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# On making disability in rural places more visible: challenges and opportunities [Introduction to a special issue]

Barbara Pini<sup>a,\*</sup>, Chris Philo<sup>b</sup>, Vera Chouinard<sup>c</sup>

<sup>a</sup> School of Humanities, Arts, Education and Law, Griffith University, Nathan, Queensland QLD 4111, Australia

<sup>b</sup> School of Geographical and Earth Sciences, University of Glasgow, Glasgow G12 8QQ, Scotland, UK

<sup>c</sup> School of Geography and Earth Sciences, McMaster University, Hamilton, Ontario L8S 4L8, Canada

\* Corresponding author

**Abstract:** This essay prefaces a special issue of the *Journal of Rural Studies (JRS)* concerned with a sub-field of inquiry that might be termed the rural geography of disability, addressing multiple dimensions of disability, physical and mental, associated with life in rural localities (as conventionally identified). Drawing on three vignettes where rurality and disability co-mingle, the authors explore both *bad* and *good* rurals with respect to disability: meaning properties of rural areas that can generate, exacerbate or stigmatise disability, on the one hand, and qualities of rural environments that may prevent, alleviate or mollify disability, on the other. Through a brief review of papers in *JRS* where disability has made an appearance, together with references across to relevant studies elsewhere, this essay lays the groundwork for a rural geography of disability as well as serving to introduce the papers that follow in the special issue.

**Keywords:** disability; impairment; rurality; rural geography; rural geography of disability

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## Three vignettes: ‘in the middle of nowhere’, a broken farmhand and an energised invalid

*missustoad* – My vision has been deteriorating rapidly. All the joy in my life involves reading, writing and photography ... I currently drive and teach high school, but I do not know how much longer I can drive to work ... My retina surgeon doesn’t seem to be interested that my life is collapsing around me because, as he puts it, “your vision isn’t anywhere near as bad as some of patients”. I am so depressed. I am in my early-50s ... I don’t see any possibilities or training *out here in the middle of nowhere*. [our emphasis]

*missustoad* [responding to several replies] – But you don’t get it – right now I am living in the countryside and transportation is an issue, too.

*Lori B.* Yes, I understand that! I live in the country too. There is no public transportation in this entire county! I wait on friends and family to get me where I need to go but I HATE to ask ... I miss going out to my car and going all by myself! I am out of the way for everyone. But it’s better than moving in town. I’ll deal with it.

(*missustoad*, 16/07/2016; 31/07/2009, and *Lori B.*, 11/08/2009)

We remember having seen in surgical service a simple-minded farmhand both of whose tibias had been fractured by a cart wheel and whom his

master had not had treated for fear of who knows what responsibilities; the tibias had joined together by themselves at an obtuse angle. The man had been sent to the hospital after the denunciation by neighbours. It was necessary to rebreak his tibias and set them properly. It is clear that the head of the department who made the decision had another image of the human leg than that of that poor devil and his master.

(Canguilhem, 1973: 67)

Slung in my hammock among the fir-trees of the forest, watching the August sunlight slant athwart the branches, the squirrels leap from bough to bough above my head, it seemed to me that life itself would not be worth living at the price of perpetual travelling in search of health. ... I informed my good and famous physician in London that I meant to disobey his orders and to shut myself up for the next several months in this snow-bound valley.

(Symonds, 1889: 764)

In the first epigraph above, combining three entries from an on-line forum hosted by the American Foundation for the Blind (AFB), *missustoad* shares her fears about macular degeneration seriously impacting her quality of life. These fears are magnified by where she lives, 'in the middle of nowhere', offering few possibilities – by implication, fewer than in centres of population – for assisting with her growing visual impairment. She also provides insight into how inclusion and exclusion in a rural community can shift with a disability: her current role as a teacher would afford her status and a sense of belonging, while her leisure activities, such as photography, would likely also release opportunities for local connections to be forged and cemented. However, she fears that the deterioration of her eyesight will restrict or end her capacity to drive, probably with implications for whether she can continue teaching and other pursuits, potentially circumscribing all aspects of her daily life-world. She hints too that possibilities for 'retraining', presumably meaning in other jobs more local or where vision is less central, are sparse. All of this is what she describes to her doctor as her 'life ... collapsing' around her.

Following a number of well-meaning responses to her initial blog, ones discussing specialist treatment that she might be able to receive, *missustoad* posts in frustration that these bloggers simply 'don't get it', meaning the difficulties of accessing such treatment from a countryside location blessed with poor transportation links. This concern is immediately echoed by *Lori B*, who types 'I understand that!', with the exclamation mark being essential. *Lori B* also resides in a countryside location with 'no public transportation', and she clarifies how much macular degeneration detracts from

her capacity to be independently mobile, throwing her on the mercy of kith and kin who she hates asking for assistance. Although not quite joining the dots, the inference nonetheless remains that, for people with this impairment, rural areas can become problematic sites for living well, or even merely coping, precisely because of limited or entirely absent services, whether relevant health facilities or disability-friendly public transportation.

Revealingly, though, *Lori B* still sees a trade-off, with positive features of her rural dwelling outweighing the possible advantages of ‘moving in[to] town’, the former still comprising the ‘better’ option for her. Additionally, the very fact that she and *missustoad* can meet and share their concerns in virtual space perhaps signals how, through new technologies, rural people with a disability can maybe create new spaces for community and connection untethered to physical place. Such, then, is the complexity in unravelling the experiences of rural life for disabled people. Public transport, as well as health and education services, may be more available and accessible in urban locations, but relocating may mean displacement and dislocation, because rurality is not simply a geographic marker. For *Lori B*, and maybe also *missustoad*, the disempowering dimensions of rurality in infrastructural terms are perhaps leveraged against positive memories of community, emotional attachments to landscape and notions of home and security.

