

Critical Inquiry Across Disciplinary Divides: Methodological-Ethical Reflections on Conducting Discourse Analysis Across Disability and Rehabilitation Studies



RESEARCH

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ABSTRACT

This article offers a methodological-ethical reflection on the challenges of conducting a Foucauldian discourse analysis across the fields of disability studies and children's rehabilitation. Although both fields engage with the lives of disabled children, they operate through distinct epistemologies and power relations that shape interdisciplinary research encounters. Drawing on our experiences within a cross-disciplinary Canadian-Aotearoa New Zealand research team, we examine how disciplinary dominance, positionality, and divergent ethical commitments materialized within the research process itself. We show that these tensions are not merely logistical obstacles but constitutive features of cross-field inquiry that require sustained reflexivity, relational ethics, and attention to the affective labor of collaboration. Situated within existing lineages of disability studies, critical rehabilitation, and relational scholarship, the article articulates how 'conversation as method' emerged as one praxis through which difference, friction, and discomfort could be worked with as resources for knowledge production rather than barriers.

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The fields of disability and rehabilitation studies both claim a stake in the lives of disabled people in order to support their thriving. However, these fields draw from different lineages and take distinct approaches to what is conceived to be better living for disabled people. These differences have led to a sustained play of tensions, which are important to attend to, but limit the possibilities that could arise from equitable cross-disciplinary collaboration and knowledge sharing. While noting a gradual increase from pockets within rehabilitation responding to critiques and perspectives arising from disability studies, and from disability studies considering questions in rehabilitation, there are still surprisingly few conversations and collaborations across the two fields. A 2018 review of both disability studies and rehabilitation literatures found that ‘rehabilitation is marginal within disability studies, and the voices of disabled people are marginal within rehabilitation sciences’ (Shakespeare et al. 2018, 63), adding their call alongside others for more dialogue between disability and rehabilitation studies. A significant body of work within disability studies critiques the project of rehabilitation from multiple perspectives (Barnes 2003; Goodley and Runswick-Cole 2010; Shakespeare et al. 2018). Alongside this, a growing body of research draws on disability studies in order to critically re-orient rehabilitation studies (e.g., Abrams et al. 2019; Fadyl, Teachman and Hamdani 2020; Gibson and Teachman 2012; Hammell 2009; Magasi 2008; Mosleh and Gibson 2022). However, it is still rare, even within these ‘bridging’ works, to encounter a robust knowledge exchange that explicitly acknowledges and attempts to redress power imbalances and value differences across fields.

As Mosleh (2019, 3) highlights, ‘scholarly engagement between [disability studies] and [rehabilitation studies] has been reduced to a useful, yet arguably repetitive critique of rehabilitation’s underlying theoretical assumptions regarding the “nature” of the human body.’ Within disability studies, rehabilitation is commonly invoked as a way to critique the often oppressive ways in which medicalization dominates disabled people’s lives as well as the normative, normalizing, and individualizing approaches to disability that rehabilitation practices often reproduce. Within rehabilitation studies, disability studies is often mobilized in order to address the ableist biases of rehabilitation. In this way, rehabilitation studies tends to ‘extract’ from disability studies, and disability studies seldom engages with rehabilitation studies and tends to situate rehabilitation solely as an object of critique. While recent scholarship has sought to foster dialogue across the divide (Shakespeare 2012; Shakespeare et al. 2018), such work also highlights the persistence of political currents between activist and rehabilitation-focused perspectives that shape what collaboration can become. As Hogan (2019) shows, these rifts are a productive place for reflection—for example, ‘the medical model’ has been invoked differently in activist rejections of medicine compared with models of disability that account for social context. Even where common purpose is pursued, the resurfacing of earlier lines of demarcation signals a discursive landscape that remains unsettled and contested.

While there is a growing body of scholarship on interdisciplinarity, reflexivity, and relational research ethics (e.g., see Brannelly and Barnes 2022; Thorpe et al. 2022), there is still comparatively little literature that examines how disciplinary hierarchies and epistemic asymmetries are lived and negotiated within interdisciplinary research teams themselves, particularly across fields with long-standing tensions, such as disability studies and children’s rehabilitation. In particular, we foreground the affective labor and ethical frictions that shape how collaborative knowledge production actually unfolds.

