

Disability Studies and Social Geography make a Good Marriage: Research on life trajectories of people with intellectual disabilities and additional mental health problems

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This chapter investigates life trajectories of people with intellectual disabilities and mental health problems. The complex support questions and 'difficult behaviour' of this population turn out to be precursors of life admissions in specialized, residential units for people with disabilities and short-term or long-term time ins and time outs in mental health care units. Trajectories between and within different support systems and organizations are harsh day-to-day reality for people with intellectual disabilities and mental health problems. People are suspended in schools and organizations, are referred to prison or psychiatric institutions because they are supposed to be dangerous and/or mad. Due to fragmentation and little flexibility within and between care systems for people with disabilities and the mental health care system (De Groef, 2002), people with intellectual disabilities and additional mental health problems experience endless trajectories in the landscape of care (Milligan & Wiles, 2010).

Space and place seem to be valuable indicators for an in-depth understanding of stories of moving and migration, being on a waiting list, being refused and put outside of care systems and institutions. This research foregrounds the life (hi)stories and life trajectories of people with intellectual disabilities and mental health problems. As a research/teaching assistant, doctor assistant and professor in Disability Studies, we obviously refer to our familiar theoretical perspective. As Disability Studies critiques the individualization, problematization, medicalization and objectification of people with intellectual disability (Linton, 1998) and uses the perspectives and experiences of people with disabilities as the foundation for all research and training (Taylor, 2003), we are convinced that this framework is very valuable for this research. However, people with intellectual disabilities and additional mental health problems confront us with a lot of complexities: not

only on the level of understanding challenging behaviour and giving support, but also on the level of thinking, speaking and writing about them in a more theoretical point of view.

Generally, 'they' confront us with some apparent boundaries in our support giving (systems) and in our theoretical considerations. One of the complexities and boundaries we are confronted with is the fact that Disability Studies as a sole theoretical framework is not sufficient, since in-depth studies on meanings of life trajectories, space and place are rather limited in Disability Studies. Therefore this chapter explores the value of a cross-fertilization of Disability Studies with a socio-geographical perspective. Scholarship in the last decade demonstrated this possible marriage primarily in the context of people with physical disabilities. This research aims to extend this topic by applying Disability Studies and Social Geography to the lives of people with intellectual disabilities and mental health problems.

We first introduce the population of this research by short fragments of the stories of six people who were attributed both labels. In addition, some complexities and bottlenecks in their support and afterwards their presence in research are considered. At the end of the introduction, the underlying research of this chapter is briefly presented. In the second part, some shifting paradigms in Disability Studies are put forward. In the third part, the cross-fertilization of Disability Studies and Social Geography is extensively elaborated. Conceptualizations of space and place in Disability Studies research and the place of (intellectual) disability in Social Geography are explored. Fourth, the marriage of Disability Studies and Social Geography is investigated from conceptual points of view. Two concepts, mobility and proximity, are presented. The chapter is completed with some possible (in)conclusions about a (relational) pedagogy of hope and the surplus value of transdisciplinary, theoretical marriages.

### **What's in a name...?**

We introduce a short fragment of the stories of six people with so-called 'intellectual disabilities' and 'additional mental health problems'<sup>1</sup>, in order to shoot a first and rather over-simplified glance on the (confusing, fascinating and non-existing) 'group' of people we will write and you will read about.

*John* is a 45 old man who – just like his own father did – communicates his emotions and frustrations by showing aggression and violence. As a pupil, he got suspended three times in different elementary and secondary special schools (even in schools in which the supply and education is supposed and assumed to be specialized in 'difficult behavior and emotional-behavioural problems'). Later on, under the influence of alcohol, he badly beat up his ex-girlfriend who deceived him with his 'best friend' and got stuck in prison. Although everyone in his network mainly knows and recognizes him as sweet and amusing most of the time, everyone is terrified when John is aggressive. Moreover, this challenging behaviour substantially hampers the search for a new home and good support after being let out of prison.

*Mary* is a young lady who was sexually abused by her stepfather for years. Suddenly, Mary did not shine and smile anymore; she avoided any contact and inflicted self-injuries. Increasing problems with eating (no appetite, stomachache, diarrhea) and sleeping (nightmares, insomnia) started ringing some alarm bells by her caregivers and school teachers. They got worried about this apparent anxiety, regression and depression of Mary and arranged a time out period in a residential psychiatric unit for children with intellectual disabilities. During this treatment Mary started telling about the abuse. Although both

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<sup>1</sup> Due to privacy reasons, these names (John, Mary, Mohammed, Peter, Jackson family and Anna) are all pseudonyms.

stepfather and mother denied everything, some drastic measures were taken: a nomination committee for child abuse and juvenile court got involved and Mary could provisionally not live with her mother and stepfather. Consequently, in the absence of a place to live, she moved from one temporary residence (foster home, short stay facility, boarding schools) to the other, thereby losing any safety, familiarity and sense of home.

*Mohammed*, who grew up in Kosovo during the war, was witness of the murder on his own father. As a traumatized young man with intellectual disabilities, he tried to seek refuge in flight and finally arrived in Belgium. Successively, Mohammed got in contact with railway officers, the police, a service for immigration affairs, a refugee centre, a social welfare organization, an organization in the support for people with intellectual disabilities and landed in mental health care because “he tells confused, inconsistent stories about his past and shows bizarre behaviour”. In every place Mohammed comes in, people are confronted with questions, complexities and the idea that Mohammed does not ‘fit’ in their organization. As a consequence he got continually referred and transferred to other organizations and support/care systems.

*Peter* is a man with intellectual disabilities who got support of a service of supported living (in which one of the authors of this chapter has worked). Peter also has a hearing impairment, which he denies and which hampers communication with him. Moreover, it makes him ‘paranoid’, as he thinks people are telling stories or jokes about him. Peter also has a complex medical file: he has undergone several surgeries and takes a lot of medication. Therefore, Peter is also ‘notorious’ in several hospitals in his city; he even figures on the blacklist since he did not pay his bills and he was extremely rude and aggressive several times. Therefore he was grabbed, arrested and isolated. Even when Peter is in severe pain, he

still behaves as a 'macho'. As a young child he was raised in very chaotic situations in which shouting and aggression were the norm.

One of the organizations we collaborate with is a service that tries to build bridges between the systems of mental health care and the care sector for people with disabilities. One of the families they are working with reminds us of 'The Dukes' as they were described years ago by Steve Taylor (2000) in his article 'You are not a retard, you are just wise'. The *Jackson family* is known by almost all social services in the region they live in: regular social services as well as specialized services in the field of children's care, youth courts, services in the field of persons with disabilities and in the field of mental health care. They all tried to work with them, especially they tried to make sure that aggression between father Jim and his son Keith is on a controllable level.