In the second epigraph, Georges Canguilhem (1904-1995), a medically-trained philosopher and historian of science, reflects upon a case encountered in the depths of his native rural (probably inter-war) France. Written as part of his 1966 text *Le normal et la pathologique*, translated as *On the Normal and the Pathological*, Canguilhem (1973) explores how the dividing-line between what is considered ‘normal’ and what is considered ‘abnormal’, far from being some absolute truth, can vary greatly according to context. The anecdote recounts a farmhand whose leg had been badly broken in a common agricultural accident, and which – perhaps on account of absent local medical expertise and facilities, maybe compounded by the expense of travelling to town for proper treatment – was allowed to set, albeit at an odd angle, all by itself. The ‘poor devil’ was seemingly able to resume his farming duties, albeit doubtless having to perform them in an unorthodox manner due to the now atypical form of his leg. In modern parlance, he became ‘impaired’ or indeed someone with a ‘disability’, albeit the

implication from Canguilhem's remarks is that neither he nor 'his master' necessarily saw anything especially abnormal about his new condition. Nonetheless, there were local people who thought differently, such that he suffered 'denunciation by neighbours', eventually leading him to seek hospital assistance. The upshot was that the medical officer directing his case – doubtless an educated man (inevitably then *a man*) who would have frequented urban seats of learning and culture, thereby acquiring 'another image of the human leg' – decided that the farmhand's leg needed to be rebroken and re-set, to remove what he likely perceived, if not with this vocabulary, as indeed an impairment or disability.

The third epigraph above was penned by John Addington Symonds (1840-1893), an English poet, literary critic and cultural historian who was a pioneer of campaigning for, as well as documenting past manifestations of, the living of a gay life, male love and rights for homosexuals. He was also an 'invalid', to use an outdated phrase, someone with precarious physical health, enduring an 'adulthood marked by everything from lung congestion, measles, boils, sties, colds, and fever' (Frawley, 2004: 98) to various shades of psychological debility. Again, to use modern terms, he was impaired in his everyday capacities for engaging with the world, to all intents and purposes living as a 'disabled' person. Whereas some historical invalids have been very much bed- and home-bound, Symonds did travel, partly because his physician saw such travels as potentially therapeutic, and one place to which he resorted was the small Swiss town of Davos, set within remote, rural seclusion in the Swiss Alps.<sup>1</sup> Interestingly, while here – experiencing relief from the stultifying sexual atmosphere of his bourgeois English background, but also numerous healthful qualities of walking in the bracing Alpine environment – Symonds determined to make Davos his home-from-home, a place to spend many of his days, a rustic location conducive to his invalid status. Moreover, Davos was – and to an extent, through Symonds's advocacy in certain writings, then became – a notable 'health colony', a rural retreat from urban-industrial-'civilised' society attractive to others who were invalided or otherwise impaired.

### **A view from the *Journal of Rural Studies*?**

We use these three vignettes as a way to preface the short essay that follows, itself the introduction to a special issue of the current journal, *Journal of Rural Studies (JRS)*,

concerned with what we are calling a rural geography of disability – meaning the geographies to be researched and written about people with disabilities who inhabit or visit what are conventionally taken to be rural (countryside) localities. Shortly, we will deploy these vignettes when more formally specifying what subject-matters might be addressed by such a sub-field of inquiry, leading then into introducing the papers that follow in the special issue. An initial point, however, is to underline a certain novelty for this journal of pulling together a special issue of this kind; unlike an obvious comparison journal, *Urban Studies*, which has hosted a special issue on ‘the spatialities of disability’ (Imrie, 2001a, 2001b) considering ‘barriered and bounded’ spaces of urban disability. This is not to suggest that *JRS* has never covered the ground of rural disability, and indeed a few relevant crystal-ball gazing statements can be identified from within its pages, as well as a smattering of individual studies which, while valuable in their own rights, do remain somewhat fragmented without a broader matrix within which to position them. Let us add a few more reflections along these lines, with *JRS* as a key (but not quite exclusive) anchor-point.

Some years ago, one of the co-editors of the present special issue, Chris Philo, wrote in *JRS* on the problematic of ‘neglected rural geographies’, including a speculation as to whether rural geographers might not ‘inquire more specifically into the geographies implicated in the ‘otherness’ of sickness, physical disability and mental disability as spun out in rural surroundings’ (Philo, 1992: 202). In a subsequent piece in *JRS*, an attempt at a ‘geographic reading and critique of the rural mental health literature’, Philo and two co-authors reported that medical approaches dominate much of the writing on the subject-matter; and remark that, while there is considerable knowledge about the incidence of rural mental ill-health and rural services, there is much less on ‘accessing, observing, describing and interpreting the life worlds of rural “mad” people’ (Philo et al, 2003: 263; also Boyd and Parr, 2008). In a more recent *JRS* article urging Australian rural health researchers to enlarge the circle of people, experiences and knowledge brought into focus, Malatzky and Bourke (2016: 162; our emphasis) remind that ‘[r]esidents of rural areas may be First Nation Australians, new arrivals to Australia, *people with disabilities*, sea/tree changers and have a range of identities’. In a (non-*JRS*) review of writing on rurality and physical, intellectual and developmental disabilities, meanwhile, a second co-editor here, Barbara Pini, and co-author (2010: 102) took up

these claims, noting a similar preoccupation with identifying the prevalence of disability and service provision, but 'little concern with detailing the lived everyday experience as rural people with a disability' (Bryant and Pini, 2010: 102).

