them to ostracism, oppression and discrimination, not due to the body divergences or limitations (3). What Díaz Velázquez (4) evidenced as the implicit mechanisms of inferiority are supported by ideologies considering what is insufficient or normal and what is not. Thus, since the concepts of society and disability are incardinated, the former act as a factor of exclusion, hindering equal opportunities for this group (5) in multiple areas of work, community or health.

According to data provided by the World Report on Disability (6), it is estimated that there are 1 billion people worldwide who are disabled, representing approximately 15% of the world population. It is of note that most have significant restrictions on the total coverage of health and social services, accessibility problems in public buildings due to architectural barriers (7) and excluded from decision-making and political processes (8).

Since the dawn of humanity disabled people have suffered family and social rejection, using very pejorative terms to address this group (especially if they had cognitive impairments) such as: retarded, deficient, imbecile, mongolian, subnormal, idiot, etc. And others subtler but with the same negative charge, mainly incapacitated, handicapped and disabled. The common denominator has been the segregation of this group in spaces, secluded from coexistence, because their physical peculiarities and their notable limitations were far from the social norms.

Fortunately during the last four decades the situation has improved significantly, understanding today that physical, social, intellectual and sexual conditions should not be an obstacle to participate freely in society, nor should there be obstacles or barriers that hinder or prevent the achievement and enjoyment of the rights of citizenship, since they constitute an inherent dimension to the human being (9).

At the beginning of the 1980s, through the publication of the International Classification of Deficiencies, Disabilities and Disabilities (CIDDM), WHO developed operationally the use of these three terminologies, which, as Clemente (10) pointed out, alludes to the diverse consequences generated by functional diversity in the social scenario, leaving behind the deficiencies that once caused the disability. The concepts of deficiency, disability and handicap are described as follows:

- Deficiency: It is any loss or abnormality of a psychological, physiological or anatomical structure or function.
- Disability: It mentions the degree of restriction or absence resulting from a deficiency translated into the ability to perform an activity in the modality or within parameters considered normal.
- Handicap: Refers to any situation of social disadvantage experienced by the individual as a result of a deficiency or disability, preventing or limiting the ability to carry out their role properly, given their personal characteristics, in a given environment.

These definitions, which still remain in force, have been gradually replaced by a new one coined as functional diversity. The promoters of this new terminology were people with disabilities themselves in 2005, promoted according to Rodríguez and Ferreira (11) as a result of the creation of the Forum of Independent Living four years before on a digital platform, beginning with the aim of claiming their rights and allowing them to decide who they were for themselves. Therefore, they considered that previous meanings used to entail pejorative elements directed towards them. This new concept was quickly adopted in the scientific world, having so much relevance and having many authors advocating for it.

Perhaps, one of the main reasons for the conceptual transition was, as Garzón (12) stated, the

desire to escape from the etymological origin of the word disability, given that the prefix "dis" refers to the denial or lack of skills, therefore, within the definition itself implicitly they were considered as people lacking abilities, turning their bodies into stigma and signaling them as incomplete beings, although they only presented certain features that partially limited them in specific areas of life. Another reason refers to the meanings linked to physical conditions, mental or functional, focusing attention on harmful elements such as the organic deficiencies of each subject, obviating for example the multiple social barriers that hinder the full functional development, placing this group in situations of marginality, connoting them with attributes of the alien, strange and abnormal (13).

This new terminology, as Ferreira (14) pointed out, has constituted the ideological bulwark used by this group to fight against the impositions that generate oppression and discrimination. Another feature of functional diversity is its remarkable social dimension. Despite being a condition or individual feature, several authors consider the social scope of functional diversity. For instance, Díaz Velázquez (15) understood disability as transformed by the characteristics of the environment, mainly due to the existing constraints and barriers. According to Pérez Bueno (16), functional diversity is the result of two elements closely linked, on the one hand, the different circumstances experienced by each person and, on the other, the environment that holds them back, making difficult or hindering the full exercise of their right citizen participation. Studies by Ferreira (17) also raised the origin of why this oppression occurs, being generated because disability acquires a notorious role within the culture, understanding the cultural elements as ideological constructions subscribed to the prevailing ideas about the parameters of "normality", which is why social precepts continue to see it as a deviation from the imposed norm, suffering ignominy due to its condition. Finally, Muñoz (18) goes deeper into this approach, identifying the main factors involved in the social perspective as follows:

- Body: Identifying anatomically the degree to which the body works, either correctly or with any deficiencies.

- Environment: Refers to the reaction of relatives when they receive the news that one of their members has suffered an injury that will lead to disability. Depending on how the process evolves, the family will begin to forge a new concept in relation to the new roles, determining their future attitudes, in a way that can facilitate or hinder the development of skills and abilities of the person, directly influencing on their degree of integration, first in the family itself and later in the community.

