Bourdieu’s Habitus, Social Class and the Spatial Worlds of Visually Impaired Children

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Summary. This paper argues that the ‘new’ social geographies of impairment literature present a sophisticated analysis of the socio-spatiality of the impaired body, but one that now needs developing in two ways. First, it is suggested that the literature has focused on the embodiment of socio-spatial exclusion more than it has focused on resistance to it. Secondly, where the literature has analysed resistance to socio-spatial exclusion, it has done so in general terms (i.e. by referring to ‘disabled people’). The literature has said less about whether and how factors such as social class background might predispose some impaired people (but not others) to resist their embodiment of disability and socio-spatial exclusion and less about the way in which impaired people develop ways of navigating the ‘off limits’ urban spaces that they now wish to use. The paper uses the work of Pierre Bourdieu to construct a theoretical framework within which some empirical data, concerning these underresearched issues, are analysed.

Introduction

A recent Special Issue of this journal (vol. 38, no. 2), which considered “the spatialities of disability and disabled people’s barred and bounded lives” (Imrie, 2001, p. 231) marked a watershed in urban studies because it brought the socio-spatial study of disability further into the mainstream of the discipline. My intention in this paper is to build on the significant achievements of this special ‘disability issue’ by, first, reviewing the current strengths of the social geographies of impairment and disability literature and then, secondly, highlighting new avenues of exploration that need to be opened up.

The paper argues that the initial focus of social geography on the disabling character of urban environments was useful but, as Imrie (forthcoming) and others have subsequently pointed out, it was also limited in terms of its explanatory power because it assumed that disablement and thus socio-spatial exclusion was nothing to do with the body. They have since developed a social geography of impairment that has greater explanatory power because it shows how disablement and thus socio-spatial exclusion are ‘embodied’ and thus not simply caused by the disabling character of the urban environment.

The notion that socio-spatial exclusion is ‘embodied’ has been explored in a number of ways. For example, social geographers such as Imrie (2001), Kitchin (1998) and Valentine (1999) have shown how disabling urban environments create ‘dysappearing’ bodies, because they produce an unwanted con-
sciousness of the impaired body and thus a desire to withdraw from public space. Others, such as Edward Hall (1999), have shown how the social organisation of time and space becomes sedimented within 'body techniques' that are a source of agency because bodies 'become the time-spaces they occupy', but also how the embedding of these 'bodily possibilities' within these specific time-spaces makes it difficult to adjust to the socio-spatial reorganisation of these timespaces, which is therefore disabling (see Imrie and Kumar, 1998; Imrie, 2001; Valentine, 1999). In both of these examples, then, socio-spatial exclusion is embodied rather than simply the product of disabling spaces.

Theoretical and empirical analyses of resistance to the embodiment of disability and socio-spatial exclusion are less common and, furthermore, have been undertaken in universal terms—i.e. by assigning a 'will to resist' the embodiment of disability and socio-spatial exclusion to 'disabled people' in general. This is not to suggest that social geographers have not recognised the existence of difference within the population of disabled people. Far from it. Social geographers, such as Imrie and Dyck, have acknowledged that variables, notably social class, are likely to be integral to the embodied experience of disability and socio-spatial exclusion and thus produce class-specific rather than universal propensities to accept and/or resist it, but have so far only stated this as a proposition. There has, however, been little research into, and analysis of, the social-class distribution of resistance to the embodiment of disability and socio-spatial exclusion—i.e. the extent to which social-class background is integral to the embodied experience of disability and socio-spatial exclusion, and thus the propensity either to accept or resist it. Indeed, insofar as the relationship between social class and disability has been analysed, this has been accomplished in a rather disembodied way. For example, Gleeson (1998) analyses social class as an outcome of the social production of disability (i.e. disabled people are statistically more likely than 'able-bodied' people to live in poverty due to their spatial exclusion from the workplace) rather than integral to the embodied experience of disability and socio-spatial exclusion.

In this paper, I seek to address this lacuna in the literature by examining the ways in which social class is integral to the embodied experience of disability and, in doing so, to establish whether this then affects the propensity of some (but not other) disabled people to resist their embodiment of disability and thus socio-spatial exclusion. To do this, I use Pierre Bourdieu's social theory, which shows how constant exposure to (for example, privileged, deprived) socio-economic circumstances produces a social-class habitus—i.e. an orientation towards the body and its place-in-the-world that is the product of, and which corresponds with, one's socioeconomic position.

I then draw on empirical work to show how middle-class parents and children ('the privileged habitus') were oriented towards their future participation in white-collar, professional work, demanding certain forms of bodily comportment and mobility, and so engaged in 'body management' in order to overcome the manner in which visual impairment threatened their 'natural right' to occupy this social space. Their spatial strategies were therefore relatively expansive and constantly subjected to revision. Conversely, I show how working-class parents and children ('the deprived habitus') were less likely to resist their impairment because it simply confirmed, rather than threatened, what they already knew, and tacitly accepted, about their current and future place-in-the-world which consisted of limited opportunities. It follows that their spatial strategies were more restrictive because they accepted their place-in-the-world as 'the way things are'.

The Study and Research Method
The aim of the research was to investigate visually impaired children's use of their home and neighbourhood environments, and was based on interviews with 44 visually impaired children, between the ages of 5 and
16, and their parents. Two interview visits were made to each family. The first interviews were as ‘non-directive’ as possible and so the parents and children were encouraged to describe their everyday experiences of home and urban space on typical weekdays and weekends, in their own way. The data about the children’s everyday experiences of housing and urban space were then analysed and used to devise questions to be asked during second interviews. During the second interviews, parents and children were asked to describe the strategies that they used to cope with, or overcome, typical problems in housing and urban space that they had previously described in first interviews.

All of the interviews were taped, transcribed and subsequently coded. A ‘grounded theoretical’ approach (see Glasner and Strauss, 1967) to the coding exercise was undertaken, as follows. Codes were assigned to each general theme to emerge from interviews (for example, management of the body) and sub-codes were assigned to the key issues that emerged within each theme (such as parents training children to ‘look’ normal; children training themselves to ‘look’ normal; parents training children to ‘be’ normal; children training themselves to ‘be’ normal).

The main codes from each transcript (for example, management of the body) were transferred into two blank documents so that ‘parent’ and ‘children’ coding frames were gradually built up that contained all of the main codes that had been generated across the transcripts. Sub-codes (such as parents training children to ‘look’ normal; children training themselves to ‘be’ normal) were then transferred from each transcript into the relevant main code (for example, management of the body) within these coding frames. These sub-codes contained information about the identity of the interviewee to which the sub-code applied, a full description of the sub-code as it applied to that interviewee and the location of the sub-code within their interview transcript.

