

No.	Title	Social Production of disability	Social Reactions to disability	Social constructions of disability
1	The post-institutional era. Visions of history in research on intellectual disability	-	-	Even though people with intellectual disabilities are constructed as citizens to date, they are still subject to repressive power. Therefore, it makes more sense to speak of a post-institutional era.
2	Rappers' (special) education revelations. A Black feminist decolonial analysis.	-	Relationships between educators and Black students in special and mainstream education, e.g. student-teacher dynamics.	Intersections of anti-Black racism and ableism: Disproportionate labeling of racialised and minoritised students as in need of special education.
3	Disabled movement beyond metaphor in Michael Ondaatje's <i>The Cat's Table</i> and Abdulrazak Gurnah's <i>By the Sea</i>	Disability as a metaphor for the (materially) debilitating role of racism and colonialism. In the Indian Ocean region, there is an ongoing high prevalence of disability caused by centuries of colonial repressions, such as heightened poverty levels, dangerous working conditions, generational trauma, and a low standard of living.	Pretending to be disabled (mimicry) enables successful migration: muteness covers non-proficiency in the English language and is interpreted as a symptom of unspeakable trauma	Migration complicates disability identities in rendering disability both hypervisible or invisible. Western and non-Western constructions of what counts as a disability contradict each other. In Indian Ocean literature, disability is a key cipher for migration out of the Indian Ocean littoral.
4	Knowing Through Tripping. A Performative Praxis for Co-Constructing Knowledge as a Disabled Halfie	The author points out the structural nature of rural disablement (and its disconnect with promoted individualising interventions like medical interventions and microfinance projects): In rural Southern India, disabled people – and visually disabled people in particular – largely remain devoid of educational opportunities as special and inclusive educational institutions are mostly based in cities and towns far from villages. Spaces of poverty are inaccessible and produce ecological hardships for the general population yet disabled people in particular.	In research with disabled people in the Global South, the shared disability status of the researcher falls out of sight due to intersectional privileges. Therefore, disabled researchers might not be perceived as insiders to disability communities in postcolonial contexts. In rural South India, visual, physical and sensorial access is facilitated relationally, e.g. by escorting family members. As interdependency is the cultural norm, disabled people receive support through their social networks.	In postcolonial contexts, disability may not be perceived as a primary identity vector. In rural Southern India, disability and low material life chances are constructed as inseparable. Thus, disability is qualified by extreme marginality, incapacity and dependency. Assistive devices are not perceived as signifying accessibility but privilege and power. Access is experienced collectively. Performative understanding of disability: "tripping" as doing disability.
5	Southern Bodies and Disability. Re-thinking concepts	The key processes that formed world society (colonialism, globalised capitalism, patriarchy) impact the embodiment of disability.		Most non-Western cultures define productivity not solely in monetary terms and recognise some contribution by almost every community member.
6	Occupied Land is an Access Issue. Interventions in Feminist Disability Studies and Narratives of Indigenous Activism	Settler-occupied Indigenous land is a feminist disability concern because settler state structures are disabling. The anti-obesity discourse presents physical exercise in public land as a solution to obesity yet overlooks that indigenous people risk being criminalised and victimised when accessing public land. Due to displacement and assimilation, Indigenous people have uneven access to healthy environments, healthcare, and traditional nutrition.	-	The anti-obesity discourse targeting indigenous youth is inherently ableist, biopolitical and disavows indigenous health narratives and practices. This discourse further individualises the responsibility for preventing obesity as it ignores structural causes like historical legacies of colonisation, occupation of indigenous land and ongoing state violence. Indigenous narratives on health perceive environmental and bodily health as interdependent.
7	Decolonial Theory and Disability Studies. On the Modernity/Coloniality of Ability	-	-	The authors strive to decolonise psychological science by rethinking constructions of human psychological functioning. To this end, they apply two decolonial strategies of a cultural psychology

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				analysis, namely normalising (disability) and denaturalising (hegemonic accounts of ability). They further state that Disability Studies can provide epistemic resources for the decolonial project to understand coloniality as a process of enablement/disablement.