This article addresses this gap by offering a reflexive account grounded in our experience of conducting a Foucauldian discourse analysis across disability studies and rehabilitation studies. We examine how discomfort and misalignment were important as analytically productive. In doing so, we articulate *conversation as method* (Feldman 1999) as a critical praxis through which methodological tensions, ethical commitments, and disciplinary differences were continuously negotiated. The article offers practical and conceptual insights for scholars planning cross-disciplinary research in contexts marked by unequal power relations, particularly those seeking to avoid reproducing hierarchies that their work aims to critique. We begin with an overview of the study that brought our research team together. We then critically reflect on some of the challenges we encountered, offering methodological-ethical considerations—arising from our work together—that begin to address these challenges. The purpose is to offer a meta-methodological and ethical reflection on conducting analyses across disability studies

DESCRIPTION OF THE DISCOURSE ANALYSIS STUDY

To situate the methodological-ethical issues that are the focus of this article, we provide an overview of the design and processes of the discourse analysis study that forms the basis of our reflection. The methodological framework, analytic practices, and collaborative arrangements are described because they constitute the material through which we examine interdisciplinary tensions and ethical complexities.

AIMS AND METHODOLOGY

The explicit purpose of the study we reflect on in this article was to bring together researchers from disability and rehabilitation studies to examine discourses across both fields, relating to disabled children and childhood disability. Our discursive analysis focused on how childhood and disability are conceptualized and responded to in both disability and rehabilitation studies with a particular view to analyzing the relations among these discourses and their potential effects in shaping children's rehabilitation and disabled children's lives. Our analysis paid particular attention to practices located within an anglophone Global North context. Applying the qualitative methodology of Foucauldian discourse analysis (Fadyl, Nicholls and McPherson 2013; Hook 2001), we analyzed the ideas and practices that are taken for granted in each field, examining how these shape what is possible for disabled children (including youth) and their communities. In making such patterns explicitly visible through our analysis, our purpose was to open space to question and challenge the mechanisms by which they are sustained and taken for granted as natural and 'right' (Foucault 1981; Titchkosky 2007). We were intentional about wanting to build on the intersecting interests of disability studies and children's rehabilitation, considering how each field could be positively challenged by the other to stimulate something constructive for disabled children. However, we had not anticipated the extent to which discursive differences between the fields would manifest within our team research processes during the course of the study.

STUDY TEAM

The study team included Canadian academics in disability studies across multiple institutions, academics from Canada and Aotearoa New Zealand in rehabilitation and children's rehabilitation, and trainees in both fields. Some team members brought their experiences working as clinicians in rehabilitation settings. Some brought their lived experience as disabled people. Some of the team had worked together prior to this project in various configurations and some were new to the collaboration. The academics had familiarity with each other's work.

The study also included an advisory group consisting of five individuals contributing a wider range of often-intersecting perspectives as disabled persons, parents of disabled children, clinicians, and/or disability advocates. The advisors were paid for their involvement, and invited based on their professional roles, experience in disability studies, and situation within one or both of the fields under discussion. Advisors engaged at key points in the study, contributing early feedback on the study objectives and subsequently on the interpretation of emerging findings.

OVERVIEW OF DATA SOURCES AND ANALYSIS

Texts analyzed for the study included 50 extant texts (date range: 1991–2021) from across children's rehabilitation and disability studies and 14 semi-structured interviews generated for the study with key informants from each field. Ethical approval for the interview component was granted by the Research Ethics Board at Western University, Canada. Interview participants were external to the team and situated in Canada or the UK. Each was purposively recruited because of their in-depth knowledge, stature, influence, and/or prolonged engagement in one or both fields under study. Extant texts were all published in English and included academic journal articles, book chapters, reports, websites, and course syllabi from university courses in rehabilitation or disability studies from countries situated in the Global North, where it might

be expected that the fields of disability studies and children's rehabilitation would be well established. Informed consent was obtained from all interview participants.

In the study, we employed a multi-phase process for analysis that drew on our Foucauldian discourse analysis methodology. During the first phase, the first half of the texts were double-analyzed by two members of the research team from different disciplines (disability studies or rehabilitation) in order to prompt early analytic discussion about what constructs were visible from different disciplinary perspectives. Once all texts were analyzed, we conducted wider team discussions focused on a selection of analyzed texts to explore examples of key constructs emerging across multiple texts. The second phase of analysis focused on interrogating the discursive constructs that were visible across texts, and the effects of those constructs regarding what they made possible to think, say, and do. The final stage of analysis returned to the research questions and explicitly considered what the study findings offered in opening space to disrupt the discursive mechanisms that sustain impasses and how to better foster cross-field knowledge exchange and dialogue. Discussion and feedback from the advisors were also fed back into the analysis at this point. The breadth and depth of deliberation during this multi-phase analytic process revealed a range of complexities and informed the considerations articulated in the remainder of the article.

