

# Social Work Practice with Disability: Moving from the Perpetuation of a Client Category to Human Rights and Social Justice

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## Abstract

In this article, we propose an alternative stance to the ways in which disability is theoretically and practically approached within the field of social work. We begin with a critical analysis of how contemporary views of disability and response praxis came to be. Building on history and current scholarship from humanities, social sciences, and natural sciences, we then advance a progressive theoretical framework, explanatory legitimacy theory (DePoy & Gilson, 2004, 2007). Explanatory legitimacy theory locates disability within the broad context of human diversity, uncouples diversity and thus disability from the bodies and backgrounds mentality of current diversity thinking, and illuminates an alternative value and philosophical frame to inform and guide social workers concerned with furthering the profession's mission of social and distributive justice for all people.

*Key Words:* Explanatory Legitimacy Theory, Human Diversity, Disability, Response Praxis

Over the past several decades, disability and social work have become increasingly strange bed fellows. In this article, we discuss why and then propose a philosophical and theoretical direction for reconciliation. We begin by gazing backwards in time to set the chronological context for current debates about the term "disability." Building on history and current thinking, we then advance a progressive theoretical framework, explanatory legitimacy theory (DePoy & Gilson, 2004, 2007), which locates disability within the broad context of human diversity, uncouples diversity and thus disability from the bodies and backgrounds mentality of current diversity thinking, and thus illuminates an alternative value stance to inform and guide social workers concerned with advancing the profession's mission of social and distributive justice for all people.

## What Came Before Us

There is record of concern with "the atypical human" as early as ancient civilizations (Longmore & Umansky, 2001). This history creates an opaque but important window on how civilizations responded to embodied difference. Unfortunately, in this short space, we cannot do

justice to the richness of this history, but we can provide a brief chronology that summarizes the critical historical turnings necessary to inform current debates and understand contextual responses to atypical humans in contemporary times. Whereas diverse notions of and approaches to atypical bodies have occurred, the following commonalities can be seen across chronology:

- (1) in each era there have been many potential and accepted explanations for a single atypical human characteristic,
- (2) these explanations form the basis for categorization and subsequent response to category members, and
- (3) the responses proffered provide an analytic window on the beliefs, values, politics, economics, intellectual trends, and level of technological development of the times.

We enter our history through a linguistic portal, as this symbolic element of social and cultural groups is critical in revealing contextually embedded values and meaning (Belsey, 2002; Baudrillard, 1995). First, note that we use the terms typical and atypical to denote a full range of frequency from most to least respectively. We have selected this terminology, rather than normal/abnormal, to circumvent the value judgments that are embedded in the normal/abnormal binary.

The term “disability” has only recently become a signifier for the grand category of atypical bodies. Its predecessor, “handicap,” was alleged to have emerged from the cap-in-hand proclamation, in which Henry VII in 1504, recognizing the plight of injured soldiers, formally allowed these worthy citizens to beg in the streets as a means to their own subsistence. More broadly, the recognized use of the term handicap is an equalizing scoring system in which disadvantaged persons are artificially boosted to increase the likelihood of their success when positioned against a superior opponent. In the early part of the 20th century, the term handicap was ascribed to individuals with bodily differences that ostensibly placed them at a disadvantage, and ultimately the word “handicap” in this sense, came to mean a specific embodied condition such as a “physical or mental handicap.” Given the pejorative notion of bodily inferiority, it is no surprise that a euphemistic term to replace “handicap” was sought to describe bodies that did not conform to the “typical.” It is curious that the term “disability” was selected, given that the prefix “dis” emerged from DIS, the name given by ancient civilizations to the ruler of Hades, or the underworld. DIS was portrayed as punishing mortals by extracting their health, wellbeing, and capacity to function in their environments. The use of DIS is consistent with the disdain for atypical bodies in Ancient Greece. While those who were mildly atypical were excluded from community

life (with the exception of those who were saluted because they sustained bodily injury in war), extreme deviations from the typical were considered inhuman (Martin & Volkmar, 2007; Braddock & Parish, 2001) and left to die. Thus, myth, symbol, and tolerance in ancient Greece demonstrate the historical common denominator of multiple explanations and responses to atypical bodies on the basis of why the atypical had occurred, rather than on the atypical characteristic or need itself.