In the years since Philo (1992) made his speculative call, there remains a relative absence of anything approaching a coherent overall subfield of work on rural geographies of disability. Indeed, to date rural geographers have not identified disability as a guiding thread for many of their inquiries, at least published ones (cf. Allen, 2003), as the pages of this journal arguably testify. Illustrative is work by Dessein et al (2013), Leck et al (2014) and Hassink et al (2016) on 'care farms' which combine agricultural and health/social services offering day or residential programs to a range of clients, often those with a disability. Dessein et al (2013) examine how these relatively new types of farming enterprises have been constructed in government and scientific discourse; Leck et al (2014) detail the characteristics of the care farmer and care farm; while Hassink et al (2016) identify the factors facilitating the establishment of the care farms. As Leck et al (2014: 321) state, it is the 'agricultural perspective' which is of concern in these rural-geographical papers, rather than disabled people *per se*. This focus is, of course, a legitimate and important lens for examining care farms, but our argument is that another equally legitimate and important view of care farming is the large group who are the recipients of care, that is disabled people, whose view is yet to be taken into account.

In a similar respect to the studies described above, disability is implicit rather than explicit in rural-geographical scholarship on poverty and disadvantage in the countryside (e.g. Kay, 2011) or in research on social welfare and rural populations (e.g. Richards, 2016). In a recent paper drawing together these two themes, Ward (2015) examines the social exclusion of residents of Houses in Multiple Occupancy (HMOs) in a seaside town in north Devon. She explains that HMOs – that is, homes to three or more tenants who form more than one household sharing a toilet, bathroom and/or kitchen – tend to attract disadvantaged groups as they offer relatively cheap accommodation and landlords will accept such tenants in receipt of benefits. People with a disability are thus overly represented in the HMOs frequently found in British seaside towns. The decision to migrate to another town to find housing creates what Ward (2015: 102) labels 'a new geography of exclusion', as work is seasonal and job centres are only located in urban

areas. Furthermore, the housing provided is often inadequate, with poor heating, buildings in a state of disrepair and poor accessibility. Despite these conditions, though, tenants are reluctant to complain lest their tenancy be ended, not least because they have no recourse through a regulative body as none exists for the private rental sector. While Ward's work is important in bringing into focus the experiences of a group of disabled people living in non-urban Britain, her primary lens is indeed HMOs, not disability or disabled people.

In *JRS* mental disabilities have been more fully addressed than have physical, intellectual and sensory disabilities, including in the Philo et al (2003) paper noted above. That said, such disabilities have still been rather obliquely and homogenously taken up via the rubrics of mental health or, more broadly, wellbeing and stress (e.g. Jacob et al, 1997; Meyer and Lobao, 2003; Fennell et al, 2016; Bryant and Garnham, 2013, 2014; Peel et al, 2016). Additionally, the journal's literature on mental health has almost entirely focused on farmers within the context of agricultural restructuring, globalisation, challenging climatic conditions and poor financial returns. Exceptions are Zanjani and Rowles (2012), reporting on a participatory action mental health research project for older residents in rural Kentucky, and Manthorpe et al (2012), interviewing mental health practitioners about their response to older people from black and minority ethnic communities in rural areas of the United Kingdom. Also notable for moving beyond the farm gate and, moreover, for taking up the issue of dementia in rural Scotland, is work by Blackstock et al (2006). These authors draw on interviews with people with dementia and their carers to explore their experience of rural life, revealing contradictions and differences, as well the affective and embodied dimensions of a relationship to place.

### **A rural geography of disability? *Bad* rurals and *good* rurals?**

The three vignettes opening our essay suggest various ways in which disability and rurality intersect; and, as such, they can inform a more systematic specification of subject-matters suitable for a rural geography of disability, albeit hardly exhausting the possibilities for a sub-field of this name. There are many different types of disability – mental and physical, but with a huge array of different and often entangled conditions, bodily states and psychological conditions – and so caution must be expressed about



attempts at generalisation. Nonetheless, to return to the first vignette, the blog exchange, we can propose that *missustoad* and *Lori B* articulate perhaps the most obvious discernible issues for the rural geographer interested in disability: namely, the limited availability or accessibility of provisions which can potentially assist a disabled person in treating their impairment (health and rehabilitation facilities), managing it (social and welfare services) or contributing in other ways (everything from training units to the crucial matter of suitable transportation) (Milligan, 1996, 1999; Iezzoni et al, 2006; Turpin et al, 2007; Rooy et al, 2012; Wark, 2013; Harrison et al, 2016). Their posts largely imply a *bad* rural with respect to disability: an unhelpful, unforgiving rural that is something of a disability desert or trap. It is hence telling that in one biography of perhaps the most celebrated disability activist of the last century, the ‘deaf-blind’ Helen Keller (1880-1968), it is noted that: ‘Becoming an adult meant moving away from the highly insulated life of a middle-class young girl made even more isolated by fame, deaf-blindness, *an Alabama farm*, and a Boston institution for blind children’ (Nielsen, 2007: 15; our emphasis). Keller needed to leave the rural setting, as well as the ‘special institution’, in order to capitalise on the possibilities – educational, social, political and sexual – of a wider (urbanising) world.

The posts by *missustoad* and *Lori B* also hint at social dimensions of this *bad* rural with respect to disability, since limitations in the locally available or accessible service landscape may be further complicated by differential resources possessed by different rural-dwellers. Social class differences might sharpen the extent to which some people feel trapped in rural service deserts, while others are able to escape their snares, buying in what they require from elsewhere or affording the travel required to access it. In the Canguilhem quote above, the poor farmhand likely had not the money or wit to access town-based surgical care, at least initially, which left him seriously impaired. In the Symonds’ quote, alternatively, his class status permitted him both access to a physician and ready mobility, facilitating his access to a rural site outside his own country that, far from being a negative influence, seemingly offered him respite and repose. Despite still struggling with his invalidity, Symonds was liberated from preoccupations about finances and so could concentrate his energies on improving his well-being. The gendered dimensions congealing in accessibility issues are also apparent, given that *missustoad* and *Lori B*, as women posters, are more alert to the contextual issue of

rurality than are the mainly male posters replying to *missustoad*, for whom ‘technical’ fixes and even a ‘heroic’ narrative of overcoming individual adversity were more to the fore. In the classic terminology of critical disability studies, only the former tended towards a ‘social model’ alert to *what* ‘disables’ an individual – here lodged in the constituents of rurality – while the latter tended towards a ‘medical model’ and a focus on the individual’s own lacks or fortitudes.<sup>2</sup>