METHODOLOGICAL-ETHICAL COMPLEXITIES AND CONSIDERATIONS

This discussion focuses on the methodological-ethical complexities and considerations of the study, which we identified as a team through ongoing dialogue across the study and since. Empirical findings from the discourse analysis will be reported in subsequent publications. The reflections presented here emerged from an ongoing series of conversations among team members over the course of the discourse analysis study, undertaken as part of our regular collaborative practice rather than through any kind of planned data generation. We have organized the issues we discuss into two overarching categories: 1) navigating dominance and privilege and 2) confronting positionality in the critical analysis process.

NAVIGATING DOMINANCE AND PRIVILEGE

This section examines how disciplinary dominance and epistemic privilege shaped both the design and conduct of the study, demonstrating how power relations between disability studies and rehabilitation were reproduced, even as they were critically interrogated, within the research process itself. Beginning from the time we originally conceptualized the project, team members anticipated challenges working across two fields that were historically opposed. Moreover, we recognized that rehabilitation studies wielded wider epistemic authority and privilege compared with disability studies. One of the complexities of the study was how to more fully recognize, acknowledge, and account for these existing social relations while still attending to the dialogical research aims. This process began with the acknowledgement that in its alignment with biomedicine and practices of medicalization, children's rehabilitation is situated within dominant societal discourses about disability. In stark contrast, disability studies emerged through the activism and scholarship of a relatively small group of disabled scholars and allies in the 1970s, whose aim was to disrupt and transform understandings of disability. Notwithstanding the exponential growth in disability studies, the field remains marginalized in academic and applied policy sectors.

To think about power and inequity in this study meant to think about power at multiple registers, in terms of both domination and capacity. At the disciplinary level, the institutional and economic dominance of rehabilitation over disability studies is evident. Children's rehabilitation is backed by resources, legitimacy, and the capacity to make truth claims that disability studies has much less access to. Insofar as it is part of institutionalized medicine, rehabilitation has an institutionalized authority and workforce that disability studies does not. From this advantaged position, rehabilitation studies draws on established epistemic authority and legitimacy in society. Accordingly, its research is robustly backed by various institutional funding bodies and broader socio-cultural support. As a result, rehabilitation studies enjoys a privileged position where its constituent ideas and practices are more likely to be seen as valuable and aligned with existing societal values. This dynamic can be understood as a form of epistemic injustice

(specifically hermeneutical injustice), in which disability studies knowledge is rendered less credible or actionable within institutional research contexts dominated by biomedical and rehabilitative logics, despite its critical importance for understanding disability (Fricker 2007; Scully 2020). While the epistemic injustice literature offers some insight into the institutional credibility of disability studies, our reflection suggests that its material conditions are worthy of investigation, too. This resonates with earlier disability studies critiques of positivist disability research (Oliver 1992, 1998).

In this context, the active intervention of rehabilitation studies into what ‘disability’ is understood to be and means sets the stage for disability studies’ responses to questions about disability’s taken-for-granted nature: Clinicians by and large have referred to disability in terms of mandates for productive citizenship and/or fostering independence, with a tendency to focus on the normalization of bodies, functions, and behaviors as the way to alleviate the presumed suffering associated with disability (Fadyl, Teachman and Hamdani 2020; Mosleh and Gibson 2022). Disability studies’ responses to the same questions have addressed disability at the discursive level, upstream from these practical questions—bringing into view the oppressive socio-political relations that produce disability. In short, rehabilitation studies sets the stage for acting on the body and disability studies challenges such dominance by taking a reflective and critical role, exploring the power of naming, the economic and symbolic power of medicine/rehabilitation, and the impact of such authority on those subject to it.

Speaking and writing about disciplinary domination is one thing. To reflect on how it was taken for granted, wielded, deferred, or redefined in the course of our team’s work together has been a more complex and demanding undertaking. Despite awareness of these differences at the outset of the study, they still created unanticipated challenges in moving the work forward. For example, one challenge arose from an imbalance in the literature: Disability studies scholarship on children is comparatively sparse, reflecting an ethical hesitancy to ‘speak for’ young people, whereas there is a substantial body of children’s rehabilitation research centered on childhood disability and individualized intervention. This imbalance foregrounded divergent ethical commitments that the team needed to negotiate during, and sometimes in addition to, analysis. Strategies for finding our way together across the uneven terrain were not clearly set out at the start, but since the purpose of this study was to question disciplinary divisions and not to reproduce them, we fumbled our way along, buoyed by the determination to make progress, however modest.

While it is core work within disability studies to contend with the slippery discursive nature of terms such as ‘disability,’ collaborating with rehabilitation studies (critical or otherwise) in a discourse analysis pressed against the values and definitional pillars that structure the discipline. As such, an understanding of power as a discursive mediator necessarily informed the approach to the work for the disability studies scholars on the team. The mediating power of not only the history and context of the discipline, but also the institutional structuring power on *who* within the discipline could do this cross-disciplinary work continually emerged. Ultimately, while the disciplinary norms that structure rehabilitation and disability studies research varied, the structures of legitimacy and hierarchy across universities and institutions informed both. This resulted in a need for all members of the team to reflexively take their own expertise and priorities as objects of analysis in order to then carve out space to find the in-between.

