

This article was downloaded by: 10.3.97.143

On: 01 Apr 2023

Access details: *subscription number*

Publisher: *Routledge*

Informa Ltd Registered in England and Wales Registered Number: 1072954 Registered office: 5 Howick Place, London SW1P 1WG, UK



Routledge Handbook of Health Geography

Valorie A. Crooks, Gavin J. Andrews, Jamie Pearce

Mapping life on the margins

Publication details

<https://www.routledgehandbooks.com/doi/10.4324/9781315104584-25>

Vera Chouinard

Published online on: 11 Jun 2018

How to cite :- Vera Chouinard. 11 Jun 2018, *Mapping life on the margins from:* Routledge Handbook of Health Geography Routledge

Accessed on: 01 Apr 2023

<https://www.routledgehandbooks.com/doi/10.4324/9781315104584-25>

PLEASE SCROLL DOWN FOR DOCUMENT

Full terms and conditions of use: <https://www.routledgehandbooks.com/legal-notices/terms>

This Document PDF may be used for research, teaching and private study purposes. Any substantial or systematic reproductions, re-distribution, re-selling, loan or sub-licensing, systematic supply or distribution in any form to anyone is expressly forbidden.

The publisher does not give any warranty express or implied or make any representation that the contents will be complete or accurate or up to date. The publisher shall not be liable for an loss, actions, claims, proceedings, demand or costs or damages whatsoever or howsoever caused arising directly or indirectly in connection with or arising out of the use of this material.

MAPPING LIFE ON THE MARGINS

Disability and chronic illness

Vera Chouinard

Over the past three decades, geographers have made increasingly sophisticated contributions to understanding the lives of disabled people and people with chronic illnesses and the socio-spatial forces shaping those lives. In fact today it may be hard to believe that as late as the mid-1990s it was still possible to criticize geographers for ignoring the lives of these and other marginalized groups (Chouinard and Grant, 1995). And it was not until 1999 that the first edited collection of geographic accounts of disability and chronic illness was published (Parr and Butler, 1999). The second such collection did not appear until 2010 (Chouinard, 2010).

This chapter discusses the emergence and development of research into the socio-spatial lives of disabled people and people managing chronic illness as a sub-disciplinary field – a field informed by both critical social geography and health geography. The chapter begins by outlining key contributions to geographies of disability and chronic illness, defined by the US National Center for Health Statistics as an illness “lasting 3 months or more” (Medicine.net, 2017). Next, work in this sub-disciplinary area that contributes to health geography and other disciplines is discussed. This is followed by a consideration of major criticisms of research on geographies of disability and chronic illness. The chapter concludes with reflections on the future development of this vitally important area of inquiry.

Contributions to geographies of disability and chronic illness

Some of the earliest efforts by geographers to address disability and chronic illness were informed largely by a biomedical conception as given biophysical and/or mental states. In this approach, impairment and illness were seen as necessarily disabling an individual. It was assumed, moreover, that the impaired or ill individual was the problem – a problem to address using biomedical science to cure or at least mitigate symptoms. It was this approach that informed the postwar medical geography literature on the spatial distribution and correlates of disease, the spatial distribution and use of medical facilities and statistical accounts of the characteristics and geographic distribution of different groups of disabled people (see Park, Radford and Vickers, 1998; Wolch and Philo, 2000).

While still largely informed by a biomedical approach, some of these early studies did begin to touch on certain issues relating to access to the environment. Perle (1969) wrote on needs for accessible transit. This topic was not taken up again until the early 1980s (Gant and Smith, 1984; Kirby, Bowlby and Swan, 1983). From the 1970s onward, Golledge examined cognition and way-finding among so-called special-needs groups. His primary interest was in behavioral differences in how persons with and without intellectual and visual impairments navigate their environments (e.g., Golledge et al., 1972; Self et al., 1992; Loomis

et al., 1998, 2005). Although critics would later point out that impairment and disability were treated as an individual biomedical condition, Golledge's work was important in providing a basis for the development of way-finding aids (e.g., Loomis, Golledge and Klatzky (1998) on auditory guidance systems for the visually impaired) and in highlighting cognitive and behavioral differences in navigating everyday environments.