The Symonds quote raises a different question about disabled people who may not be themselves residents of rural areas, but who wish to travel to them. In an early contribution to what might be configured as a rural geography of disability Burns et al (2009: 403; also Burns et al, 2013) ask the question: is there such a thing as ‘an inclusive outdoors’? They answer with a definitive ‘no’ and conclude by drawing attention to the fact that the little effort which *is* directed at improving access to the countryside for the disabled has largely targeted those with a physical impairment, primarily those in wheelchairs. This finding speaks to larger issues: that is, the conflation of disability with physical access and, concomitantly, the concentration of research energies on physical disability rather than the full spectrum of mind-body differences. Macpherson’s research on visually impaired users of the countryside, including walkers in quite challenging physical environments, has made a significantly original contribution in this connection (Macpherson, 2005, 2007). She emphasises how a prevailing ‘ocularcentricism’ in much conventional discoursing about outdoors environments – concerning who should be there and how, sensorially, they should be able to navigate, apprehend and appreciate such environments – cannot but create a particular form of ableism hostile to potential disabled users: another version of a bad rural with respect to disability.

The Canguilhem quote, meanwhile, suggests several further iterations of the disability-rurality axis. The first is that rural areas may in some ways be productive of disability, or at least of specific impairments, in that something about rural lifestyles may carry the potential to be disabling: in this case, it is heavy agriculture labour which breaks the farmhand’s legs. A few studies can be identified which claim that there *is* indeed a high incidence of disability, from birth and acquired, in rural areas, although the precise casual connections in such instances remain uncertain. In a comprehensive analysis of United States census data von Reichert et al (2014) compare urban/rural impairment

rates in areas related to vision, mobility, hearing, independent living, self-care and cognition. They report a 'systematic relationship' between rates of all types of impairments and basic geography, with higher numbers of people with a disability in rural locations (Von Reichert et al 2014: 3). Another picture of the prevalence of disability in rural areas comes from the Office for National Statistics (2013) in the United Kingdom, which has mapped shifts in the number of people identifying as having activity limitations due to ill health or disability across local government authorities. They conclude that the ten authorities experiencing the greatest increase in activity limitations were predominantly rural (Office of National Statistics 2013).

In a more representational realm, meanwhile, some discourses portray the countryside as swarming with people who are in some manner impaired physically or mentally, captured in one register by the oft-heard phrase, 'the idiocy of rural life', commonly misattributed to Karl Marx, and in another by hateful depictions of 'rural in-breeding', supposedly spawning 'monsters'. The supposition that 'rural people are backward', as set within a wider discourse of 'rural inferiority', is especially important for Malatzky and Bourke (2016: 161, 162), alongside a parallel discourse of 'rural stoicism' and non-emotionality about problems experienced, physical or mental (also Parr et al, 2006). Geographer Bell elaborates in a provocative piece on the rural 'anti-idyll' drawing upon certain filmic representations in the likes of *Deliverance* and *The Texas Chainsaw Massacre*: 'it is the *people* who most horrify the city folk. Peeping over a rundown hut, they see a wrinkled grandmother watching over a deformed child. The local men they meet are all stereotypical mountain hicks – toothless, imbecilic, unwashed' (Bell, 1997: 102). Cloke and Little (1997: 276), drawing on Bell, speak (critically) of how '[b]odies that do not conform, ... that are deformed and disabled, are ... the stuff of rural horror'. We would of course want to distance ourselves from such stigmatising discourses, while acknowledging that they may hold residual affective power in certain ideas, policies and practices directed at the 'problem' of rural disability, both in the West and elsewhere.

Returning to the Canguilhem quote, the sense conveyed is additionally that different judgements over what constitutes abnormality – and hence impairment/disability – can vary greatly from place to place, with a possible generalisation from the quote being that a town-based (medically-informed) culture is more likely to regard as (physically or mentally) problematic what a rural culture might take as just another iteration of an

everyday 'normal'. What the quote also imputes, however, is that judgements are being made by all concerned: the unfortunate farmhand *is* noticed by his countryside neighbours, eventually leading to his 'denunciation' and the prompt to travel townwards to receive hospital treatment. A further component of the bad rural with respect to disability emerges here, then, in the guise of what may be particularly unforgiving local attitudes towards disability – as observable physical difference or deviancy of conduct that might betray mental ill-health or difference – which hence turn the harmonious rural *Gemeinschaft* into a far more alienating and even threatening social *milieu*. It is true that small countryside communities may also be tolerant of their 'own', even if physically or mentally out-of-the-ordinary, as in the benign 'village idiot' stereotype, but that a fraught dialectic of inclusion and exclusion – with many micro-spatial inflections – has often been the lot of rural-dwellers with mental health problems is an undeniable conclusion from research by the team of Philo, Parr and Burns working in the Scottish Highlands (e.g. Parr et al., 2004; also Philo et al, 2017).