While the rehabilitation-based team members had experience being interpellated into a role of authority through clinical training, they aimed to make that authority an object of analysis. Adopting a ‘critical’ rehabilitation position reframes the symbolic landscape. Clinical training and expertise became an object for analysis, rather than a rank affording authority and privilege. Gibson (2018) identifies three aspects of critical rehabilitation: questioning the taken for granted, attending to power, and questioning the dominance of positivism. Each of these tenets challenges the disciplinary dominance of rehabilitation, reshapes the symbolic landscape for the study, as well as informs its design and method. However, this is never easy, and despite this explicit positioning, we encountered assumptions and blind spots throughout the study.

In addition to the explicit questioning of taken-for-granted assumptions (e.g., ‘how would you define childhood disability?’ posed in the interview protocol), the study was submitted to, and funded by, a social sciences and humanities funding body rather than a health sciences

funding body. This was an intentional choice because it aligned with our team's commitments to framing the 'problem' of disability as a product of socio-political relations within persistent power hierarchies that have harmful and disabling effects for children with differences or impairments. Power—the discursive power outlined above—formed the basis of the inquiry and was an ever-present mediator in the unfolding of the study processes. Overall, these dynamics show that disciplinary power was both a structural condition of the study and something actively encountered and negotiated through the research team's analytic practices.

CONFRONTING POSITIONALITY IN THE CRITICAL ANALYSIS PROCESS

While the preceding section highlights how disciplinary power shaped the broader conditions of the study, this section turns to how these dynamics were lived and negotiated through researchers' positions and embodied responses during analysis. Positionality in the cross-disciplinary research process operated as an embodied and affective practice, through which discomfort, hesitation, and ethical unease signaled how researchers were being positioned within disciplinary, political, and relational power dynamics. All investigators occupied a dual 'expert/subject' position, insofar as we were reflecting on the disciplinary divide while situated in one or both fields. This led to related but quite different tensions experienced by study team members located in different disciplines. We discuss each of these tensions in turn below, as well as the interactional effects they produced.

All of our rehabilitation team members positioned themselves within *critical* rehabilitation studies, and for those team members, analyzing and critiquing disability studies texts was uncomfortable and raised a number of concerns. For scholars in critical rehabilitation studies, critical discourse analysis represents a methodological toolbox to critique what is taken for granted in 'routine' health care practice. However, a critical discourse analysis that included disability studies texts was a much more difficult undertaking. The process of double-analyzing texts (i.e., two analysts from different disciplines) in the early stages of our analytic process was helpful, but it remained uncomfortable. On discussion, there were clear reasons for this, which related back to the aims of this study: Disability studies is explicit about the marginalization of disabled people, perpetuated by mainstream social institutions including rehabilitation, and as such, is a crucial resource for activating reflexivity by practitioners and academics located in rehabilitation. For those academics in our team, disability studies had been instrumental in enabling a discursive critique of rehabilitation, and as such, it was difficult to engage in a discursive critique of those same 'activating' statements.

Furthermore, this discomfort produced concerns about the effects of applying the same level of critique to two fields that are profoundly unequal in their societal support and influence. This felt like a disregard of the principles of equity, where explicit measures are taken to ameliorate the power differential. This discomfort mirrors a tension documented in reflexive and relational (such as feminist and decolonial) methodologies that critique directed toward counter-hegemonic fields can be ethically misaligned when power relations are unequal, even when such critique is situated within collaboration (Pohlhaus Jr 2012; Smith 1999). In discussions (including those with the study advisors), we came to a position where the study team members located in rehabilitation agreed that they were keen to investigate the discursive differences between disability studies and children's rehabilitation to facilitate knowledge exchange *and also* to explicitly ally with disability studies in the critique of rehabilitation. This explicit allyship affected how we approached communicating our purpose and study findings—sometimes in ways that might be seen by some as a conflict with the adopted 'non-judgement' of the analytic lens associated with Foucauldian discourse analysis. However, we would argue a distinction here consistent with Foucault's own conduct. During analysis, the analytic lens employs an appropriate suspension of moral-ethical assumptions in order to see how 'reality' is being constructed. However, our conduct beyond that stage of analysis was informed by both the insights from analysis and by the political imperatives presented by our particular contexts (Oksala 2012).