At the moment the Jackson family exists of father Jim and his third wife Sandra. They live in a camper. Jim as well as Sandra are former students in special schools and both were followed by youth courts and social services throughout their lives. Sandra has two children who are taken away from her by the youth court, but every two weekends they can stay with their mother. Together with Jim she also has a new born baby. Jim's son Keith (age 18) lives with his father and dreams of having his own apartment together with his new girl friend Dinah. Keith and Dinah also dream of having a baby as soon as possible. Jim also takes care of the son of his sister, since she passed away. Walt lived for most of his life in a boarding school for children with special needs, but now stays permanently with his uncle Jim in the camper.

Last but not least, *Anna* is a young 21 year old woman who immensely enjoys making trips, listening music, watching television, going for a walk, swimming, horseback riding.

She has physical and intellectual disabilities which mainly challenge the environment in the communicational sphere. Anna can demonstrate what she wants, but sometimes it is very difficult to 'read' what she does not like. In bad periods, her mood changes very fast, she continuously cries very loud and wounds herself as she bangs her arms against her head. At these moments her family and caregivers feel very powerless; they do not know how to give Anna 'good support'.

### **People with Intellectual Disabilities and Mental Health Problems: Support and Research**

The stories of John, Mary, Mohammed, Peter, the Jacksons and Anna illustrate that people with intellectual disabilities and additional (mental health) problems are showing their natural and professional environment some complex support questions (Hudson & Chan, 2002). Currently, actors associated with support systems in Flanders (which is the Dutch speaking part of Belgium) formulate that they can only support people with intellectual disabilities and mental health problems and their environment in a very limited way (Jooren, 2008). In a sense, we could state that they are falling between the two stools of the support system for people with disabilities and the mental health care system (De Groef, 2002). These support systems respond in a categorical, supply-driven manner to support questions and needs that are *in se* very specific, complex and transversal (Lammertyn, 1999).

Many problematic situations illustrate this complex state of affairs; just some of them we will consider briefly. First, intellectual disabilities often are an exclusion criterion in mental health care. Vice versa, people with mental health problems are frequently excluded from the support system for people with disabilities (Jooren, 2008). Second, many professionals in both sectors have a general lack of expertise and know-how to work with

people with complex needs and have a poor understanding of their support needs (Hackerman et al., 2006). Third, people with intellectual disabilities and mental health problems are confronted with terribly long waiting lists in both residential and non-residential care/support (FOD Volksgezondheid, 2003). Fourth, despite the fact that community-based care has a cost-effective and preventive function compared to residential care, the ambulant care system is still treated harshly in relation to the residential one (VAPH, 2011). Nevertheless, given the social phenomenon/evolution of deinstitutionalisation and support in the natural environment, more people with intellectual disabilities are living in the community, so there is a growing need for services in society (Van Gennep, Van Hove & Van Loon, 2003). According to international research, effective interventions happen in the natural environment (Muesser et al., 1997 in Hudson & Chan, 2002) and the majority of people with intellectual disabilities and additional mental health problems can be supported successfully in society (Hassiotis, 2002). Finally, both mental health care and the support system for people with disabilities primary focus on the individual client/patient. Consequently, there is little attention on the wider (natural) network and environment of those people.

Current research is primarily conducted from this individualistic, medical-psychiatric discourse (Goodley & Van Hove, 2005), focusing on problems, symptoms and treatment of an individual (without charging the context). Often prevalence rates (Dekker et al., 2002; Faust & Scior, 2008; Morgan et al., 2008) and causes of mental health problems, diagnostic systems, clinical and practice guidelines, models of care (Ailey, 2003), challenging behaviour (Allen & Davies, 2007) and service use/needs (Bouras & Holt, 2004; Bhaumik et al., 2008) of



people with intellectual disabilities and additional mental health problems are topics of research.

This medical model is full of barriers and assumptions; it turns around curing, (preventive) treating, rehabilitating or segregating people with disabilities. Thinking in terms of 'restriction' or 'deficit' denies and eliminates differences and mainly falls back on the knowledge of experts: "In essence ... posits that people with disabilities are broken, needing to be fixed" (Smith, 2010, p.8). Disabled individuals are their impairment. They lack development. They do not have the abilities to lead an independent life. To go beyond this individualistic-psychiatric discourse we need what de Sousa Santos (2007, p.66) calls postabbyssal thinking. This involves a radical break with modern Western ways of thinking and acting. We have to learn to think from the perspective of the other side of the line, based on the recognition of the plurality of heterogeneous knowledges.

In order to challenge this dominant focus on individual problems and treatment, this study aims to reconstruct the life trajectories of people with intellectual disabilities and mental health problems. The goals of this study clearly correspond with the purpose of interpretative and qualitative research methods to obtain rich, contextual information from different dimensions and social actors (Creswell, 1994 & Bogdan & Biklen, 1992 in Singal, 2006). The choice to carry out the research in a cooperative way results in an exploration of alternative research methods and techniques which enable inclusive and participatory research.

In the context of this study, researcher and research subject go back to important places and spaces (i.e. former places of residence) and meet people who were important in these places and spaces. This ethnographical method of 'hanging around' and 'participant

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observation' is an interpretative method in which, generally, intense encounters always are the starting point.

As we already mentioned, we consider Disability Studies as a valuable perspective for studying rich, contextual information from different dimensions and social actors (Creswell, 1994 & Bogdan & Biklen, 1992 in Singal, 2006). Moreover, in Disability Studies the disability-as-deficit notion (Gabel, 2005) is rejected as the basis for understanding the lived experiences (Van Manen, 1990) of people with disabilities. In the next section, we introduce Disability Studies and shifting paradigms in disability theory which influence our guiding theoretical framework as point of departure. Furthermore we stress our own understanding of and view on Disability Studies, before we extensively elaborate on the cross-fertilization and marriage with Social Geography, which is central in this contribution.

## **Disability Studies**

### **Shifting Paradigms**

According to Gabel,

Disability Studies is an emerging interdisciplinary field of scholarship that critically examines issues related to the dynamic interplays between disability and various aspects of culture and society. Disability Studies unites critical inquiry and political advocacy by utilizing scholarly approaches from the humanities, humanistic/post humanistic social science and the arts. (-p. 1, 2005)

Within the past three decades disability theory has seen evolutions and paradigmatic shifts. It is obviously not the intention of this chapter to elaborate in detail on this evolutions, but we want to cover a small piece on shifting paradigms in disability theory, inspired by

(Burrell & Morgan, 1999 in) Skrtic (1995), Gabel & Peters (2004) and Goodley (2011a), to cover our own theoretical inspirations and give a short outline of our view on disability studies in this particular research.