The interviewees were then split into two ‘loosely’ defined categories, using social-class indicators, so that a comparative, social-class analysis of visually impaired children’s experiences of housing and urban space could be undertaken. The first category of children are referred to as ‘privileged’. This group consisted of children living in owner-occupied houses that were detached or semi-detached with large and enclosed gardens and located in ‘wealthy areas’ of the city or on the suburban fringe, and whose parents tended to be highly educated, white-collar, career professionals. The second category of children are referred to as ‘deprived’. This group consisted of children living in houses rented from a social landlord and located in ‘rougher areas’, and whose parents were in blue-collar occupations, low-paid and insecure service-sector work, or not in formal paid employment at all, reflecting their low levels of ‘educational attainment’.

The comparative social-class analysis was undertaken by interrogating the coding frames to identify whether there were variable relationships between the privileged and deprived categories of children and each of the codes and, if so, to assess the empirical strength of these variant relationships. For example, since the ‘body management’ codes tended to apply to middle-class children, but seldom to working-class children, this was judged to be of empirical significance. The empirical section of the paper has been written in a way that highlights the empirical strength of a number of such variable relationships.

Before proceeding, however, the following two factors should be noted. First, since the purpose of the paper is to analyse the relationship between social class and the management of the impaired body in space, certain forms of analysis fall beyond its scope. Thus, whilst age, gender and ethnicity are potentially significant variables, an analysis of the influence of these variables is not provided in this particular paper. Nevertheless, readers might find it instructive to note the age-spread of the children, presented in Table 1; that 26 of the children were male and 18 were female; and that 7 of the sample
Table 1. Sample of children by age

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came from Black and minority ethnic backgrounds.

Secondly, whilst there are different forms of visual impairment that may differentially impact on the housing and urban spatial experiences of children, this type of analysis is also beyond the scope of the paper. Readers might find it informative to note, however, that 42 of the children studied were born with visual impairment and were partially sighted to differing degrees; one had acquired their visual impairment and was partially sighted; and one was born totally blind to vision.1

Social Geographies of Impairment and Disability

In the 1980s, Vic Finkelstein (1980) and Michael Oliver (1990) formulated their ‘social model of disability’ as a social science challenge to the hegemony of the ‘medical model’, which defines disability as a ‘functional inadequacy’ within the body—for example, ‘defective sight’. This social model challenged the medical model by making a distinction between impairment and disability in which

Impairment is the functional limitation within the individual caused by physical, mental or sensory impairment. Disability is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers (Barnes, 1991, p. 2).

During the 1990s, the social model came to influence the work of social geographers of disability, who increasingly turned away from mapping the incidence of ‘disabled bodies’ and, instead, began to focus more on the manner in which actual, physical socio-spatial barriers disabled people with impairments from undertaking ‘normal’ everyday activities in the home (Madigan and Milner, 1999; Stark, 2001) and public space (Butler and Bowly, 1997; Gant, 1997; Gleeson, 1999; Imrie, 1996, 2000; Kitchin and Law, 2001).

Nevertheless, in the late 1990s, disability theorists, such as Hughes and Patterson (1997; see also Patterson and Hughes, 1999; Hughes, 1999) and social geographers such as Imrie (1999, 2002, forthcoming; and Edwards and Imrie, 2003) began to critique this dualist ontology of impairment and disability, in which the analytical importance of socio-spatial structure was prioritised over the (largely absent) agent, as inadequate at the explanatory level. The basis of their argument was that the presentation of socio-spatial structure as ‘standing over’ the impaired body (Hughes, 1999; Patterson and Hughes, 1999) implies that the body is an objectively fixed, pre-social biological entity without intentionality or agency and therefore simply the bearer of, rather than implicated in, the socio-spatial production of disability. They have argued, instead, for a more sensual and ‘fleshy’ epistemology that understands socio-spatial exclusion in terms of a ‘body-in-space-in-the-body’ dialectic in which “the built environment ... is active in constituting bodies, ... always leav[ing] its trace on the subject’s corporeality” (Imrie, 2003, p. 62) and thus recognises that exclusion from public space

is not an ergonomic problem in the sense of mechanistic, a-social, subject-less ergonomics, but ... is a problem of people’s embodied relationship to physical artefacts

Social geographers have so far developed ‘fleshy’ perspectives of the ‘embodiment’ of socio-spatial exclusion, or what Freund (2001, p. 699) refers to as ‘the quality of embodiment’, through the concepts of ‘dysappearance’ and ‘body techniques’.

Dysappearance, Body-techniques and Socio-spatial Exclusion

The concept of ‘“dysappearing bodies” … rendered insignificant or absent [in places] where disabled people are made to feel less than human’ (Imrie, 2001, p. 234) has been developed by social geographers such as Imrie (2001; see also Imrie and Kumar, 1998), Kitchin (1998) and Valentine (1999). Their argument is that socio-spatial exclusion is not simply caused by ‘physical barriers’, ‘out there’ in the urban environment but, rather, results from the ‘dysappearance’ of the body-in-space, which is the impetus for the thinking subject to make a conscious decision to withdraw from public space, as Patterson and Hughes (1999) explain.

The disablist and disabling sociospatial environment produces a vivid, but unwanted consciousness of one’s impaired body. Here the body undergoes a mode of ‘dysappearance’ which is not biological, but social. For example, in the context of the ubiquitous disabling barriers of the spatial environment, one’s impaired body ‘dysappears’—is made present as a thematic focus of attention. When one is confronted by social and physical inaccessibility one is simultaneously confronted by oneself; the external and the internal collide in a moment of simultaneous recognition. When one encounters prejudice in behaviour or attitude, one’s impaired body ‘dysappears’ … it is stunned into its own recognition by its presence-as-alien-being-in-the-world (Patterson and Hughes, 1999, p. 603).

For social geographers, such as Hall (1999), however, socio-spatial exclusion does not simply occur because ‘dysappearance’ shapes the conscious decisions that ‘thinking subjects’ make about places to inhabit and avoid. Socio-spatial exclusion also occurs because the lingering of the body in places it consciously chooses to inhabit ensures that, through the everyday repetition of this spatial lingering, the time–space structure of such places eventually becomes ‘lodged in the body’ (Casey, 2001b, p. 688) and thus sedimented beyond consciousness in ‘body techniques’ (see Merleau-Ponty, 1962, 1964) so that—for example, “my flat … is ‘in my hands’ or ‘in my legs’” (Merleau-Ponty, 1962, p. 150; see also Seamon, 1979). The implication here is that ‘body techniques’ constitute a ‘second nature’ (see Bourdieu, 1977, p. 78) that is a source of agency in the places that impaired people routinely inhabit—i.e. as a time-space series of place-specific bodily possibilities (see Parr and Butler, 1999, p. 13). However, whilst ‘bodily techniques’ constitute a ‘second nature’ that facilitates the relatively effortless use of familiar spatial worlds (for example, because ‘my flat is in my legs’), the corollary is that they make corporeal adjustment to the time–space routines of other places especially difficult and, in doing so, are implicated in the ‘implacement’ (Casey, 2001b) and thus socio-spatial exclusion of the impaired body.

