

Social Work Practice with Disability: Resolving the Inclusion/Exclusion Paradox

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Abstract: While numerous models of disability have been proposed, the medical and social approaches still remain predominant in social work, both in analyzing the nature of disability and fashioning responses to it. Recent introduction of critical disability theory has further addressed stigma and activism but still trains its focus on deviating bodies. In this article, we propose an alternative approach to understanding disability, disjuncture theory, that can be used by progressive social workers to guide functioning and seamless inclusion in diverse environments. This conceptual model removes the bifurcation of humans into the normal “us” and the abnormal “them” by redirecting its analysis away from “who cannot do” to “what cannot be done by anyone.” Consistent with the values of social work, disjuncture thus reenvisiones disability and levels of response that can jailbreak both intended and unintentional segregating and infrahumanizing meanings and actions. The theory builds on and advances the best of medical, social, and critical analyses, expanding disability beyond body, population category, or context to a universal human experience, thereby locating disability within the fabric of human diversity. We follow with a non-stigmatized creative and innovative method to reassert the role of social work as empowering and eliminating exclusion.

Keywords: Disjuncture theory; disability; human diversity

Introduction

Over the course of history and in diverse geographies, disability has attracted many theorists, tongues, and appearances. A twentieth-century artifact, the medical model of disability and its specialized, scientized knowing has resulted in the creation and reification of the essential category of disability, with its own prototypes, or those who violate normal as “something else” (Campbell, 2009; Goering, 2015; Buder & Perry, 2022; Roets et al, 2022). Within this conceptual scaffold, the diagnosed body is the object of a segregated care response anchored on the implicit assumption of impairment as deficit that can be ameliorated with specialized services, policies, and institutional settings. In opposition to the deficiency view of the medical model, social model theorists looked outward from the body as the disabling agent, towards hostile social and institutional arrangements but nonetheless kept the “something else” body intact as the object of discrimination. So, in essence, the medical model asks what is defective about the body, while the social model asks what is wrong with the social context that discriminates against such a body (Campbell, 2009). Critical models of disability albeit they social justice oriented and often critical of impairment models, implicitly instantiate the atypical corpus as the locus for exclusion and dehumanization by maintaining a spotlight on it (Titchowsky, 2007; Wasserman & Sean, 2023). For us, while all models can be purposive as we discuss, conceptual schemes that locate disability as nomothetic do not

potentiate as well as value all bodies as disabled by the human experience of task failure. In this work, we propose disjuncture theory as a robust model for social work with an action orientation that positions failure experienced by all at one time or another as both definitive of disability and the creative platform for learning and “getting things done” in contexts in which one may not necessarily fit well.

Disjuncture Theory

Consistent with social work theory and values, disjuncture theory renegotiates the equitable distribution and thus experience of disability as simply another part of human diversity. Certainly, the 21st-century pandemic highlighted disability as a universal phenomenon that had more to do with inability than essentialized impairment (Kemp, 2023). From the disjuncture perspective, disability is not about what group has atypical conditions and how that group is treated, but rather about what anyone is not able to do: task failure! Thus, learning from the Covid-19 pandemic (Siani & Marley, 2021), disability belongs to all bodies that cannot participate or perform their needed and desired functions. All bodies had to reinvent how to work, play, socialize, and be, creating an expansive view of what being disabled means in terms of human flourishing. While medical, social, and critical perspectives are not eliminated, the focus of disability is thus redirected from the diagnosed body or the unaccommodating environment to the interstices between the two. Instead of asking what is wrong with my body, social attitudes, or discriminating institutions, disjuncture rereads disability as inability to complete a desired or necessary undertaking and then, as the basis for response, forensically interrogates why the task cannot be done (DePoy & Gilson, 2011). In the current context of the U.S., and highly relevant to other parts of the world that may not have specialized responses to the essentialized impairment group, disjuncture theory, in its aim, removes the need for such programs, locating all people including the non-normate, under the umbrella of humanness (DePoy & Gilson, 2022).

