

# Disability as Disjuncture: A Theory to Guide Social Work Practice

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## ABSTRACT

*Over the past several decades, disability and social work have become increasingly strange bedfellows, in large part due to the espousal of the medical model of disability on the part of social workers. This approach locates disability with the body as a deficit in need of repair, revision, or ongoing professional scrutiny. In opposition to this approach, disability scholars proposed the social model, which holds negative stereotyping and oppression as disabling factors, thereby creating a binary debate on cause and appropriate response to disability. We suggest that this binary is not useful in guiding social work to consider disability as a complex phenomenon, which requires multifaceted action responses. We therefore propose disability as disjuncture. This interactive model synthesizes a wealth of interdisciplinary fields to inform social work analysis and response to disability that meets the goals of advancing individual function, locating disability within a broad diversity dialog, and thus promoting equivalence of rights, choice, and opportunity for full participation for those who fit within the disability category. We conclude with exemplars of the thinking and action processes, guided by disjuncture theory, that illustrate the potency of this framework and its guiding properties for progressive social work disability practice.*

**Keywords:** *Determinants, Attitude, Practices, Child Marriage, Rural*

Over the past fifty years, disability in developed and some developing countries has been conceptualised primarily as an embodied deficit, creating and perpetuating disability as the object of professional

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diagnosis, intervention, and in many cases discrimination, exclusion, and segregation. As an example, a blind man was denied an Automatic Teller Machine (ATM) card in India for over six months due to the view of blindness as dependency and deficiency (Zee News, 2013). This view, while still a dominant explanatory theme for disability, is limiting to social workers who seek to advance the commitment to progressive diversity and social justice. Scholarship in many fields has much to say to social work in the twenty-first century providing an interdisciplinary foundation on which to ground relevant theory development and implementation for disability practice in social work. Thus, in this paper we have engaged these fields in developing a pluralistic, dynamic analysis of disability as disjuncture. The paper begins by looking back in recent history to set the longitudinal context for contemporary views of and responses to disability and then posits and illustrates Disjuncture Theory within the axiological framework of legitimacy as a dynamic and progressive approach to guide social work practice.

## **BACKWARDS GAZE**

As documented from civilisations that inhabited spaces we now occupy, there has been a range of responses to “the atypical human” from fascination to revulsion (Newman, 2012). Yet, the term disability has only recently become the moniker to label and brand the atypical under a single canopy. Acknowledging the absence of the term historically, why then do we use it? Without an overarching universal conceptual framework for disability and thus lexicon to communicate about what is interpreted from the past, we are thus compelled to approach historical phenomena with current language. We ask you to bear with us and consider the nascence of medicine, the historical dearth of diagnostic categories, and the critical differences in how economic, cultural, political, religious, social, military, and technological elements of environments were configured and played out over history, rendering the lexical term awkward, but the phenomenon of disability relevant to earlier times. Further, understanding that the linguistic snag obscures as well as directs interpretation informs the reader about limitations of language at every turn. Naming disability as the object and subject of study presupposes that it existed and was recognised, albeit differently and most likely not as a single entity. We have attempted to partially resolve the quagmire by using the terms typical and atypical to denote a full range of frequency of behaviour and appearance, from most

to least respectively, yet assert that examining images and text historically is always an interpretative, linguistic practice.

Despite the language predicament, the benefit of looking at history without assuming its truth-value remains significant in informing the current theoretical tapestry and its application to social work practice. History provides a two-way, opaque, but important window on how civilizations responded to embodied difference and how contemporary interpretations of that response foreground traditions of values and prejudices that undergird a 21<sup>st</sup> century stance (DePoy & Gilson, 2011).

Because chapter length precludes an in-depth presentation of historical data, we concentrate on recent history. We urge you to read more extensively on early history of disability as the trends that characterised who were legitimately atypical and how they were treated within context do not disappear from the repertoire of human behaviour and relationships. Thus, within longer longitudinal and broad geographic terrains, the themes presented in Table 1 frequently repeat, remain relevant, and enwrap contemporary thinking and action related to classification of and response to bodies. (Note that the usage of the term bodies is not restricted to the physical corpus but rather contains all elements of human experience including but not limited to physicality, emotionality, spirituality, expression, sensation, relation, and so forth. Similarly, we use the word environment to denote conditions that are proximal to distal that influence humans).