8	Troubling constructions of Canada as a “land of opportunity” for immigrants. A critical disability lens	-	<p>Disabled immigrants are often excluded in education, health care, employment and youth programmes because services are not designed for them, and settlement workers are unprepared to work with them, e.g. understanding the lived experiences of immigrating with a disability (like the need for family support).</p> <p>Disabled immigrants experience racism and ableism when navigating social services.</p> <p>Canada offers health and social services and inclusive education for disabled people.</p> <p>Disabled immigrants narrate experiencing less open discrimination due to their disability compared to their home countries.</p> <p>One disabled mother using a scooter is constantly confronted with the assumption that she lives off social services (dependency discourses).</p> <p>Disabled immigrants internalise discourses of worthiness and either pass as able-bodied or cover their disabilities to present themselves as admissible.</p> <p>Disabled immigrants do not feel welcome in the application process. Some have experienced being rejected and attribute this rejection to their disability. Some families leave family members with disability behind to ease the settlement process and heighten the chances of bringing them to Canada at a later stage.</p>	<p>Dominant discourses construct Canada as a “land of dreams” for immigrants, concealing ableist, racist and colonial discourses that immigrants with disabilities experience during their immigration.</p> <p>Disability is conceptualised as an economic burden and/or public health risk, while immigrants with disabilities must prove their “worthiness” of support.</p> <p>In helping professions, such as Social Work, individualising constructions of disability are predominant.</p> <p>The Global North is constructed as superior to the Global South regarding societal reactions to disability.</p>
9	Theoretical dimensions for interrogating the intersection of disability, immigration and social work		<p>Othering processes based on different identities (disability, migration) are similar.</p> <p>Migrants and refugees with disabilities are marginalised in immigration.</p>	<p>Persons with disabilities in the Global south are constructed as a homogenous social group.</p> <p>Theories and practice models on disability are shaped by coloniality, yet lived realities of disabled people are not universal. There is no global consensus on how to define disability.</p> <p>Development agencies play a neo-colonial role when they impose models of practice on the Global South (e.g. early intervention, employment training, inclusive education).</p> <p>Immigrants with disabilities are constructed as inadmissible others or “others of others”.</p>

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				Immigration regimes of the Global north are shaped by intersecting ableism, racism and neo-colonialism (e.g. manifesting in dependency discourses).
10	Tracing and troubling continuities between ableism and colonialism in Canada	Indigenous populations face particular risks by eugenic logics and institutions. Colonial and imperial aggressions produce disability amongst indigenous groups through war, environmental devastation and disease, and mass dispossession, e.g. separation from traditional food supplies, forced child removal and the residential school system.	-	Disability nationalism: Canadian rhetorics of multiculturalism and tolerance mask disabling colonial relationships between settlers and indigenous populations, e.g. a prevailing devaluation of and stereotypes of indigenous cultures. Ableist violence is a colonial tool: Colonialism disables indigenous forms of life by pathologising indigenous bodies as unfit.