By forensic analysis, we mean looking at what interferes with successful task completion as the basis for alternatives. This approach has great potential to guide social work practice, which seeks to foster an egalitarian, inclusive world for all bodies. Through disjuncture, as illustrated below, social workers can advance solutions to task failure that may be informed by impairment, limited access, or other responses not guided by the medical, social, and/or critical models of disability. According to Dennett (2014) while often seen as pejorative, failure, if reframed, is one of the most potent learning tools. The “why” something did not produce a desired outcome opens infinite response directions from no-tech to high-tech solutions, from simple to complex thinking, and from professional help to independent innovation. Moreover, since through the lens of disjuncture, everyone who has disabling experiences is considered disabled during the failure episode, the emphasis changes from who can’t do to what and why can’t it be done and thus democratizes disability as a diverse state experienced differently but common to all, for an instant to a lifetime. Rereading and expanding the disability definition beyond essential and often spuriously ascribed embodied enfeeblement or discrimination thereof dissolves the segregating binary of “the normal” and the devalued “something else” and fashions seamless responses to the two groups heretofore having been seen as distinct from one another (Campbell, 2009; DePoy et al., 2014). Yet, the body, hostile environment, or injustice is not dismissed as potentially causal of disability. Rather, these factors may be the culprits but, in disjuncture theory, are located among many, including but not limited to inadequate design, tools, services, and outdated views of humans as autonomous beings (DePoy & Gilson, 2014).

Curiously, the social and critical theoretical genres of disability call for inclusion (Wasserman & Sean, 2023). But what is inclusion beyond rhetoric, and how does it function? Inclusion can refer to presence, respect, or active engagement, but always has an invitational component to it. An oppressed or discriminated against group seeks or receives an invitation to engage in environments and/or activities heretofore unavailable to the group. But slices of the inclusion pie differ, in that some efforts focus on equal respect, some on equal participation, some on social relating (Mamas & Trautman, 2025) and some on simply being able to access a space (Wasserman & Sean, 2023). However, as exposed by Titchovsky (2007) and mentioned above, ideologies conceptualizing and activating invitation of heretofore devalued groups for participation in community, social, and institutional contexts themselves perpetuate exclusion by their presence. According to Titchovsky (2007), while well-intended and necessary instruments in the fractious tenor of contemporary global environments, specialized inclusion programs and rights legislation, through their very nature of serving only infrahumanized membership groups, still serve to illuminate and divide those who already belong from those who need special invitations in the form of separate and not equal inclusion programs and policies. Moreover, as shown by the current elimination of so many population-segmented efforts, these programs can be easily erased, resulting in no progress at all (Kamalumpundi et al., 2024)

Disjuncture theory has two major goals: (1) restoring humanness for an essentialized and often pitied and dehumanized group by democratizing disability as part of human diversity; and (2) guiding creative responses to foster doing and flourishing. (Note that in so doing, disjuncture theory circumvents the limits of truncated inclusion programs). Goal 1 begins with recognizing the limitations of essentialist logic. Essentialism is a thinking scheme which reifies the reality of a group on a temporary (Spivak, 1999) or permanent basis by naming a single membership criterion such that it is assumed that the members share other commonalities as well. Its side effects homogenize group members, serving multiple functions of pejorative stigmatizing, segregation, and standardized responses. However, essentialist theorizing has done much for remediation and is not the devil itself, both with medical restoration and legislating compliance to accommodate.

However, the medical model eschews the value of an impaired body, while social and critical approaches foist responsibility for change and acceptance primarily on institutions. We see expectation for change from external contexts as a major gambling artifact in that the response may not be acceptable, permanent, evaporating, or even existent, a phenomenon known well by social workers.

Disjuncture theory moves beyond essentialist carving of humanity into groups, seeking to eliminate the unequal divide while still recognizing that individuals encounter barriers to achieving what they need and/or want to do in the environments in which people act. With concerns similar to post-humanist theorists (Goodley et al., 2014), without throwing out the human baby with the posthuman bathwater (DePoy & Gilson, 2022), disjuncture theory democratically distributes disability regardless of body or context. Because of its generous assignment, the “something elses” are subsumed into the fabric of humanness. But dissimilar to many post-human thinkers (Braidotti, 2019), rather than annihilating humanism, disjuncture theory builds on the beauty and capabilities of embodied forms and functions regardless of shape, appearance, and activity. Disability is simply equivalent to inability, dovetailing with a broad forensic analysis response strategy as the basis for its improvement. While identitarianism is critically important in today’s world for a sense of belonging, as well as amassing and exercising political power, perpetuating essentialism is fraught with future

divisiveness (Spivak, 1999). Thus, while identity politics is absent in disjunction theory, a temporary marriage of disjunction and critical theory can be a potent strategy for today and for a future in which humanness is not carved into competing groups (Kemp, 2023).