The social geography of impairment does not, however, simply focus on the manner in which the corporeal basis of agency is implicated in implantation and socio-spatial exclusion (for example, through ‘dysappearance’ or ‘body techniques’). Social geographers of impairment, such as Dyck (1999), Hawksworth (2001) and Edwards and Imrie (2003) also discuss how some people with impairments engage in ‘acts of resistance’ (see Imrie and Kumar, 1998) towards their implantation and socio-spatial exclusion. For example, Edwards and Imrie (2003) have shown how some disabled people conceal their ‘dysappearance’, in order to avoid the discriminatory gaze of the ‘fascist eye’ (see Patterson and Hughes, 1999) that can so
easily lead to their formulation of withdrawal strategies

Many disabled people may try and normalise, or disguise, their impaired bodies so as to deny, and manage, the negative responses and de-valuations attached to their corporeality—hence, for example, getting ‘out of a wheelchair’ (Edwards and Imrie, 2003, p. 251).

Accounts of resistance, such as the one cited above, are valuable because they show that impaired people are not merely passive victims of disabling spaces. However, they are also limited because, implicitly, they tend to assign universally the propensity to resist to all disabled people (for example, ‘Many disabled people may try ...’, ‘What disabled people want is ...’) and, in doing so, overlook the issue of whether the propensity to resist is differentially distributed (for example, ‘What some disabled people, but not others, want is’). For example

Arguably, part of what disabled people want is to acquire more valuable bodies or to develop, define and appropriate bodily forms which are of value to society .... Negative valuations associated with impaired bodies underpin, in part, strategies by disabled people to conform with their understanding of socially acceptable bodily comportment and demeanour (Edwards and Imrie, 2003, p 251; emphasis added).

In the next part of the paper, I will argue that this tendency to universalise the propensity to resist to all disabled people constitutes a ‘scholastic fallacy’ (Bourdieu, 2000) that reflects the ‘scholarly thought’ and critical ‘will to resist’ of the social scientific observer rather than the ‘practical sense’ and ‘pragmatic inclination’ of the observed. Conversely, I argue that, and show how and why, the propensity to resist is socially distributed amongst positions occupied in social space (and is thus specific rather than universal) and contained in a social class habitus—i.e. a practical sense and pragmatic inclination towards the body and its place-in-the-world that corresponds with, and is produced by constant exposure to, the class position occupied in social space. Middle-class children are shown to be more inclined to resist the physical and social consequences of their visual impairments because they pose a threat to their place-in-the-world of expansive opportunity and so seek to manage and expand their ‘bodily possibilities’ and spatial boundaries. Conversely, working-class children are shown to be less inclined to resist the physical and social consequences of visual impairment because it is not regarded as a threat to their place-in-the-world of limited opportunity.

From Scholarly to Practical Views of Spatial Practice

For Bourdieu (1977, 1990, 2000), the scientific observer’s ‘scholarly view’ of practice fundamentally differs from the acting agent’s ‘practical view’ of practice because the former, unlike the latter, is able to ‘take their time’ to adopt an ‘as if’ view of practice that neutralises and suspends the demands of the situation and the urgencies it imposes, and which examines the logic of practice without reference to the immediate context (see Bourdieu, 2000, p. 12). In doing so, social scientific observers are afforded the temporal space to adopt a ‘critical view’ of practice which, when unexamined as such, they tend to project into the objects of their attention by universally imputing their theoretical thinking into the heads of acting agents, the researcher presents the world as he thinks it is (that is, an object of contemplation, a representation, a spectacle) as if it were the world as it presents itself to those who do not have the leisure (or desire) to withdraw from it in order to think it .... [They] tend to subject for the active agent the reflecting ‘subject’, for practical knowledge the theoretical knowledge .... [This involves] crediting agents with the reasoning reason of the scientist reasoning about their practices (and not the practical reason of the scientist acting in everyday life); or more precisely, by
proceeding as if the constructs (theories, models, rules) that one has to produce in order to make practices or works intelligible to an observer who can only grasp them from outside after the event with the aid of instruments of thought whose use takes time . . .) were the effective and efficient principle of those practices (Bourdieu, 2000, pp. 51 and 60).

In our case, then, the scholastic tendency to assign a ‘critical will’ to resist to all disabled people can be said to result from the propensity of social geographers to remove their process of analysis from the conditions in which practice takes place. This has led them to develop and then universalise theories (i.e. concerning ‘what disabled people want’—for example, to resist socio-spatial exclusion) that reflect the practical privilege in which they work (i.e. the time they have to develop a critical view of the world—for example, their critical will to resist discrimination) rather than the less reflexive conditions in which everyday practice occurs.

The everyday ‘practical relation to practice’ is contained in the ‘habitus’ which (unlike the ‘theoretical knowledge’ contained in the scholastic view of practice) consists of a ‘practical sense’ that is constructed through everyday experience of social space, which results in a practical inclination that is oriented to the objective regularities immanent in the structure of probabilities ‘given to’ the (social class, gender, etc.) positions in social space being occupied. Thus practices which tend to reproduce the regularities immanent in the objective conditions of the production of their generative principle, while adjusting to the demands inscribed as objective potentialities in the situation, as defined by the cognitive and motivating structures making up the habitus (Bourdieu, 1977, pp. 78–79).

Habitus is thus the presence of the past in the present (see Bourdieu, 2000, p. 210) that ‘sediments’ our place-in-the-world by creating a practical inclination and orientation towards the probability of the forthcoming that is the product of a scheme of perception durably inculcated by objective [socio-economic] conditions that engender aspirations and practices compatible with those objective requirements, [so that] the most improbable practices are excluded, either totally without examination, as unthinkable, or at the cost of double negation which inclines agents to make a virtue of necessity, that is, to refuse what is anyway refused and to love the inevitable (Bourdieu, 1977, p. 77).

In doing so, the habitus produces a ‘call to order’ within us to formulate ‘reasonable expectations’ about our place-in-the-world and which therefore engenders practices oriented to the future that are compatible with the objective probabilities of our past and present position in social space (Bourdieu, 1977, 1990; Creswell, 2002). And, as a set of inclinations that are shaped by the social space it occupies, the habitus ‘belongs to’, is ‘possessed by’ and thus ‘attuned to’ that social space to such an extent that it is able to formulate practical responses that are appropriate to situations as they present themselves, and without having to undergo an express process of rational calculation, choice and statement of intention—i.e. it ‘just knows what to do’ and ‘just does it’ because it ‘it is the only appropriate thing to do in the circumstances’ without having to think ‘should I do this or should I do that and why?’ (Bourdieu, 2000).