The Symonds quote is rather different, in that here the rurality-disability axis becomes more positively spun, the implication being that Symonds found himself in a remote, rural setting – the small town of Davos, girt by mountains and ice – which was in certain respects ameliorative of his impairments. The immediate attributes of this environmental setting mattered to Symonds, serving him well in much the terms that Conradson (2005, 2011) so compellingly narrates in his work on the geographies of rural retreats for people with mental health and other problems. At issue, in part, was how the clean, cool air seemingly eased the complaints of the consumptive, but Symonds also stressed the aesthetic and more sensual qualities, as in the quote, where delight, even a therapeutic charge, could be derived from the sunlight dappling through the leaves and the squirrels scurrying across the branches. A link can be envisaged here to geographical research on health and welfare facilities deliberately sited in naturally 'healthy' and often attractive rural situations (e.g. Philo, 1987, 2004, 2015; Craddock, 2000, Chap.5; Parr et al, 2003), but also to that body of work on 'therapeutic landscapes' (Gesler, 1992; Williams, 1998) wherein reference is made to disabled people seeking out rural scenes and settings in the hope of alleviating their (physical or mental) difficulties. Intriguingly, the aforementioned Helen Keller, in a poem describing 'the blank darkness' to which her impairment committed her, wrote of '[m]y fingers ... ever

athirst for the earth', alert to '[t]he music of crisp, whisking, scurrying leaves, [t]he swirling, wind-swept, frost-tinted leaves, [t]he crystal splash of summer rain, [s]aturate with the odors of the sod' (Keller, 1908, in Neilsen, 2007, Annex 2). Keller's poem resonates with Macpherson's findings about the 'other' embodied ways in which people with visual impairments occupy outdoor landscapes, nurturing quite other body-psyche-landscape encounters which may, even if fleetingly, position the rural as something positive, not negative, for a rural geography of disability (Macpherson, 2007, 2008, 2009a, 2009b, 2016, 2017).

For Keller, like Symonds, the forest and its squirrels were vital rustic surroundings, and both authors evoked an intimate phenomenology of rural-environmental encounter for the disabled person that rotates the rurality-disability towards something positive: not a bad, but a *good* rural with respect to disability, something beneficial, soothing, energising, inspiring. Maybe there is an almost necessary opposition here, however, since that which, by some measures, renders the rural bad for those with disabilities – as explained above – may also be that which, on other measures, renders it good. As Martha, a person with paraplegia, reflects: 'My parents' place was in an isolated countryside location where little was accessible but the views were beautiful. I now live in Manhattan New York where the reverse is true' (in 1989: 42). Provocatively, then, the urban is here positioned as the mirror-image: good because of accessibility to provisions and other facets of modern life, but bad environmentally, aesthetically and sensually. Such an opposition was hinted at too by *Lori B*, in her blog, when she declares about her present rural setting that 'it's better than moving in[to] town. I'll deal with it'. A touch simplistic as such a contrast might be, demanding of many caveats, it nonetheless comprises a powerful interpretative thread that, we would argue, runs throughout many, if not all, of the papers that follow.

Moving beyond the threads for geography of rural disability that we have unpicked around the opening vignettes, there are two additional thoughts to advance. First, we believe that the sub-field should think critically about differences and similarities between experiences of disability and rurality in countries of the Global North and South. There is a pressing need for further research in the context of countries of the Global South, since most of what we know about disabled lives is based on research from the Global North. Yet, as Ngo (2013) reports in a study of young people with

disabilities in rural Vietnam, the legacies of imperialism in many developing countries magnify already pronounced problems of inclusion. Furthermore, as Geiger (2010) suggests from work in rural Botswana, we need to understand how different cultural contexts mediate the experience of disability for children. Relatedly, as a third co-editor here, Vera Chouinard, demonstrates from her research on violence and disability in rural Ghana, we can also then develop more robust and inclusive conceptual frameworks (Chouinard, 2012).

Second, a further key dimension would be for us, the scholar-researchers, to adopt a high level of reflexivity about our own positionalities, research practices and pedagogical approaches. We need to examine and seek to change the 'geographies of ableness' that inflect the academy (Chouinard and Crooks, 2003: 2003). That is, to take counsel from the autobiographical writing of fellow academics with a disability and to interrogate our own complicity in marginalising and stigmatising (Chouinard, 1995/96; 2000; 2010). We need to be alert to the ableist – and perhaps also metropolitanist or even urbanist – norms and assumptions that govern much academic life, from the content and delivery of our courses and the conduct and cultures of conferences to the definition of what constitutes a successful academic and academic career. Hall et al (2002) provide a critique of ableist fieldwork courses which is instructive in this regard, as is a discussion by Tregaskis (2004) about training rangers for countryside access work. A rural geography of disability also needs to participate in political debates and struggles outside of the academy (Chouinard, 1997), and rural geographers are well placed here because the sub-discipline has an enviable history of policy engaged research.

### **Overview of the special issue, and a final glance ahead**

Chris Philo, Hester Parr and Nicola Burns (2017) open this special issue with an exploration of the surveillance of mental health service users in rural settings. In doing so, they foreground a theme that resonates across the papers: that is, the impaired body in rural spaces is highly visible and subject to scrutiny, comment and judgement. As Canguilhem signalled in his description of the farmhand, a distinctive rural watching and judging of 'difference' is one lying at the heart of the Philo et al paper. The authors elucidate the notion of the 'rural panopticon'

from a detailed reading of the writings of Bentham and from interviews with people experiencing mental health problems in the Scottish Highlands. They demonstrate that a rural geography of disability can be harnessed to develop theory that can inform a number of sub-disciplinary subjects and themes related to community, power, difference and embodiment.

The surveillance of the disabled body is writ large when the body is that of a child as Nadia von Benzon (2017) shows in her paper on the involvement of learning disabled young people in the countryside. There is a burgeoning literature on children and youth as rural subjects *and* as disabled subjects, but as separate rather than interconnected areas of inquiry. Hence, von Benzon's paper illustrates the opportunities of bringing these sub-fields into dialogue to further a rural geography of disability. Furthermore, it exemplifies an innovative, creative and active form of data gathering that, among other methods, included video diaries, map making, drama, games and drama. These approaches, which represent a significant departure from traditional methods, facilitate the participation of disabled children and youth in research and position them as both agentic and knowledgeable. While they raise ethical and practical issues, as von Benzon acknowledges, they provide a methodological road map for furthering an inclusive rural geography of disability.