Team members located in disability studies were coming from a context where the analysis of discourse, power, and subjectivity form the *basis of the discipline*, not something that sits on the margins. Through this lens, those team members noted a disposition in the texts and interviews located in disability studies: Children's rehabilitation can be dismissed as *just* medicalized discourse, *only* a space of subject formation, and as a result, disability studies approaches

often *dismiss* those attempting critical rehabilitation as well-meaning but ultimately mistaken actors. This disposition reproduces the aforementioned tension with this sort of collaboration, and even when this tendency is not reproduced, the suspicion it inspires remains. As one of our team members noted, while discursively positioned as dominated, disability studies does not need critical rehabilitation to remain critical, nor does it need to reflect on the experience of children's rehabilitation as anything more than medicalization. Cast to the margins as it may be, disability studies is often situated as not needing rehabilitation. For the Disability Studies Scholars on the team, a cost of collaboration with rehabilitation was to run afoul of a disciplinary distaste for medicalization in all its forms. This opposition was consistent with a rejection of rehabilitation's attempts to define what disability *is*, and a wariness of critical rehabilitation's focus on folding critique back into routine practice rather than fronting a demand for more fundamental change. These are important and established critiques of interdisciplinarity within critical disability studies—particularly the concern that collaboration that requires a muting of politics is likely to reproduce ableism (Meekosha and Shuttleworth 2009; Mladenov and Dimitrova 2023).

Thus, while rehabilitation-positioned members of the study team readily acknowledged that critical rehabilitation studies needs disability studies in order to progress, those in disability studies raised the question of whether disability studies has any need at all to engage with critical rehabilitation studies. Indeed, these team members maintained a deep wariness of the potential consequences of such collaboration. Ethically and emotionally, these experiences positioned the team members located in different disciplines quite differently—and almost in conflict. Even though all our interactions remained collegial, respectful, and enlightening, there remained undercurrents that were difficult to trace. Those undercurrents surfaced occasionally as silences or through reflections and moments of insight when we realized that, at times, we were talking across one another without appreciating the nuanced differences in our meanings. It could be argued that this was a replication of the very problem we sought to analyze when we embarked on the study. Despite some expectation of these difficulties, the design of the study had not built in resources and time to support team members to navigate these tensions both within and across disciplines, which impeded progress at some key points.

Positionality also affected the experience of analyzing texts (both extant and generated) because of the team members' particular relationships to the topics and authors of the texts. As expected, it was easier for team members to discursively analyze texts that were further away from their own positionality (e.g., those that reproduced medicalized notions of childhood disability), at least in part because the discursive constructs were easier to see. Furthermore, analysts found themselves navigating emotional reactions to the discursive constructs (like particular definitions of 'disability' or 'childhood') because of their particular relationships with them—positive and negative. Regarding the authors of texts, our dataset included articles authored by colleagues (including those in our study team), and interviews with people we had encountered/would foreseeably encounter in the course of our professional lives. Our analytic process needed to attend to the relationships as well as the discursive content of the texts, while retaining rigor in our analysis. Strategies like journaling and informal discussions with other team members thus became more important in our analytic processes than we had anticipated at the outset.

Finally, the advisory board consultations also presented particular methodological and ethical challenges related to positionality. The advisory board was not the typical 'external' or 'additional' perspective on study structure and progress—our theoretical and methodological commitments meant this would not be possible. Nobody speaks outside of discourse, and all accounts add to it. Our progress reports were not written by or for extra-discursive actors. Discussing study progress required an account of exactly what we did—also a discursive act, and one that involved negotiating accounts between study team members in both disciplines. An example centered on exploring the relationship between meaningfully supporting individual children (emphasized in children's rehabilitation texts) *and* working within frameworks that enabled a broader structural emphasis on rights, advocacy, and social justice (centered in disability studies texts)—without putting the two in apparent opposition. Working within our team to produce concise summary documents for the advisory group offered another stage for the politics of collaboration and disciplinary negotiation to unfold, even before we got to sharing the summaries with the advisors. Discussions with study advisors both helped the

team adjust course where necessary *and* stay the course in terms of persisting with the study. Advisors were strong in assuring the team of the relevance of the work being done, despite also challenging it. Together, all these dynamics underscore how interdisciplinary research of this type is an embodied and affective practice as much as it is an intellectual undertaking, and it is shaped by histories of disciplinary power, lived commitments, and the ethical risks of Speaking across difference (Meekosha and Shuttleworth 2009; Mladenov and Dimitrova 2023).