Exposure to the demands and necessities of the social space occupied by the habitus does not, however, simply manifest itself in a cognitive ‘scheme of perception’ that consists of a practical sense (that is, a set of inclinations that exist beyond immediate consciousness) concerning ‘what to do’—i.e. a ‘schematic attunement’. The necessities of the social space are simultaneously corporeal and become manifest in forms of bodily comportment (i.e. ways of walking, talking, standing, looking, sitting and otherwise ‘doing’ things) and inscribed within a ‘corporeal schema’ (see Merleau-Ponty, 1964). This,
then, also results in a ‘corporeal attunement’ to the demands of social space and thus a corporeal unity between the body and social space, in which body practices (i.e. corporeal ways of ‘doing’, as well as practical ways of ‘thinking’) systematically conform to the demands of social space occupied by the habitus (Bourdieu, 1984, 2000). Furthermore, this ‘corporeal attunement’ to the demands of the social space ensures that the habitus knows when and how, and indeed perceives it as imperative, to respond to corporeal situations and demands as they present themselves. For example, where corporeal situations arise (such as acquiring an impairment) that disrupt the unity between the habitus and its occupation of social space (for example, because white-collar professional work demands certain forms of bodily comportment), a strategic response, involving ‘body management’, might be required in order to restore and reassert its rightful place-in-the-world. In other cases, however, such a situation might not threaten the habitus’ sense of belonging to the social space it occupies and so its inclination, and the most appropriate course of action, will be to ‘do nothing’.

In the next part of the paper, I show how the spatial strategies and practices of parents and children with visual impairments were similarly attuned to, and oriented towards, the objective demands that were constitutive of the social spaces they occupied. Specifically, I show how middle-class parents and children (‘the privileged habitus’) ‘reasonably expected’ to participate in white-collar, professional work, demanding certain forms of bodily comportment and mobility, and so engaged in ‘body management’ in order to overcome the manner in which visual impairment threatened their ‘natural right’ to occupy this social space. Their spatial strategies were therefore relatively expansive and constantly subjected to revision. Conversely, I show how the more limited ‘reasonable expectations’ of working-class parents and children (‘the deprived habitus’) meant that they were less likely to resist their impairment because it simply confirmed, rather than threatened, what they already know and were inclined to accept about their current and future place-in-the-world. It follows that their socio-spatial strategies were more restrictive because they passively accepted their place-in-the-world as ‘the way things are’.

The Socio-spatiality of the ‘Privileged Habitus’

The Privileged Habitus as a ‘Spatial Agent’

From the sample of 44 children, 34 had parents that had ‘achieved’ home-ownership. Generally speaking, these homes were semi-detached or detached with large and enclosed gardens, and were either located in ‘wealthy areas’ in the city or on the suburban fringe. Twenty-six of these children had parents that were highly educated, white-collar, career professionals employed in ‘facework’ occupations (Giddens, 1990) that required their attention to ‘the presentation of self’ (Goffman, 1959). They were, according to Bourdieu,

the new petite bourgeoisie, [working] in the occupations involving presentation and representation .... The petite bourgeoisie who have sufficient interests in the market in which physical [body] properties can function as capital to recognise the dominant image of the body unconditionally without possessing, at least in their own eyes (and no doubt objectively) enough body capital to obtain the highest profits, are, here too, at the site of the greatest tension. The self-assurance given by the certain knowledge of one’s own value, especially that of one’s body or speech, is in fact closely linked to the position occupied in social space ... [The] petite bourgeoisie ... more often recognise the dominant ideal of physical excellence [and] devote ... great investments ... to improving their appearance (Bourdieu, 1984, p. 206).

The parents were thus particularly ‘attuned’ to notice the bodily consequences of visual
impairment—in particular, the way in which their children adopted ‘abnormal’ postures. Many of the privileged parents were therefore ‘training’ their children to adopt ‘normal’ postures.

They rock backwards and forwards incessantly and they shake their heads side to side and Sarah is free of those partly because we, at an early age, tried to train her out of it (Sarah’s Mum).

Privileged children such as Barrymore thus described ‘training’ themselves to appear normal, by copying ‘normal’ people and then ‘adjusting’ their actions accordingly.2

I just try and act normal. Just hide it. I don’t know how I hide it, I just do, I just try and be as normal as possible. I think I’ve adjusted myself to try and be as normal as possible. Yeah I’ve looked at people, I’ve looked at mainstream people and I’ve seen how they react. Cos when I was young I probably wouldn’t look at you. I’d have to be told to look at you, I might be, I might, I’d be like this (Barrymore looks away from me). Maybe and I wouldn’t look at you cos I didn’t have the knowledge, I didn’t understand. Now I do. I don’t like people staring at me. [People looked at me a lot] when I was younger, I had people staring at me. So, yeah I’m conscious, I’m very conscious of my appearance, so that’s probably what it is .... I like people to treat me normal because if you look funny people will treat you, people will treat you funny if you look funny ... Do you know what I mean? I like to look as normal as possible (Barrymore).

This ‘discipline of normality’ was not simply imposed on body movement in-itself (i.e. non-purposeful body movements, such as resisting dysappearance by not rocking back and forth), but also in terms of body movement for-itself (i.e. practical, purposeful movements in space, such as ‘working on’ their bodily-possibilities-in-space by learning to walk downstairs ‘properly’). For example, Mrs Jackson was training her five-year-old daughter, Sonia, to walk rather than ‘bump’ her way downstairs, so that she was not only able to use spatial environments, but also encountered them in a normal way.

I need to get her in the right environment to train her up in the skills she might need to be in a normal situation, so she will be as normal as everyone else, that’s the thing really (Sonia’s Mum).

Privileged visually impaired children were not only impelled to ‘act normal’ in order to to avoid dysappearance, then, but also to ‘be normal’ and thus ‘work on’ their bodily-possibilities-in-space. This requirement to ‘be normal’ not only necessitated their adaptation to their home and urban environments (rather than having them adapted to their needs), but also their normal use of these environments. However, the privileged children were not always in a position to use spatial environments in a normal way, in particular, when they were ‘going through’ the process of learning how to use unfamiliar spatial environments. This was because the process of learning about unfamiliar environments involved ‘abnormal’ body-subject movements within home and urban environments, by ‘bumping into things’, ‘listening to sounds’, ‘dragging my feet’ etc.

If I went to a new place, I drag my feet across the ground to see what it’s like, and if I like, if I’m like walking over one I bump into the bump cos I would miss the bump going up like that, so I’d bump into it (Peggy).

‘Normally’ accomplished body movement was only possible when “the layout [is] in my memory, and it’ll always stay there” as a ‘memory map’ (see Kitchen et al., 1997, 1998; Ungar, 2000; Ungar et al., 1996) that familiarised the subjective relation with space, so that ‘banging into things’ was no longer necessary.

