CHAPTER 16

The Normality of Doing Things Differently:

Bodies, Spaces, and Disability Geography

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Introduction: Bringing the Disabled Body Back in?

The chapter contributes to an ongoing "retrieval" of the body in both disability studies and, more narrowly, disability geography. We develop a quite particular argument about what we term "the normality of (different bodies) doing things differently," seeking to offer a further strand in the project of fostering more radical and inclusive politics of accommodation energising Freund's (2001) thinking about "bodies, disability and spaces." The result is an essayistic paper, we admit, although we believe that the subtle "play" on words anchoring our overall argument is of some moment in the service of imagining other, more "hopeful ontologies" (as in Parr 2007) of disability *in* society. Our claims draw upon Nancy Hansen's in-depth research with a sample of disabled women living in Scotland and Canada, and shortly we will introduce that research and how we are borrowing from it here. To commence, though, we frame what follows by taking a brief critical "tour" through key debates within disability studies, mapping them across to how such debates have been reworked within the subfield of disability geography.

A recent collection of essays collected under the title of *Implementing the Social Model of Disability* (Barnes & Mercer 2004a) prompts a "taking stock" of what has been achieved through the adoption of the "social model" of disability in disability studies. Inspired by debates around the UN definition of disability from the early 1980s, criticism was directed at a prevailing "medical model" of disability that lodges disability in the apparently "damaged" body or mind[1] of an individual, inviting a personal narrative of "tragedy" followed by "heroic" efforts at self-adjustment. An alternative "social model" took shape, stressing not the individual but rather a wider society that fails to accommodate his or her impairment, thus demanding a critical stance on the underlying "ableism" of a non-disabled society that creates a world in its own able-bodied image. The social model, with its "emphasis on disabling social and environmental barriers ... contrasted with the ... orthodoxy that viewed disability as a 'personal tragedy', and disabled people as in need of care" (Barnes & Mercer 2004b, p. 2). Its chief foci became the structural forces leading

to discrimination against disabled people in (capitalist) labour and housing markets, as linked with their being denied both basic civil rights and the opportunity to participate in the overall mix of economic, political, social and cultural activities supposedly available to everyone else (e.g., Abberley 1987; Oliver 1990, 1996). The social model became the foundation stone on which social-scientific disability studies matured during the 1990s, and in the process its theoretical co-ordinates broadened to include input from feminism, poststructuralism and postmodernism alert to cultural as well as political-economic "oppressions" of disabled people (Barnes & Mercer 2004b, p. 7).

These developments are well-known, and most commentators agree about the positive gains made by shifting perspective from the medical to the social model. Certain limits of the latter have begun to be registered, even so, not least because disability studies arrives at the seemingly odd position that the impaired body per se—in the specificity of its physical differences—ends up strangely evacuated from studies being undertaken. There is a deep-seated fear that any opening to the materiality of the impaired body will risk the return of the medical model (e.g., Hall 2000, p. 27), but others are less hesitant in insisting that bodies, and hence individual circumstances, experiences and narratives, must be centralised in a truly inclusive disability studies. Pinder (1995; cf. Shakespeare & Watson 1997) complains about the social model's "disembodied approach" wherein the "objective" features of someone's impairment (the lack of a limb, the paucity of sight, etc.) remain very much in the shadows of analysis, while there is a double-edge in Wendell's (1996) discussion of "the rejected body" (i.e., rejected both by society *and* by disability studies). Borrowing from work on the sociology of the body wherein bodily differences are brought to the fore, and where attention is paid to diverse embodied capacities for engaging with and acting in the world, Hughes & Paterson (1997) seek to retrieve "the disappearing body" in disability studies. Freund (2001, p. 689), meanwhile, though cautious about "over-emphasising" bodily difference, proposes that the way forward lies in a "social-materialist approach ... which locates mind-bodies in space." In such a vision, the specificities of individual impairments *do* matter, and must be foregrounded, but always in relation to the kinds of spaces that non-disabled people have created—and the sorts of time-space organisation of activities required by ableist society—which differentially, but rarely in a helpful manner, impact upon most cohorts of disabled people.[2]

This reference to space[3] allows us now to introduce the subfield of disability geography, which has been recognisable as such for about twenty years (Park *et al.* 1998) and boasts several book-length treatments (e.g., Imrie 1996a; Butler & Parr 1999; Gleeson 1999; Kitchin 2000) and journal theme issues (e.g., *Environment and Planning D: Society and Space* 1997; *Disability Studies Quarterly* 2001, 2004; *Urban Studies* 2001; *Canadian Geographer* 2003).[4] It encompasses a wide range of substantive concerns: some concentrating on physical accessibility and the difficulties faced by disabled people moving through streets, parks, shops, settlements and whole regions (e.g., Gant & Smith 1990, 1991; Golledge 1991; Vujakovic & Matthews 1994; Matthews & Vujakovic 1995); and others