- Medium: Acting as a generator of opportunities in terms of equity, eliminating barriers or, on the contrary, risking preventive actions on functional diversity.

Methods

In this article the main theoretical approaches to disability through history are analyzed: Dismissal model; medical-rehabilitation, social model; independent living model and diversity model (see Table 1).

There are, therefore, several studies that focus on the analysis of the theoretical models of functional diversity, determining their origin, evolution and the social treatment received by those who suffered it, highlighting the research of Palacios and Romañach (19) and Toboso and Arnau (20) mainly.

The objective of these paradigms is to synthesize the concept of disability, showing multiple aspects of it, its evolution in history, different meanings coined, implementation of policies, actions, resources and opinions about how they live and perceive their own disability, Questions whose purpose is to continue advancing in the degree of achieving in social rights (21).

In fact it is convenient to highlight the lack of a clear temporal delimitation between these models, ignoring the determined historical moment, which produced the adoption of a new ideology of disability, producing the transition to the next paradigm, being more than likely to be followed by huge conflicts and disagreements because of the coexistence of several theories. This research aims to reach the following objectives:

- To know the evolution in the use of the main theoretical paradigms concerning the field of disability.
- To inquire about the concept of functional diversity and its evolution during the course of history.

In order to reach those objectives an exhaustive search of scientific works has been carried out, being

the scope of the study within the the following topics: meanings of the functional diversity proposed by several authors and their historical evolution, various theoretical models related to this field, medical-rehabilitation paradigm and the independent living model, promulgation of the human rights of persons with disabilities, situations that would violate said rights and, finally, main factors that act as obstacles hindering access and social participation.

Table 1. Main paradigms of functional diversity/disability

Dismissal Model
Gómez and Castillo (2016); Palacios and Bariffi (2007); Palacios (2004, 2006, 2007, 2008); De Lorenzo and Palacios (2005).

Medical-Rehabilitation Model
Jiménez and Huete (2010); Jiménez, Pérez, and Serrato (2014); Ferreira (2008b, 2008c, 2009, 2011); Benavides (2013); Cruz Pérez (2004); Suárez (2008); Raya, Caparrós, and Peña (2012); Ferrante (2008, 2010); Egea and Sarabia (2004); García Martín (2006).

Social Model
Romañach (2009); Díaz Velázquez (2009); Diniz, Barbosa, and Dos Santos (2009); Goffman (2010); Pérez Bueno (2010); IOE Colective (2013); Abberley (2008); Hughes and Paterson 2008).

Independent Living Model
Toboso and Guzmán (2009); Muyor (2010); García Alonso (2003); Iniesta, Martínez, and Mañas (2014); Palacios and Romañach (2006); Iáñez (2009); Arnau (2009); Moscoso (2011); Maraña (2004); Martín (2008); Díaz, Jiménez, and Huete (2009); De Asís, Aiello, Bariffi, Campoy, and Palacios (2007a, 2007b); De Asís (2004); De Asís and Palacios (2007); Peralta and Arellano (2010); Keen (2007); Dempsey and Keen (2008); Dunst, Hamby, and Brookfield (2007); Espe-Sherwindt (2008).

Diversity Model
Victoria (2013); Romañach and Lobato (2005); Cejudo (2007); Conde (2013); Campoy (2004); Martínez (2005).

There have been several descriptors used for the bibliographic search: "Main models of disability" (68), "Approaches to disability" (21), "Independent living model" (35), "Human Rights and disability (14)", "Functional diversity" (251) and "Disability and citizenship" (2).

No time interval was set for the search. The selected sources have corresponded to scientific journals, articles, papers, master thesis, doctoral thesis, chapters of books and books in the search engine Google Scholar.

Results

After conducting the original search a total of 427 references matched the descriptors. After reviewing, title, abstract and keywords a total of 380 articles were rejected for the following reasons: The works

did not deal with disability or the work did not discuss the use of paradigm and/or theoretical approaches to disabilities. Finally, a sample of 47 articles were selected (see Table 1).

Through the course of history the vision of functional diversity has undergone remarkable variations, being at the mercy of social times and contexts, passing through three differentiated stages. The first is considered as a family and community misery produced by divine punishment or demonic possession. The second, an origin based on science and medicine focused on rehabilitation. The third, a social approach recognizing these people as subjects of rights (22).

In the case of the dismissal model, functional diversity carries pejorative connotations, pointing to a family misfortune, life misfortune, etc. linked often to religious reasons. These subjects, on the one hand, are susceptible to compassion in the face of obvious

tragedy, but on the other hand considered unnecessary, with an unhappy life that was not worth living, they housed diabolical messages and ultimately did not contribute to the needs of the community.

The medical-rehabilitation paradigm studies the problems and difficulties derived from deficiencies, being their biological causes framed in a medical-scientific perspective. Handicapped are considered as objects, extremely sick, passive, vulnerable and dependent, depriving them of their rights. Being institutionalization often, because they did not present a suitable social integration, contributing only to the community if they were medicalized and rehabilitated. In addition, they have been victims of economic, social and cultural discrimination as a result of the prejudices imposed by traditional models.