As posited by Wolfe (Wolfe, 2010) and in agreement with Dennett (Dennett, 2014) who both view failure as the entrée into learning and innovation, in the not-so-distant future, embodied “disability becomes the positive, indeed enabling, condition for a powerful experience.” (p. 136). To some extent we are already in that space in some nooks and crannies of our universe, as exemplified by elegant bionics in prosthetics. These replacement parts story a present and future in which humanism and biotech mingle without eviscerating the value of either. A second example discussed by Wolfe (2021) is the unique brain of Grandin, a scholar with a diagnosis of autism, but known for her creative thinking rather than as a person with a neurological deficit. These spectacular snippets are only part of disjunction and its healing. Disjunction can be met with pragmatic small to hertofore unimagined population-wide responses, as we illustrate below.

As noted above, the second aim of disjunction theory is to invite an expanded scope of responses that extends beyond the status quo of embodied or accommodative social work incrementalism or group-specific social action. Rethinking the very nature of disability can expand outward from current care strategies, which too often result in segregated and inadequate us-and-them operations, towards creative analysis of how best to use one’s embodied gifts within context to “get it done” (Kemp, 2023). We now turn to this action process, which we refer to as forensic analysis.

Putting Disjunction to Work Through Forensic Analysis

A Brief Gaze Backwards to Set the Background

We look in more depth at disjunction here as complementary to the prevailing social, medical, and critical models of disability. All three models are purposive yet also limited, including disjunction. Medical models devalue the alter body, while social models rely on institutional responses to those bodies, which may not be forthcoming. Disjunction by its nature to humanize all may be perceived as disempowering to disability as an identity group. Choosing conceptual guidance both definitionally and actionably is an important step in expanding access and flourishing.

Table 1 provides a snapshot and exemplars of three levels (revision, reinvention, and denial) of responses to disability through four models. While these divisions are not always mutually exclusive, the boundaries can be interpreted through the intent of response.

Table 1: Exemplars of Three Response Levels

	Revision (change the atypical person)	Reinvention (change humanness)	Denial (eliminate undesirable humanness)
Medical	Rehab Accommodation	Genetic engineering Human/machine interaction	Prenatal testing Selective abortion Assisted suicide

Social	Environmental adaptation Universal design	Theoretical expansion of normal	Eugenic Policy
Critical	Bestow socially just rights	Emancipation	Renegotiate power to define desirable humanness
Disjuncture	Creative repurposing objects, environment	Expansion of disability to task failure and creative response	

Revision

The least extreme response offered to bodies deemed to require or warrant change is revision. The aims of this response serve to name the “something elses” through social work assessment and/or diagnosis and then to enact changes to fit them comfortably, to the extent possible, into prototype humanity, standard social, virtual, and built environments, and current understandings of social justice. Thus, access can be interpreted as nudging the “something elses” towards the average, most frequently using evidence-based, accommodative, rehabilitative, or advocacy approaches. (DePoy & Gilson, 2022;2014)

Medical model revision may be expansive in strategy, but common to all its methods is the intent to repair, diminish, or accommodate individual deficit. Rehabilitation, medical reworking, and evidence-based accommodation are some illustrative examples. All start the process with the impaired body at its center.

Within the revision division, social model proponents look to the context in which the atypical body exists, seeking to change policy and praxis to achieve increased presence of the impaired body in public and private functioning without extensive change to the standard. Consistent with current nomothetic diversity theories (DePoy, 2025), social model theorists steer away from homogenizing form and function to acceptance of impairment groups. This conceptual framework foregrounds denial of access as the villain to be slain. As example, architectural barrier removal, erosion of discrimination through legislation, and educational methods to raise awareness related to exclusion of those sporting mobility, sensory, and neurologically distinct brains are frequent social revision responses.

Critical disability theory guides interaction among disenfranchised groups, in essence linking small ghettos into a potential political powerhouse, with advocacy and social action as methods to redistribute power (Hall, 2019).

Note that medical, social, and critical model hues invite incremental group-specific repair to change the medically deficient body, to alter the unwelcoming environment, or to reshuffle who sits in power chairs respectively. So clearly, each model is purposive in its focus on certain types of embodiment in context or abstract.