11	Decolonising disability. Thinking and acting globally	Colonialism has produced a lasting disabling impact on the Global South. Disability and poverty are strongly interrelated in the Global South, often the Global North profits. Global atrocities connected to a globalised economy continue to produce mass impairments in the Global South, e.g. through imperialist wars, postcolonial civil wars, nuclear testing, the export of environmental pollution, privatised health care, sweatshops, famine, dispossession and enforced dependency.	In colonial times both disabled and racialised individuals were institutionalised to control colonised populations, contain resistance and “normalise” indigenous children into European ways. In these institutions, disabled people faced emotional and physical abuse. By uprooting disabled people from traditional systems of care, the colonial order legitimised the “disabled beggar” still common in urban centres of the Global South. Based on eugenic worldviews, many colonial and postcolonial states have restricted the immigration of disabled people.	Constructions of disability from the Global North – like the social model and Policies like Disability Pride, Inclusion or Independent Living – tend to be universalised yet do not fit Southern contexts and lived experiences. Further, theorisations of disability from the Global South are not universalised but reminded to specify their geographical origin, e.g. in Peer Review. Lived experiences of disabled, indigenous populations are erased in Disability Studies. Northern DS scholars fear returning to medicalised constructions of disability when issues of the prevention of impairments are brought up. Nevertheless, impairment prevention plays a major role in the social relations of disability. The author proposes to employ the notion of social suffering to capture dispossession without denying the agency of disabled people in the Global South. Concepts of reconciliation and healing might be a helpful way forward. Further, she argues that the differentiation between chronic illness, impairment and disability cannot usefully explain the contemporary experiences of indigenous peoples. Disabled activists from the Global South initiated the CRPD, yet Southern critiques of the universalism of Human Rights cannot be ignored. In the process of colonisation, the racialised subaltern and the disabled subaltern cannot be meaningfully separated as colonial hierarchies constructed the colonised as unfit. “Disabling” is still used as a metaphor for the impacts of colonialism in postcolonial studies. Disability was an alien concept to many colonised cultures. Disability Studies should acknowledge that

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12	Access into professional degrees by students with disabilities in South African higher learning	As a legacy of apartheid, special schools that formerly taught white students offer a higher quality education.	<p>Despite inclusion policies – a neo-colonial import from the West, disabled students in South Africa face structural and attitudinal barriers when entering higher education institutions. These barriers are rooted in coloniality, yet those underlying causes are invisible to disabled students.</p> <p>To enter Law or Medicine degrees, students must meet requirements that cannot be acquired in special education schools, specifically not in schools for the Deaf. Also, teachers might discourage students from taking the required subjects in mainstream schools due to low expectations. Staff and students perceive specific impairments to limit entry into specific degrees.</p> <p>When meeting the entry requirements, students feel treated equally. The author concludes that the underlying inequality or societal exclusion is invisible to the students and discusses internalised oppression and alienation by special education.</p>	<p>there are many different constructions of disability, e.g. related to indigenous medicinal knowledge and healing practices.</p> <p>Coloniality of being categorises humanity based on ideas of “normalcy.” In the study at hand, this manifests in attitudinal barriers. Intersectionality in terms of class, race and specific impairments must be considered. Students from privileged backgrounds face fewer barriers.</p>
13	Unsettling research versus activism. How might critical disability studies disrupt traditional research boundaries?	In the Vietnamese historical context, disability and impairment were produced by colonial, neocolonial, and neoliberal forms of governance, e.g. exposure to Agent Orange.	<p>The Vietnamese state provides social assistance and free health care to victims of Agent Orange based on a charity/medical rather than rights-based model of disability. Most DPOs face resource constraints and institutional policing.</p> <p>The authors discuss colonial effects on the social order between disabled and non-disabled people: The import of Confucianism under Chinese rule subordinates women and thus marginalises disabled women and girls who face intersecting oppression, e.g. overprotective parents. Some disabled Vietnamese girls reported facing gender-based violence and bullying in school, while others experienced being included.</p> <p>The Vietnamese Disability Rights Movement is divided by a classed, gendered and ability hierarchy. Ethnicity and poverty also influence intersectionally complex layers of discrimination.</p>	<p>Constructions of disability from the Global North are hegemonic, whereas theoretical and conceptual foundations for disability discourses in the Global South are lacking. For instance, the distinction between impairment and disability is a Western construction. Further, disabled girls and women in the Global South tend to be homogenised as victimised “others” in humanitarian and human rights discourses – despite their active roles as Disability Rights activists.</p> <p>Similarly, academic knowledge on disability is prioritised over activist knowledge and reproduced by i.a., funding structures and the publishing process. The authors further call out academic ableism that excludes representations and voices of disabled people.</p> <p>Vietnamese cultural narratives often perceive disability as a matter of fate, burden, and sin.</p>
14	Walking the Talk. Towards a More Inclusive Field of Disability Studies	Colonialism and globalisation have disabling effects on racialised and indigenous populations in the Global North and on populations in the Global South.	Universities are key spaces where social inequalities, i.a., based on disability, are reproduced.	Canadian Disability Studies are Eurocentric: Scholarship by or on racialised and Indigenous groups and the Global South is underrepresented in the curricula offered.