In the Middle Ages, the typical tapestry against which the atypical emerged was frayed and threadbare, characterized by poverty and deprivation. Human conditions such as blindness, deafness, and lameness that are so often associated with impoverished living conditions were woven into daily life and image (Braddock & Parish, 2001; DePoy & Gilson, 2004; DePoy & MacDuffie, 2004). So rather than embodied phenomena such as blindness or lameness being considered atypical, only extreme deviations were located as marginalia, and in concert with the religious and intellectual trends of the middle ages, were attributed to supernatural causes, followed with responses that were consistent with the degree of worth ascribed to each explanation (Braddock & Parish, 2001; Winzer, 1993). Of particular note in this time period are the historical roots of charity and faith healing responses to disability (DePoy & Gilson, 2004). Whereas people with atypical bodies were devalued themselves, their place on earth was fabled to be a test as well as an opportunity from God, for those who were fortunate, to demonstrate their charity and tolerance. Faith-based care only for those who approximated the low end of worth was born, and serves as the archetype of contemporary secular charities and institutions.

Moving forward in chronology, as the complexity and differences around the globe became known to civilizations, history moved beyond a single story of one's own people. Because of this vast history, we narrow our discussion to colonial America where our focus will reside on the North American continent for the remainder of our brief but purposive historical expedition. In the fledgling U.S., an amalgam of both enlightenment and religious thinking, peppered with economic prosperity, increasing economic concern, and the juxtaposition of indigenous and immigrant people created a complex backdrop for understanding responses to atypical bodies. The rationale for inclusion and in-home responses to the atypical that were apparent in early colonial America were breaking down and quickly became supplanted by "medical" explanations (Axinn & Levin, 2000), setting the stage for medical and ultimately broader professional colonization and

ownership of the “atypical body and mind” (Mink, Solinger & Piven, 2003; DePoy, & MacDuffie, 2004).

Of particular historical importance to understanding contemporary disability theory and practice responses were the abstract creations of Quetelet, who invented the mathematical constructs of the normal or bell-shaped curve and measures of central tendency. These two ideas form the foundation of contemporary empirical knowledge and fabricated the dissection of humanity into the two categories of “normal” and “abnormal” (DePoy & Gilson, 2007a). Applying the bell-shaped curve to human variation, Quetelet extrapolated the concept of “the normal man,” who was considered to be both physically and morally normal. Synthesizing probability theory with the “normal man” construct, normal was not only interpreted as the most frequently occurring phenomenon but morphed in translation to what “should be.” Observation, therefore, turned to prescription, and anyone with observed phenomena on the tail ends of the curve was categorized as “abnormal.” Fields of study and professions (with medicine in the lead) that espoused and reified these positivist approaches to inquiry as truth (such as normal and abnormal psychology, medicine, special education, social work, and so forth) all distinguished between normal and abnormal and claimed the “abnormal” as their epistemic and ontological property as well as their axiological obligation (DePoy & Gilson, 2007a; 2004).

It is curious to note that the term disability in the early 20th century did not include medical diagnostic conditions, as revealed in the 1906 edition of the Standard Dictionary of the English Language that proffered the following:

- lack of ability of some sort,
- impotence,
- the state of being disabled,
- a crippled condition,
- lack of competent means,
- inability as, the disabilities of poverty.
- Legal incapacity or the inability to act; as the disability of lunatics and infants

Note that these definitions are both expansive and progressive in that they do not delimit disability to specific diagnostic explanatory conditions or exclusively embodied phenomena, but rather approach disability from a broad descriptive stance not entwined with explanation.