**Table 1: Historical Themes**

1.	What is considered an atypical body differs according to context.
2.	In each era there have been several potential, assumed, and accepted explanations for a single atypical human characteristic.
3.	These explanations form the basis for legitimate categorisation and subsequent response to category members.
4.	The responses proffered provide an analytic window on the beliefs, values, politics, economics, intellectual trends, and level of technological development of the times, as well as a reflective platform on how current definitions shape human categorisation.

Until the emergence of contemporary science, many atypical human phenomena were explained as divine, moral, or karma (Gupta, 2011). Much of the literature from ancient civilisations approached conditions which today would be placed under the label of disability as punishment through reverence. Interestingly and relevant to the charity and healing

approaches to disability in the 21<sup>st</sup> century, the seeds of these practices germinated in the Middle Ages, as it was not unusual to find members of the clergy in Christian religions, Islamic societies (Barrett, n.d.), and Buddhist traditions (Nakamura, 2006) providing medical treatment to those who were considered ill. The role of faith in healing also gained popularity in the Middle Ages, although its origins can be dated as far back as Ancient Greece (Pierce, 1993-2000). People who could not see or think as most others did, among other human differences, were often the objects of faith healing, a practice that provided concrete evidence of The Deity's love, presence, and power (Finucane, 1995). Charity in the form of service and almsgiving exonerated the giver in the eyes of The Deity, once again providing a purposive explanation for the extremes of human difference. Through the work of St. Francis of Assisi, the suffering of the poor and sick (particularly individuals with leprosy) gave a moral role to the recipients of care as well as those providing care. Faith-based care for those who approximated the low end of worth was born and now serves as the arche type of contemporary secular charities and institutions (DePoy & Gilson, 2004). Moreover, this relational explanation provided purpose for the atypical, not for themselves, but for their typical counterparts who sought divine favour.

The Victorian Era in Europe and the United States is perhaps most germane to contemporary thinking although it is rarely acknowledged as such. Different from the documentation of other historical eras, in which disability was ascribed to the body by God, sin, Karma, and/or religious duty of the non-disabled, a prevalent Victorian causal explanation located disability in environments. That is to say, the inability for atypical bodies to be productive and useful was attributed to the lack of preparedness of living, working, and other human environments to welcome and provide them comfort and opportunity. Keep this important historical point in mind as we return to its reemergence and assertion of contemporary originality and ownership later in the chapter.

The Enlightenment Era brought major changes in how bodies and environments were explained. As scientific epistemologies and substance were developed, they nudged divinity, sin and karma to the sidelines. Particularly of note in Westernised developed countries, philosophical and systematic intellectual rationales about atypical bodies (McClellan & Dorn, 2006) brought the interplay of economics and social factors to bear on influencing analysis of all human experience and thus on explaining the atypical. Introducing economics within the European explanatory canon, facilitated the interrogation of differential role and valuation of individual

wealth in response to the atypical, setting a precedent for current thinking about disability as inequity and linked to poverty.

Not unlike current times, those with resources were not necessarily governed by the legitimacy criteria that shaped the response to poor individuals. Treatments for the atypical with medical explanations did exist and were available to those who could pay (Metzler, 2006). But medicine did not make its power debut until the 20<sup>th</sup> century. Although it is likely that economic status had always played a role in judgment and response, prior to the Enlightenment the primacy of religion in shaping values and legitimate responses obfuscated or overshadowed these other influences.

Although institutions existed, their proliferation as segregating entities for all types of undesirables grew exponentially in the Victorian Era creating a well-worn path for contemporary exclusion of atypical bodies in diverse domains including work, school, and community life. These structures, whether built or conceptual remain intact, an area of injustice for social work to tackle and eliminate.