In studying urban-based children's visits to natural spaces von Benzon demonstrates that a rural geography of disability needs to attend, not only to those who live permanently in the rural, but also to those who are there only temporarily as visitors. This message is given further empirical force by Hannah Macpherson (2017) through ethnographic research exploring the experiences of members of specialist blind and visually impaired walking groups who visit areas of the Peak District and Lake District in the United Kingdom. In this paper, the author adds to her already considerable body of work as referenced earlier, pioneering new ways of understanding disability via non-representational theory (Macpherson, 2010) and providing empirical force for Hall and Wilton's (2016) claim that non-representational theory can also provide insights into ableism, including ableist ways of constructing the rural landscape.

The vignettes which introduced this paper remind us that there are many actors who shape the lives of people with a disability: *missustoad's* students and teaching colleagues, *Lori B's* family and friends, the farmhand's neighbours and Master, and Symonds' physician. The need to understand the perspectives and experiences of the people who shape the lives of the disabled is an issue taken up by Lia Bryant and Bridget Garnham (2017), drawing on interviews with six parents in rural South Australia caring for a son or daughter with an intellectual disability. The authors expose the gendered dynamics of caring, highlighting the importance of a more specifically feminist infused rural geography of disability. Another crucial dimension of the paper is its direct engagement with neoliberal welfare reform, and the discussion of its implications for rural carers and people with a disability. It makes clear that, given the profoundly negative implications of the radical reconfiguration of the social and health services under neoliberalism, a rural geography of disability needs to be informed by political and economic geographies.

Barbara Pini and Gillian Conway (2017) similarly bring a gender lens to their rural geographical study of disability in exploring the experiences of fatherhood of 16 rural men with a disability living in rural Australia. Like the farmhand described by Canguilhem, the men interviewed were primarily from working-class backgrounds and had undertaken physically-oriented labour as able-bodied men. In the aftermath of acquiring their disability, most of the men continued to define fatherhood as tied to breadwinning and physicality, the outdoors and sport. A small group nonetheless espoused an alternative version of fatherhood, breaking from more conventional versions of muscular rural masculinity. While the paper amplifies the need for gender-specific scholarship on rural disability, it also demonstrates the complexity of understanding how multiple identities intersect to create exclusions. This matter will be an ongoing challenge in mapping the lives of rural people with a disability.

The ways in which the acquisition of a disability can disrupt the life-course, which is of concern to Pini and Conway is taken up conceptually by Louise Meijering, Any Lettinga, Christa Nanninga and Christine Milligan (2017) through the notions



of 'biographical flows' and 'biographical disruptions', and further via that of 'therapeutic landscapes'. As indicated earlier, the latter is an idea seemingly held by Symonds in his romanticised ruminations on 'the fir-trees of the forest, watching the August sunlight' in Davos, Switzerland. Meijering et al (2016) bring together their ideas about flows and landscapes through illuminating interviews with 19 stroke survivors living in the northern Netherlands. While, like Symonds, interviewers find the rural environment to be therapeutic, they also sometimes report it to be non-therapeutic as social, healthcare and natural arenas are no longer as easily negotiable. Given the specifically placed-based nature of the stroke survivors' experiences, Meijering et al (2016) propose reworking their framing concepts to incorporate a focus on spatiality, that is, 'bio-geo-graphical flows' and 'bio-geo-graphical disruption'. They consequently show that a rural geography of disability is important for its potential in building knowledge about disability beyond our own discipline.

Bookending this special issue is a contribution from Matthew Cella (2016), whose background in literary ecology highlights that furthering a rural geography of disability could productively occur through dialogue with colleagues outside of our own disciplinary field. In his paper, Cella (2016) analyses four autobiographical narratives by people with a disability to demonstrate the complexities of body/space relations;<sup>3</sup> and, through insightful reading of these memoirs, he reveals how disability may be productive of non-ableist definitions of rurality. The authors of the texts investigated adopt what Cella (2016) labels 'retrofit tactics', challenging normative constructions of embodiment and emplacement, thereby becoming more mindful of the body, embracing interdependency and critiquing the language around disability. It is sobering to contemplate whether embracing such strategies could render the experience of countryside living for *missustoad* and *Lori B* more positive. However, as Cella (2016) emphasises, ableist assumptions, norms and definitions of rurality are deeply embedded in our historical, social and cultural fabric, so rewriting and reclaiming the rural as inclusive (in all kinds of directions) is – and will be – far from easy.

Special issues of journals have varied purposes. On occasions they look back, while at other times they look forward. They may have a very broad or quite specific in their focus. They may be variously concentrated on method, theory or empirics. They are

sometimes devoted to subjects that are considered topical, contemporary and relevant, while at other times they address subjects that have been neglected, overlooked or underexplored. Sometimes they take up controversies contributing to debates and contestations in a disciplinary area, or with hopes of straying into other disciplinary folds. They are also designed as interventions and provocations collated to set an agenda, to build a critical mass of work, to raise the profile of a topic and to enliven and energise a field. We hope that you will view this special issue as meeting these varied objectives, even if unevenly and with caveats, and that you will seek to join us in the task of continuing to build a rural geography of disability.

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## Notes

- <sup>1</sup> Davos has since become known as the geographical home to meetings of the World Economic Forum, but previously it has become known as a popular retreat for the sick and ailing, with various well-known figures patronising its facilities and landscapes, and with a sanatorium opening there in the later-1800s.
- <sup>2</sup> Work on disability geography early encountered the gulf between 'medical' and 'social models', sometimes leading to suggestions about how a critical disability geography may wish to blend aspects of the latter with the aspects of the former, allowing the different materialities of disabled bodies still to play a role in critical analysis (e.g. Parr and Butler, 1999).
- <sup>3</sup> A parallel geographical investigation of a disabled 'nomad' whose travels comprise a 'spatial dissidence' when 'moving lightly across an urban wasteland' is offered by Dorn (1998).