on social acceptability and the ableism of human-environmental design as linked to the stigmatising, patronising and demeaning of disabled people in everyday spaces (e.g., Hahn 1986; Imrie & Wells 1993; Butler & Bowlby 1997; Chouinard 1997, 1999; Kitchin 1998; Pain *et al.* 2001, Chap. 8; Valentine 2001, pp. 45–48; Mcfarlane 2005). The subfield has long appreciated the social model's critique of its medical counterpoint, most obviously perhaps in the exchange between Golledge (1993, 1996)—effectively mobilising the medical model and using his own personal experience (Golledge 1997) to authenticate claims—and Butler (1994), Gleeson (1996) and Imrie (1996b), all stressing the systematic "removal" of disabled people (and facilities serving them) from mainstream spaces of living, working and playing.

This being said, it can be argued that from the outset disability geography has retained a somewhat heretical stance with respect to a "pure" social model, always being prepared to keep bodily differences securely in the picture. Dorn (1994) emphasises the "spatial dissidence" between embodied impairments and the material organisation of social spaces, for instance, and he remarks that "[r]e-visioning disability as spatial dissidence highlights its physicality" (Dorn 1994, p. 3).[5] Gleeson (1993, 1998, 1999), meanwhile, adopts an historical-materialist framing of the demands imposed upon disabled people and their bodily (in)capacities by the varying "labour" expectations associated with different modes of production. What Hahn (1989) calls "the dynamics of human appearance," shaped by dominant visions of the idealised body shape, size and tone, has therefore never been far from the agenda of disability geography; while bodies as "things lived in," the immediate vehicles for a person's emotional, cognised and perhaps voiced encounter with the world, have also been at the fore. As Parr & Butler (1999, p. 21) write about the authors in their *Mind and Body Spaces* collection, "none ... would deny or dismiss the real, lived experience of changed/changing/painful/clumsy/immobile bodies." Hall (2000, esp. pp. 24–26, p. 28) explicitly addresses such considerations in disability geography, calling for the body in "its fleshy reality" to be part of the picture, not merely as a surface of contested representations or an inert object latched on to by social processes, but rather as the three-dimensional site where the biological and the societal fuse as, for instance, disabled people "persuade" their limbs and senses to "behave" in line with ableist expectations.[6]

As indicated, our goal is to continue this retrieval of the body in disability studies, as partially inspired by the example long set by disability geography. As also indicated, our discussion below draws upon—but does not provide a full reporting of—doctoral research undertaken by one of the authors. In this project, Hansen (2002) conducted in-depth interviews with 40 disabled women, 20 in Scotland and 20 in Canada, recruited through disability support groups, friendship networks and "snowballing," each following a rough guide of conversational topics, lasting between 30 minutes and two hours or more, and usually being held in locations familiar to the women.[7] Interviews were taped and transcribed, and transcripts were manually coded under a number of headings, with particular attention paid to both emerging commonalties and points of disagreement. Full details of

these methods, their logistics and ethics are explained in Hansen (2002, esp. Chapter 4), together with an account of her own embodied experiences as a disabled researcher (see also Chouinard 1999; Anderson 2001), covering both the practicalities of interviewing and the sometimes fraught emotional dynamics full of tears and mutual disclosure. The outcome was a rich dossier of disabled women's experiences when "passing through other people's spaces," revealing how they cope with their embodied impairments in the often unforgiving socio-material environments of employment, education and community. More specifically, the women talked of feeling pressured to pass as normal, to perform[8] in a manner as closely corresponding as possible to an able-bodied way of doing things, all of which perpetuated a massive disjunction for them between the actual bodies that they inhabit and the bodies that they feel others think they *ought* to inhabit (in order to properly to occupy the spaces in question).

The "Wrong Body" in the Wrong Place

Part of the story for Hansen's respondents was the seeming unacceptability of their impaired bodies in many different societal contexts and public spaces. Almost as an extension of the infamous "ugly laws" once passed by US urban jurisdictions (Butler & Bowlby 1997, p. 420), and echoing Hahn's (1989) broader reflections on the constructed negative aesthetics of disability, much of this rejection is bound up with the visual appearance per se of the impaired body (Silvers 2002). Thus, impaired bodies—particularly ones that are much shorter or taller than prevailing norms (Kruse 2002, 2003), lacking limbs or perhaps having only "half-bodies," otherwise looking somehow "broken," "crumpled" or "disfigured" (Hawkesworth 2001)—have always risked being regarded as in some way sub-human, pre-human, "freak," "mutant," even "monster" (Leroi 2003), and viewed on the same feared continuum as illness and death (Michalko 2002a). Importantly, though, it is not only a matter of appearance, for what also comes into play are the differences of how impaired bodies *do things*, whether moving, gesturing, speaking, undertaking a task at work such as telephoning or typing, and so on. If people's comportment seems out-of-the-ordinary, being too slow or taking too long, involving "curious" jerks, postures or facial expressions, perhaps accompanied by "odd" sounds or smells, then the risk is that they become treated with suspicion or even hostility. The same outcome may arise if people depend upon artificial aids to enable their conduct, whether the use of a wheelchair, a seeing-eye dog, an electronic speech device or the like, such "implements" revealing somebody's mobility, visual or speech impairments.[9] Maybe disabled people are forced to account for these different bodily performances, too often they are shunned (i.e., ignored in a social event) or even formally excluded (i.e., sacked from a job), and they constantly feel pressure to perform as "normally" as they possibly can (i.e., to accomplish a doing of things that can pass muster as almost-normal).