In 1995, Skrtic wrote his – for us – authoritative book ‘Disability & Democracy. Reconstructing (Special) Education for Postmodernity’. In one of his chapters, Skrtic refers to the conceptualization of the multiple paradigms of the social sciences by Burrell and Morgan (1979). They conceptualized these paradigms in terms of the relationship between two dimensions of metatheoretical presuppositions about the nature of social science: one about the nature of science (subjective vs. objective) and one about the nature of society (order-microscopic vs. chaos-macroscopic). This matrix produces four paradigms: functionalist (micro-objective), interpretivist (micro-subjective), radical humanist (macro-subjective) and radical structuralist (macro-objective). For more information and clarification, refer to Skrtic (1979), Gabel and Peters (2004) and Goodley (2011a).

In the broader social sciences functionalism has been the dominant framework, but under the rise of subjectivism and broader paradigm shifts in the social sciences the previously underdeveloped interpretivist, radical structuralist and radical humanist paradigms developed substantively and methodologically (Skrtic, 1995). Next to that, antifoundationalism (re-)emerged and called the four-paradigm matrix into question. Antifoundationalism implies that there are no independent foundational criteria against which all knowledge claims can be judged and thus “there is no cognitively certain way to establish a particular paradigm or theory as the ultimate frame of reference for interpreting the social world” (Skrtic, 1995, p.36).

Postmodernism, as a response to antifoundationalism, is a frame of reference for

social analysis that falls outside the four-paradigm matrix of Burrell and Morgan (1979). Additionally, Gabel and Peters (2004) propose a postmodern paradigm in which subjective/objective binaries are deconstructed and the spaces between subjectivity and objectivity are explored. In the context of critiques on the traditional 'strong social model' they indicate a paradigm shift toward an eclectic model that welcomes diverse paradigmatic representations (Gabel & Peters, 2004, p.586). In their opinion "it is more productive for disability theory to embrace alternatives and encourage movement between paradigms and theories that eclecticism offers" (Gabel & Peters, 2004, p.591). As such, Gabel and Peters (2004) nuance the 'pure' paradigms and epistemological stances and represent the permeability of the subjective/objective and micro/macro boundaries, as proposed by Burrell & Morgan (1979 in Skrtic, 1995) in their paradigm matrix, by adding faded, broken lines, which represent more ambiguous positions.

Alternatively, Gabel and Peters (2004, p.586) put forward a resistance theory as theoretical bridge to move through debates and discussions about (the social) model(s), theories and paradigms. Resistance theory offers "a way to understand the complex relationships and negotiations between divergent ideas like discourse, the material body, socio-political systems and processes, power relations, cultural contexts of disability, impairment, and so on." (Gabel & Peters, 2004, p.586).

Goodley and Lawthom (2005) and Goodley (2011a) also elaborated on and adapted the framework of Burrell and Morgan (1979 in Skrtic, 1995). Goodley describes the four foundational sociologies:

Functionalism, which sets impairment and disability as they are constructed through interpretations and actions of individuals; interpretivism, which explores the

meaning of impairment and disability as they are constructed through interpretations and actions of individuals; radical humanism, where disability and impairment are cultural signifiers constructed through culture and ideology; and radical structuralism, where disability or, more properly, disablism refers to the socio-political, economic, and structural exclusion of people with impairments. (2011a, p.52)

Later on, just as Gabel and Peters (2004), he refers to post-conventional and postmodern debates in which is recognized that “sociologies of disablism cast their net across the bows of many different perspectives” (Goodley, 2011a, p.63). What captivates us in his most recent book on Disability Studies is his attempt to investigate disability from an interdisciplinary perspective and span a host of disciplines including sociology, critical psychology, cultural studies, psychoanalysis and education (Goodley, 2011a).

In the context of this research, however, we would like to add social geography to the analysis of disability as a phenomenon. This ‘lack’ brings us automatically to our own research. The terminology of ‘lack’ also brings us to psychoanalysis, which – again – is one of the guiding disciplines in the work of Goodley. In his article about social psychoanalytic disability studies (2011b) he refers to Marks (1999 in Goodley, 2011b) who presented critical disability studies and social psychoanalysis as distinct but overlapping perspectives. One of the overlapping themes is the fact that both perspectives reject medicalization in favour of more relational encounters. Goodley (2011b, p.719) states that “both are responses to the simplifications of medical models [...] [which] fail to engage with the socio-economic, cultural and psychosocial complexities of the self”. Another communality is that both perspectives concentrate on the ways in which the self is made in relationships with others.

This relational approach smoothly suits with our view on research, on theory and on practice.

### **Our Disability Studies Perspective: The r/R of Relation**

While the big R in the theory of Gabel and Peters (2004) stands for 'resistance', we would like to put forward the central, covering (little) r of '(modest) relation(ships)' as a crucial component in all our research, praxis and education. Since the discursive turn in the late 1970s and 1980s "human subjects were no longer understood as the sovereign agents of liberalism, but as interconnected and interdependent, [...] able to take action, to have agency, to change the line of action or even the fabric of relations in which they are, with others, embedded" (Davies & Gannon, 2009, p.131).

Davies & Gannon refer to Lyotard (1979, p.8 in Davies & Gannon, 2009, p.131) who stated that "[...] no self is an island; each exists in a fabric of relations that is now more complex and mobile than ever before". We already mentioned that 'intense encounters' form the basis of the methodology for this research but also in our work with students, with colleagues within and outside academia and with people with disabilities these 'modest relations' (Goodley & Van Hove, 2005) are the central motive. Assumptions about 'normality' and the reproduction of structural differences are disclosed and mirrored in these modest relationships. In view of this choice and following Paulo Freire, we cannot stay (in research and practice) neutral. This leads to communal activism and resistance in order to further a longed for social change (Freire, 2004). It is a living engagement; it applies to resources of our creative imagination in an attempt as much to disclose something about ourselves as it is to disclose something about them. It is an engagement that tries to find a way of being open to

them and a way of learning from them and which, having tried once, will return and try again renewing, renewing, renewing (Campbell, 1995, in Davis, 1995).