In an effort to create a politically correct moniker for its current pathologized synonyms (handicapped, incapacitated, crippled, physically challenged, impaired, injured, maimed, hamstrung, wounded, mangled, lame, mutilated, silenced, run-down, worn-out, useless, wrecked,

stalled, bedridden, weakened, helpless; confined to one's bed, confined to one's home, confined to a hospital, confined to a nursing home; impotent, castrated, halting, limping, hobbling, palsied, superannuated, paralyzed, paraplegic, quadriplegic, brain damaged, senile, decrepit, on one's back\*, laid up\*, done for\*, done in\*, cracked up\*, banged up\*, broken down\*, out of action\*, counted out\*; see also hurt, useless 1, weakened) the term disability was adopted by professions and now labels one of the largest industries in the United States (Gill, 1992).

Although medical explanations remain primary in defining disability even now, the history of disability took an important turn in the latter half of the 20th century that has significantly influenced responses to it. Disability rights scholars and activists eschewed the medical explanation for disability, since such explanations of permanent deficit were impotent in advancing social justice, equality of opportunity, and rights as citizens for those who were members of the disability club (Nussbaum, 2006; Stein, 2006; DePoy & Gilson, 2004). Rather than accepting themselves as the “work” for the disability industry, disabled scholars looked external to the body to explain disability. Early scholars such as Oliver (1997) and Linton (1998, 2006) proposed the intolerance and rigidity of social and built institutions rather than medical conditions, as the explanation for disability. Words such as inclusion, participation, and non-discrimination were introduced into the disability literature and parlance reflecting the notions that people who did not fit within the central tendencies of Quetelet’s “normal curve” were disabled by stigma, prejudice, marginalization, segregation, and exclusion. Demands for equality of opportunity were anchored on theory and research that documented the locus of disability within systems of oppression and discrimination rather than internal to the organic body. With the view of disability explained by external factors such as social, economic, political, marginalization, exclusion, and abrogation of human rights (Nussbaum, 2006; Stein, 2006) rather than an internal medical condition, the locus for disability and thus for necessary responses has become a moving and complex target. Still, professions, policies, and theory, despite their assertions to look beyond the body, situate disability within the organic human domain, as evidenced by embodied eligibility criteria even for human rights and anti-discrimination legislation, and further exposed by terms such as physical, cognitive, learning and mental disabilities. Because deficient bodies are the object of disability rights discourses and responses, this conceptual quagmire reveals the inherent hegemony of medical abnormality in explaining the atypical and locating disability within the body regardless of the narrative indicting systems of oppression rather than bodies as disabling factors.

Before we move on to disability in social work, we highlight what we have named “the tyranny of the opposite.” We began this paper with a discussion of language because of its powerful and reciprocal role in reflecting, as well as shaping values. And as reminded by the post-structuralists and post-modernists, identical narratives may produce different meanings. Moreover, language is not simply restricted to what is apparent, explicit, and articulated, but is powerful in its negative spaces or what we refer to as the tyranny of the opposite, or what is NOT said. Words and phrases such as “person first language,” while cobbled by committee so to speak for the purpose of political correctness, are often opaque in what is NOT spoken. That is to say, modifiers that are part of human experience, such as disabled, crippled, retarded, and so forth, rather than being reconceptualized as human diversity, remain NOT desirable, and rather are lexically relocated after “personhood” to obfuscate what is NOT desirable. Inherent and perhaps not effectively shrouded in these linguistic finaglings is the unworthiness of these modifiers and a hierarchy of “worth and NOT worth” on the basis of category membership. Moreover, given the penchant of most schools of social work to equate HBSE with theories of human development, the foundation of social work’s view of humans as structuralists and cleaved into normal or the tyranny of the opposite (NOT normal) is set into motion before students even engage in practice.

### **1 (a). Disability in the House of Social Work**

The history and current residence of disability within social work is a curious one. Given the social justice mission of social work and its mandate “to {attend to} the environmental forces that create, contribute to, and address problems in living” (NASW Code of Ethics, 1999), one would expect that social work would have taken a progressive lead in disability rights. Yet, according to the scholarship of Mackelprang and Salsgiver (1999) and endorsed by Yuen, Cohen, and Tower (2007), Murphy and Pardeck (2005), May and Raske (2004) and Rothman (2002), social work had not attended to disability as a category of oppression, but rather had ministered to “people with disabilities” through the provision of clinical services. And while several social work scholars have asserted their espousal of the social construction of disability (Yuen, Cohen, & Tower, 2007; Murphy & Pardeck, 2005; Mackelprang & Salsgiver, 1999), these same authors encounter the conceptual quagmire from which disability rights theorists cannot extricate themselves, how to think about, talk about, and thus respond to disability as something other than an embodied phenomenon. The use of person first language, which locates disability within a person no matter where the “heinous” condition is lexically placed, as well as the sub-