Conversely, the non-disabled body is arbitrarily established as the "natural" way of appearing, being and doing, and everyday spaces (streets, parks, offices, schools) are

effectively "naturalised" as ones to be inhabited and used by non-disabled people. Many kinds of bodies have arguably yet to "belong" in such places and it is as if their presence is treated as a form of trespass, unwanted or disruptive to silent conventions, thereby engendering an unfavourable reaction. Longhurst's (1994, p. 219; also 2001) study of pregnant women can be cited:

> [D]uring pregnancy in some places women find that their usual behaviours in public become increasingly socially unacceptable the more visibly pregnant they become. The familiar, the "everyday" of some places through the medium/experience/physicality of their pregnant corporeality, can become unfamiliar zones in which they at times feel uncomfortable and unwelcome.

The case is even more problematic for disabled people whose bodily difference puts them beyond the range of "normal" varieties of embodiment, and who are indeed, in all sorts of ways on all sorts of occasions, made to feel that they are "out of place" in non-disabled spaces (e.g., Chouinard 1999, p. 150). Such spaces are rarely discussed in terms of how and why they *accept* the appearances and conducts of the non-disabled, nor in terms of what they offer to "the mobile," "the sighted," "the hearing" or "the able." The conformity of such spaces to the non-disabled remains almost entirely unquestioned, and in effect the non-disabled remain "unmarked" in much the same way that white people are commonly unmarked, set outside of racial or ethnic categories, in mainstream Western localities. Drawbacks are only perceived to arise when someone arrives who departs from such "natural" assumptions of not only embodied appearance but also comportment (Corker & Shakespeare 2002; Michalko 2002a).

The impression is left that mal- or under-performing impaired bodies should not "take up space," certainly not places unthinkingly conceived as non-disabled space, and Hansen (2002, esp. Chap. 7 on "community spaces") found many examples in her research. One is Lynda's:[10]

> Half-eleven in the morning, I have been in situations where they [strangers] have said to me "have you been on the booze already?" when I haven't! I don't drink now before I go to a pub or club because I have to have my wits about me when they [security people] say "you're not getting in, you're paralytic" [i.e., "paralytically drunk"], and I have to say to them "no I am not. I've got this, this and this" [Lynda has a neuro-muscular disability]. There have been a couple of times when they've asked my friends who I am with for confirmation of what I have said and they apologise to them not me (Lynda, Scotland, in Hansen 2002, p. 139).

Wider appreciation of Lynda's condition is lacking, and more broadly of the different kinds of comportment that a condition such as hers entails, and it is revealing that the

knee-jerk coding of her body in the street or outside a club is that she must be intoxicated. What this example also illustrates is someone needing repeatedly to give voice to their disability, to explain it, so that her bodily difference can be accepted, albeit "on sufferance," by the non-disabled majority. A similar example—a subtle one perhaps, but included to indicate how conduct may "betray" impairment—is Joanne's:

> If go to the coffee shop, and say "can I have a cup of coffee?", then they will speak to me about different types of coffees, different sizes of cups, whatever, and I stand and look at them and I haven't a clue, and loads of times they must look at me as if I'm either thick, drunk or whatever, but as soon as I explain there is a problem[11] and "could they speak more slowly?", they will do it, well some of them will be fine and some of them don't have a clue they've got to do that ... I'm not complaining, I will have to continue to explain! (Joanne, Scotland, in Hansen 2002, p. 139).

While showing great fortitude, Joanne's impaired conduct does signal her difference, sufficient for some non-disabled people to regard her as out of place in the coffee shop, and it is telling, as in Lynda's case, that she is compelled continually to voice her impairment in explaining her (different) self.

On many occasions for disabled people the problem may be staring eyes,[12] often averted if the disabled person does try to make eye contact, alongside a pitying attitude towards someone's "imperfect" control of their bodily movements. Olive's experience of the gym is instructive:

> I go into the gym and I'm cumbersome moving from my chair to the machines and everything. You'll get certain people that will stare at you ... You'll get old ladies saying "what a shame," and you feel that you've got to be extra strong to put up with that. Nobody else would put up with that, they'd ... go up and say "what are you looking at, do you want a photograph?" (Olive, Scotland, in Hansen 2002, p. 137).