You just memorise it really. If you go into a room carefully you won’t bang into anything ... Then you know that’s there and you can remember where it is and navigate yourself around it (Nick).
Since privileged parents lamented the ostentatious labour involved in ‘memory mapping’ “the [unfamiliar spatial] order … [the] sequence of things, [in which] one thing leads on from another” (Sonia’s Mum), they ‘worked on’ establishing a “routine of things” (Tommy’s Mum). This was because the establishment of spatial routines (such as taking the same route to school everyday) regularised body-in-space encounters so that they became inscribed in the body, as a ‘corporeal map’, whose spatial movements therefore ‘came naturally’, without having to think about them (see Merleau-Ponty, 1962, 1964). That is, regular spatial routines resulted in the production of a ‘corporeal schema’ (Merleau-Ponty, 1964) that constituted an intuitive and effortless way of engaging with the socio-spatial structure that produced it and was therefore

an acquired system of generative [corporeal] schemes objectively adjusted to the particular [spatial] conditions in which it is constituted, the [corporeal schema of the] habitus [effortlessly] engenders … all the actions consistent with those conditions (Bourdieu, 1977, p. 95).

Thus, some of the privileged children suggested that body–space co-ordination became an effortless corporeal (rather than ostentatious cognitive) accomplishment “once I know the place, [because] then I won’t even need [to stop and listen to] the sounds … I mean, all it needs is taking, like, getting used to the lay-out and once you’ve done that then you’re fine”. For privileged parents, then, the impaired body, which at one point threatened the bodily capital of the privileged habitus, now became a source of ‘accomplished normality’, a source of pride and a signifier of individual achievement ‘against the odds’

He’s always been that bit ahead of everybody else, the way he talks, his vocabulary, erm, erm, you have to remind yourself he is only, he’s only little … He’s great, yeah … If you’ve a potential brilliant child, then they should be given every opportunity if not more because of their disability, don’t you think? Not held back, like, which is clearly what the authorities, I think, want, I mean they don’t want Tim to do well … You know you have to be in awe of him because erm, you know he’s just so, so brilliant, the way he handles everything, the way he does everything, and the way he learns everything, yeah, and, and so he goes on, he’s so hungry for knowledge all of the time (Tim’s Mum).

The Privileged Habitus as ‘Spatially Bounded’

Whilst the habitus represents “a structuring structure, which organises practices and the perception of practices” (Bourdieu, 1984, p. 170) and is thus the generator of spatial agency, human geographers have more often viewed it as a ‘boundary’ to the exercise of agency (for example, Marks, 1999). This notion of the privileged habitus as the site through which both agency and structure collide was clearly apparent in parents’ accounts of their children’s spatiality, as simultaneously expansive and bounded (i.e. by getting to know places, but then “going for things in the same place each time” because of their apprehension of ‘unfamiliar space’). For example, at school

They’re moving furniture around in nursery … because they get things out every day, and they put them out, and that’s hard for Sonia, because she … goes to the things that are static, like the playhouse, always, everything else, is like a bit unknown to her. Until she gets older and more confident, she’ll always be a bit like that, I think, won’t she? She’ll … go for the things that are in the same place each time. And on a wider view, you could think of that on the bigger scale, couldn’t you? (Sonia’s Mum).

Jane’s mum also described the privileged habitus as, simultaneously, a source of agency (“in familiar surroundings”) and constraint (“in unfamiliar surroundings”) in the neighbourhood environment.
So basically... in familiar surrounding [she’s] not too bad, [but] in unfamiliar surroundings, she’s very clingy... she doesn’t feel secure. If you leave her for one second, and turn round, you don’t even realise, you turn round looking at something, and she’s looking in that direction, she’ll get upset and shout, you know kind of say, "Mama where are you?" and this sort of thing, and you’re right next to her, but you forget that she obviously can’t see you... so we try and always have some physical contact with her, you know I do certainly, holding her hand or something, or a leg, or something, so she knows I’m close, you know (Jane’s Mum).

For Jane, who had been brought up in a small town outside Manchester, this resulted in her ‘knowing her place’ (i.e. in Wigan) and knowing when she was ‘out of place’ (i.e. in Manchester) in the wider urban environment.

Int: What, what do you think of Manchester?
Jane: Just a big city kind of place and I don’t like it...
Int: Why.
Jane: It’s too big, I like Wigan better.
Int: Why do you like Wigan better than Manchester?
Jane: It’s a bit more familiar...
Int: It’s a little bit more familiar?
Jane: Yeah, than Manchester.

The Privileged Habitus and the Need to ‘Break New Ground’

The notion of ‘spatial boundedness’ presented a problem for the privileged habitus because it challenged, first, the notion of consistently ‘bettering oneself’, which was critical to the sustenance of its privilege and, secondly, the way in which its relationship with the home and urban environment was individualised (i.e. a problem for the individual to overcome through achievement) rather than politicised (i.e. an urban design problem). The middle-class parents sought to resolve this problem by ‘working on’ their children so that they could ‘break new boundaries’—for example, by increasing the spatial distance between the school building and the point at which they ‘dropped their children off’ for school.

This is another thing we’re going to try and work on I think, I said to [my husband] it will be nice because it’s like quite a walk up to the school gates... I’d like to sort of get him to be able to walk by himself... [At the moment] I take him up to the classroom of a morning, ... but I think for him it would be nice [to do it alone] now because I think, I think he is steady enough to go, or even if I just sort of walked half way up you know, or sort of from the bicycle shed and just let him walk like yards you know, it’s just going into that school gate himself (Justin’s Mum).

Other parents described how they were “trying to do sort of strategies” to encourage their children to ‘break new ground’ in their neighbourhood.

They don’t feel safe, they just don’t feel safe out there, erm, I mean they’ll walk along shops and that but it’s taken me about 12 months to get them to do that... So they will walk along the shops together, but it’s not very often that they go alone. Tommy will go alone now because he’s... he’s, he feels erm, he can sort of look after himself more, and so I’ve tried to do sort of strategies with them, if they do feel threatened, you know scream for your life and I’ll come running, erm, if I’m there [in the background] then obviously I can do something about it (Tommy’s Mum).

Nevertheless, whilst the middle-class children described their ability to ‘break new boundaries’, they also emphasised how they were mainly confined to small-scale, localised breakthroughs (for example, within the immediate neighbourhood) where they were able to develop a memory map containing ‘factual connections’ between ‘reference points’ at known places (that were stored in their memory and corporeal maps of those
If [my parents] can’t take me, that means I can’t go, you know. The problem when I’m older is going to be going long, long distances (Barrymore).

For once, however, the privileged parents did not problematise this form of ‘spatial boundedness’ but, conversely, restricted their children from ‘breaking new boundaries’ on such large scales because, first, they acknowledged the importance of local ‘reference points’ to their children’s movement, which they therefore preferred to be localised, and, secondly, they were concerned about their children’s ability to negotiate movement-of-others (for example, from flows of traffic) in unfamiliar space beyond their locality. Nevertheless, large-scale breakthroughs did sometimes occur. This was because privileged children eventually became frustrated with their dependence on parents for making ‘large-scale’ spatial moves (such as between different parts of the city). However, whilst this frustration ‘pushed’ them to make ‘large-scale’ spatial moves, independent of parental supervision, this was only possible because they had the financial means to access technology, such as mobile phones, which provided them with a substitute (for the lack of spatial reference points) technological connection between themselves and home.