categorization of disability into types such as learning, mental, physical, neurological disability and so forth (Rothman, 2002, May & Raske, 2004) divulge social work values and beliefs even when well-intended claims of disability as constructed are made. And for the majority of the field, disability is a pathological condition that immediately catches the social work clinical eye. By analyzing what is NOT articulated but what is actualized in professional behavior, the tyranny of the opposite once again exposes the social work view that disability is NOT desirable, is NOT strictly a function of environment, and is in need of repair, perhaps through improving the world for citizens with disabled bodies and minds and most likely through providing services that “clientize” (Cowger, 1998) the atypical body. Whatever practice approach is followed to address the category of people with atypical bodies and minds, social work joins full tilt in the disability industry (May & Raske, 2004). Moreover, through succumbing to the politicalization of education, subscribing to developmental theory, and decreasing many of the required disciplinary areas of scholarship beyond social work itself, social work education has perhaps inadvertently reified disability as a category with embodied deficit as the binding and defining element of membership and identity, and as one in which members need “help.”

Before we suggest how social work and disability can reconcile, we acknowledge our own conceptual strugglings and ask that, as we did and continue to do, the reader “flips his/her brain.” What we mean by “flipping your brain” is before dismissing unfamiliar ideas that on the surface may create axiological and ontological tension, engage the work, be reflexive, consider alternatives that have not been articulated, and examine thinking that challenges well-honed beliefs, values, and ethics. As you might have noticed, we also fall prey to the conceptual paradox, in that we argue against the usefulness of the category of disability itself, but we teach and write about it, and this article is appearing in a special issue devoted to the construct that we wish to eliminate.

## **2. Moving Forward-Rethinking Disability as Diversity through Explanatory Legitimacy Theory**

We now introduce a framework, explanatory legitimacy theory, that invokes and synthesizes diversity and legitimacy theory for thinking about human difference, variation, and categorization in which we parse and then locate diverse bodies and minds. As we will discuss in more detail, the name of the framework depicts the basic tenet that legitimate category assignment and response to category members, in this case assignment to the disability category, is a value

judgment that is made on explanations for human phenomena, ergo the appearance of “explanatory” in the theory name.

Legitimacy theory had been advanced as early as ancient civilizations. It examines and predicts what is essential for the assignment of legitimate roles and power positions (Jost & Major, 2002). As it applies to diversity and disability, legitimacy theory informs a complex analysis of what is both gained and relinquished in exchange for membership in legitimate categories. As we discuss later in the paper, we propose an explanation for disability that transcends the debate about whether disability is explained by embodied conditions or environmental discrimination.

Because we view disability as an important element of human variation, diversity theory is a second critical grounding that comprises our theoretical framework. Moreover, as we have noted, whereas we apply explanatory legitimacy to the category of disability in this article, the framework is applicable to a broad swath of human categorizations.

The term “diversity” has changed significantly over time. In the 1906 edition of the Standard Dictionary of the English Language, “diversity” is defined as: dissimilitude; multiplicity of differences; variety. Some prevailing and representative examples of contemporary definitions of diversity are; biological difference (Wilson, 1996), racial difference (Shiao, 2004), noticeable heterogeneity (<http://www.hyperdictionary.com>, 2005), and minority group membership (Basson, 2004; Healy, 2004). These definitions, which we refer to as diversity patina (DePoy & Gilson, 2004, 2007), are typical of current superficial perspectives in which diversity is viewed as a primary characteristic ascribed to groups possessing specified bodies or backgrounds, which not only describe the essential membership criteria but explain appearance, behavior, and experience of group members because of their possession of the criterion that admitted them to the diversity club. Moreover, in much of contemporary literature, policy, and practice discourse, the term diversity has been further delimited to a characteristic that belongs to groups perceived as non-dominant and non-privileged such as ethnic and racial minorities, women, non- heterosexual groups (Anderson & Middleton, 2005; Healy, 2004) and more recently, disabled groups (DePoy & Gilson, 2004; Mackelprang & Salsgiver, 1999). Note that the tyranny of the opposite implies that people who are NOT members of these predefined groups are NOT diverse.