What can also happen is that pitying and patronising go hand-in-glove—Trudy (Scotland, in Hansen 2002, p. 143) complains about being constantly patted on the head: "I'm not a dog, don't pat me!"—fuelled by a chronic lack of expectation on the part of non-disabled people regarding the capacities of impaired bodies. It is largely assumed that the latter can achieve little by themselves: "I find ... that often in the general public, the expectation levels around the capacity of what a disabled woman or a disabled person is able to do are so limited" (Heather, Canada, in Hansen 2002, p. 141). An elision is made between physical and mental impairments, and Trudy (Scotland, in Hansen 2002, pp. 142–143) relates a chain of inferences made about her when she is out shopping, from "being in the wheelchair into somebody who was stupid," and she also recounts classic instances of non-disabled shop assistants asking if anyone is "with her" or talking very

slowly to her, "like I was three." Reinforcing those of Lynda and Joanne, such experiences prompt the feeling of needing "to be extra strong" in order to combat the constant message that somehow "you" should not be there, that your mode of inhabiting the spaces in question—too clumsy, slow, spreading, sprawling, jerky—is plain wrong. What such a message effectively conveys, moreover, is underlying criticism of the different ways in which the impaired body occupies space and indeed time (a theme to which we now turn).

The Different Timings and Spacings of the Impaired Body

Understanding the embodied reality of disability in everyday life is crucial, and we need to ask about how the people concerned "notice" their impaired bodies when seeking to go about their daily business (going to work, attending classes, using shops, cinemas or parks, taking a child to the swings). Their embodied "art" of managing the time, space and speed realities of "doing" daily living demands more recognition than it usually receives, and Hansen's research furnishes detailed accounts wherein the most microscopic planning (of the timing and spacing) of (the seemingly most banal) activities is highlighted by her respondents. Examples to do with "domestic time and work space" (Hansen 2002, pp. 179–184) expose the complexity of simply getting up and preparing for a day at work or at classes:

> I usually have to get up at 6am to be ready and out the door at 7am to get my ride to work. It takes a lot of planning, I arrange what I'm going to wear the night before. I make my lunch, if I'm really organised the night before, and sometimes I have some of the clothes on [in bed] that I'm going to wear the next day, the night before, just to save me a bit of time in the morning (Heather, Canada, in Hansen 2002, p. 181).

> I have to go to bed really early, I have to rest as much as I can. I have to get up really early to get myself dressed and ready in time, and to be able to drive in the morning is quite difficult, as it's really painful driving in the morning, so I have to get up really early and get medicated really early on ... I waken [*sic*] up about 6.30am and take all the medication and I eat at 6.30,[13] and then I get up at 7.00am ... (Barbie, Scotland, in Hansen 2002, pp. 181–182).

These women underline the difficulties involved in deceptively straightforward activities such as dressing, which can eat up time for people with certain impairments, and—as in Barbie's case above—it is also evident that such activities, when hurried because of time constraints, can end up being painful and distressing. When this labour has to be combined with family duties, getting children up, washed, dressed, fed and off to school,

which can be hard enough for non-disabled parents, then the time-space implications of being differently embodied are even more starkly revealed.

Hansen also recounts many examples of disabled people coping with the demands of "timing and spacing at work" (Hansen 2002, pp. 177–179; see also Pinder 1995; Freund 2001), exposing the "hidden geographies" (Dyck 1995) of small but deceptively important things such as the size of print, the positioning of furniture, the location of the toilets, the juxtaposition of offices, doorways, and so on. Spatial configurations relative to somebody's impairment are intimately connected to questions of temporality, since problematic spacings inevitably feed into people taking longer to complete activities than is "normal" or acceptable (to employers or colleagues). Thus:

> In the workplace ... [it] doesn't necessarily make those adjustments. I print out things larger ... it takes me longer to read things than ... normal people ... I have to make an adjustment for [my] eyes ... if people move things from me or they come at me too quickly, mostly a people interaction thing because I can adjust for stationary things ... People know not to move the garbage can in my office because I'm inevitably going to trip over it ... I don't have the eye-hand coordination that most people have because of the depth-perception issues, so when I'm drinking a cup of coffee I could slam the ... cup down and the next time I could miss it [the desk] completely ... (Candi, Canada, in Hansen 2002, p. 178).

> I certainly have sensed from early on that it probably isn't a level playing field in terms of some of the accommodations that I've needed. I often have to really persist, certainly in terms of getting a wheelchair-accessible washroom, it took about eight years for that to be completed. In terms of my office set-up, it's just a constant struggle to make sure that I have easy access to filing cabinets and assistance with portering, for example ... Your energy is being channelled in that area instead of, you know, being able to get back and do my work ... (Mary Lou, Canada, in Hansen 2002, p. 174).