Beginning at the turn of the 20<sup>th</sup> century, the advancement of science and technology has been crucial in redesigning conceptualisations of disability and responses to it across the globe (Warschauer, 2004). Yet, it is important to note that professionalisation of medicine, not the scientific knowledge itself, was the element that advantaged physicians as dominant in characterizing and claiming disability as their expertise and work (Nancy, 2008). Thus, because physicians were able to create economic and political advantage, the atypical was colonised and then owned by medical explanations (Friedson, 1980). To a large extent, disability in the 21<sup>st</sup> century still is synonymous with long-term or medical conditions despite efforts to rebrand it and relocate disability outside the body (DePoy & Gilson, 2008).

Thus, the increasing sophistication in knowledge and technology not only shaped disability as primarily medical but also ensconced the medical and some health professions as guardians and gatekeepers in many aspects of the lives of people with legitimate diagnoses. The love affair and continued waltz between medicine and technology further reified disability as an embodied medical condition and gave life to the disability industry (DePoy & Gilson, 2008; Gill, 1992). Central to this industry are pharmaceutical corporations, diagnostic entities, profitable treatment techniques, manufacturers and retailers of durable medical equipment and assistive technology, and proprietary training, but not social work. And

while great advantages of this industry are its capacity to improve longevity and functionality, it also maintains a binary of disabled/nondisabled and the injustices and inequality that accompany bifurcation of humans into categorical opposites (Livingston, 2005; Tregaskis, 2004; Yong, 2007). Unfortunately, social work remained distant from technology, leaving their mission of equality of opportunity and access out of the center of technology's omnipresence. As we propose later, we see collaborative work to advance equality of access as a major role for social work within the axiological, dynamic theoretical paradigm that can guide innovation and progressive response to eliminate segregation of atypical bodies from their typical counterparts.

Just over the past four decades, professional attention to disability has undergone significant change. Reflecting the themes and brief histories above, contextual population parameters such as the aging of the baby boomers in developed countries, technological development changing the nature of functionality, human augmentation and independence, professional authority, and global market trends continue to interact, fertilising and growing two models of disability, the medical-diagnostic or embodied and constructed or social models.

From a medical-diagnostic perspective, which matured throughout the 20<sup>th</sup> century, disability is located within the physical or psychological corpus, is an anomaly that causes atypical functioning, appearance, and experience, is legitimated by diagnosticicians, and elicits formal professional service responses. Although not conceptually new, as we introduced earlier regarding the Victorians first articulation of what is now claimed as the social model by those who named it (Rose, 2003), disability does not belong to the body but rather is situated in the contexts in which bodies act. Thus the disabling factors within the social and related constructed domains are not embodied phenomena to which diagnoses can be ascribed, but rather are the inabilities of environments to provide acceptance, comfort, and place for a full range of bodies.

In the latter three decades of the 20<sup>th</sup> century, the fledgling field of disability studies strongly espoused the social model or variations of it, challenging the embodied medical deficiency champion. The introduction of the social model of disability was an important impetus in conceptually wresting disability away from medical deviance and hegemony into the discourse of human construction, diversity, and discrimination. However, an unintended consequence of this theoretical shift was the creation of opposing explanations and academic stewards that cleaved

the study of disability into academic and professional camps. Now with disability studies in its early adulthood, some scholars are attempting to resolve the chasm, moving to a more pluralistic stance by synthesizing interdisciplinary thinking from multiple academic and professional arenas, including humanities, arts, social science, and natural sciences, to inform definition, analysis, and response to disability. Several theorists have advanced integrative and axiological frameworks through which to understand disability as a complex set of value-based and purposive explanations that are posited for the atypical and which can inhabit the same explanatory space as friends or foes (DePoy & Gilson, 2004, 2008; Gilson & DePoy, 2008; Slingerland, 2008). We would suggest that this thinking fits well within the current social work climate and has the most promise for guiding informed practice.

Of particular potency for social work are integrative theories which focus on challenging the dualism that separates the physical world from the world of ideas. While not directly addressing disability, Slingerland (2008) is a vocal critic of the construction-oriented views of postmodernism and its conceptual distance, as well as distinction from natural science. His work is of great relevance to social work in that science is not vilified by social work but rather used productively to inform professional action. Through Slingerland's analysis of how cognitive science can illuminate culture and cultural studies, typically thought of as the domain of humanities and social sciences, he demonstrates how sciences and humanities have much to contribute to one another and to fields such as social work which thrive on pluralism. We not only agree but add technology into the disciplinary knowledge that social work needs to acquire and develop if social work is to collaborate on the cultivation of equality of access and opportunity for those with atypical embodiment.