Numerous historical and political factors have been advanced for this lexical and conceptual recalibration (Parillo, 2005; Healy, 2004; Tomlinson, 1999). In agreement with Shiao (2004) we suggest however, that a major emphasis in this shift was the failure of multicultural

efforts to advance axiological symmetry among groups. That is to say, multicultural efforts fail to rise above proscribing the label of diverse to all people and therefore situate diversity within historically devalued groups with certain bodies and backgrounds pedigrees.

The bodies and backgrounds perimeter fails to achieve what Goldberg (1994) has referred to as incorporationist multiculturalism. Different from less progressive but prevalent contemporary approaches to multicultural equality in which marginalized groups are granted membership to predominant cultures only through assimilation or specialized, group specific strategies that can be eroded or even eliminated, incorporationist thinking locates diversity within all groups, and thus values the contributions and power of each to beneficially transform the other through interaction.

Whereas there are essential and warranted benefits to restricting diversity theory and related responses to selected diversity patina subgroups who have experienced discrimination, there are many limitations, as well. First, viewing diversity as a characteristic of “otherness” sets the theoretical foundation for separation and scrutiny of marginalized groups by those who are in the position to marginalize (Shaio, 2004; Schneider, 2004; Bonilla-Silva, 2003; Rodriguez, 2002; Moller-Okin et al., 1999) and by positing homogeneity within the very groups that are defined as diverse. Assuming group homogeneity on the basis of a single bodies and backgrounds diversity patina characteristic has the potential to promote essentialist thinking and identity politics, and to restrict theory application and community responses to assumed nomothetic need. Second, categories in themselves are constructions. That is to say, the way in which we carve up our theoretical universe can be as diverse as the phenomena that we seek to describe and explain. Third, categories and the theories that fit within them are axiological, dynamic, and change in response to contexts. Fourth, special responses to groups who exhibit diversity patina can be diminished and even revoked as we currently are observing with specialized legislation such as the ADA. Finally, bodies and background views of diversity do not account for the expansion of global, technological communication, and virtual environments in which bodies and backgrounds are irrelevant.

Expanding the theoretical paradigm of diversity to include and extend beyond bodies and backgrounds to include the uniqueness of all people provides many opportunities not only to maintain the important theoretical and applied gains that have occurred from civil rights concepts

and movements, affirmative action, and other diversity patina-specific responses, but to advance the social justice mission of social work. We refer to this approach as diversity depth.

## **2 (a). Explanatory Legitimacy Theory**

Explanatory legitimacy theory was initially developed in theoretical opposition to vague and debated definitions of disability. Different from approaches that describe disability as abnormal, or from the binary that explains it as embodied or environmentally imposed, we suggest that it is simply a set of axiological judgments about the explanatory legitimacy criteria that elucidate and apply membership. There are three elements to the theory: description, explanation, and legitimacy. Description encompasses the full and diverse range of human appearance, behavior, and experience from atypical through typical and expected, in which atypical and unexpected description (or what is infrequent in a context) serves as the domain of interest and engenders multiple explanations for its occurrence. Explanation is the “why” of description. Specific to disability, explanation is the set of reasons that the atypical occurs and forms the foundation for judgment and legitimate category assignment. As we have noted, the binary of disability explained as constructed (which includes the social, minority, political, and cultural models that appear in the literature) or embodied (explained by a medical-diagnostic event) is the current forum for debate. Through this theoretical lens, legitimate category membership is determined on the explanation, not because of the atypical description. And in our current climate, medical explanations, whether explicit or shrouded with social justice language, are the primary passwords to enter. Just imagine requesting ADA protection because you are disabled by employers’ negative attitudes toward your appearance. As we noted above, the judgments are anchored on the explanations for the atypical, not the atypical description itself.