From a disjuncture stance, the revision response is individualized, given that the disabling factor is not common to a group but rather to a task. Always starting with what cannot be

done, disjuncture theory breaks down a life into discrete activities, and in concert with social work aims, democratically distributes the responsibility for functioning beyond the body/environment/inequality pariah binary to a space in which context meets individual in action.

Reinvention

Unlike revision, which aims its sights at maintaining the status quo of humanness as we currently think we know it, reinvention involves advancing significant embodied-context redesign, refashioning humanness, or power relations altogether. Thus, as example, reinvention may instill augmentations into bodies who do not demonstrate attributes of the prototypical human corpus, may envisage a future alternative transportation environment, or may change the systems of power production. Within this response genre lie questions of what is the “natural state” of the humans, what are the urgent problems of today, and how can short-termism be avoided (Kemp, 2023)? What is human nature, who says so, does it exist, what is justice, and what can, should, and does the future hold for the human-designed evolution of our own species (Pinker, 2023; Nissen, 2025 ; DePoy & Gilson, 2022)? A number of medical model reinventions can provoke the uncanny valley response, where robotics and cyborgs manipulate and join the organic body in an unrecognized science fiction universe. This gag reflex can be avoided by social worker’s comfort with technology (Nissen, 2025).

Curiously, social and critical model reinvention seems to resemble a thought experiment where the nature of disability has been diverted from the body outward. However, in these late 20th century theoretical scaffolds, the diagnosed body still remains in the crosshairs of all social and critical theory model reinventions, with particular social work focus on renegotiating truncated rights, eliminating discrimination, and playing musical power chairs. At this point, the social and critical models have some promise for promoting equity, but segregating a corporeal bolus from the rights, respect, and access afforded to the other side of the binary retains us-and-them (Spivak, 1999) while only conferring some rights for those who pass eligibility mettle. Futures thinking has a significant role here in guiding social work to think and act beyond pull-out legislation that is currently used to address the “fierce agonies of now” (Kemp, 2023). Similar to social and critical theory reinvention, disjuncture begins with re-envisioning the definition of disability altogether, with a task focus inviting a whole host of reinventive responses, many of which have even a small audience of one. The disjuncture model of reinvention musters tools and exterior spaces to do its reinventive work, perhaps albeit differently by each individual.

Denial

Denial involves expulsion of undesired conditions from humanity through a range of contested activities: preventing entry into humanness, passive elimination, and active eradication. Elegant terms such as “death by suicide” and “death with dignity” have been used to describe what at one time was considered to be a crime, merciful homicide, or a mercy killing (Riddle, 2014). At the other end of the life spectrum, before birth, prenatal testing is a liberal or positive eugenic strategy (Wilson, 2014), which can provide information to prospective parents about selected fetal attributes. No doubt, denial has both a long and peppered history, a contentious presence, and a permanent future in need of complex cogitation, ethical debate, and careful critical praxis. But given denial’s focus on the undesirable, it is not a relevant response to disjuncture, given that disjuncture trains its gaze

on being and doing through an ongoing set of thinking and action processes. One must be alive in the disjuncture world in order to innovate.

As we discussed above, while forensic analysis often conjures images of criminal justice investigations, it is actually a valuable and innovative analytic process to identify “what went wrong” as the basis to inform creative repair. Our initial thinking about disjuncture, which led us to forensic analysis as an inventive process, emerged from a conversation in a 2006 social work class, in which we asked students to reflect on the rationale for the current “disability” standards for built and virtual environments in the U.S. The students indicated that they just took these environmental features for granted and had not thought about why doorways, chair heights, computer access, and so forth could not be reconceptualized differently. After this conversation, we set out to learn more about built environmental design history, the process used, and the rationale for disability standards in the U.S. and elsewhere. It was clear that the standards were relevant for certain impairment categories and their navigation and that, once baked, they were not revisited for evaluation and improvement. Through this intellectual journey, consistent with the guidance for interdisciplinary knowledge proposed by Kemp (2023) and Nissen (2025), several bodies of knowledge ultimately coalesced to inform our thinking and development as the basis for activating disjuncture theory through analysis of what goes wrong.