Axiological frameworks, and here we focus on Explanatory Legitimacy to be discussed in more detail below, which explain diversity group membership and response as a function of how varied reasons for human phenomena are ascribed and judged (DePoy & Gilson, 2004), provide a discourse and praxis platform on which many explanations can be laid and then examined for their legitimacy. Making room for pluralism of knowledge, purpose, and thus explanation, eliminates the debate about which theory is correct, and through abductive logic, opens thinking and dialog for social work innovation rather than stagnation in theory and outdated practice which are no longer relevant to the technological, global universe of the 21<sup>st</sup> century (DePoy & Gilson, 2007).

Evidence of the positive influence that integrative and axiological theories have had on the relaxation of rigid lines within the stewardship of disability explanation and response can be seen in the academy, where social work and previous strangers such as engineering, botany, computer science, and even equine science, are now collaboratorative problem solvers. These integrative trends not only create the opportunity for dialog and sharing of current thinking, but also are fertile for the generation of new seamless theory, research, and practice guidance to propel social change.

### **EXPLORING EXPLANATORY LEGITIMACY AS THE FRAMEWORK IN WHICH DISJUNCTURE LIVES**

Explanatory Legitimacy is embedded within and builds on the genre of legitimacy theories, which have a long, interdisciplinary history that we believe is highly relevant and useful for social workers. According to Zeldich (2001), legitimacy theories can be traced as far back as the writings of Thucydides in 423 B.C., in which questions were posed and answered about the moral correctness of power and the way in which it was captured and retained. Although legitimacy theory was birthed by political theory, questions of legitimation have reared up in numerous domains, including but not limited to social norms and rules, distributive justice, and now in our conceptualisation about who is a “legitimate client or client group” to capture social work attention and what social work responses should be legitimated as sound professional practice. Thus, consistent with legitimacy approaches, Explanatory Legitimacy Theory helps clarify the basis on which a phenomenon is seen as genuine, authentic, and worthy of social work response. As proposed, Explanatory Legitimacy suggests that all theories are value-based regardless of their content because inherent in each is an explication of desired human experience and how social work can help facilitate it.

Moreover, drawing on the work of Shilling (2008), Explanatory Legitimacy synthesizes pragmatism within its foundation in legitimacy, providing the analytic framework for clarifying theoretical purpose. Capitalising on the clarity of seminal legitimacy thinkers such as Habermas (1984) and Parsonson (2004) and Parsons (1956) the Explanatory Legitimacy framework clarifies theory types so that each can be compared to those similar in structure and subject. Explanatory Legitimacy lays bare the axiological

(value) context for each theory, critically and abductively evaluating each for use on its own or in concert with others. Through Explanatory Legitimacy, three purposive elements of thinking and action are therefore proposed: description, explanation, and legitimacy determination and response. Description, “the what,” encompasses the full range of human activity (what people do and do not do and how they do what they do), appearance, and experience. Explanation, “the why,” proposes multiple reasons for the occurrence of description. Legitimacy, “who is a bonafide member and how should each be treated,” is the value-based driver of social work action in that it identifies “legitimate clients” and guides credible social work responses to those members. Legitimacy decisions are made on the fit of explanations with valued criteria for membership and response within the group of social work recipients as well as other groups such as disability.

## **DISABILITY WITHIN EXPLANATORY LEGITIMACY**

Within the Explanatory Legitimacy framework, disability is defined as a contextually embedded, dynamic grand category of human diversity. Consistent with the historical themes that we discussed previously, who belongs and what social work responses are afforded to category members are based on differential, changing and sometimes conflicting judgments about the value of explanations for diverse human phenomena (DePoy & Gilson, 2004; 2011).