In the summer holidays I’ve really had enough … I’d pushed, cos I got a girlfriend, I was getting sick of getting dropped off all the time by my mum and dad and sometimes I couldn’t go cos they couldn’t take me … So I’d been pushed and looking at bus routes sort of how can I get there. So for a start I wanted to go to Huyton village one day, came home after this walk and went to me dad, and says … “I don’t care. If I get lost I’ve got my mobile phone, you can come and pick us up.” If I don’t do it now, I’m never going to do it. I just said I’ve had enough, so I went in the house, got my coat on, got my trainers on, got my bus pass and everything, my mobile phone and all that and I went to Huyton. I didn’t even know, I didn’t even know how to get back (Barrymore).

The Socio-spatiality of the ‘Deprived Habitus’

Ten of the children in our sample had parents that rented their home from a social landlord, such as a public housing authority or a housing association, and who were either in blue-collar occupations, low-paid service work or not in formal, paid employment, reflecting their low levels of ‘educational attainment’. In contrast to the privileged habitus’ concern to ‘work on’ their unfinished bodily capital in order to create a positive self-identity and expansive bodily possibilities, the deprived habitus viewed the body as ‘given’ and merely ‘functional’ (Bourdieu, 1984, p. 384). The ‘functional limitations’ of visually impaired children were therefore passively accepted as ‘given dysfunctions’ that had inevitable consequences for the life-path that the children would now have to follow. For Tyrone, this involved ‘accepting’ that he would not be able to occupy his allotted ‘place-in-the-world’, as a worker in heavy industry like his parents, and that he would now have to accept ‘office work’ instead.

I don’t think there’s going to be a lot of companies that will let him do stuff like that where there are forklifts and heavy, like heavy industry. I think he’s going to be restricted to like office work or something like that myself. ‘Cos you know yourself, like, I don’t know if you’ve ever worked in like, I’ve worked in ICI and stuff like that, and the amount of hazards you have there like, I’ve got a hard hat on, I’ve been walking through things and I’ve
walked into pipes and stuff like that, and I've got you know well I'd say decent vision anyway (Tyrone's Mum).

Paradoxically, then, the deprived habitus did not perceive the impaired body's 'inevitable' confinement to 'office work' as opening up an opportunity to pursue a white-collar occupation but, conversely, as closing down 'rites-of-passage' to their 'place in the world' of heavy industry. The manner in which the deprived habitus accepted the 'dysfunctions' of the impaired body as 'given' reinforced its sense of place-in-the-world which it regarded as 'inevitably' spatially bounded rather than, as for the privileged habitus, littered with 'boundaries' that needed to be 'strategically broken'. Thus 'going to the local shops' was 'not for the likes of' visually impaired children and this spatial boundary was enforced (rather than strategically broken) by parents.

She said to me the other day, "Can I go across to the shop?" No, I can't think, "Can I go somewhere?" she said, and I said to her, "I daren't let you out Laura, sorry, I know it's frustrating for you, but it's frustrating for me" (Laura's Mum).

The deprived habitus' sense of the impaired body's place-in-the-world was not, however, simply the product of its 'defeatist' attitude to its impaired 'bodily possibilities'. The children and parents also talked about how their spatial boundedness was compounded by the experiences of living in 'poor areas' plagued by 'anti-social behaviour', such as bullying, because this produced a 'disappearing' body that acted to reinforce their already 'inevitably' impaired 'bodily possibilities', thus making them feel even more 'out of place'. This meant that Sharon only felt able to play 'just outside the front door'.

Sharon's Mum: She used to get called blind, deaf, she used to get her glasses took off her, where we lived before, they were absolutely horrible, they'd pinch her roller blades off her, you know they really did, they were nasty people. It was, that's why I moved out. Because of five years of deterioration, I just didn't want the children, there was drugs there which there's drugs everywhere, there was car theft, there was children smoking the drugs and they were dealing it outside your door, there were house robberies the, it just wasn't an environment to bring them up in.

Int: Right, was there anywhere for Sharon to play?
Mum: Just outside the front door.
Int: Did she, did she play a lot?
Mum: No.
Int: Why not?
Mum: Because they were horrible to her, they made her feel different.

This is interesting because it suggests that the experience of disappearance is not the primary cause of spatial restriction, as a reading of Patterson and Hughes (1999) and others might seem to suggest. Conversely, it appears to act as a secondary reinforcement to the already 'inevitably' impaired 'bodily possibilities' that are primarily produced by the deprived habitus. Two points must now be noted about the way in which the deprived habitus accepted this restricted place-in-the-world, before we proceed further.

First, visually impaired children with a deprived habitus were not less competent at exercising spatial agency compared with those with a privileged habitus. Rather, children such as Mark described how they had developed effortless ways of engaging with, and motoring themselves within, familiar environments as a result of their body-subject experiences accumulated over time. On this level, then, their spatial agency compared with privileged children. The key difference was that the spatial competence of privileged
children was ‘localised’ (i.e. at neighbourhood level) and sometimes even ‘urbanised’ (i.e. at city-wide level) compared with the more ‘institutionalised’ spatial competence of deprived children which was experientially limited to home, school and other sites of supervised activity.

She’s got Brownies on a Monday, sewing on a Tuesday, craft work on a Wednesday, she should have swimming on Thursday, but that’s gone … that’s gone at the moment because if she’s having coaching lessons on a Thursday. I don’t know whether I’m coming or going half of the time (Laura’s Mum).

Furthermore, the source of spatial restrictions differed between the deprived habitus and privileged habitus. A defeatist ‘class attitude’ towards the impaired body, and its social exclusion from ‘poor’ neighbourhood and urban areas, produced the ‘institutionalisation’ of the deprived habitus. In contrast, ‘middle-class’ achievement anxieties such as ‘don’t go too far or you’ll get lost’, and post-class, post-poverty risk issues (see Beck, 1992; Giddens, 1994, 1998) concerning the level and intensity of traffic movement in the wider urban environment, produced the ‘localisation’ of the privileged habitus.4

Secondly, although the socio-spatial conditions that produced the deprived habitus resulted in a practical submission to these conditions on an everyday level, parents and children translated this first-hand, everyday experience onto a discursive level to create an heretical break with the established order, and with the dispositions and representations engendered by it among the agents moulded according to its structures, [which] itself presupposes a conjuncture of critical discourse and an objective crisis, capable of disrupting the close correspondence between the incorporated structures and the objective structures which produce them, and of instituting … a suspension of the initial adherence to the established order (Bourdieu, 1992, p. 128).

Thus, whilst deprived children and parents engaged in spatially bounded practices (largely restricted to the home, school and other sites of organised activity) that reflected the socio-spatial conditions in which the deprived habitus had been produced, at this higher discursive level they constituted an antagonistic power capable of defining its own objectives … a stratum situated at the lowest point in a hierarchised space and defined by its distance from the dominant values (Bourdieu, 1992, p. 135).