In this perspective our pedagogical work becomes a combination of a political act, a creative act, and an act of knowing (Gadotti, 1998). We join Davies & Gannon (2009, p.4) in their opinion that thinking outside the neoliberal box creates an approach of “openness to relationality, to an ongoing process of becoming, in dialogue with others, both in and across communities”. Consequently, dialogue is of absolute importance. Freire (1972, p. 73) defines dialogue as “the encounter between human beings, mediated by the world, in order to name the world” (see also Goodley & Van Hove, 2005). Dialogue is thus by definition founded on a relationship based on equality and mutuality and presupposes a mutual act of listening and openness to each other. In our view of relational Disability Studies ‘lived experiences’ (Van Manen, 1990) and stories of people with disabilities themselves are thus on the foreground.

Within this relational view on Disability Studies, we do not want to focus solely on ‘modest relations’ between ‘self’ and ‘other’, on relations of researchers and research subjects, on relations between university staff and students. We are also interested in relations on a broader scale: relations and interactions with the environment in general, relations with space and place in particular, Relations with the big R. Macy (1991, in Davies & Gannon, 2009, p.9) pictures that “the re-thinking of place and space is no longer on individualized subjects, but on beings emerging in relation, beings emergent in their interactions with others (including both human and non-human, animate and inanimate others) and with the surrounding multi-logic space of which those other beings are part”.

Going back to pedagogical encounters as defined by Achmed (2000, p.7 in Davies & Gannon, 2009), she also states that “pedagogical encounters are not divorced from space or time. [They] are ‘always mediated’ and presuppose other faces, other encounters of facing, other bodies, other spaces and other times”. Furthermore, space is also shaped by the relationships within it (Davies & Gannon, 2009). These relationships and interactions between people (with intellectual disabilities and mental health problems), space and place form one of the topics of our research.

Although space and place are regularly studied concepts, Disability Studies do not highlight a spatial approach. Although Gleeson puts forward in his contribution to this book (add page number) that “disability scholars, activists and disabled people themselves always ‘got’ geography”, Imrie (2000a) states that articles about people with disabilities are usually a-spatial and a-geographical. Therefore we are looking for a perspective that lends itself to the study of life trajectories and experiences of spaces and places. We do not believe in a ‘one-size-fits-all’ approach, neither we want to claim one theoretical perspective/paradigm as saving.

"It is possible to view Disability Studies as a transdisciplinary space which breaks boundaries between disciplines (Thomas, 1997) and creates inroads into disciplines that have historically marginalized disabled people. Disability Studies might be seen as a paradigm busting: subverting the normative tendencies of academic disciplines, testing respected research encounters and challenging theoretical formations" (Goodley, 2011a, p. 32). Disability is thus a cross-disciplinary endeavour itself, which allows Disability Studies to

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include a range of approaches (Gleeson, 1999). This openness across human and social sciences also encourages us to stretch our horizons.

### **Transdisciplinary Cross-fertilizations**

In our search for transdisciplinary cross-fertilizations, we are captivated by Social Geography, which is primarily concerned with social issues affecting people's lives (e.g. class, race/ethnicity, gender, poverty, the body, health and well-being) and the role of space in the creation of social relations, identities, social inequalities and oppression (University of Western Ontario, 2010). As Social Geography studies (for instance) socio-spatial processes regulating and reproducing social exclusion, oppression and marginalization and wants to bring the perspectives and lived experiences of marginalized groups (Kitchin & Hubbard, 1999), this framework appears to be useful.

We believe that a Social Geography perspective can add value and offer a different view in studying life trajectories, spatialities and processes of in/exclusion of people with the labels 'intellectual disabilities' and 'additional mental health problems'. As we will mention later on, (intellectual) disabilities have their 'place' in geographical research, but research on people with intellectual disabilities and mental health problems remains unexamined. We are also convinced that a socio-geographical paradigm brings new insights into Disability Studies. Therefore we hope that both perspectives can meet, embrace and enrich each other in the context of this research. A first glance on this geographical discipline (Gleeson, 1999) attracts attention to the work of geographers in different fields (for example research on behavioural patterns, health issues and welfare provision) and to a broad spectrum of geographical work in other, related disciplines as political economy (Imrie, 1996 in Gleeson,

1999), history (Park & Radford, 1997 in Gleeson, 1999), feminism (Chouinard & Grant, 1995 in Gleeson, 1999; Moss & Dyck, 1996 in Gleeson, 1999) and cultural studies (Dorn, 1994, in Gleeson, 1999). This cross-disciplinarity encourages us to set foot ashore on and get introduced in this fertile geographical territory.

In the following section we explore how space and place are conceptualized and studied in Disability Studies research and we investigate the place of (intellectual) disabilities in Social Geography. Afterwards we explore how the cross-fertilization of Disability Studies and Social Geography can be a surplus value from conceptual points of view.

### **Space and Place in Disability Studies**

We start this section on the presence and absence of space and place in Disability Studies with a quote of Rob Imrie (2000a):

Writings about disabled people are usually aspatial or lack geographical frames of reference. This is curious because geography is fundamental to an understanding of the social, economic and political opportunities and/or constraints underpinning the lives of disabled people. (Imrie, 2000a, p.5)

Starting from this premise, we examined all titles and abstracts of articles in the journal 'Disability & Society' published between 1986 and 2011. Obviously, this list is not exhaustive or representative, but still gives a first glance on research on geographies of disability, space and place in a reputable Disability Studies journal. Over the years, Disability & Society earned the reputation of a highly appreciated journal. Selection occurred on the basis of reference to particular spaces (for example housing environment), places (for example

university campuses) or derived themes (for example access, moving) in the title of the article. Articles/titles with specific references to a country as research context (for example Kenya) were not retained in the list. Ultimately, 22 articles were admitted, covering a wide range of topics and disciplines.

Some issues return through the articles. A lot of Four articles consider being specific of the 22, how many? (Cattermole et al., 1990; Dunn, 1990; Morris et al., 1999; Sapey, 1995) published in the early 1990s reflect the social climate of deinstitutionalization by which people with disabilities moved from residential units to smaller community homes and through which alternative housing needs (for example adaptations) arose. Consequently, people were confronted with barriers linked to more independent living in the community. Geographical, physical, cultural, social and psychological factors within the external environment which create disadvantages for people with disabilities are strongly emphasized (Gething, 1997).

Since the end of the nineties, the idea that space and place (re)produce exclusion and disablism is a hot topic. Kitchin (1998, p. 345) forwards the role of space in reproducing and maintaining the processes of exclusion: "On the one hand spaces are currently organized to keep people with disabilities 'in their place' and on the other hand spaces are social texts that convey to people with disabilities that they are 'out of place'". In our review of articles, we found that studies on the community integration/inclusion of people after deinstitutionalization suggest a gap between 'being physically within and socially a part of the community' (Myers et al., 1998, p.389). Fortunately, community participation and spaces of inclusion are also studied subjects (Milner & Kelly, 2009; Hall & Wilton, 2011).