Beginning with description, and of particular importance to disability, is the statistical concept of the “norm.” Building on the work of DeMoivre and LaPlace, Quetelet in the late 1800s, applied mathematical and probability theory to characterising “the normal man,” who was both physically and morally normal. Quetelet’s statistical creation resulted in the application of numbers to bodies (Bellhouse, 2011; Ernst, 2006) and further served to reify the binary concepts of normal and abnormal despite their operationalisation as the most and least frequently occurring phenomena, respectively (Canguilhem, 1989; DePoy & Gilson, 2013; Ernst, 2006). Observation, measurement, and high frequency therefore turned to prescription and anyone exhibiting infrequently observed activity, appearance, and/or experience was considered abnormal (DePoy & Gilson, 2011).

Since normal is a value statement as reflected in the historical themes above and asserted by Ernst (2006), use of terms such as normal

and abnormal does not provide the conceptual clarity sufficient for distinguishing description from axiology. Thus, in applying Explanatory Legitimacy to category membership, the terms typical and atypical are used along one axis as descriptive. They refer to magnitude rather than desirables (DePoy & Gilson, 2004).

A second axis within description and one of extreme importance to social work assessment is the observable-reportable continuum. Observable phenomena are activities and appearances that fall under the rubric of those that can be sensed and agreed upon. Reportable phenomena are experiences that can be known through inference only. This distinction is important to disability legitimacy in social work in that descriptors that are observable provide more clarity and less room for disagreement than those that are inferred (reportable). For example, mobility is observable but depression is not. Depression must be inferred by indicators such as mood, appetite and sleep habits. Applied to disability, description is situated on the atypical end of the spectrum but this location by itself is not sufficient for disability status (DePoy & Gilson, 2004; 2011). Consider the example of two individuals who approach a physician to provide documentation for a disability parking placard because distances are challenging for them to walk. A decision of who is eligible is not made on description but rather on fit of cause or explanation with eligibility criteria for the placard.

So moving to explanation, multiple reasons could be posited for the descriptive request for disability parking in order to navigate less distance. Person A requests the placard due to instability from a stroke while Person B requests it because, being overweight, he prefers not to walk due to joint discomfort and shortness of breath. The determination of disability status is still not clear at the explanatory level, since both, neither or only one of our exemplars may be considered as disabled. Only at the point of legitimacy is category membership assigned and it may be differentially assigned based on who is in the determination throne. For example, it may be that both individuals consider themselves disabled, but that the physician, valuing a diagnostic circumstance that is considered beyond the control of the owner, only considers disability assignment and thus eligibility for the placard for Person A. Even from this simple example, the complexity of the value foundation of legitimate disability is obvious. If the physician sees obesity as voluntary and preventable, it is not likely that she will award the parking placard response to Person B.

Now consider the exponentially expanded complexity of federal entitlements and policies respectively, such as the U.S. Social Security

Disability Insurance safety net, Americans with Disabilities Act of 1990 and the Amendments Act of 2008. Who is legitimately covered and what responses should be proffered are multifaceted decisions based on values.

## DISJUNCTURE THEORY

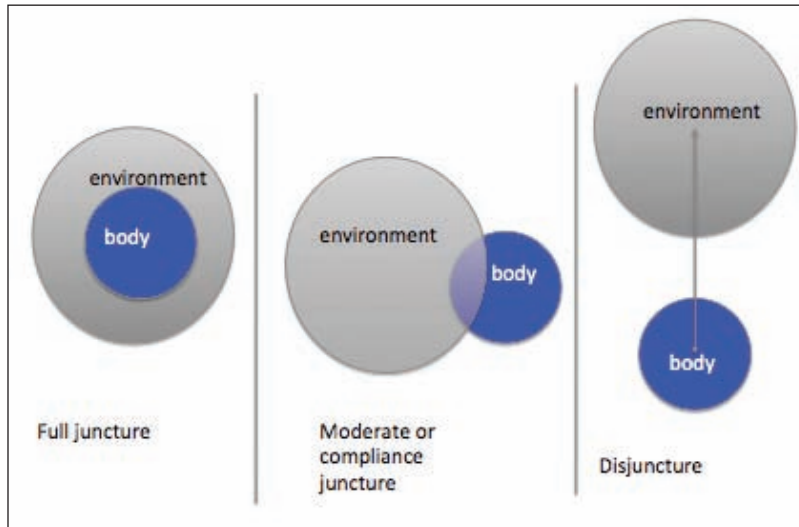
As we noted above, disjuncture theory fits within the explanation element of explanatory legitimacy. The word “disjuncture” is defined as a disconnected relationship between at least two entities. Conversely, juncture refers to a relationship of connection and goodness-of-fit. Applied to disability explanation, disjuncture theory traverses disciplinary boundaries and indicts the poor or absent fit of humans and multiple environments as explanatory of disability. Thus, unlike the binary debate about the correctness of disability as either embodied or environmental, disjuncture holds neither element as solely responsible but rather highlights the relationship between the two as the explanatory locus.