## References

*Nb. The 2017 references in the text are to papers that follow in the special issue: they are not included in these References*

- Allen, K.E.M. 2003. Self-Management for Women's Arthritic Conditions in Rural Victoria. Unpublished PhD thesis, Deakin University.
- Bell, D., 1997. 'Anti-idyll: rural horror'. In: Cloke, P and Little, J. (Eds.) *Contested Countryside Cultures: Otherness, Marginalisation and Rurality*. Routledge, London: 94-108.
- Blackstock, K. L. Innes, A., Cox, S., Smith, A. and Mason, A. 2006. Living with dementia in rural and remote Scotland: diverse experiences of people with dementia and their carers. *Journal of Rural Studies*. **?????**
- Boyd, C. and Parr, H. 2008. Social geography and rural mental health research. *Rural and Remote Health* 8: 804, <http://www.rrh.org.au>.
- Bryant, L. and Garnham, B. 2013. Beyond discourses of drought: the micro-politics of the wine industry and farmer distress. *Journal of Rural Studies* 32, 1-9.
- Bryant, L. and Garnham, B. 2014. Economies, ethics and emotions: Farmer distress within the moral economy of agribusiness. *Journal of Rural Studies*. 34, 304-312.

- Bryant, L. and Pini, B. 2010. **????**
- Burns, N. Paterson, K. Watson, N. 2009. An inclusive outdoors? Disabled people's experiences of countryside leisure services. *Leisure Studies* 28, 403-419.
- Burns, N., Watson, N., Paterson, K., 2013. Risky bodies in risky spaces: disabled people's pursuit of outdoor leisure. *Disability and Society* 108 (8), 1059-1073.
- Canguilhem, G. 1973 (trans.) *On the Normal and the Pathological*. D. Reidel Publishing Co., Dordrecht, Holland.
- Chouinard, V. (1995-1996) "Like Alice through the looking glass": accommodation in Academia. *Resources for Feminist Research* 24 (3-4), 3-10.
- Chouinard, V. 1997. Making space for disabling differences: challenging ableist geographies. *Environment and Planning D: Society and Space* 15, 379-87.
- Chouinard, V. 2000. Getting ethical: for inclusive and engaging geographies of disability. *Ethics, Place and Environment* 3, 70-79.
- Chouinard, V. 2010 "Like Alice through the looking glass II": the struggle for accommodation continues. *Resources for Feminist Research* 33 (3-4), 161-177.
- Chouinard, V. 2012. Pushing the boundaries of our understanding of disability and violence: voices from the Global South (Guyana). *Disability and Society* 27, 777-792.
- Cloke, P. and Little, J. 1997. Conclusion: marginality and rural others. In: Cloke, P. and Little, J. (Eds.) *Contested Countryside Cultures: Otherness, Marginalisation and Rurality*. Routledge, London: 272-285.
- Conradson, D. 2005. Landscape, care and the relational self: Therapeutic encounters in rural England *Health and Place* 11, 337-348.
- Conradson, D. 2011. The orchestration of feeling: stillness, spirituality and places of retreat. In: Bissell, D. and Fuller, G. (eds) *Stillness in a Mobile World*. Routledge, London: 71-86.
- Craddock, S. 2000. *City of Plagues: Disease, Poverty, and Deviance in San Francisco*. University of Minnesota Press. Minneapolis.
- Dessein, J. Bock, B. B. de Droma, M. P. M. Investigating the limits of multifunctional agriculture as the dominant frame for Green Care in agriculture in Flanders and the Netherlands. *Journal of Rural Studies* 32, 50-59.
- Dorn, M.L. 1998. Beyond nomadism: the travel narratives of a 'cripple'. In: Nast, H.J. and Pile, S. (Eds) *Places Through the Body*. Routledge, London: 183-206.
- Fennell, K. M., Jarrett, C. E., Kettler, L. J., Dollman, J. and Turnbull, D. A., "Watching the bank balance build up then blow away and the rain clouds do the same": a thematic analysis of South Australian farmers' sources of stress during drought. *Journal of Rural Studies* 46, 102-110.
- Frawley, M.H., 2004. *Invalidism and Identity in Nineteenth-Century Britain*. The University of Chicago Press, Chicago.
- Hall, T., Healey, M. and Harrison, M. 2002. Fieldwork and disabled students: discourses of exclusion and inclusion. *Transactions: Institute of British Geographers* 27, 213-231.
- Hall, E and Wilton, R. 2016. Towards a relational geography of disability. *Progress in Human Geography*. In Press.
- Harrison, A. L. Hunter, E. G., Thomas, H. Bordy, P. Stokes, E. and Kitzman, P. 2016. Living with traumatic brain injury in a rural setting: supports and barriers across the continuum of care. *Disability and Rehabilitation*. In Press.
- Hassink, J. Hulsink, W and Grin, J. 2016. Entrepreneurship in agriculture and healthcare: Different entry strategies of care farmers. *Journal of Rural Studies* 43, 27-39.
- Iezzoni, L. I., Killeen, M.B. and O'Day, B.L. 2006. Rural residents with disabilities confront substantial barriers to obtaining primary care. *Health Services Research* 41 (4), **????**
- Jacob, S., Bourke, L. and Luloff, A. E. 1997. Rural community stress, distress, and well-being in Pennsylvania. *Journal of Rural Studies* 13, 275-288.
- Imrie, R. (Ed). 2001a. Special Issue on 'Spatialities of Disability'. *Urban Studies* 38(2).
- Imrie, R. 2001b. Barriered and bounded places and spatialities of disability. *Urban Studies* 38(2), 231-233.