With regard to the medical field, we can highlight two elements, the first that the group with functional diversity assumes the risk that certain health practices could become chronic for the patient, having to carry them out throughout his life and, secondly, from a sociological perspective of medicine, there is a direct correlation between environmental factors and the subject itself (23, 24).

The true causes of discrimination are not based on the individual's own deficiencies, but to the prevailing social constraints and the community acting as an oppressive and disabling element, obviating the authentic needs of this group and making difficult for them the access to services and benefits. Moreover, societies stigmatize them for not presenting "normal" corporalities (25), which produce the socialization of the stigma (26-28). This paradigm stands out for boosting capabilities, focusing on positive aspects. During the last ten years have notably increased the number of articles framing their works under the umbrella of this theoretical paradigm, to the point of being currently the most accepted in the academia.

The independent living paradigm arises to socially empower the functional diversity, because their lives were in the background being eclipsed by social responsibility. In this sense, this paradigms aligns with the Social Model Paradigm, but trying to go a step forward in the sense of empower people with functional diversity.

The independent living movement began in the USA in the 70s in the university environment promoted by people with functional diversity and their families, to the cry of "nothing about us without us." Decades later they created the Forum of Independent Life, coining the terminology of functional diversity, because it entailed a lower degree of negative connotations than the meanings used until then as disability or handicap. This new concept aims to enrich the value of human diversity (29).

They fight against the bureaucracy of social services and the domination of the medical-health professionals to avoid their control over aspects of their lives. As a consequence, they claimed for control opportunities, empowerment, personal autonomy, equal opportunities (social, employment), choice in their lives, deciding the care modality that meets their needs, demands and objectives, fighting against institutionalization and advocating for human and citizen rights. In order to reach these goals, they rely on the existence of civil dialogue and inclusive society; redirect and transform social policies and professional services that guarantee equal opportunities, suppress architectural barriers; promote participation, civil life, education, and respect for the difference principles.

A final, more residual model is the diversity one, more biased towards a law scope. This theoretical approach raises two questions, first, the contribution to a society in equal opportunities than other citizens and, secondly, acceptance and right of human diversity. This perspective claims mainly respect, moral worth, human dignity, equality, and to guide functional diversity towards a more inclusive and social model, so that it is a question of human rights, eradicating any discrimination, prejudice or derogative connotation, fighting against obsolete approaches and meanings, such as disability and capacity terms, using others as "operations," which allude to the potential of people to choose the way of life they would like to have, also assessing the positive aspects with the objective that this group enjoys equal opportunities, participates in community life and holders of citizen rights.

Discussion

Functional diversity is not a neutral concept, rather it is a social construct, showing itself to be dynamic and changing at the same time as the advance of societies during the course of history.

The disabled body in the social paradigm does not represent the generative cause of oppression and marginalization, nor do the social theories about the incarceration of non-normative bodies. Showing this model opposite the doctor-rehabilitator, in which it is the society itself that instigates the exclusion.

Functional diversity, as well as gender, social and generational issues, should be framed within the scope of human rights, but to access them it is necessary to move away from biomedical services (30). The author also claims that living in a body with physical, mental, psychic or sensorial deficiency is another way of living.

The following actions are necessary to promote this group: obtaining full right to citizenship, favoring the degree of social participation and equal opportunities, leaving aside prejudices, discriminatory ideologies or separatist thoughts with the purpose of contributing to the improvement of the level of well-being and living conditions (31).

The Aguiar, De Francisco and Noguera (32) studies established the promulgation of social policies and effective measures to achieve the following objectives; Eradicate all forms of barriers that entail discrimination, generate change in mental perception and promote accessibility, fostering the sense of community permanence.

The evaluation of the disability process, not only measures the degree of effectiveness and capacity in the performance of daily activities, but also that of productivity, participation and social integration, because the index of autonomy acquired will depend on the physical adaptation and social to the modifications produced in the environment, thus generating accommodation strategies (33).

According to Barnes (34), social mobilization is an ideal tool for claiming, from the rights to independent living to disability policies, but these are only effective almost in the first world, obviating that in the rest of the planet, there are also a considerable number of people with functional diversity whose rights are silenced.

The Independent Living Forum has allowed the self-management of health care services, assuming a breakthrough to make functional diversity visible. The main characteristic is that it leaves the family to play a notorious role but in the background (35).

The issue of functional diversity as estimated by McRuer (36) is framed within a critical paradigm, incessantly questioning the prevailing social, economic and even cultural order, denoting obvious relational problems in these areas, undoubtedly a consequence of its own process Of construction to be so naturalized and embedded in these areas. Pointing out that disadvantageous situation, it can change positively through a social economy and visibility policy.

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Ethical compliance

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