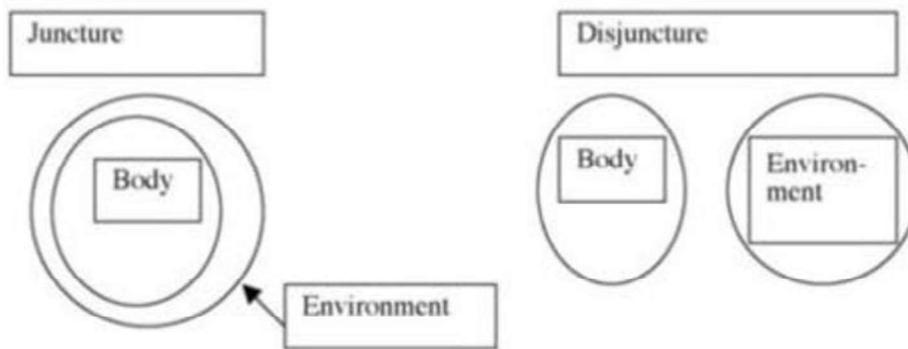
The third element is legitimacy, which consists of legitimate category assignment on the basis of an acceptable and valued explanation, and a legitimate response, in concert with the explanation, to category members. Of critical importance here is the recognition that the explanatory criterion not only creates the permeability and perimeter of the category but ultimately shapes legitimate responses to its members. Applied to disability, boundaries that only admit those with legitimate medical diagnostic explanations guide responses such as remediation, rehabilitation, and special accommodation of individuals, whereas explanations that accept constructed reasons as legitimate would guide the response of barrier removal to economic and community participation, universal design, and creative and significant systems change.

Because of the false binary and the conceptual quagmire that we discussed above, in which constructed explanations are only applied to those with bona-fide diagnoses, thereby obfuscating the primacy of medical/diagnostic explanations as the only acceptable and valued legitimate disability club membership criteria, we have posited a third, integrative explanation, disjuncture theory. We assert that this explanation has the potential to heal the explanatory cleavage, to expand responses to a full range of human diversity, to refashion physical, abstract, and virtual environments that promote equality of opportunity and human rights, and to provide an important direction for social work.

**2 (b). Disjuncture theory**

By disjuncture, we mean the ill fit of the body (broadly defined) with the environment. Current built, virtual and abstract (social, cultural, economic, policy, professional, and so forth) environments are explicitly or implicitly based on standards that harken back to the enlightenment and in large part continue to be a function of nomothetic thinking. That is to say, what is theoretically typical and average forms the basis for architectural, social, virtual, professional, policy, and functional design of environments, products, practices, and other resources. As an example, our recent inquiry into the rationale for and derivation of architectural standards for door sizes, counter heights and so forth, revealed the continued hegemony of DaVinci’s Vitruvian man as both the foundational ideal and basis for estimating average adult body sizes. This male-centric, adult image is the design bedrock for mass produced and standardized building and product design practices (Gilson & DePoy, 2007). Similarly, assumptions about typical bodies, such as the ability

**Figure 1**



to use both hands for manipulation, to think typically, to behave in an expected manner, to walk with a typical gait, to hear, to see, and so forth provide the prevailing data on

which environmental design and professional practice are anchored. Bodies that do not conform to prescriptive averages, therefore, are challenged to participate in environments in which they do not fit, setting up an environmental binary of juncture and disjuncture (See Figure 1). However,

the disjunctures between atypical bodies and their contexts, in and of themselves, are not the explanatory locus of disability. Rather, the intersection of bodies and diverse environments (including but not limited to build, natural, virtual, social, expressive, service, policy contexts) explains ability and the tyranny of the opposite, what ability is and is not respectively.

We assert that disability is a complex element of human diversity that should be viewed by social workers through pluralistic rather than essentialist lenses. Disjuncture explanations serve this professional master. By accepting the explanation for disability as an ill-fit between embodied phenomena and the environments in which one acts, the opportunities for social workers to expand the range of legitimate responses becomes boundless. This framework creates a conceptual forum for creative and progressive social work thinking and action that uncouples diversity from bodies and backgrounds, unlinks disability from its pejorative diagnostic deficit model, and aims at improving the world for diversity depth. Given that disjuncture theory guides legitimate responses that transcend the false explanatory binary of bodies versus environments as the locus for intervention, the interaction of the two becomes the analytic unit as well as the broadened opportunity for responsive change that accomplishes the social work missions of advancement of human rights for the full range of human diversity.