Hansen's respondents relate a strong feeling of their only conditional acceptance in work, educational and other public settings, a phenomenon that she refers to as constantly being "on approval" (Hansen 2002, Chap. 8), which is all too frequently accompanied by a fear of *not* matching up to (ableist) expectations—by not being able to emulate the conduct of non-disabled counterparts in these settings—and of being in effect told to "go home" (being sacked, not having a contract renewed, failing exams and not being allowed to retake them).

Disabled people are often treated as though their way of doing things is disruptive to the "normal" speed, flow or circulation of people, commodities and capital because they "waste" more time and space than they should, maybe reducing profit margins.[14] Moving

at a slow pace when boarding a train, bus or taxi or being slow in making a purchase acts as a hindrance to the "natural" rate of commerce:

> [T]hey [taxi-drivers] don't like taking disabled people in wheelchairs, they think we're a burden, and because a lot of us need the ramps down to get the wheelchair in, that makes it even worse because it takes longer ... so the longer they spend with you, the less money they are making ... So they tend to take their bad temper out on you and you get comments like, you'll go out ... on a rainy morning and they'll say, "why do disabled people want to come out in the rain anyway?" (Olive, Scotland, in Hansen 2002, p. 140).

The implications are arguably even more severe in the workplace itself when a disabled employee appears to be slowing down activity, thus being a drag on transactions, efficiency and productivity, debarring them from being the "fast subjects" demanded by the cutting-edge of capitalist enterprise (Thrift 2000). Audrey (Scotland, in Hansen 2002, p. 170) laments being "asked if [she] could type the same, as fast as the rest," while Camryn (Canada, in Hansen 2002, p. 170) talks about a constant sense of "feel[ing that] I'm under-performing ... that's not really anything that's said to me, that's just me, I do feel pressure." Various women remarked on feeling that they had to do *much more* than their non-disabled colleagues in order to be accepted as equals in the workplace, which could mean putting in more hours, completing more reports or thinking of more angles, just so that they avoid being regarded as "slow" workers (wherein "slow" can too easily become an assumption about mental as well as physical functioning). "I have to do my job twice as well to be seen as half as good," says Heather (Canada), while Stacey (Scotland, both in Hansen 2002, p. 170) confesses that "You feel that you have to prove yourself to be superhuman." It is possible to imagine the many knock-on effects for these individuals as they try even harder to cope with the timing and spacing of their embodied work tasks, the hope being that they can compensate for what they (are made to) feel are their deficiencies in this connection. At root, of course, the issue is that their different ways of doing things, the different spacings and timings of their embodied efforts at undertaking routine tasks in the workplace, homeplace or elsewhere, frequently remain unnoticed, under-valued or resented. Indeed, the differences here are often regarded as *in*sufficiently approximating what a supposedly "normal" person can achieve, irrespective of the fact that tasks do get completed, sometimes better than they would by a non-disabled person, but often at great cost to the ongoing physical and mental health of the people concerned.

Provisional Spaces; Corrected Bodies

Some societies more than others (see Komardjaja 2001) have begun to "accommodate" the "access" requirements of disabled people. Wheelchair ramps, accessible toilets, lifts

(elevators), Braille signage and mini-coms (telephones accessible to deaf people) serve as visible signs of disability's growing place within the wider tracts of non-disabled space. The importance of these necessary accommodations in facilitating the physical access of disabled people into wider public places cannot be underestimated. What remains largely unrecognised, however, is that the terms of reference and the means of access have, as a rule, not been determined by disabled people but rather by non-disabled authorities. Governments spend large amounts of time and money counting, categorising and monitoring disabled people, documenting their differences (Titchkosky 2002), and yet the perspectives and experiences of disabled people in their own words—as in the previous sections of this paper—remain vastly unreported. Those disabled individuals who do speak out are often dismissed as "activists" or ignored, their opinions framed as anecdotal (Potts & Fido 1991; Michalko 2002b), and forms of access or accommodation that result from so-called "consultation" often remain tentative and superficial:

> Token efforts at cultural inclusion in many ways seem only to draw attention to the cultural absence of disabled women everywhere else. In the local spaces of everyday life, cultural practices contribute to oppressive living environments for disabled women. These practices include unsupportive professional and informal care-takers, invasive questioning by strangers, aversive reactions to the presence of the disabled in public spaces of various types and construction of local spaces which either exclude or segregate disabled users (e.g., government council chambers which lack disabled seating and sign language interpreters; local arenas and movie theatres which provide only segregated seating to wheelchair users) (Chouinard 1999, p. 151).

In short, there is an aversion to providing "space" for disabled people, and "reasonable accommodation" is often code for "minimum" as to nature, extent and cost in order that established speed, space and time patterns are not greatly disrupted (Kitchin 2000; Freund 2001; Michalko 2002a). This approach to disability appears as an add-on or an afterthought rather than as a *natural* or *automatic* part of the process, and economic viability remains at the forefront of decisions taken (Kerr & Shakespeare 2002). The spaces that are provided or modified in some way therefore remain distinctly provisional spaces, in which disabled people are "provisionally" allowed so long as they seek to inhabit, utilise and conduct themselves in these spaces as would a non-disabled person. They are indeed only there "on approval," to return to Hansen's phrase, and many disabled people once again feel "out of place," being left to explain or even to justify their presence under the most mundane of circumstances.