The first body of knowledge and praxis that informed us was the work on built environment accessibility. At that point in the late 20th century, the rationale for and derivation of architectural standards for door sizes, counter heights, and so forth in countries that have policy to govern these built environment features revealed the continued hegemony of DaVinci’s Vitruvian man (Gilson & DePoy, 2011) as both the foundational ideal and basis for estimating average adult body sizes to which mass-produced and standardized building and product design practices are fitted. (Failure #1 for a goal of expansive accessibility). Concurrently, assumptions about normate bodies (Campbell, 2009), such as the ability to use both hands for manipulation, to walk upright with a symmetrical gait, to hear, to control oneself, to see, and so forth provided the prevailing data on which design standards were and remain anchored. It is curious to note that universal design, albeit progressive in intent for its time (Gilson & DePoy, 2011), was not universal at all but illustrated the success of critical strategic essentialism (Spivak, 1999) on the part of vocal impairment groups who were able to capture legislative attention (Failure #2 to achieve the goal of access beyond the impairment groups served).

The second repository of content informing both disjuncture theory and its activation emerged from human factors theory (Salvendy & Karwowski, 2021). This field remains substantive and relevant to social work in addressing embodied diversity and environmental response. As a collaboration among many professionals, scholars, and laypersons, human factors provided adequacy of depth and complexity necessary for a textured understanding of both the corporeal and the environmental elements of exclusion. Human factors ultimately congealed the process of healing disjuncture or what we now refer to as forensic analysis. Of particular value, within human factors approaches, both task and failure analysis form foundations from which to learn, understand, analyze, and heal disjuncture.

Task analysis answers two major questions: (1) what are the steps of a task? and (2) how can they be accomplished in diverse ways depending on one’s body, resources, preferences, and context? (Edwards, n.d.) Task analysis is the clandestine gem in social work use of human factors in that this thinking tool holds the power to parse human agency into multiple and, if

needed, minuscule parts necessary for complex analysis. By engaging in task analysis, unitary design principles euphemized as universal or accessible design, are left in the 20th century, supplanted by precision, pluralism, and the acceptance that juncture can only occur if embodied diversity is met with creative, idiopathic responses. We agree with Salvendy (2021) who asserted that human factors would be an excellent driver of technology, defined as “a capability given by the practical application of knowledge.”

The model of forensic analysis to heal disjunction therefore synthesizes methods from the multiple fields which use these thinking tools: force field analysis (Mindtools, 2023), failure or forensic analysis in engineering, materials, failure and rule violation in computer science, and task analysis. While these fields are disparate in their locus of concern, they share basic thinking and creative processes for social work that have been integrated into a disjunction response model.

Forensic Analysis Tools

The following six questions frame the thinking for forensic analysis in this model.

1. What is the task and its purpose/s?
2. What fails, why, and for whom?
3. What does not fail and why not?
4. How can the failure identify a path or paths for change?
5. What is/are solutions?
6. What is wrong with the solution/s proposed?

At this sixth point, the process begins again and is ongoing. Table 2 illustrates examples from social work practice and education.

Table 2-Examples of Forensic Analysis

Purpose/task	What fails, why and for whom?	What does not fail and why not?	How can the failure identify a path or paths for change?	Solutions	What is wrong with the solution proposed
Evaluate my learning in a social work class.	I do not do well on on-line multiple choice test structures. Tests do not evaluate my learning. I have test	Grade assignment required by the university. The accommodation of more time on tests helps	Why is closed ended testing being assigned? Why are my critical thinking	Do not time on-line tests without specific course objectives calling for such	Continued issues with assessment and grading. Test anxiety Time schedules that do not fit