Another frequently studied topic (Pfeiffer, 1990; Dunn, 1990; Low, 1996; Imrie & Kumar, 1998; Imrie, 2000a; Blackman et al., 2003) is the access(ibility) of the environment and public places and spaces (for example public transport, schools) and their implications for environmental planning and design. The recurring references to the physical accessibility of the environment show that a lot of specify how many here six research/articles deal with people with physical disabilities. Only one article explicitly dealt with people with intellectual disabilities (Luckin, 1986) and only one with people with mental health problems (Bryant et al., 2011).

Some of the themes were unique, but those articles were inspiring data for our research. Gant (1997) researched mobility in the urban environment, while Gething (1997) investigated the double disadvantages for people with disabilities living in rural areas. Freund (2001) examined the relevance of socio-material space to the social model and investigated the interaction of bodies, disability and spaces. Lenney and Sercombe (2002) focused on interactions in public spaces with a young person with cerebral palsy. Malacrida (2005) studied lived experiences and institutional survivors descriptions of time-out rooms.

### **The Place of (Intellectual) Disabilities in Geography**

**Geographies of disability.** From an overview prepared by Crooks, Dorn & Wilton (2008) as a result of the annual conference of the American Association of Geographers (AAG) we learn that disability and human difference are already modestly investigated for 50 years. Also Gleeson (1999, p.1) refers to a small (but important) geographic tradition that since the early 1970s has focused on the needs and social experiences of people with disabilities (see Colledge, Wolpert, Dear, Wolch & Taylor). Nevertheless, Gleeson adds in his contribution to

this book (see Chapter 8) that engagement with physical and intellectual disabilities did not explicitly emerge until the 1990s. Also Golledge (1993) states that even until the end of the nineties disability was a critical social issue that was rather hardly considered (Golledge, 1993). However, from then on studies of disability received more attention within human (medical, political en social) geography (Park, Radford & Vickers, 1998; Smith, 2005; Worth, 2008).

Although also a recent state of the art of disability research in human/Social Geography states that nowadays “geographies of disability is growing to be an important area of scholarship within human geography” (Castrodale & Crooks, 2010, p.89), its presence within academia is relative, as it is still relatively marginal at conferences, in journals and textbooks and it lacks influence on debates outside geography (Imrie & Edwards, 2007; Worth, 2008). The last two decennia more academics are convinced disability geography has to be an own critical discipline (e.g. Golledge, Butler, Dorn, Hall, Dyck, Imrie, Chouinard, Parr & Kitchin).

In what follows we would like to outline some evolutions within geographies of disability. Obviously this picture is not exhaustive and only gives a first glimpse. In this context, we would also refer to the contribution of Brendan Gleeson in this book (see chapter 8). As in the broader geographic and disability research field, geographies of disability have seen considerable evolutions in theoretical frameworks, topics of investigation and research populations. These evolutions took place due to changes in study topics, connections to other disciplines and new research methods (Castrodale & Crooks, 2010).

Perhaps the most fundamental paradigm shift is the one from a medicalized and positivist model to a (more) social model. Initially, geographies of disability had an empirical-positivist basis, understanding disability as a biomedical disadvantage (Oliver, 1990, 1996 in Hall & Kearns, 2001), a physiological weakness and a functional limitation (Golledge in Gleeson, 1996). Particularly medical geographical research emphasized the spatial epidemiology of physical conditions and a medicalized, positivistic asocial view of impairment, rather than the social experience and context of disability (Gleeson, 1999; Park et al., 1998).

This positivist ontology of disability became problematized and challenged by a social constructionist perspective (Gleeson, 1996) in which disability is seen as “the result of the oppressive and exclusionary processes and structures of society” (Oliver, 1990, 1996 in Hall & Kearns, 2001, p.241). Disability was thus rethought as a socially constructed entity. This rejection of the dominant individual pathology model of disability and the development of an alternative social model of oppression (Oliver, 1990; Barnes, 1991; Swain et al., 1993 in Hall & Kearns, 2001) are central elements of the socio-political ideas of a disability movement.

In this view, space is also socially produced and society and space mutually constitute material dynamics (Lefebvre, 1979, 1991 in Gleeson, 1996, 1999). However, the social model has also been criticized as being disembodied (Gleeson, 1999; Freund, 2001). Critical issues of embodiments (i.e. sex, gender, race, impairment) and their role in identity formation are in that way erased or immobilized (Butler & Bowlby, 1997).

In the case of people with mental health problems, Parr (2000) stated that many geographers have already mapped the spatial shifts in mental health policy and the economic, social and political processes underlying these shifts, but few studies have examined the intimate 'social and spatial worlds' and complex 'geographies' in which people live. Nevertheless, Hall & Kearns (2001) state that thanks to the cultural turn within geography the intimate and complex geography of meanings, identities and the body are given attention. In Chapter 8, Gleeson refers to emphases on lived and embodied experiences, voices of people with disabilities, personal investment and encounter.

We found that geographical research on institutions and community care has focused upon particular social groups like homeless people and people with mental health problems (Gleeson, 1999). Research on accessibility principally concerns people with physical or sensory disabilities (Castrodale & Crooks, 2010). On occasion people with disabilities are put together with other 'special population groups', such as elderly people (Gleeson, 1999). Imrie (1996) critiques this homogenizing tendency as it erases differences in needs and socio-spatial experiences between population groups. People with intellectual disabilities remain a notable blind spot in geographic research and in geographies of disability. Moreover, this silence reflects the exclusion and powerlessness of people with disabilities themselves (Gleeson, 1999).

**Geographies of intellectual disability.** Intellectual disability remains neglected in the geographical community (Imrie & Edwards, 2007). Making a historiography of geographical work on intellectual disability, Philo & Metzel (2005) found that people with intellectual

disabilities often remain outside the participatory mainstream, according to Wolpert (1980 in Philo & Metzel, 2005) because of the nature of their impairment.

Hall & Kearns (2001, p.239) explain this 'absence/invisibility of the intellectual' in geographies of disability by listing five explanations: because of a confused terminology and the lack of a simple and stable study object, because the social model tended to speak for all disabled people leaving people with intellectual disabilities awkwardly placed in the prevailing discourses, because participatory action research is – according to some opinions – more difficult to enact with people with intellectual disabilities, because people with intellectual disabilities often tend not to be politically active or united in voicing their own distinctive identity politics and because the expected and often enforced dependency of people with intellectual disabilities renders them highly invisible both on the streets and as the focus of scholarly attention.