Accompanying the modifying of spaces, there is also a (far from tokenistic) approach that strives to "correct" the disabled body, to produce corrected bodies that fit in with the existing shapes and expectations of non-disabled space. Examples include everything from crutches and wheelchairs to artificial limbs (prostheses) and the promise of computerised inserts to make limbs and senses do what they cannot now do. In this respect,

there is a "colonising" approach toward the impaired body, in that it becomes a site for interventions designed to convert it into something acceptable to the "colonising" power (non-disabled society). In the possible belief that the approximation of certain degrees of "able" can be engineered for disabled people, normalising or corrective measures are often presented as a "civilising" influence ostensibly for the betterment of the individuals at whom it is directed.[15] Here "civilising" equates with being able to fit in with expected comportments and time-space patterns of conduct, with medical intervention commonly perceived as the "civilising" agent (Hughes 2002) and those disabled individuals perceived as acquiring greater degrees of "ablebodiedness" being more readily accepted by the majority (at least in certain contexts: Michalko 2002a; Price & Shildrick 2002).

This situation is hardly straightforward, however, in that some technological adaptations comprise, as mentioned, visible stigmata that—so it is thought—a disabled person would happily discard if possible. Yet, for those individuals using these devices, they may provide mobility, freedom and independence, and it may even be an act of minor resistance to *continue* using them because doing so transparently singles out their conduct in the world as departing from non-disabled norms. One of Hansen's respondents speaks about the liberation that she feels in her wheelchair, thereby turning commonly held perceptions on their head:

> I started using a wheelchair ... because it was starting to be a real struggle getting in and out of the flat ... trying to balance on two sticks. I actually feel somewhat liberated having a wheelchair, although I have to plan where I'm going, making sure it's accessible, making sure there will be someone there to help me if I need it; and I can put my wheelchair in and out of the car if I absolutely have to but sometimes I don't feel like it, and I get help, so it has to be planned. But certainly in some ways I sometimes feel that developing a disability has allowed me to be more the person I really can be, because it's forced me to be more assertive. (Bev, Scotland, in Hansen 2002, p. 145)

Detailed body-knowledge arising here from "within" contests the corrected body approach, and may suggest quite other ways of responding to bodily difference, even to the point of assertively valorising the positive dimensions of being impaired and conducting life in harmony with, not kicking against, an embodied impairment.[16] Heather's case is similar, and shows an individual embracing not a wheelchair but crutches, not as a means to approximate non-disabled norms of movement but simply because crutches better served her goal of getting around for the purposes of living, working and "getting by":

> I remember when I was twelve I said ... "look I'm not going to walk the way other people do, but that doesn't mean I'm not going to get around, and that's OK"; and that was it ... I gave up practising to walk without my crutches because I knew that walking with crutches was a lot more comfortable for me, and it was OK with me,

> and it gave me a lot more independence; and when I was walking *without* crutches I always felt that I ... looked like Quasimodo, which was not too cool (Heather, Canada, in Hansen, 2002, p. 136; emphasis added).

Tellingly, Heather refuses to pass as non-disabled, a decision that has actually enabled her to gain *greater* self-esteem, despite what non-disabled society might expect (i.e., that the more one can pass as non-disabled, the better one will feel about oneself).

Trudy's experience is also worth referencing, since it entails another form of resistance to the tyrannies of both the corrected body and the impulsion to pass as non-disabled:

> I'm supposed to try and walk as straight as I can, but that's because that's the normal way to walk, not because it will benefit me, so I did that for about a year and really struggled and when I finally asked ... "is there a purpose for me in walking like this?", they actually told me, "no it's just that's the way I should walk" ... So now ... I do a sideways walk, [my son] calls it my "crab walk," so I just walk like that and hang onto the walls, and I take quite a lot of seats ... but I've sort of adapted my way around (Trudy, Scotland, in Hansen 2002, p. 136).

Trudy's description of her motion illustrates a creative use of timings (lack of speed) and spacings (lateral movements and occupying "a lot of seats") that works for her. Like Heather, she has deployed her expert knowledge of her unique body, creating a distinctive style of personal embodiment, her "crab walk," which best conforms with her own requirements even if flouting standard practice. What these latter materials imply, moreover, is a rather different way of living with an impaired body, precisely not striving to "flatten it out" into a pale imitation of how non-disabled bodies look, move and do things.

Discussion: The Normality of Doing Things Differently?