	<p>anxiety.</p> <p>I have to expose my diagnosis in order to obtain accommodations</p> <p>No accommodations fully meet my needs</p>	<p>me improve somewhat</p>	<p>skills tested on timed instruments?</p> <p>There may be better ways both to test and assess my learning.</p>	<p>instruments (e.g. CPR training).</p> <p>Add alternative assessments for me to demonstrate my learning</p>	<p>with my life.</p> <p>Onerous process for applying for accommodations</p>
Move objects up and down a flight of stairs so that I can age-in-place in my two-story home	<p>I am unable to balance while carrying objects</p> <p>I cannot afford an elevator</p> <p>My home has limited storage other than in the basement</p>	<p>Help from others</p> <p>Move another location</p>	<p>Identify alternatives for safety and storage so I can stay in my home and community</p>	<p>Craft a slide and inexpensive winch on stairs with a net to lower and raise objects.</p>	<p>Lifting objects may not be possible at all for me in a few years</p>
Understand the ideas presented in this social work readings	I am dyslexic	I am auditory learner	<p>Look for other ways to consume knowledge</p>	<p>Text to speech apps</p> <p>AI to condense important points</p>	<p>I still do not learn to read text</p> <p>Device may go off-line.</p>
Participate in a 5K road race in my community	<p>Poor balance</p> <p>Non-functional, stigmatizing walker devices</p>	<p>I am able to complete 5K while holding on to rails on the treadmill</p>	<p>Transfer body mechanics and balance strategies to new equipment</p>	<p>The Afari (2025), an aesthetically designed device that fits seamlessly into a road race.</p>	<p>Expense, manufacturing, and marketing</p>
Expand competition in Olympic sports to all	I run on cheetah legs and have been relegated to the	<p>There is a limited history of participation</p>	<p>Change eligibility criteria to skill rather</p>	<p>Compete with all bodies for skill</p>	<p>Requires major rethinking of the sport itself and large social</p>

bodies	Paralympics	in the Olympics by prosthetic users	than body attributes	qualification	change
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As each example illustrates, disjuncture begins with a purposive task that an individual cannot do but needs or wants to complete. Similar failures may be experienced by a large group, but solutions are bespoke in nature, as illustrated. A medical model solution to carrying objects on stairs might involve moving to a one-story unit, a stair lift, or in-home assistance. The low-tech innovation crafted by a social worker in concert with the client in Table 2 created an inexpensive and elegant solution, repurposing an industrial winch and simple plywood slide for home use.

The invention of the Afari (Noghani et al., 2021), initiated by two social workers, was a complicated process of research, development, testing, and commercialization. It revised seamless participation in sports and then crossed the boundary between revision and reinvention of disability and sport competition by eliminating stigma and segregation of the impaired body. The larger social justice area of participation in the Olympics provides an example of how critical theory and forensic analysis can work together to create major social change. Rather than delimiting eligibility for participation by body type (e.g. disabled-nondisabled, male-female), forensic analysis changes the entry point from body to skill level for social change and fair participation. Such strategies, albeit they not yet used, have major implications for intersectional social justice beyond the impaired body.

Two final points bear highlighting. First, disjuncture theory is a powerhouse for social work innovation and reinvention of human diversity as inclusive of all bodies. However, each model has its place and purposes. One does not kill an ant with a cannon. The choice of a model should be intentional, beneficial, and parsimonious. Models can be used in tandem, but careful and ethical analysis is warranted, as are progressive thought and praxis.

Second, as illustrated above in the Olympics exemplar, by expanding beyond embodied criteria to task analysis and completion, disjuncture is a potent analytic and action-oriented theoretical framework for micro-to-macro social work in all domains of concern.

References:

Braidotti, R. (2019). A Theoretical Framework for the Critical Posthumanities. *Theory, Culture and Society*, 36(6), 31–61. <https://doi.org/10.1177/0263276418771486>.

Buder, S., & Perry, R. (2024). *The Social Model of Disability Explained*. Social Creatures. <https://www.thesocialcreatures.org/thecreaturetimes/the-social-model-of-disability>.

Campbell, F. *Contours of Ableism*. London: Springer.

Critical Disability Theory (Stanford Encyclopedia of Philosophy). (n.d.). Retrieved January 27, 2024, from <https://plato.stanford.edu/entries/disability-critical/>.

Dennett, D. (2014). *Intuition Pumps And Other Tools for Thinking* | Daniel C Dennett | W. W. Norton & Company. <https://www.norton.com/books/Intuition-Pumps-And-Other-Tools-for-Thinking/>.

DePoy. E (2025) *Introduction to research*. St. Louis, Elsevier.

DePoy E. & Gilson, S. (2022) *Emerging Conversations in humanness and disability*. London: Anthem.

DePoy, E., & Gilson, S. (2014). Branding and designing disability: Reconceptualising disability studies. In *Branding and Designing Disability: Reconceptualising Disability Studies*. <https://doi.org/10.4324/9780203093542>.

DePoy, E., & Gilson, S. F. (2011). Studying disability: Multiple theories and responses. In *Studying Disability: Multiple Theories and Responses*. <https://doi.org/10.4135/9781452275260>.