Hall (2004, 2005) states that people with intellectual disabilities are one of the most marginalized populations in Western society, referring to their experiences of personal, social and institutional discrimination, abjection and abuse, fewer options in education and employment, limited freedom, less choices and a lack of control over the key decisions that affect their lives. As in Disability Studies journals (cf. supra), geographical research emphasizes the exclusion of people with (intellectual) disabilities in society. Walker (1996, 1998, 1999 in Philo & Metzel, 2005) describes how society historically has created an official geography for people with intellectual disabilities with special places to live, learn, have leisure time, work apart from the community. Gradually, some of these asylums have disappeared, but still a lot of people with intellectual disabilities are living in an asylum



without walls (cf. Dear & Wolch, 1987 in Hall, 2005): they are present in community, but often do not belong and feel connected as the institutionalized structures that control and oppress are still in place (Smith, 2005, p.88).

Although geographical research on/with people with intellectual disabilities is (historically) underrepresented compared to physical disabilities and mental health issues, interest in and inquiry about this population is growing. A new population, however, which causes a lot of concern and uncertainty, is the complex group of people with both intellectual disabilities and mental health problems.

### **Disability Studies and Social Geography Make a Good Marriage**

As we mentioned in the introduction, people with intellectual disabilities and additional mental health problems confront us with many complexities and contradictions. It is a common pitfall, of which we possibly will be guilty ourselves, to think in versus-terms, in binaries, in dichotomies. According to de Sousa Santos (2007, p.45) abyssal thinking consists of distinctions established through radical lines that divide social reality in two sides of one line. This abyssal thinking is characterized by the impossibility of the copresence of the two sides of the line, while the first condition of postabyssal thinking is precisely its radical copresence.

When we look at this research about life trajectories of people with intellectual disabilities and additional mental health problems, we still are confronted with two paradoxes or tensions: mobility and proximity. We illustrate these fields of tension with the stories of John, Mary, Mohammed, Peter, the Jackson family and Anna.

**Mobility.** Recently, authors and scholars in geography mention a mobility turn (Cresswell, 2010a; Cresswell, 2010b; Sheller & Urry, 2006; Blunt, 2007). The popularity of mobility as a research topic is demonstrated by statistics of related articles on the Web of Science (Cresswell, 2010b), the birth of the Mobility Journal (Blunt, 2007) and the interdisciplinary studied character of it (Cresswell, 2010a). “Work in the mobilities often links science and social science to the humanities”, according to Cresswell (2010b, p.551).

Against this background, Cresswell (2010a) presents a new mobilities paradigm, in which different forms and scales of movement (ranging from the local to the global) are considered in order to achieve a more holistic understanding of mobilities. Understanding mobility holistically means paying attention to mobility as the entanglement of three aspects, namely (the formation of) movement, representation and practice (Cresswell, 2010a, p.19). Movement, conceptualized as physical movement in the sense of ‘getting from one place to another’, is an essential part of mobility but also representations connected to this movement are crucial. Finally, mobile practices contain mobility that is experienced and (re)produced through the body.

Although “movements have been at the heart of all kinds of social sciences” and “mobility lies at the heart of all diverse and complicated relations between classes, genders, ethnicities, nationalities, religious groups” (Cresswell, 2010a, p.21), social science is also judged as a-mobile (Sheller & Urry, 2006). In our opinion, the concept of mobility could greatly contribute to Disability Studies in general and to the field of people with intellectual disabilities and mental health problems particularly. The fact that the new mobilities paradigm has not the ambition to be a ‘new grand narrative’, but only suggests a set of

questions, theories and methodologies (Sheller & Urry, 2006), leaves space for Disability Studies to be inspired and inspire oneself. We elaborate briefly on a few aspects related to mobility that could be interesting for our research and our interpretation of Disability Studies.

Cresswell (1993) argues that mobility can be a form of resistance to the establishment (cf. emphasis on possession, rootedness) and at the same time be a central theme in mainstream culture (cf. social climbing, improvement). Mobility can be both dysfunctional, inauthentic, rootless and liberating, antifoundational and transgressive (Cresswell, 2010a). This holistic view on mobility puts a new perspective on the case of what Heijkoop (1999) calls 'jammed situations'. He introduced the term 'jammed' to describe particular situations that are so complex that not only the person himself 'has' the problems, but in which the 'jammed' aspect is situated in the interaction of this person with his environment which is not dynamic anymore (Vignero, 2011).

The 'jammed' aspect in the stories is reflected in the puzzling and (self-)aggressive behaviour which is hard to understand and creates confusion and doubt about what 'good (enough) support' implies. The 'jammed' aspect is also situated in the fear, powerlessness and incomprehension which characterize the interaction and relation with the people in our cases. At the same time, the so-called 'jammed' situations (Heijkoop, 1999) show us in a paradoxical way that people with intellectual disabilities and additional mental health problems are (supposed to) and should be very mobile.

The most evident illustrations of mobility are the endless trajectories people with intellectual disabilities and additional mental health problems travel: from (special) school to

(special) school (John), from home to foster home to short stay to boarding school to a residential psychiatric unit (Mary), from home to prison (John), from Kosovo to Belgian refugee centre to an organization in the support for people with disabilities to mental health care (Mohammed), from one hospital to another (Peter), between day care centre and home (Anna).

People in apparently jammed situations are thus showing a certain capacity to mobility (Parr, 2010). Cresswell (2010a) states that we need to keep notions of immobility, moorings, fixity and stasis (boundaries, borders, place, territory, landscape) in mind. People with intellectual disabilities and mental health problems are thus both mobile and immobile. Both their mobility and immobility can be experienced as strength and/or as limitation. When people are suspended and referred to another school or organization, for example, this (forced) mobility obviously has a negative connotation, while the referral of people from prison or psychiatric units to home or to regular institutions in the support system of people with disabilities logically is positively considered.

For people working in organizations however, the picture is totally different. Mobility can also be a symbol of neo-liberal flexibility and improvement, as “a means to get somewhere”, encouraged and connected as long as it results in improvement” (Cresswell, 1993, p.259). The mobility of professionals in order to succeed, get ahead and make a career, is thus apparently encouraged while staying in the same organization or job situation for years can be designated as ‘settled’ or even ‘stuck’.