Following from what has been written so far, the concluding argument is that disability geography (and disability studies more generally) is moving towards new ways of addressing the realities of the impaired body set within non-disabled space. In short, we must force ourselves to rethink the ways in which disabled people—in fact, all people, disabled or non-disabled—occupy worldly spaces of all kinds. Disabled people themselves can (and should) be consulted for fresh perspectives on how to "map" this thoroughly spatialised bodily terrain. Thus:

> [D]isabled women can build strength and determination to continue to fight for spaces in everyday life in which differences such as disability are not viewed as something to be "corrected" and avoided, but as part of the spectrum of human experiences that enrich all of our journeys through life and society (Chouinard 1999, p. 155).[17]

There is no magic solution, but we must confront the question about how much more could be accomplished if disabled people were better able to make their way in the world on their own terms. Much of their energy is spent trying to gain the "right" of passage; to cope with the negative attitudes, the poorly arranged surroundings, the constant fear of being "on approval" in non-disabled space: surely, much *more* could be achieved if this energy were expended in other, less negative ways.

These remarks are not supposed to deny that many disabled people encounter difficulties and hardships in living with their impaired bodies, certainly when fitting them into non-disabled space, and nor is it to deny that there is often a great deal of discomfort, fatigue, pain and attendant emotional states—despair, anger, regret—wrapped up in the normality of disabled existence (but the *same* is surely true for all of "us," whatever our physical or mental states). As a society, we have yet to develop a comfort level associated with impairment, fatigue and pain that ventures much beyond avoidance. Indeed, pivotal to what Michalko (2002a, esp. Chaps. 3 and 4), Wendell (1996) and others are writing is the need to attend to "suffering" in the lives of disabled people, but without the story being *solely* about "tragedy" which leaves no space for seeing—and perhaps empathising with—what it is that disabled people actually get on with doing. "[W]e must ... talk about how to live with the suffering body, with that which cannot be negotiated without pain, and that which cannot be celebrated without ambivalence," argues Wendell (1996, p. 179), but at the same time she calls for "a new concept of transcendence 'with body', which would involve feeling and knowing our connection to other lives, human history and society" (Wendell 1996, p. 178). What this implies is a sophisticated position that does not stop at accounts of bodily difference, difficulty and suffering, certainly not individualised accounts, but instead imagines a sustained dialogue between all sorts of people with all sorts of bodies—one might say a "conversation" of all humankind—wherein the normality of very different ways of human being, doing, relating and place-making is uppermost.

In this proposal, the realities of impaired bodies as experienced must be centralised, but always in a fashion rendering such realities as "extraordinarily ordinary." The issue becomes someone going about their business, and perhaps having to make adjustments that are greater than is true of some other people, but still on the same spectrum as what "we" *all* have to do in order to achieve anything. As one of Hansen's respondents puts it:

> To negotiate ableism, I think it's because people didn't understand, and I think that's the problem with the outside world, they don't understand what disability is, it doesn't mean that everything about you and your life and your head is disabled. I mean we've been given the wrong label, "disabled", it makes you sound as if there's something terribly wrong and I don't think there's anything wrong with disability, I ... see myself as getting around differently, I can't use my legs, so I use wheels, it's that simple (Trudy, Scotland, in Hansen 2002, pp. 181–182).

Part of the problem is that the disabled body cannot easily be the "ordinary body-of-functions" demanded by the capitalist West, and so it is entirely unsurprising to find many accounts couched in terms of how difficult it is for disabled people to cope with the things that they are expected to do by non-disabled society. What Michalko (2002a, esp. pp. 173–175) stresses, though, is the predominance of a "mimetic" model, wherein the focus alights upon the success or failure of disabled people in "imitating normality." What he proposes instead is an emphasis on the "ordinariness" of trying to do things, even if said things might be done differently in the process, perhaps more clumsily or slowly, with "unusual" body movements or using "unexpected" sensory cues. Hence, the focus should be less on disabled people striving to do things "normally," whatever that might actually mean, and much more on the simple, wholly unexceptional *normality of doing things differently*, and acknowledging, tolerating and maybe even (cautiously) celebrating the many and hugely varied ways in which things can be done. Intriguingly, Michalko (2002a, pp. 173–174) speculates that a heightened acceptance of this normality of doing things differently by disabled people comprises a thinking *with* disability, not just *about* it: one that might then assist in "mak[ing] a place for disability" with the capacity to disrupt "those places ready-made—usually by non-disabled others—for disabled people."

"I don't think there's anything wrong with disability, I ... see myself as getting around differently, I can't use my legs, so I use wheels, it's that simple": this is what Trudy says, and it stands as a mini-manifesto for us at the close of this chapter. It squares with Freund's (2001, p. 704) insistence that we need to envisage many more "spatial-motional-material possibilities" for accommodating bodily difference, and in the process to embark upon "many unexplored 'avenues' for comfortably accommodating a wide range of mind-bodies." This chapter nonetheless stirs in a crucial qualifier in helping to smooth through Freund's vision, and also as a further strand in the politically astute perspective of refraining disability politics suggested by the likes of DePoy & Gilson (2003). This qualifier is a deceptively simple insistence on registering the multitude of ways in which different bodies do (and can do) things differently. To our thinking, accommodationist agendas must be alert to such differences in the doing of things, treating the range here as wholly normal, and resisting banal assessments of "right" and "wrong" ways to get things done. Such a vision might herald a more fully fledged practice-based rather than narrowly function-based approach to the meeting of disability and environmental "design," one convened in recognition of the sheer diversity of practices—sometimes elegant and dextrous but sometimes awkward and cumbersome—integral to how humans of all kinds go about the doing of things in the world. Central to this vision is the proclamation that: "Imperfection is the essence of being organic and alive. Cardboard ideals of perfection are flat and pale by comparison" (Tollifson 1998, p. 106).