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15	A call to rethink the Global North university. Mobilising disabled students' experiences through the encounter of Critical Disability Studies and Epistemologies of the South	-	Disabled university students face old and new forms of discrimination in neoliberal universities with colonial legacies.	Neoliberal and neo-colonial practices in Western universities exclude certain knowledges and modalities of being (disabled) university students. For example, a medicalisation of disability limits disabled students' possibilities of becoming and perceiving themselves. The strategies and beliefs of disabled university students question the university's ableist, neo-colonial premises and, for instance, crip its notion of linear time and progress or promote crip self-care and mutual support.
16	[Encuentros entre la perspectiva decolonial y los estudios de la discapacidad] Encounters between the decolonial perspective and Disabilities Studies	Disability is produced by neoliberal and neo-colonial practices of exploitation, ableist economic effects and historically long experiences of colonialism	Disabled people in Latin America experience (unspecified) social reactions as part of the colonisation of knowledge and of being in an ableist colonial modernity and neoliberalist economy	Disability is conceptualised by (unspecified) neoliberal and neo-colonial practices and epistemologies which exclude knowledge and practical ways of being of indigenous cultures
17	Troubling Law's Indefinite Detention. Disability, the Carceral Body and Institutional Injustice	The Australian state is legally and institutionally complicit the disablement of indigenous Australians via intergenerational child welfare interventions, impunity for sexual violence and overregulation by disability services. Incarceration and micro carceral practices like isolation can have a disabling/maddening effect on detainees ("slow death").	A diagnosed disability status consolidates, extends and legitimises criminalisation, policing, carceral control and indefinite detention of indigenous Australians ("necropolitical management"). Racialised disabled people face a greater risk of violence and death. The author positions the disabled body as a "carceral site": Disability "support" is part of a multi-layered continuum of carceral control, yet a "curative" logic masks disabled people's detention. Legal definitions of definite and indefinite detention cannot depict such continued detention across different institutions.	Indigenous Australians are labelled as disabled, which masks settler-colonial violence and individualises their problems. In the case study, the disabled, indigenous Australian woman was labelled as legally capable/"cunning" or incapable at various times. For instance, episodes of self-harm are dismissed as "attention-seeking" behaviour.
18	Canadian Disability Policies in a World of Inequalities	The forced removal of indigenous children from their families and placement in residential schools or foster care has caused intergenerational trauma in indigenous peoples. Indigenous children are still overrepresented in child welfare systems. There have been systematic attempts to eliminate Indigenous languages and ways of knowing and being, and exploitation of the lands and their resources without the prior and informed consent of Indigenous peoples.	Indigenous, disabled Canadians experience intersectional inequalities. They are disproportionately affected by material inequalities, e.g. poverty, unemployment, barriers to education or service provision, institutionalisation and related abuse or sterilisation. In Canada, disability policy is fragmented across provincial/territorial jurisdictions resulting in an uneven patchwork of support services available and unmet needs. For Indigenous people, access and funding depend on whether there is a treaty between their particular nations and the federal government or a recognised land claim and whether a person resides on or off a First Nations community.	Concepts of disability and impairment were/are not part of many Indigenous languages. Human Rights norms are insufficient to decolonise inclusion as they shape a universalising response to disability. Indigenous approaches to disability challenge the understanding of disability as difference as a settler-colonial concept, e.g. evident in the UN CRPD. Jordan's principle approaches policy from indigenous values, i.a., inclusion. The primary health provider for Indigenous peoples, the First Nations and Inuit Health Branch, reinforces a medicalised approach to disability.