The visually impaired children and parents practically adhered to ‘their place’, then, but at the same time developed a strategic attitude towards their spatial boundedness that was politicised rather than individualised. This strategic antagonism towards spatial boundedness manifested itself in two ways.

First, the visually impaired children talked about offering resistance to the constraints placed on their spatial mobility by their parents who policed their spatial movements—for example, by restricting their ‘play time’ to sites of organised activity, such as Girl Guides, and disallowing them from ‘going out’ in their neighbourhood ‘for their own safety’. However, the manner in which they continued to practically submit to the parental restrictions that reinforced their inevitably spatially bounded ‘place-in-the-world’ indicates that this resistance was rhetorical rather than authentic. Furthermore, the deprived children’s lack of practical resistance towards their parentally enforced spatial horizons appeared to result from their comparative lack of resources to defy their parents’ and ‘break new boundaries’ (for example, access to technology such as mobile phones).

Secondly, deprived visually impaired children and their parents identified how their spatial boundedness (which was, of course, an ‘inevitable’ consequence of having an impaired body) was compounded and exacerbated by the experience of living in ‘poor’ urban areas. Unlike the privileged habitus, then, they did not develop practical strate-
gies to break new boundaries ‘out there’ because they accepted their ‘inevitably’ limited ‘bodily possibilities’. They did, however, formulate political strategies to challenge the urban living conditions ‘around here’ that produced their disappearance and compounded their spatial boundedness because, after all, all children should be able to play in the vicinity of their home (where they could be supervised) without being subjected to bullying. This necessitated working through social landlords—for example, in order to secure a ‘transfer’ to a ‘better area’. However, many families reported that social landlords responded negatively to their requests for a ‘transfer’. For example, when Sharon’s mum tried to use her social landlord’s ‘transfer system’ in order to secure a move to a ‘better area’ where her visually impaired child could ‘play out’ safely, she was told that she was ‘swinging the lead’

*Int:* Was Sharon the reason then that you asked Weatherfield Council for a transfer?

*Sharon’s Mum:* Yes, yes I did. And erm, but it, they do get quite stroppy with you when you start you know, to them you’re being petty and it’s not a reason for you [to need to move] house, now it’s all wrong because they don’t have a child with a visual impairment, to deal with, so they think that you’re swinging the lead, you just want a proper house and, you want everything your own way, and that’s how you feel, you feel a nuisance, in a nutshell, that’s how they treat you, what right have you got to ask, there’s people in more need of a house than me, I’m living in a three bed-room house, I don’t need it, to be moved, and that’s how they look at you.

Others reported how they had received several ‘inappropriate’ offers of accommodation. For example, Steve’s father and mother described how their transfer request had resulted in offers of housing in ‘bad areas’

*Steve’s Dad:* They just expect you to take the first offer they give you and that’s it. It was a bottom flat but there was a kitchen downstairs and a bedroom upstairs but the area was very bad. Upstairs, a smuggler lived there, druggies lived there—all around us and cars were burnt, the police were there. We know some people who lived there.

*Mum:* There’s no way you could let your children out to play.

In situations where social landlords were ‘responsive’ to transfer requests, they defined visually impaired children’s urban environmental experiences as technical rather than social problems, and thus prescribed ‘barrier-free’ housing as the means by which children’s environmental needs could be addressed

They kept saying ‘We would rather put you down as to be rehoused to a suitable house—a house that’s already adapted’.

So they put me in this one! (Mark’s Mum).

Yet, as Mark and his mother explained, the ‘adapted houses’ that they were offered were often located in the “rough areas” that they had told social landlords they were seeking to escape.

Since social landlords would not accept that urban living conditions constituted a legitimate ‘disability issue’ and, instead, subjected visually impaired children to technical solutions, some parents felt forced into developing a more general politiced attitude to ‘the issues’. This required them to take
every strategic and practical opportunity to stake out ‘the issues’, which perforce necessitated consistently problematising the impaired body in strategic encounters with ‘the authorities’ (where they made demands for resources that professionals felt were “inappropriate”) and also in practical encounters with the urban environment (where they encouraged their children to make “unnecessary” use of disabled facilities) to make their point

When we come out [of the museum], MUM is not back yet so Andy and I go for a drink. Andy then disappears to the toilet but does not come back. Panic! I’ve lost him and his mother is going to be back any minute. I look for him in the main toilet and there is no sign, so I find the disabled toilet where I find the man who took us around the [museum] waiting outside the disabled toilet for him. This is amazing, as one of the professionals at Andy’s annual review told me (in a private conversation after the meeting) that MUM labels her kids as visually impaired and cannot see beyond it. There was a particular issue about Andy’s need for a computer that had special packages for visually impaired people, which he thought was inappropriate to Andy’s development but which MUM thought was appropriate because of his visual impairment. I have noticed that Andy’s visual impairment is constantly impressed on him and others by MUM, and here he is in a disabled toilet (which is really for wheelchair users) rather than the ordinary one. Of course, there could have been a good reason for this but by the time he emerged from the disabled toilet, MUM had returned and so I felt awkward asking about why he used that toilet instead of the ordinary one (fieldwork diary from visit to Andy, 22 October 2001).

Whilst the deprived habitus initially developed a politicised orientation to the urban environment, coupled with a practical acceptance of the inevitably limited spatial horizons of the impaired body, the impaired body now also became a ‘political site’ through which the issues at stake were ‘lived-out’. In contrast to the privileged habitus, which individualised its relationship with the urban environment and used its ‘individual achievements’ to conceal the difference between its ‘impaired body’ and ‘non-impaired bodies’, the frustrating outcomes of the political battles conducted by the deprived habitus eventually led it to problematise the impaired body in order to emphasise its difference, having, at an earlier point, simply ‘accepted’ itself and its allotted ‘place in the world’ as unproblematic (i.e. as ‘the way things are for disabled children’).

There is, however, a qualification to all of this. In a small number of situations, parents described how their strategic problematisation (as opposed to strategic management) of the impaired body reaped rewards. For example, Sharon’s mum described how her ‘constantly barracking’ eventually resulted in the local authority making her “a decent offer” of housing in a “nice and quiet area”. In situations such as this, where visually impaired children’s urban living conditions and therefore their opportunities for social participation improve, Bourdieu (1990, p. 59) suggests that a ‘hysteresis effect’ tends to occur (i.e. a disjunction between new opportunities and the dispositions of the habitus to grasp them; for example, ‘they are not for the likes of disabled children like us’) leading to ‘missed opportunities’. Yet, whilst this may be true of the ‘hardened’ deprived habitus of adults, visually impaired children, such as Sharon, described leading an active life (for example, riding her bike in the street and even sometimes going to the park with her friends etc.) when they moved to ‘nice and quiet’ neighbourhood environments, compared with their bounded existence in the ‘rough’ neighbourhoods they previously lived in.

