



## Review article

## Disability as a risk factor? Development of psychopathology in children with disabilities

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## ABSTRACT

Empirical research has established that children with disabilities are more likely to develop psychopathology than children without disabilities. But too little is known about the association between disability and psychopathology. The aim of this article is to discuss developmental psychopathological models that conceptualise the connection between childhood disability and psychopathology. Empirical studies of psychopathology among children with a congenital hearing impairment and children with cerebral palsy will be reviewed, representing in-depth examples of association between disability and psychopathology. Both a congenital hearing impairment and cerebral palsy were found to be dominating risk factors for all types of psychopathology, but no relationship was identified between degree of disability and risk of psychopathology. The higher risk cannot be explained by biological impairments alone. To explain the contradictory findings, developmental models of disability and psychopathology are applied. Within a multi-factorial developmental psychopathological perspective and a dialectical model of disability (Vygotsky, 1993), it is suggested that disability can be understood as an incongruence between the individual development of the child and demands and expectations in the specific relations and institutions in which the child participates. This incongruence creates and strengthens negative factors for the child with disability and results in a higher risk of psychopathology.

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## 1. Introduction

### 1.1. Disability models

Disability as a concept has been defined by the WHO as “an umbrella term, covering impairments, activity limitations, and participation restrictions. [...] Thus disability is a complex phenomenon, reflecting an interaction between features of a person’s body and features of the society in which he or she lives” (WHO, 2001). This current and widely accepted WHO definition incorporates ideas from two opposing models of disability: the bio-medical model, which describes disability as the result of one or more biological defects of the individual body, and the social model, which focuses on disability as a consequence of barriers to social and societal participation.

The *bio-medical model* identifies disability as the result of one or more physical defects of the individual body (Shakespeare, 2006; Thomas, 2004). A substantial part of psychological and medical research on disability is carried out in relation to individual subgroups with specific impairments (for example, physical, cognitive or sensory), and often in accordance with specific diagnostic categories (for example, intellectual impairment or pervasive developmental disorder). One of the focal points of research within the bio-medical model (which is of particular relevance to this article) is to understand different aetiologies and explain the relation between the biological defect and the risk of psychopathology. By doing this, the idea is to gain knowledge about how to prevent or lessen the negative consequences of the disability through individual health care and special educational arrangements.

The *social model* was developed in opposition to the medical model in the 1960s, and it continues to be developed today (Shakespeare, 2006; Thomas, 2004). The central idea of the social model is that the main contributory factor to disability is not the physical impairment, but rather a society that fails to take individual differences into account. In most social model theories, the aim is to articulate the social barriers that emerge from living in a society that is constructed primarily for those without impairments. From the social model perspective, psychopathology is not a preferred concept, since the concept is associated with the medical model. Instead, the psychological and social challenges faced by people with disabilities are understood as responses to marginalisation in society and lack of practical, technical or economical support. Such psychological and psychiatric challenges are perceived as the results of a non-inclusive society (Oliver, 1990).

Despite their apparent opposition, several authors have proposed ways to reconcile central features from the two models, overcoming the dichotomy they represent (Böttcher & Dammeyer, 2012; Danermark & Gellerstadt, 2004; Shakespeare, 2006). In this article, aspects of both models will be incorporated with the use of the developmental psychopathology perspective (Cicchetti & Cohen, 2006; Rutter and Rutter, 1992; Sameroff, 2009) and further elaborated with concepts from Vygotsky’s writings on defectology (Vygotsky, 1993).

### 1.2. Developmental psychopathology and the concept of developmental incongruence

The developmental psychopathology perspective has become a widely used model to explain the risk of childhood mental health problems among children both with and without disabilities (Cicchetti & Cohen, 2006; Rutter and Rutter, 1992; Sameroff, 2009). The aim has been to develop a conceptual framework for understanding the emergence of individual differences in development, including the continuities and discontinuities between different aspects of development and across time (Rutter and Rutter, 1992; Sameroff, 2009). The risk concept arose from a rich research tradition which analysed statistical predictors of later maladaptation, e.g. psychopathology. Risk factors affect development in complex chain reactions interacting with other risk factors or counteracting promotive factors, thereby creating multiple developmental pathways (multi-finality) for children with disabilities (Cicchetti & Cohen, 2006; Rutter and Rutter, 1992). As such, the developmental psychopathology perspective incorporates a developmental complexity, in which biological and contextual risk and promotive factors are considered to shape development. Within the developmental psychopathology perspective, psychopathology has been described as the result of a break-down in the usual patterns of adaptation between the child and the context (Sameroff, 2000), thereby highlighting the idea that individual qualities gain meaning from the way in which they interact with socio-cultural demands that vary between contexts and over time. Patterns of adaptation between individual ability and environmental demands are a matter of goodness-of-fit. In both a developmental psychopathology approach (for example, Sameroff) and a cultural–historical perspective on development (Vygotsky), child development is investigated as being both biological maturation and socio-cultural development in specific environments. The cultural–historical tradition in particular has conceptualised child development as a trajectory through a series of age-graded demands and tasks embedded in social institutions, such as family, nursery, pre-school, school, leisure-time facilities and

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