- Kay, R. 2011. (Un)caring communities: processes of marginalisation and access to formal and informal care and assistance in rural Russia. *Journal of Rural Studies* 17, 45-53.
- Leck, C. Evans, N. and Upton, D. 2014. Agriculture – who cares? An investigation of “care farming” in the UK. *Journal of Rural Studies* 34, 313-325.
- Office for National Statistics 2013. Disability in England and Wales: 2011 and Comparison with 2001. Office for National Statistics. London.
- Manthorpe, J. Moriarty, J. Stevens, M. Hussein, S. and Sharif, N. 2012. Promoting the mental well-being of older people from black and minority ethnic communities in United Kingdom rural areas: findings from an interview study. *Journal of Rural Studies* 28, 406-411.
- Macpherson, H. 2008. “I don’t know why they call it the Lake District, they might as well call it the rock district!” The workings of humour and laughter in research with members of visually impaired walking groups. *Environment and Planning D: Society and Space* 26, 1080-1095.
- Macpherson, H. 2009a. The intercorporeal emergence of landscape: negotiating sight, blindness and ideas of landscape in the British countryside. *Environment and Planning A* 41, 1042-1054.
- Macpherson, H., 2009b. Articulating blind touch: thinking through the feet. *Senses and Society* 4 (2), 179e193.
- Macpherson, H. 2010. Non-representational approaches to body-landscape relations. *Geography Compass* 4, 1-13.
- Macpherson, H. 2016. Walking methods in landscape research: moving bodies, spaces of disclosure and rapport. *Landscape Research* 41, 425-432.
- Malatzky, C. and Bourke, L. 2016. Re-producing rural health: challenging dominant discourses and the manifestation of power. *Journal of Rural Studies* 45, 157-164.
- Meyer, K. and Lobao, L. 2003. Economic hardship, religion and mental health during the midwestern farm crisis. *Journal of Rural Studies* 19, 139-155.
- Milligan, C. 1996. Service dependent ghetto formation: a transferable concept? *Health and Place* 2, 199-211.
- Milligan, C. 1999. Without these walls: a geography of mental ill-health in a rural environment. In: Butler, R. and Parr, H. (Eds) *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. Routledge, London: 221-239.
- Morris, J. (Ed). 1989. *Able Lives: Women’s Experience of Paralysis*. The Women’s Press, London.
- Ngo, A. D. Brolan, C., Fitzgerald, L. Pham, V. and Phan, H. 2013. Voices from Vietnam: experiences of children and youth with disabilities, and their families, from an Agent Orange affected rural region. *Disability and Society* 28, 955-69.
- Parr, H. and Butler, R. 1999. New geographies of illness, impairment and disability. In: Butler, R. and Parr, H. (Eds) *Mind and Body Spaces: Geographies of Illness, Impairment and Disability*. Routledge, London: 1-24.
- Parr, H, Philo, C and Burns, N. 2003. “That awful place was home”: reflections on the contested meanings of Craig Dunain asylum. *Scottish Geographical Journal* 119, 341-360.
- Peel, D., Berry, H. L. and Schirmer, J. 2016. Farm exit intention and wellbeing: a study of Australian farmers. *Journal of Rural Studies* 22, 41-51.
- Philo, C. 1987. “Fit localities for the asylum”: the historical geography of the mad-business in England as viewed through the pages of the Asylum Journal. *Journal of Historical Geography* 13, 398-415.
- Philo, C. 1992. Neglected rural geographies: a review essay inspired by Colin Ward’s *The Child in the Country*. *Journal of Rural Studies* 8, 193-207.
- Philo, C. 2004. *A Geographical History of Institutional Provision for the Insane from Medieval Times to the 1860s in England and Wales: ‘The Space Reserved for Insanity’*. Edwin Mellen Press, Lewiston and Queenston, USA, and Lampeter, Wales, UK.
- Philo, C. 2015. “Looking into the countryside from where he had come”: placing the ‘idiot’, the ‘idiot school’ and different models of educating the uneducable. *cultural geographies* 23, 139-157.

- Philo, C., Parr, H. and Burns, N. 2003. Rural madness: a geographical review and critique of the rural mental health literature, *Journal of Rural Studies* 19, 259-281.
- Productivity Commission (2011) Disability care and support. No 54. 31 July. Australian Government: Canberra.
- Richards, C. Kiaernes, U. and Vik, J. 2016. Food security in welfare capitalism: comparing social entitlements to food in Australia and Norway. 43, 61-70.
- Rooy, G. V., Amadhila, E. M., Mufune, P., Swartz, L., Mannan, H. and MaccLachlan, M. 2012. Perceived barriers to accessing health services among people with disabilities in rural northern Namibia. *Disability and Society*. 27, 761-775.
- Symonds, J.A. 1889. A page of my life. *Fortnightly Review*, No.276 (December 1889), 764-775.
- Turpin, M., H. Bartlett, D. Kavanagh and Gallois, C. 2007. Mental health issues and resources in rural and regional communities: an exploration of perceptions of service providers. *Australian Journal of Rural Health* 15, 131-136.
- Von Reichert, C.; Greiman, L.C. and Myers, A. 2014. The geography of disability in America: on rural-urban differences in impairment rates. *Independent Living and Community Participation*, Paper 7. Accessed 11 November 2016.  
[http://scholarworks.umd.edu/cgi/viewcontent.cgi?article=1006&context=ruralinst\\_independent\\_living\\_community\\_participation](http://scholarworks.umd.edu/cgi/viewcontent.cgi?article=1006&context=ruralinst_independent_living_community_participation)
- Wark, S. Hussain, R. and Edwards, H. 2013. Rural and remote area service provision for people aging with intellectual disability. *Journal of Policy and Practice of People with Intellectual Disabilities* 10, 62-70.
- Valentine, G. 2003. Geography and ethics: in pursuit of social justice ethics and emotions in geographies of health and disability research. 27 375-380.
- Ward, K. J. Geographies of exclusion: seaside towns and houses in multiple occupancy. *Journal of Rural Studies* 37, 96-107.
- Therapeutic landscapes in holistic medicine. *Social Science and Medicine* 46, 1193-1203.
- Zanjani, F. and Rowles, G. D. 2012. "We don't want to talk about that": overcoming barriers to rural aging research and interventions on sensitive topics. *Journal of Rural Studies* 28, 398-405.