DePoy, Elizabeth., Gilson, S. French., Pullin, G., & Mullins, Aimee. (2014). *Branding and designing disability: reconceptualising disability studies*. Routledge. <https://www.routledge.com/Branding-and-Designing-Disability-Reconceptualising-Disability-Studies/DePoy-Gilson/p/book/9781138601161>.

Edwards, H. G. M. (n.d.). *18th and 19th century porcelain analysis: a forensic provenancing assessment*.

Gilson, S., & DePoy, E. (2011). The student body: The intersection of spatial design, architecture, and cultural policy in university communities. In *Research in Social Science and Disability* (Vol. 6). [https://doi.org/10.1108/S1479-3547\(2011\)0000006005](https://doi.org/10.1108/S1479-3547(2011)0000006005).

Goering, S. (2015). Rethinking disability: the social model of disability and chronic disease. *Current Reviews in Musculoskeletal Medicine*, 8(2), 134–138. <https://doi.org/10.1007/S12178-015-9273-Z>.

Goodley, D., Lawthom, R., & Runswick Cole, K. (2014). Posthuman disability studies. *Subjectivity* 2014 7:4, 7(4), 342–361. <https://doi.org/10.1057/SUB.2014.15>.

Hall, Melinda C., "Critical Disability Theory", *The Stanford Encyclopedia of Philosophy* (Winter 2019 Edition), Edward N. Zalta (ed.), <https://plato.stanford.edu/archives/win2019/entries/disability-critical/>.

Kamalumpundi V, Neikirk K, Kamin Mukaz D, Vue Z, Vue N, Perales S, Hinton A. Diversity, equity, and inclusion in a polarized world: Navigating challenges and opportunities in STEMM. *Mol Biol Cell*. 2024 Nov 1;35(11):vo2. <https://doi.org/10.1091/mbc.E24-06-0264>. PMID: 39373728; PMCID: PMC11617101.

Kemp, S. P. (2023). Building Jetties to the Future: Thinking and Doing Social Work in a 'Moment of Danger.' *Social Work & Society*, 21(1). <https://ejournals.bib.uni-wuppertal.de/index.php/sws/article/view/836/1405>.

Mamas, C. & Trautman, D. (2025) *Conceptual analysis Frontiers in Education*, 10, 27 April 2025 Sec. Special Educational Needs.

Mindtools (2025) <https://www.mindtools.com>.

Mobella (2025) *Afari*. <https://gomobella.com>.

Nissen, L. (2025). <https://socialworkfutures.com/about-laura-nissen-ph-d/> Social Work futures.

Noghani, M., Browning, D., Caccese, V., DePoy, E., Gilson, S., Beaumont, R., & Hejrati, B. (2021). Design and evaluation of the Afari: a three-wheeled mobility and balance support device for outdoor exercise. *Assistive Technology: The Official Journal of RESNA*. <https://doi.org/10.1080/10400435.2021.1976885>.

Pinker, S (2023) *The Blank Slate: The Modern Denial of Human Nature*. New York, NY: Penguin

Riddle, C. (2014). *Disability and Justice: The Capabilities Approach in Practice*. https://catalog.library.vanderbilt.edu/discovery/fulldisplay/alma991043702704103276/01VAN_INST:vanui.

Roets, G., et al. (2022). *Care and support for older people with disabilities: Social science perspectives*. Vrije Universiteit Brussel.

Titchkosky, T . (2007) Reading and Writing Disability Differently. Toronto, ON:University of Toronto Press.

Salvendy, G., & Karwowski, W. (2021). *Handbook of human factors and ergonomics*. 1576.

Siani, A., & Marley, S. A. (2021). Impact of the recreational use of virtual reality on physical and mental wellbeing during the Covid-19 lockdown. *Health and Technology*, 11(2), 425–435. <https://doi.org/10.1007/S12553-021-00528-8>.

Spivak, G.C. (1999). *A Critique of Postcolonial Reason: Toward a History of the Vanishing Present*. Harvard University Press.

Wasserman, D. and Sean A., "Disability: Definitions and Models", *The Stanford Encyclopedia of Philosophy* (Fall 2023 Edition), Edward N. Zalta & Uri Nodelman (eds.), <https://plato.stanford.edu/archives/fall2023/entries/disability/>.

Wilson, R. (2014). Eugenics: positive vs negative. *Eugenics Archives*.

Wolfe, C. (2010). *What is Posthumanism*. University of Minnesota.

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