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			<p>In the public discourse on medical assistance in dying legislation, a logic rooted in neoliberal-ableism transpires that it is better to be dead than disabled. Despite independent and community living policies, institutionalisation is still prevalent in Canada. Affordable, accessible housing is often not available.</p>	
19	<p>Breaking Down. A critical discourse analysis of John Langdon Down's (1866) classification of people with trisomy 21 (Down syndrome).</p>	-	<p>(Outdated) racist and ableist discourses on Trisomy 21 continue to shape prejudices against people with Trisomy 21, although T21 is not understood as a disease.</p> <p>The current neo-colonial and neoliberal order positions and values people with disability regarding their resourcefulness in the free market. Colonial societies developed a "degeneration anxiety" that perceived disability as a sign of the decline of, e.g., the "British race." Within institutions at the historical time, people with Trisomy 21 were "observed," "treated," "trained" and "civilised."</p>	<p>In colonial discourses, disability and race are intertwined, as seen, i.a. in "freak shows." The institutionalisation of disabled "others" in asylums and of racial "others" stem from the same cultural origin ("the civilising mission"). Colonising societies had to account for the presence of bodily and intellectual difference at home.</p> <p>"Down syndrome" was first conceptualised using colonial discourses on racial and bodily otherness rooted in ideas of "degeneracy." Down discursively merged the "abnormal other" with the "racial other." People with Trisomy 21 were understood as passive "hybrids," mimicking and similar to people without disabilities but not the same.</p> <p>These colonial understandings can be traced in contemporary medical and scientific discourses, which construct people with trisomy 21 as the deviant "other." In evolutionary developmental biology, certain features of Trisomy 21 are understood as "atavisms," which the author reads as a revival of the "degeneracy" discourse without the racial ideology.</p>
20	<p>The Politics of "People with Lived Experience" Experiential Authority and the Risks of Strategic Essentialism</p>	-	<p>Mental Health research increasingly involves "people with lived experience" as co-researchers following the Disability Rights demand of "nothing about us without us." Such "survivor" involvement sometimes induced reforms in the Mental Health system. However, this participation is fragile and depends on an intersectionally privileged position: "people with lived experience" are recognised as viable research partners only when assimilating (performing White civility, comprehensibility and self-management). "Lived experience" can be an asset for professional gains.</p>	<p>"Lived experience" is not a cohesive identity category. "People with lived experience" understand and mobilise their difference differently. As subjects are socioculturally constituted, it is possible to construct counteridentities. Compared to other ways to self-refer ("mad," "survivor"), "lived experience" functions as a rather apolitical, universalising umbrella term that, e.g. obscures intersectional inequalities. "Experience" seems authoritative, although it needs explanation.</p> <p>When people with lived experience" act as if "lived experience" were a cohesive identity, they employ strategic essentialism for political purposes. However, strategic essentialism risks naturalising difference.</p> <p>In research co-production, "people with lived experience" do not have control over how others</p>

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21	Lebanese women disability rights activists. War-time experience	War/conflict as a cause of disability: some of the study participants had acquired mobility-related impairments as a result of war injuries	<p>Muslim/Arab women are mostly silenced in Disability Studies and feminist scholarship despite active histories of resistance to ableism and sexism. Disability Rights activism occurs in a sexist and ableist context, where the capacities of women with disabilities are doubted. In Lebanon, the context of war provided specific opportunities for disabled women to become active as Disability Rights activists (due to urgent needs) and raise awareness on disability issues (as disability is ubiquitous). Some of the study participants had joined the organisation because of their experiences of inaccessibility, isolation in their families or exclusion from education and the workplace.</p> <p>In times of war, the NGO had to evacuate some people with disabilities who had been left behind in the rubbles by their escaping family members. None of the study participants had children after becoming disabled.</p>	<p>read their difference. They risk legitimising dominant discourses on mental illness and even tokenism as they embody diversity and inclusion.</p> <p>The author problematises that Arab/Muslim women (with disabilities) are assumed to be passive victims and unaware of ableism and sexism in their societies. Such tragedy discourses conceptualise Arab/Muslim women (with disabilities) as needing rescue by the West (from their own families), which has been used as a justification for neo-/colonialism and recent wars.</p> <p>Independent Living is a normative ideal incompatible with Arab societies that place great importance on the family and, e.g. maternal responsibilities. More nuanced conceptions of families as potentially discriminatory and supportive are needed.</p>