In many ways, across all aspects of this study, *conversation* continually emerged and re-emerged as a method of inquiry. While conversation was formalized in methods such as semi-structured interviews and the engagement of the advisory group, we also continually moved to put texts, our dual analyses, and ourselves in conversation with each other. The aforementioned informal discussions with other team members, as well as team meetings to discuss analyses and study updates became crucial loci of not just knowledge sharing, but knowledge production. While it was not something we identified at the outset of the study, an understanding of *conversation as method* (Feldman 1999) emerged, which enabled us to understand our efforts to navigate difference across research practices, traditions, and disciplines as a dialectical process of sharing not only praxis, but feelings, morals, and political histories. As outlined in Feldman's (1999) understanding of conversation as not just method, but critical inquiry, our conversations were efforts to recognize what each of us deemed unfamiliar or oppositional to our work, and to make space for the full value of those tensions. This differs from what reflexive dialogue in qualitative research commonly aims for, where consideration of multiple perspectives contributes to a fuller collective understanding. With conversation as method, the new understanding emerges from engaging with perspectives that remain distinct and sometimes in tension. A foregrounding of conversation across our methods of inquiry made space for the inherently relational ways that this study was undertaken, even in challenging moments of tension, misalignment, and reading over and across each other.

In navigating difference across research traditions and centering relationality, two shifts occurred. One was a shift of focus away from only reporting 'findings' to give space to a 'critical retelling of the method by which the [findings] came into being' (Brannelly and Barnes 2022, 109). In our case, this critical retelling meant attending to the negotiated outcomes of conversation, the space for friction and disagreement, and the ways that this inherently contributes to knowledge production, including in ways that might stretch, push, or make the analysis less palatable to team members. In embracing this discomfort, a second shift occurred—where the co-researching relationship had to explicitly attend to care. The topics of analysis had both personal and professional investments from those on the team, so opening space for people to feel, think, and contribute in ways that felt appropriate to them was a crucial consideration. By investing in doing the research with care toward both research questions and the various participants (including research participants, research team, advisory group, and interlocutors during presentations), tensions in relation to research ethics and context were continually called into view. The iterative conversations about care that these circumstances required permeated the work, demanding altered frameworks and language to negotiate analysis, relational dynamics, and outputs.

DISCUSSION

In reflecting on the challenges noted above, we now outline two strategies for upholding dialogue and fostering collaborations between disability studies and rehabilitation studies. These are lessons learned regarding study processes to foster interdisciplinary and thoughtful relational ethics that have relevance for similarly situated research. These strategies are: 1) orienting to social construction and 2) confronting how to attend to the complexities of allyship.

ORIENTING TO SOCIAL CONSTRUCTION

One of the key strategies we adopted to address the multiple emerging challenges above was to communicate our analysis with a clear orientation to *social construction* (Hammell 2009; Oksala 2012; Titchkosky 2007), not locating fault within specific individual or organizational practices. Studies that employ critical methodologies do not shy away from implicating the human actors who, whether intentional or not, contribute to perpetuating the practices that are under critique. Indeed, there is an important place for this because practices are sites of

potential change, and a recognition of responsibility on the part of practitioners can be a driver for action. However, acknowledging this tension, the intent in a study such as ours was to enable conversation and openness to collaborative visioning and problem solving, so we wanted to set a tone of empathy, reflexivity, and openness as much as possible in order to invite others into the conversation. Our analysis intentionally examined systemic relationships and discursive constructs, and considered subject positions and the ways in which they generate safety/risk for specific thoughts, actions, and practices. As such, our reporting needed to mirror this. It was crucial to make discourses and social constructs visible while avoiding assignment of responsibility to individual subjects, since our analysis revealed that responsibility and possibility for action were complex, distributed, and tied up with both intentional professional identities and interpellated subject positions. This task was easier conceptualized than achieved, and we enacted it in a range of different ways, which sometimes overlapped.

During the analytic process, we continually oriented group analytic discussions toward the consideration of social construction as a way of both acknowledging what we identified was going on (e.g., in dominant patterns in construction and representation of disability) and *also* recognizing a whole gamut of forces that re-inscribe the current conditions (Gerlach et al. 2018; Taussig 2020). For example, while it was apparent that rehabilitation authors and practitioners continually re-focused on *individuals* as the site of intervention despite persistent challenges to attend to *social conditions*, their training, institutions, and funding models are all embedded within a neoliberal system that powerfully enforces this individualizing gaze (Gerlach et al. 2018). Another strategy was to have a consistent place in the analytic discussion for examining the construction of available subject positions—including the boundaries of these subject positions, and what those boundaries made possible and not possible, safe and risky. In particular, it was important that we were continually looking for the points beyond which an identity or subject position became untenable: For example, how far someone can go along a particular discursive trajectory (about disability or childhood or rehabilitation) before they can no longer justifiably (within current discourse) be considered an expert in disability studies, or a rehabilitation ‘professional,’ or a legitimate recipient of children’s rehabilitation services, or an activist with disabled people, or a person-centered occupational therapist. During the study, this approach guided both analyses of the texts and reflexive analyses of our own subject positions as researchers.