Mobility thus has different interpretations and meanings. One of its constituent parts is the motive force. The same act of moving can have totally different associated motives and

meanings. Why a person or thing moves is dependent on who he is, what he expects and/or whether it/he chose to move or was forced into it (Cresswell, 2010a). As we already mentioned, both Jim Jackson and his wife Sandra have a long history in care and support. Also now they are 'notorious' in almost all social services in the neighbourhood. Bad and embarrassing experiences in the past (for example the fact that Sandra's children were taken away) made them very suspicious to professional caregivers. Their resistance towards and refusals of professional support could be interpreted as an anxiety related to multiple episodes in their life story.

At the same time, however, they are worried about Keith's behaviour and potential aggression towards the little children. We 'read' mobility in the way the Jackson family seeks to move away from their past experiences with caregivers in the present. They literally and physically move away since they are living in a camper and potential meetings are thus organized on the place they define. Also less literally and physically, the refusals and resistance towards professionals could be interpreted as a way to move away from bad experiences in the past. On the other hand, past experiences which continue in the present could also be 'read' as periods of immobility and moorings, as 'jammed' situations which are passed on through families in the course of time (see also the aggressive behaviour of Peter, which is obviously 'inspired' by his father's aggression).

The aspect of 'choice' versus 'being compelled' refers to the ethical and political aspects of mobility. Forms and aspects of mobilities are political in the sense that they are implicated in the production of power and relations of domination (Cresswell, 2010a). The universality of mobility makes it a powerful part of social narratives. Mobility has the status

of a fact of life, as we experience the world as we move through it. At the same time this (pretended? supposed?) universality uncovers a new field of tension and complexities. Moreover, the right to mobility (and his pretence of universality) has been subject of critique and discussion as the arena of rights is a place where the tension between mobility as universal and mobility as differentiated appears. (Cresswell, 2006).

Pratt (2004, p.93 in Cresswell, 2006) presents the paradox of rights in the fact that the access to rights is by no means universal. Chouinard (2001) and Imrie (2000b) state that liberal discourse considers mobility as the property of able-bodied subject. Thus, according to Sheller & Urry (2006) mobility is rather a resource to which not everyone has an equal relationship or even 'access'. Chouinard (2001) introduced 'spaces of shadow citizenship' as spaces where the law as discursively represented contrasts with the law as lived and argues that people with disabilities often inhabit these spaces of shadow citizenship. These stories smoothly bridge issues of mobility with Disability Studies.

We complete our illustrations with some less manifest moments of (im)mobility, which are encountered in the cases of Anna and Mary. In stories of and files about Anna, we recognize multiple moments and illustrations of mobility in different areas. First, Anna often shows changing moods during one day: she can swiftly switch from a happy mood of pleasure and moments of laughing to a sad mood and moments of crying and shouting. Her mood can also vary a lot in different contexts (for instance the day-care centre and home) and with different people surrounding her (for instance her parents, caregivers, other children in the day care centre).

Second, Anna likes to move and to be moved: moments of hiking, horseback riding, swimming, being in the car and hanging around are favourite activities; while at the same time it is very important that Anna has enough moments to relax and rest. Anna likes to be mobile, to move and vary between different places (for example inside in the living room, garage, bedroom and going outside), while at the same time a certain structure and pattern is also significant. Finally, in the past years we had contact with Anna and her parents, Anna 'moved' and changed from a child to a young lady who also has the body of a young woman. The physical evolution and mood swings which Anna has undergone are also present in the sad story of Mary. Her teachers regularly tell about how Mary has changed from a young, beautiful, cheerful, shining little girl to a quickly ageing, sad woman who suffers and does not enjoy anything anymore.

In conclusion, our research project broadly fit in the three entangling constellations of mobility according to Cresswell (2010): next to the concrete, physical movement (e.g. the life trajectories of people with intellectual disabilities and mental health problems), also representations, narratives, meanings and mobile practices are questioned. Therefore, the interdisciplinary concept of mobility could be a guiding signpost in thinking theoretically about the life stories and trajectories.

**Proximity.** Proximity has different dimensions and is applied in distinct contexts and disciplines, which obviously define its interpretations and shades of meaning. Boschma (2005) distinguishes geographical proximity, organizational proximity, institutional proximity, cognitive proximity and social proximity. In the context of this chapter, the geographical and social interpretations are relevant. Geographical proximity deals with the spatial distance/proximity between actors while social proximity discusses socially

embedded relations between agents at the micro-level (Boschma, 2005, p.65-69). In the context of (support and) care, Milligan & Wiles (2010) investigate debates of caring for and caring about in relation to proximity and distance.

Stating that proximity can and may not be interpreted solely in spatial terms counters notions of proximity as straightforward geographical closeness, as proximity also contains social and emotional closeness. Adopted to their landscapes of care (Milligan & Wiles, 2010, p.737), this implies on the one hand that physical distance does not necessarily stand for disembodied care/support (as a physically distant person can still be closely involved) and on the other hand that physical proximity not necessarily leads to embodied care (in the sense of both care for and care about).

Parr, Philo & Burns (2004) indicate that in research with/on people with mental health problems in urban and rural contexts, spatial proximity/distance could go hand in hand with social proximity/distance. Finally, Amin & Roberts (2008, p.367) challenge the difference between face-to-face, localized interactions (which are often automatically associated with human possibility, familiarity, understanding, engagement) and interactions at a distance (which are notably thinner at this social level) by stating that other relational proximities in different spaces of engagement are also capable of stickiness.

Achmed (2000, in Davies & Gannon, 2009, p.157) states that holding together proximity and distance is crucial for ethical communication. In the support of people with intellectual disabilities and mental health problems we experience that the external view of an outsider can be refreshing in 'jammed situations' (Heijkoop, 1999). As seen from (a bit more) outside, challenging situations and behaviour could be seen and interpreted from new



and different angles. Coming close, going from the periphery to the centre, being open, making connections and having modest relations is a precondition for the encounter we consider as crucially in situations of support.

Although people recognize the importance of proximity (being close, being there, being predictable) – challenging behaviour provokes so much fear and insecurity that people literally distance themselves and in that way distance the other. Illustrative are the transfers, referrals, separation/isolation punishing and fixing of people; distance establishing elements that are all explicitly present in the stories of John, Peter, Mary and Mohammed. However, in our point of view – which is inspired by Disability Studies – we are convinced that not (professional assumed) distance but precisely proximity and closeness are key words in support. Therefore, the prerequisite to connect, (try to) understand and support people is the encounter, the relationship of an I to the Other (Levinas, 2004). In order to develop mutuality, inclusion and responsibility, it is necessary to bridge distance (Barnett, 2005, p.7).