Our initial thinking about disjuncture emerged from a conversation in a 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 reconceptualised differently. After this conversation, we set out to learn more about built environmental design history and the rationale for disability standards in the U.S. and elsewhere. Two bodies of knowledge coalesced to inform our thinking. First, inquiry into the rationale for and derivation of architectural standards for door sizes, counter heights, and so forth in countries which have policy to govern these built environment features, revealed the continued hegemony of DaVinci’s Vitruvian man as both the foundational ideal and basis for estimating average adult body sizes to which mass-produced and standardised building and product design practices are fitted. Concurrently, assumptions about typical bodies such as the ability to use both hands for manipulation, to walk with a typical gait, to hear, to see, and so forth provide the prevailing data on which design is anchored. Bodies that do not conform to prescriptive averages therefore are challenged to participate in standardised built environments in which they do not fit. Consider the example given above of the blind man who was denied ATM access.

The second repository of content emerged from human factors theory (Salvendy, 2006). This field is substantive in addressing embodied diversity and environmental response. As collaboration among many professionals, scholars, and laypersons, human factors provide adequacy of depth and complexity to understanding both the corporeal and the environmental elements of disability. Embodied knowledge is obtained through drawing on fields such as physiology, anatomy, kinesiology, psychology, neurology, sensory function, human communication, work, and social functioning, all of which are relevant to social work. Of particular value is the incorporation of detailed task analysis in all problem resolution thinking. 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 embodied characteristics and processes within the given environment? Task analysis is the clandestine gem in human factors in that this thinking tool holds the power to parse human description into multiple and, if needed, miniscule parts necessary for complex analysis. Detailed analysis thus meets diversity depth pluralistically. By engaging in task analysis, universal design principles are left in the 20th century, replaced by precision, pluralism, and the acceptance that juncture can only occur if embodied diversity is met with creative environmental diversity. We agree with Salvendy (2006), who asserts that human factors should drive technology, broadly defined as "the entire system of people and organisations, knowledge, processes and devices that go into creating and operating technological artifacts as well as artifacts themselves" (p. 5). Thus, within the human factors theoretical rubric, technology itself is interactive. We would therefore see this work as seminal to social work curricula although it is rarely covered in either undergraduate or graduate content.

Building on these works and the work of other theorists who explain disability as interactive, we have posited disjuncture as one of many explanations that could form a solid axiological as well as praxis foundation for disability category membership and subsequent social work responses. Through this lens, disability is not a static or a constant embodied phenomenon, nor is it exclusive to the contexts in which humans operate. Rather we recognize the body and its surroundings as equal entryways into and exits from disability and suggest that a potent explanation of disability for social work is not simply an interaction but rather an ill-fit between the two. Fig. 1 depicts a visual of Disjuncture explanations and the continuum to their opposites, full juncture.

Fig. 1: Disjuncture



This relational gaze not only halts the ongoing and futile argument about the true nature of disability, but furthers the pluralistic opportunity for dialog, cooperative thinking and legitimate response that is so critical to advancing progressive social work, collaboration, and action. Considering disability as a function of both bodies and of environments therefore can bring multiple fields of knowledge to bear on healing disjuncture without dismissing the contribution of either the body or the environment to the explanatory repertoire. Moreover, the term disjuncture and multifaceted understandings of embodiment and environment serve to respect rather than demean or attempt to change the atypical body, looking to a less than satisfactory relationship between individuals and one or more types of environments as explanatory of disability and thus the target of change for progressive social work practice.