Similarly, in dissemination of this project, our focus has been on presenting our analysis as a perspective on the ‘stuck places’ that might help us work our way out of them together. We have purposefully sought out presentation spaces that encourage group discussion and workshop-style collaboration. At the same time, we have tried to balance this style of dissemination with opportunities—for exposure to our analysis—that do not require immediate participation but give people space to go away and ponder. However, in both styles, we are conscious to represent the issues with the same framings as during our research processes. The focus is on showing how possibilities for actions and identities are continually reproduced through social relations, and how this *both* sustains the tensions we are trying to move through *and, importantly*, makes visible opportunities to stimulate change. We recognize that this research is, as intended, about insight *development*, and that what comes from it is a much longer journey.

ATTENDING TO THE COMPLEXITIES OF ALLYSHIP

Attending to the complexities of allyship was also a site for developing research strategies. We recognized from the outset that allyship is an important part of the discussion around how research projects are formed and operationalized. The broader politics of health access and valuation of bodies is inherently entangled within and across the disciplines, and as such, attending to this together is part of a cross-disciplinary collaboration. Links to broader scholarship that speaks to the complexities of disability allyship in the context of healthcare is important to situate these reflections. Disability studies’ critiques of medicalization, and thus, rehabilitation are necessary, relevant, and important. At the same time, disability studies scholarship alongside disability justice activism increasingly calls attention to the need for high-quality and accessible healthcare, including children’s rehabilitation (Bailey and Mobley 2019; Clare 2017; Hamraie and Fritsch 2019; Piepzna-Samarasinha 2021). While the curative imaginary of biomedicine and the rehabilitative sciences can be harmful for disabled people (Kafer 2013), it is also undeniable that powers worldwide make use of the maiming, debilitation,

and disablement of populations for control and financial gain (Fritsch and McGuire 2026; Puar 2017). In many corners of the globe, including privileged countries in the Global North, particular populations—including but not limited to those labeled ‘severely disabled’—are left to wither without adequate access to timely and comprehensive medical care, including access to assistive and adaptive devices, pharmaceutical treatments, or forms of therapy that could reduce suffering and improve their well-being and life chances. In this way, the relationship between healthcare and disability is always political not only because of medicalization but also because of a purposeful lack of access to quality healthcare for particular populations deemed disposable, whether through war, famine, racial capitalism, ecological extraction, or otherwise. The intersection between the challenges we encountered in our collaborative study and this broader political positioning is, for our team, what makes attending to allyship particularly important from both positions—not only from dominant rehabilitation.

The emerging field of critical rehabilitation studies, in allyship with disabled persons, seeks to move rehabilitation away from its historical mandate of enforcing productive citizenship, assimilation into able-bodied society, and independence. The discussions in our team reinforced that allyship with disability studies is vital in order to systematically buttress the development of new forms of practice that could transform rehabilitation. However, added to this critical agenda must be expanding the scope of the politics of medicalization that includes an engagement with under-served populations to attend to their needs and recognize the humanity and value of all persons. This requires a nuanced understanding of what it means to support disabled people’s thriving that can equally hold in tension the perils of medicalization alongside the need to not abandon populations that states have deemed disposable. So, identified in our team discussions across disciplines was that while disability studies may not need rehabilitation studies, it can build solidarity with a *critical* rehabilitation studies that is committed to disability justice in healthcare. As highlighted by crip technoscience scholars engaging with the political and practice stakes of science, technology, and biomedicine, there can be much to gain from engaging with the rehabilitation studies (Hamraie and Fritsch 2019; Shakespeare et al. 2018).

Collaborations starting from this collective orientation have much to offer both fields, as well as to disabled children and people more generally. While it is true that disability studies has long been an under-resourced field with relatively limited epistemic power, building solidarity and collaborating with critical rehabilitation studies could be particularly generative for more successfully confronting the causes, practices, and outcomes of targeted debilitation and disablement. Similarly, there is an imperative within critical rehabilitation studies to use relative privilege to actively seek to find out what rehabilitation studies is excluding from view, and attend to what limits a transformation of rehabilitation practices. Returning to the operationalization of these reflections in the context of a research collaboration, following Saia et al. (2024), we think it is important that research collaborations increasingly seek perspectives that reflect intersectional approaches to disability justice in team formation and research design. This might include seeking out and engaging with scholarship and resources that sensitize the team to a variety of perspectives, and prioritizing and budgeting for expansive forms of access to both the project and its dissemination.