Endnotes

1 The social model has been most clearly articulated with reference to physical disability, and this chapter is primarily concerned with physical disability. Issues to do with "mental disability," including different strands of both mental ill-health ("mental illness") and intellectual disability ("mental handicap") are related, but not identical, and Beresford (2004, p. 219) suggests that we await the proper development of "a 'social model' of madness and distress."

2 At various points in what follow we will talk of *the* impaired body, in the singular, but we are well aware of the near-infinity of possible shapes, sizes, capacities, etc., of *real* impaired bodies.

3 Tellingly, Freund (2001) is influenced by disability geography, quoting Gleeson and Kitchin, and in effect he is importing ideas from disability geography back into disability studies, exposing the latter to new thinking about "bodies, disability and spaces."

4 There is a closely related literature on the geographies of chronic illness (e.g., Moss & Dyck 2005; Crooks & Chouinard 2006), wherein the complex entanglings of society, space and (the embodied effects of) illness are subject to sustained inquiry.

5 Dorn (1998) is particularly interested in those individuals such as the disabled activist, designer and architect Patty Hayes who are vocal-practical-political "dissidents," actively disputing the "disabling" built and social environment with which they are confronted. Many if not all disabled people are more everyday "dissidents," perhaps not as overtly politicised but still in effect "embodying" a political charge in how they are forced into "doing things differently" on a regular basis. This paper will exemplify precisely this point.

6 See also Worth (2005, pp. 21–24), who discusses the rise of what she here calls a "biosocial model," showing how contributions by scholars from both disability studies and human geography have fed into this development.

7 While Hansen was particularly concerned with the experiences of disabled women, bridging between disability studies and feminist theories, the gender dimension is of limited moment for the present paper. We suspect that similar findings would emerge for disabled men, although it is possible that they might be less troubled by the disjunctions under review, maybe feeling more empowered to be assertive of their "rights" to do things differently.

8 We could have developed a more theorised account of "performing" disability, maybe borrowing from the likes of Goffman, Butler and various works on performative geographies, but for the purposes of this chapter we stick with a straightforward discussion in which terms like "performance," "conduct" and "comportment" remain close to their everyday usage.

9 On occasion, it may be the use of such implements that "betrays" somebody's impairment, since many impairments are "invisible" to the immediate gaze, only becoming apparent through a person's dependence upon technologies of one form or another to enable their "normal" everyday conduct.

10 All names are pseudonyms.

11 Joanne has aphasia, which entails difficulties in understanding or "producing" speech as a result of brain damage.

12 Pain *et al.* (2001, p. 178) talk about the shift from "stairs" to "stares" in researching disability: i.e., from focusing on physical accessibility (how to deal with the obstacle of stairs) to considering social acceptability (how to deal with the intrusion of prying stares).

13 Some medication must be taken with food to prevent stomach damage.

14 Here we gesture to the historical-materialist critique of Gleeson (1998, 1999), who stresses how capitalist time-work disciplines, expectations and indeed contractual obligations so obviously militate against many disabled people whose impaired bodies simply cannot be made to "run" in accordance with such capitalist demands.

15 This is another manifestation of disabled people being perceived as sub-human in much the same way as "Aboriginal" peoples the world over have often been regarded as sub-human "savages" needing the Western "civilising" influence.

16 We are conscious of the dangers of recreating a kind of "heroic" narrative, but we feel that what is occurring here is rather different; it is not about "heroic" efforts against the odds to be just like a "normal" person, to do things "normally," but rather about individuals celebrating living with (not struggling against) their impairment. At the same time, though, we are wary of overplaying this argument, recognising that for many disabled people, perhaps especially those with acquired impairments, there will be regret, resentment and some measure of mourning for the lost non-impaired body. It would be wrong of us to suggest that all disabled people should be "comfortable" with, let alone celebratory of, their different bodies; just as it would be wrong to demand that any/all of "us" suddenly become "comfortable in our own skins."

17 The extent to which Chouinard would extend the same argument to disabled men is uncertain, and Hansen's own research did concentrate exclusively on disabled women; however, for the purposes of this chapter, the principle must be that the same argument can be so extended, even if we realise that the exact details of life as timed, spaced and voiced by disabled men will likely vary in important ways from those for disabled women.

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