### Putting Disjuncture to Work in Social Work

The social work profession promotes social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Utilising theories of human behaviour and social systems, social work intervenes at the points where people interact with their environments. Principles of human rights and social justice are fundamental to social work. (International Federation of Social Work, 2012)

Because of its large scope of practice, social work can be diverse

in its disability legitimacy determination and response. In concert with the International Federation of Social Work (IFSW) mission statement, disjuncture theory further guides pluralistic explanations to inform progressive collaboration and practice. And while chronologically moving away from its early 20th century history of poverty and group work, current trends institutionalizing social work professionals as the largest segment of clinical interventionists in the mental health and related systems, can be countered. A great opportunity as well as need exists for social work to fulfill its global mission. Table 2 presents the core purposes of social work according to the International Federation of Social Work. We include them here to illustrate the fit of social work ethics and aims with disjuncture theory.

**Table 2: Core Purposes of Social Work- International Federation of Social Work**

<ul style="list-style-type: none"> <li>• Facilitate the inclusion of marginalised, socially excluded, dispossessed, vulnerable and at-risk groups of people.</li> </ul>
<ul style="list-style-type: none"> <li>• Address and challenge barriers, inequalities and injustices that exist in society.</li> </ul>
<ul style="list-style-type: none"> <li>• Form short and longer-term working relationships with and mobilise individuals, families, groups, organisations and communities to enhance their well-being and their problem-solving capacities.</li> </ul>
<ul style="list-style-type: none"> <li>• Assist and educate people to obtain services and resources in their communities.</li> </ul>
<ul style="list-style-type: none"> <li>• Formulate and implement policies and programmes that enhance people’s well-being, promote development and human rights, and promote collective social harmony and social stability, insofar as such stability does not violate human rights.</li> </ul>
<ul style="list-style-type: none"> <li>• Encourage people to engage in advocacy with regard to pertinent local, national, regional and/or international concerns.</li> </ul>
<ul style="list-style-type: none"> <li>• Act with and/or for people to advocate the formulation and targeted implementation of policies that are consistent with the ethical principles of the profession.</li> </ul>
<ul style="list-style-type: none"> <li>• Act with and/or for people to advocate changes in those policies and structural conditions that maintain people in marginalised, dispossessed and vulnerable positions, and those that infringe the collective social harmony and stability of various ethnic groups, insofar as such stability does not violate human rights.</li> </ul>

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| <ul style="list-style-type: none"> <li>• Work towards the protection of people who are not in a position to do so themselves, for example children and youth in need of care and persons experiencing mental illness or mental retardation, within the parameters of accepted and ethically sound legislation.</li> </ul>  |
| <ul style="list-style-type: none"> <li>• Engage in social and political action to impact social policy and economic development, and to effect change by critiquing and eliminating inequalities.</li> </ul>   |
| <ul style="list-style-type: none"> <li>• Enhance stable, harmonious and mutually respectful societies that do not violate people's human rights. Promote respect for traditions, cultures, ideologies, beliefs and religions amongst different ethnic groups and societies, insofar as these do not conflict with the fundamental human rights of people.</li> </ul> |
| <ul style="list-style-type: none"> <li>• Plan, organise, administer and manage programmes and organisations dedicated to any of the purposes delineated above.</li> </ul>  |

Note that the activities and aims of social work are clearly aligned with interactive, dynamic theory, such as disjuncture theory, necessary to guide multi-faceted, pluralistic praxis. Disjuncture provides the rationale and theoretical direction to examine disability globally as exclusion and vulnerability, and then to invoke multiple bodies of knowledge and strategies to analyse and advance equivalence of opportunity for rights and resources.

We would suggest that predominant developmental, trauma, or intra psychic explanations, while useful in some domains, are inadequate to guide disability practice. Through developmental theory and within the narrow domain of individual, clinical encounters supported by public or private health insurance, the ascription of disability legitimacy is most likely to occur in a manner common to the medical model deficit view, applying a long-term, chronic diagnostic explanation to a set of atypical activities, appearances, and experiences. Along with capturing disability within a long-term or permanent clinical setting designed to change the individual, the historical trend linking disability with poverty maintains the essentialist assumption that disability automatically signifies poverty. These antiquated assumptions guide social work practice to focus on clinical counseling, public support, and charity, perpetuating second class citizenry, rather than equality of opportunity for rights, participation and resources. Unfortunately, disability services frequently thrive on essentialism and the well-meaning but perhaps somewhat misguided efforts of professional activity that capture and retain a bolus of people in fiscally and emotionally dependent positions.