## **References**

- Anderson, S. K., & Middleton, V. A. (2005). *Explorations in privilege, oppression and diversity*. Belmont, CA: Wadsworth.
- Armstrong, D. (2002). *A new history of identity: A sociology of medical knowledge*. New York, NY: Palgrave.
- Axinn, J., & Stern, M. J. (2000). *Social welfare: A history of the American response to need* (5th ed.). Boston: Allyn & Bacon.
- Barnes, C., Mercer, G., & Shakespeare, T. (1999). *Exploring disability: A sociological introduction*. Cambridge: Polity Press.
- Basson, L. (2004). *Blurring the boundaries of diversity: Racial mixture, Ethnic ambiguity and indigenous citizenship in settler states*. Paper at The Fourth International Conference on Diversity in Organizations, Communities and Nations, University of California at Los Angeles.
- Baudrillard, J. (1995). *Simulacra and simulation: the body in theory: histories of cultural materialism* (S. F. Glaser, Trans.). Ann Arbor, MI: University of Michigan Press.
- Belsey, C. (2002). *Post-Structuralism: A very short introduction*. New York, NY: Oxford University Press.
- Bonilla-Silva, E. (2003). *Racism without racists*. New York, NY: Roman & Littlefield.
- Braddock, D., & Parish, S. L. (2001). An institutional history of disability. In G. L. Albrecht, K. D. Seelman, & M. Bury (Eds.), *Handbook of disability studies* (pp. 11–68). Thousand Oaks, CA: Sage.

- Cowger, C. D. (1998). Clientism and clientification: Impediments to strengths-based social practice. *Journal of Sociology and Social Welfare*, 25, 25-37
- Davis, L. (1997). *Enforcing normalcy*. London, UK: Verso
- DePoy, E., & Gilson, S. F. (2007). *The human experience: Description, explanation and judgment*. Lanham, MD: Roman-Littlefield.
- DePoy, E., & Gilson S. (2007a). *The Bell-Shaped Curve: Alive, Well and Living in Diversity Rhetoric*. *The International Journal of Diversity in Organisations, Communities and Nations*.
- DePoy, E., & Gilson, S.F. (2004). *Rethinking disability: Principles for professional and social change*. Pacific Grove, CA: Brooks-Cole.
- DePoy, E., & Gitlin, L (2005). *Introduction to research: Understanding and applying multiple strategies*. St. Louis, MO: Elsevier.
- DePoy, E., & MacDuffie, H. (2004). *History of long-term care*.  
<http://www.ume.maine.edu/cci/hrsaltc/>
- DePoy, E. (2002). Will the real definition of disability please stand up? *Psychosocial Process*, 15,1, 50-54.
- DIS, disability and disease (2007) accessed on March 1, 2008 at  
<http://www.consultsos.com/pandora/intr0625.htm>
- Funk & Wagnalls'. (1906). *Standard dictionary of the English language*. New York: Funk and Wagnalls.
- Gilson, S.F. & DePoy, E., (2007). Da Vinci's ill-fated design legacy: Homogenization and standardization *International Journal of the Humanities*, 4, <http://www.Humanities-Journal.com>
- Gilson, S.F. & DePoy, E. (2002). Multiculturalism and disability: A critical perspective. *Disability & Society*, 15207-218.
- Goldberg, D. T. (1994). *Multiculturalism: A critical reader*. Cambridge, MA: Blackwell.
- Graves, J. (2005). *The race myth: Why we pretend race exists in America*. Los Angeles, CA: Plume.
- Healy, J. (2004). *Diversity and society*. Pine Forge.
- Jacobs, L (2004). *Pursuing equal opportunities*. New York, NY: Cambridge University Press.
- Jost, T. & Major, B. (2002). *The psychology of legitimacy: Emerging perspectives on ideology, justice, and intergroup relations*. Cambridge, U.K.: Cambridge University Press.
- Kukathas, C. (2003). *The liberal archipelago*. New York: Oxford University Press.
- Linton, S. (1998). *Claiming disability: Knowledge and identity*. New York, NY: New York University Press.
- Linton, S. (2006). *My body politic: A memoir*. Ann Arbor: University of Michigan Press.
- Longmore, P.K. & Umansky, L. (Eds.). (2001). *The new disability history: American perspectives (History of Disability)*. New York, NY: New York University Press.
- Mackelprang, R. & Salsgiver, R. (1999). *Disability - A Diversity Model Approach in Human Service Practice*. Pacific Grove, CA: Brooks-Cole.
- Martin, A., & Volkmar, F. R. (2007). *Lewis' child and adolescent psychiatry: A comprehensive textbook (4th ed.)*. Philadelphia, PA: Lippincott Williams & Wilkins.
- May, G. & Raske, M. (2004). *Ending Disability Discrimination: Strategies for Social Workers*. Saddle River, NJ: Allyn & Bacon.