CONCLUDING THOUGHTS: RECOGNIZING EMBEDDEDNESS

In this article, we have set out the methodological-ethical complexity that we encountered through inquiry across the disciplinary divides of disability studies and children’s rehabilitation/studies. We have articulated challenges associated with a project that commits to making the structural and discursive forces that affect disabled people’s thriving visible, to activating conversations about them, and to sustaining this orientation in both the operation and the dissemination of our research. We have also explored the key strategies we have used to navigate them in our own study. For scholars planning cross-disciplinary work across disability studies and rehabilitation, this account highlights the importance of resourcing time, care, and methodological flexibility to support the ethical labor of collaboration. We found that interdisciplinary research across unequal fields cannot rely solely on shared commitments or critical intentions, but requires deliberate practices that make space for friction, uncertainty, and ongoing negotiation. We have offered some of the deliberate practices that emerged from our collaboration as a contribution to future work.

One final way of grounding in this work has been to remember to keep looking to what has come before and what exists in parallel, seeing our project as a point in a path that runs out both past and future, embedded within an existing purpose, and supported by parallel pathways that we can look to for guidance. This draws us back to the context of embarking on this study articulated at the outset of the article, and threads through the complexities and strategies we have discussed.

The prior work in both disability studies and rehabilitation studies discussed in our introduction is, in another sense, the genealogy of this study. The point we are at now is a function of the work that has gone before. It is also a product of other work that exists in parallel, even outside of these specific fields. For one of the authors who is based in Aotearoa New Zealand, for example, it makes sense to look for inspiration and guidance in the strong and growing local activism and scholarship stimulating conversation between Indigenous knowledge and inquiry and the dominant colonial culture: a different conversation but with many informative points of comparison (Stewart 2022). Indeed, inquiry that centers Indigenous worldviews and epistemologies also offers useful lessons alongside disability-justice-oriented inquiry, particularly in how both illuminate ways that colonial-ableist systems can be de-centered.

In keeping with how conversation became central to our study, the collaborative work by Hoskins and Jones (2022) makes an explicit commitment to shift to a collective, all-together re-visioning of society that rejects colonial truths and structures as foundational and ‘inclusion’ as the goal. Here too, conversation emerges not only between dominant colonial and Indigenous epistemologies, but also across the genealogies and relational histories that shape them. Some Indigenous scholars have offered that engaging with Indigenous paradigms offers a means of moving beyond the othering dynamics of research relations (Kovach 2021). Still others have suggested that conversation as method specifically can serve as a bridge between ‘diametrically opposed research traditions’ (Daytec Yañgot 2025). Therefore, while we look to these paradigms and methods for guidance in bridging the tensions of our own disciplinary divides, we are conscious of the need for iterative conversation and recognition of these situated knowledges. Indeed, sustained methodological attention to conversation across differently positioned ways of knowing is not unique to our study, but part of wider work related to how disciplinary and epistemic power is being contested elsewhere.

This article highlights that collaboration across disability studies and rehabilitation is not only a matter of epistemic translation, but of negotiating historically sedimented power relations, ethical commitments, and embodied investments within research processes. By foregrounding conversation as method, we name an analytic and ethical orientation that allows such negotiations to be taken seriously as sites of knowledge production. It offers a way of recognizing discomfort, impasse, and care as conditions through which cross-disciplinary collaboration can proceed without erasing differences or reproducing hierarchy. For disability and rehabilitation research communities, this could shift attention from seeking alignment to sustaining accountable relationships.

DATA ACCESSIBILITY STATEMENT

All the extant texts analyzed for this study are published academic papers or other materials in the public domain. The interview data cannot be shared in a public data repository since ethical approval for the study required that the interview transcripts be read and analyzed only by members of the research team.

ETHICS AND CONSENT

Ethical approval for the interview component of this study was granted by the Research Ethics Board at Western University, Canada.

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

Joanna Fadyl contributed to conceptualization, study design, and data analysis on the project. She led the conceptualization, drafting, and final write-up of the article.

Thomas Abrams contributed to conceptualization, design, data analysis, and advisory group engagement on the project. He contributed to conceptualization and drafting of the article, revised it critically for important intellectual content, and provided final approval of the version to be published.

Kelly Fritsch contributed to design and data analysis on the project. She contributed to conceptualization and drafting of the article, revised it critically for important intellectual content, and provided final approval of the version to be published.

Megan Ingram contributed to data generation and data analysis on the project. They contributed to drafting the article, revised it critically for important intellectual content, and provided final approval of the version to be published.

Barbara E. Gibson contributed to the design and data analysis on the project. She contributed to the conceptualization of the article, revised it critically for important intellectual content, and provided final approval of the version to be published.

Gail Teachman was the principal investigator for this research. She led the project team and contributed to all aspects including design, sampling and data generation, data analysis, advisory group engagement, and write-up. She contributed to the conceptualization, drafting and final review of this article, and provided final approval of the version to be published.

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