Without progressive, pluralistic theory, the social worker focusing professional activity on large systems might be involved in disability

legitimacy legislation, policy, and response at the local, state, and federal levels. Considering the social justice mission of social work presented in Table 2 above, one would expect that social work would have taken a progressive leading furlong in disability rights. Yet, according to Yuen, Cohen, and Tower (2007), Murphy and Pardeck (2005), May and Raske (2004), and Rothman (2002), social work has not attended to disability as a category of oppression, but rather, as we noted above, has enacted Enlightenment era strategies by ministering to those who are legitimately qualified through clientising (Cowger, 1998) the atypical body. Whatever legitimate response is followed to address the category of people with atypical bodies and minds, social work along with its professional counterparts perpetuates ongoing segregation and inequality. The mission of social work and its purposes stage a critical change in direction towards accepting and enacting a leading role in freeing all populations from oppression, exclusion and marginalisation, including those remanded to the category of disability. Because of its ostensible holistic stance and articulated charge to eradicate social injustice, disjuncture within a legitimacy framework provides the conceptual choreography for social work to analyze disability as an ill-fitting function of the interstices between body and environment and move response outside to the universe of collaboration necessary to accomplish the IFSW charge.

### **EXEMPLAR-MULTIBOT**

Here, we provide an example of putting legitimacy and disjuncture to work. Based on innovative synthetic theory, praxis and collaborative research, the Multibot project engaged social workers, students, entrepreneurs, and researchers in the design, production and testing of a prototype robotic device that is intended to meet the social work mission of social change, problem solving in human relationships and the empowerment and liberation of people to enhance well-being. Through explanatory legitimacy, the social work researchers who initiated this project analyzed the inability for elders who were unable to engage in independent maintenance of their homes, control over their healthcare, and family interaction outside of the home due to limitations in mobility as a major domain for social work intervention. Within the geographic region in which this project was conducted, many individuals who meet the descriptive criteria for this population were already receiving social work services, primarily in the form of counseling and affirmation for entitlements such as safety net

support and in-home services. Yet, the population remained dependent and home-bound, without equality of opportunity for independence. Many were facing unwanted institutional placement. Invoking a disjuncture explanation, the social workers who initiated the project identified an ill-fit between embodied impairment, daily needs, and environmental barriers. Multiple options were proposed and studied, such as the removal of environmental barriers from the community, home-health, development of public transportation and so forth. Yet none of these resolved the ill fit for elders who were unable to care for their homes, visit their loved ones in distant geographies and stave off institutional living. Collaborating with engineers and building on trends for multi-functional devices such as smart phones and tablets, Multibot was conceptualised as a social work robotic invention and intervention. This single-unit, affordable aesthetically designed in-home robot was fitted with multiple features tailored to the unique needs of the user. Features included retrieval and placement of objects, precision, ambient and active health monitoring, automated provider feedback, safety surveillance and fall detection, face-to-face interactivity with family, friends and providers, memory assistance, monitored in-home range of motion exercise, and specialised health and wellness protocol features, Multibot can be programmed for individual unique use. The robot solution is an innovative social work response to inequality of rights and choice which can be part of a large repertoire of social work leadership.

## SUMMARY

This work proposed a model for disability practice in social work relying on progressive theory. We examined history to identify trends that inhere in disability depiction and responses in contemporary domains. Legitimacy theory was then discussed as a potent framework for guiding social work thinking. Located within the explanatory element of legitimacy, we posited disjuncture theory, which analyzes disability as an interactive ill-fit of bodies and environments. This approach activates long-range, progressive, explanatory theoretical education, research, development and implementation, such that socialwork could move toward creating person-environment juncture to accomplish its global mission and purposes. We then illustrated the application of the theory asking Multibot to model for us. We end with a charge to socialwork to “look in the mirror”, move from outdated theory to concepts which are relevant to the 21<sup>st</sup> century global

technological universe and which are critically necessary for changing the role of social work, thereby countering outdated trends in disability practice.

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