To prevent Anna from banging her head, caregivers need to come close and try to physically obstruct that she hurts herself. This proximity is needed to 'read' which stimuli interrupt her. Opposed to John, Peter and Mary, Anna adores physical contact: she is very happy when she is enclosed by a towel or a sit shell, she likes to hug, to clamber onto mothers' lap and to get massages. Anna is very cheerful when people are close to her and she can do things together with them; her need for proximity and availability is immense. However, she does not appreciate the proximity of other children in the day care centre, since she is very sensitive to the sounds they produce and she has difficulties sharing the attention of carers.

Supporting Anna is quite intensive: building a strong relationship is necessary, not only with Anna but also with her parents who are very involved. Anna defines everything at home, which has serious consequences for the life of the other family members. Although their supporting power is enormous, the support of Anna is often very heavy. Especially the parents are constantly in charge and have difficulties to share care and support with others. The question presents itself: "How proximate can one be?".

'Going/coming close' for the sake of communication reasons is also necessary for Mohammed. Often proceeding from a limited or non-understanding, we attribute different labels, diagnosis and medication treatments to people. Those 'quick responses' and often 'imaginary solutions' takes us away the space and time to look, ask and listen. "What is the story of people themselves, what do they think/feel,..." are too often uncultivated questions in a 'virgin territory'. Nevertheless, to (better) understand people, it is necessary to come 'close', to get to know each other. In this context we are confronted with a notable clash between the medical-psychiatric point of view and a more relational and subjective framework.

The medical-psychiatric discourse focuses on a remote observation of the 'disturbed' aspect of behaviour which has to be explained, normalized, treat and erased. This discourse considers professional diagnosis and treatment by experts of paramount importance. A more relational approach focuses on the communicative meaning of behaviour and attempts to understand this behavior and support needs through and in dialogue. In the case of Mohammed communication is hampered because of language barriers due to different language use (namely Dutch and Afghan). In Anna's case, communication is complicated

because Anna has no verbal speech. She communicates with her body, but it is very difficult to interpret different episodes of crying and hurting herself.

For some people, coming physically close is not advised and even not done because of 'bad' experiences in the past. Mary is still traumatized since she was a victim of sexual abuse. As a consequence, proximity and physical contact have bad connotations for her. Also John and Peter experienced a lot of (verbal and physical) aggression and therefore, physically touching (even with good intentions) remind them of their past and cautions for the 'next aggressive act' towards them. For Mary, John and Peter it is thus important to leave enough (safe) space. Specifically for John, this space, and moreover a distance, is often automatically created because John regularly behaves as a macho.

At the same time, however, it is also important to come 'close enough' to John. Although he often behaves as a macho, he is sometimes very anxious. At such a moment of uncertainty and anxiety, he actually calls for more proximity. Another argument to go 'closer' is that, due to his hearing impairment, communication problems and misconceptions occur. To understand John and make yourself understandable without shouting, some degree of proximity is needed. After all, shouting is not recommended because it elicits aggression, since on the one hand, it reminds him of his past and on the other hand, John thinks people are confronting him with his hearing impairment at these moments.

The previous part investigated the marriage between Disability Studies and Social Geography from a conceptual point of view. The concepts 'mobility' and 'proximity' acquire an added value in the context of this marriage. More concretely, these concepts guide us in our comprehension of and offer a new view on the narratives and life trajectories of people with intellectual disabilities and mental health problems. This new view nicely fits with

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Davies (in Davies & Gannon, 2009, p.20) concept of 'differentiation': "It does not seek to fix subjects or subjects in place, or tie them to static, individualistic, or binary identities, but opens up a space where creative energies are mobilized through ongoing relations within the spaces that are generated. Within the space of becoming, new ways of being and thinking are generated". This idea inspires and reflects – for us – the surplus value of the described marriage and is, therefore, a steppingstone to some (in)conclusions of this chapter.

### **Possible In(Conclusions)**

In the representation of people with intellectual disabilities and additional mental health problems often an individualistic, medical-psychiatric discourse is used. This paradigm is full of barriers and assumptions; it turns around curing, preventive treating, rehabilitating or fixing of people with disabilities. Within this text we described these people situated at the abyss: repeatedly sent away, multiple experiences of exclusion, aggression and flights as part of everyday life. At the same time we ask for the same people to follow them in a never ending search, to look for possibilities to be surprised and work within a pedagogy of hope (Freire, 2004).

Freire (2004, p.2-3) states:

Hope is necessary but is not enough. Hope is an ontological need; it demands an anchoring in practice. As an ontological need, hope needs practice in order to become historical concreteness. One of the tasks of the progressive educator, through a serious, correct political analysis, is to unveil opportunities for hope, no matter what the obstacles may be.

This 'pedagogy of hope' is for us a way to think outside the 'neoliberal box' and instead of being obsessed with auditable outcomes and testing regimes "be open to relationality, [...] in dialogue with others, both in and across communities" (Davies & Gannon, 2009, p.4).

We have good reasons to listen to each other, to care for each other and to be enlarged by others' difference. We have already presented our 'relational' conceptualization of Disability Studies. In this view, pedagogical encounters are characterized by a

willingness to listen and be open to others, respect for differences, however they may be expressed and a sense of empathy, a closeness that creates bonds, that enables each [person] to recognize the other and to recognize him/herself in the other". (Ceppi & Zini, 1998, n.p. in Davies & Gannon, 2009).

Working with, listening to and supporting John, Mary, Mohammed, Peter, the Jackson family and Anna teach us how to give interpretation to this relation.

Following Davies and Gannon (2009, p.86),

pedagogy emerges from an ethical encounter of particular people in a particular place and time and are contingent on the diverse and particular knowledges that they bring with them into that space, and that come to hand there. Pedagogy is necessarily enacted and socially situated.

In the course of this chapter about life trajectories of people with intellectual disabilities and additional mental health problems, place and space emerged as guiding concepts. In order to handle this spatial component, we opened up several toolboxes. We explored transdisciplinary cross-fertilizations in Disability Studies and Social Geography which can

provide us with reflective frameworks for our practice and research. Marriage is often opening up the potential for the unknown and coming across several 'borderlands' between Social Geography and Disability Studies. There we can on the one hand critically discuss existing practices in society and on the other hand put the spotlight on new, modest and developing praxis where people engage in listening and experimentation.

The official side of a marriage often starts with the words: Yes, I do. This is also the case for Disability Studies and Social Geography. They both share an engagement in a political struggle together with people in order to strengthen their life experiences and sense of self. People with a disability and their families are the soul of our work, we have to recognize that over and over again to make it visible over and over again. Our selective approaches - Disability Studies and Social Geography- can be useful to refine this political project. Let's jump.

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