- McClintock, A. (1995). *Imperial Leather: Race, Gender, and Sexuality in the Colonial Context*. New York: Routledge.
- Mikkelsen, B. (2007). *Handicaprice.*, accessed at <http://www.snopes.com/language/offense/handicap.asp> on March 1, 2008.
- Mink, G., Solinger, R., & Piven, F.C. (2003). *Welfare: A documentary history of America's policies and politics*. New York, NY: NYU Press
- S. Moller-Okin, J. Cohen, M. Howard, M. Nussbaum, (eds). (1999). *Is multiculturalism bad for women?* Princeton, NJ: Princeton University Press.
- Murphy, J. W., & Pardeck, J. T. (Eds.). (2005). *Disability issues for social workers and human services professionals in the twenty-first century*. Binghamton, NY: Haworth Press.
- National Association of Social Workers. (1999). *Code of Ethics of the National Association of Social Workers*, <http://www.socialworkers.org/pubs/code/code.asp>
- Nussbaum, M. C. (2006). *Frontiers of Justice: Disability, Nationality, Species Membership*. Cambridge, MA: Belknap Press of Harvard University Press.
- Oliver, M (1997). *The politics of disablement*. New York, NY: Palgrave MacMillan
- Parillo, V. (2005). *Diversity in America*, 2nd ed. Pine Forge.
- Rodriguez, R. (2002). *Brown: The last discovery of America*. New York, NY: Viking.
- Rosenfeld, D., & Faircloth, C. (2006). *Medicalized masculinities: The missing link?* Philadelphia, PA: Temple University Press.
- Rothman, J. (2002). *Social Work Practice Across Disability*. Saddle River, NJ: Allyn-Bacon.
- Ryan, J. (2005). *Inclusive leadership*. Hoboken, NJ: Jossey-Bass.
- Schneider, D. (2004). *The psychology of stereotyping*. New York, NY: Guilford.
- Shiao, J. L. (2004). *Identifying talent, institutionalizing diversity*. North Carolina: Duke University Press.
- Stein, M. (2006). *Distributive justice and disability: Utilitarianism against egalitarianism*. New Haven, CN: Yale University Press
- Steinberg, S. (2001). *The ethnic myth* (3rd ed.). Boston, MA: Beacon Press.
- Thomas, R. M. (2001). *Recent theories of human development*. Thousand Oaks, CA: Sage.
- Tomlinson, J. (1999). *Globalization and culture*. Chicago, IL: Univ. of Chicago Press.
- Wilson, J. C. & Wilson, C.L. (2001). *Embodied rhetorics: Disability in language and culture*. Carbondale, IL: Southern Illinois University Press.
- Wilson, E. O. (1999). *The diversity of life*. New York, NY: Norton.
- Winzer, M. (1993). *The history of special education*. Washington, DC: Gallaudet University Press.
- Yuen, F. K. O., Cohen, C. B., & Tower, K. (2007). *Disability and social work education: Practice and policy issues*. New York: Routledge.