This absence of a ‘hysteresis effect’ is interesting because it demonstrates the existence of creative tensions, rather than a complicit unity, between the ‘softer’ habitus of visually impaired children and the social spaces they occupied, which became apparent when deprived children ‘unexpectedly’
widened their spatial horizons (so that they became more ‘localised’ and therefore alike those of the privileged habitus) in response to positive social changes in their urban environment. It is also interesting because it suggests that the ‘brilliant achievements’ of privileged children are not innate (i.e. the product of their ‘natural’ gifts and talents) as the privileged habitus would have us believe but, conversely, merely constitute a ‘potential’ that has been realised in social conditions conducive to achievement.

Conclusion

In this paper, I have argued that the social geographies of impairment literature present a sophisticated analysis of the socio-spatiality of the impaired body, but one that needed developing. This is because the main purpose of the literature has been to explicate the manner in which disability and socio-spatial exclusion are embodied. Analyses of resistance to this embodiment of disability and socio-spatial exclusion have been less common and, furthermore, have been undertaken in general terms—i.e. by referring to ‘disabled people’. I suggested, therefore, that more needed to be said about the issue of resistance, most importantly, in relation to the question of who is, and who is not, resisting their embodiment of disability and socio-spatial exclusion. I also suggested that one of the key variables that might incline some (but not other) impaired people to resist their embodiment of disability and socio-spatial exclusion was social class.

I have sought to contribute to the development of the social geographies of impairment literature, then, by examining how bodily-possibilities-in-space are managed and by whom. To make this contribution, I used Bourdieu’s theory of the habitus to demonstrate how social class, poverty and disadvantage are integral to the embodied experience of disability and space and thus how the habitation of positions in (affluent and deprived) social spaces creates class-specific inclinations towards the impaired body and space that result in a differential exercise of agency vis-à-vis urban space. This is because the socioeconomic conditions in which the habitus is formed influence how ‘bodily possibilities’ are perceived and managed, and thus whether resistance to the embodiment of disability and socio-spatial exclusion occurs. The spatial horizons of the privileged habitus were subsequently shown to be extensive compared with those of the deprived habitus.

Two sets of implications follow from this analysis; research and policy. First, I would argue that the theoretical and empirical analysis in this paper has implications for the way in which social geographies of impairment could be further developed because, although some social geographers have previously acknowledged the probable existence of an integral relationship between social class and disability, they have not explored and analysed the nature of this integral relationship and this paper only represents a starting-point. As I hope I have shown, this can be fruitfully achieved by focusing on the issues of complicity and resistance to the embodiment of disability and socio-spatial exclusion.

Secondly, I would also argue that the theoretical and empirical analysis contained in this paper suggests at least a couple of policy implications. The first policy implication concerns the assessment and prioritisation of housing needs. Many social landlords currently use medical ‘priority points’ systems to determine whether tenants with impairments have ‘medical needs’ that necessitate their rehousing. This might result in physically impaired adults receiving priority for housing transfers to barrier-free homes, but it disadvantages visually impaired children because their needs tend to result from generally unsuitable housing circumstances (such as living in a deprived area) that may not receive priority within a medical points system. The RNIB discourages the use of medical ‘priority points’ systems because they do not fully serve the needs of visually impaired people who have ‘social’ needs (such as to live in a safe area) rather than medical needs. The RNIB has
thus suggested that housing providers allocate points on the basis of social as well as medical needs (Derbyshire, 1998). The second policy implication concerns the rehousing process itself. The maintenance of lists of ‘barrier-free’ and adapted properties is currently recommended as good practice by the Code of Guidance that accompanies the 1996 Housing Act. However, as the case of Mark showed, the existence of such lists can encourage the stereotyping of disabled people’s housing needs, resulting in the automatic offer of barrier-free housing when this may not be suitable. Housing managers need to be more aware that visually impaired children may need a property in a ‘better area’ rather than a barrier-free or adapted property.

Notes

1. The term ‘visual impairment’ covers different forms of sight loss. Blind means a high degree of vision loss—i.e. seeing much less than normal or perhaps nothing at all, so most blind people can see something but not very much at all, even if they wear glasses. The World Health Organization defines ‘profound blindness’ as the inability to distinguish fingers at a distance of 10 feet (3 metres) or less. In other words, the visual field is severely restricted. ‘Partial sight’ is a less severe loss of vision. Partially sighted people can see more than blind people but less than sighted people. The World Health Organization defines partial sight or ‘severe low vision’ as the inability to distinguish fingers at a distance of 20 feet (6 metres) away (RNIB: www.rnib.org.uk/wesupply/fetsheet/shortgu.htm#vi).

2. I am not suggesting, here, that working-class children in the sample were not at all concerned about the bodily consequences of their visual impairments, or that they did nothing about them. First, I am saying that concerns about the bodily consequences of visual impairment were ever-present amongst the sample of middle-class children, and at the forefront of their minds, whereas they were relatively uncommon amongst the working-class children and were less important concerns. Secondly, another key difference between the working-class children and the middle-class children in the sample was that the former were more likely to be undertaking a limited form of training to enable them to ‘act normal’ in order to conceal their ‘spoiled identity’ (Goffman, 1959), whereas a key theme amongst the latter was that they undertook training to ‘be normal’ with a view to maximising their future opportunities—for example, in the labour market.

3. Bourdieu (1990) refers to this as the ‘hysteresis effect’ because it results in ‘missed opportunities’. There are two reasons for this. First, even when ‘new’ opportunities for white-collar work appear to present themselves, as in this case, they are refused by the deprived habitus whose aspirations are complicit with the probability of the forthcoming immanent in the social space that it occupies, and which therefore excludes (without proper examination) new opportunities as unthinkable and ‘not for the likes of us’. Secondly, since the deprived habitus is not ‘attuned’ to respond to the corporeal demands of the ‘white-collar’ social spaces in which these new opportunities exist, it does not know what it needs to do to stake a claim to these new opportunities and so, as in this case, and unlike the privileged habitus that is indigenous to ‘white-collar’ social space, fails to do what is necessary, which is to ‘work on’ its ‘physical capital’ (see Shilling, 1993).

4. This is not to say that traffic movement was exclusively a middle-class issue. The issue of traffic movement affected all children, but was much less significant to the working-class children whose spatial exclusion was primarily a product of their ‘defeatist attitude’ towards the impaired body and whom excluded themselves from using urban space anyway.

5. At this point in the paper, it would now be fair to say that the very concept of the intellectual ‘will to resist’ constitutes another scholastic fallacy. This is because it seems to suggest that the expansive socio-spatial strategies of middle-class children are the product of a contemplative decision to ‘resist’ socio-spatial exclusion when, in actual fact, they appear to be the product of a social-class disposition that is spontaneously ‘attuned’ to the objective necessities of ‘middle-class’ social space (i.e. ‘they are the only thing to do in the circumstances’). The concept of ‘resistance’ might, then, overpoliticalise practices (such as body management) that are actually undertaken in a rather different, pragmatic and matter-of-fact way.

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