



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



A B S T R A C T

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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.

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1. 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 my 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.¹ 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 invalidated or otherwise impaired.

2. 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

¹ 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.

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