The 1980s saw the emergence of what can be described as the beginnings of critical geographic studies of socio-spatial forces shaping the lives of persons with mental illnesses. This included work by geographers such as Dear and Taylor (1982) on community opposition to community care facilities and by Dear and Wolch (1987) on how deinstitutionalization and the political economy of urban development were forcing homeless people, many of whom suffered from mental illness, into service-dependent ghettos in North America. In the United Kingdom, Philo (1987) was exploring the historical geography of asylums for the mentally ill.

It was not until the mid-1990s, however, that a shift toward critical geographies of impairment, chronic illness and disability, inspired at least in part by the social model of disability then being championed by disability-studies scholars and activists (e.g., Oliver, 1990), took hold. According to the social model, disability was the result of barriers to the inclusion of people with impairments and illnesses in society and space. It was thus no longer seen as an individual biomedical problem but seen as a social problem rooted in ableist attitudes, practices and environments that devalued and excluded disabled people. This shift was evident in critiques by Butler (1994), Gleeson (1996) and Imrie (1996) of the implicitly biomedical perspective that informed Golledge's work. It was also evident in calls for geographers to address disability in more critical ways – including probing how persons with impairments and illnesses were marginalized in academic environments (Chouinard and Grant, 1995).

The 1990s also saw the emergence of a new stream of socioculturally informed medical geography that came to be known as health geography (Kearns, 1993; Kearns and Moon, 2002). This stream differed from traditional medical geography in that it was open to the use of critical social theory (e.g., concepts of structure and agency) to understand people's experiences of health, illness and care and differences in power and oppression that helped shape those experiences. Research moved away from traditional conceptions of place and space as mere containers for phenomena, such as disease patterns, and embraced the idea that place and space mattered in a causal sense in health and well-being. It also tended to be more qualitative than quantitative in its research. Although, as Kearns and Moon (2002) point out, not all geographers concerned with disability necessarily identified as health geographers, there was now a basis for synergy and overlap between the two sub-disciplines. A case in point was Isabel Dyck's (1995) study of the changing lifeworlds of women with multiple sclerosis. She was able to show how the changing bodily abilities of women with this chronic illness combined with increasing difficulty in meeting expectations in places such as the workplace to force their lifeworlds to shrink primarily to the home. Here, as is the case in both geographies of disability and health geography, the emphasis was on how structures, such as workplace organization, as well as the agency of chronically ill women, shape the degree to which ill women are included or excluded in society and space.

Since 2000, there have been many important contributions to geographies of disability and chronic illness. These include studies that broaden our understanding of bodily conditions that can be disabling, such as Longhurst's (2010) study of women who identify as large or fat. She demonstrated that these women experienced physical and social barriers that were disabling; for example, clothing-store changing rooms that were too small and fears of negative attitudes toward their embodied selves if they frequented places such as the beach. For at least some large women, this meant avoiding such places.

Thanks to efforts by geographers such as Philo and Metzel (2005) and Hall and Kearns (2001), more attention is being paid to intellectual impairments and ability/disability – broadening the range of mind differences being considered beyond geography's traditional emphasis on mental illness (e.g., Metzel, 2010). Davidson's work on topics such as the lives of people with autism has also contributed to this project (e.g., Davidson, 2008). This is also true of work on critical geographies of addiction (Wilton and Moreno, 2012).

Other important contributions to geographies of disability and chronic illness have included studies exploring how the meaning of the home reflects links between physical impairment and spatial design (Imrie, 2010) and on how the home looms larger in the lives of women who acquire fibromyalgia syndrome (Crooks, 2010).

Feminist geographers have made important contributions to understanding disability and chronic illness. A case in point is Valentine's (1999) now classic study of how the onset of physical impairment altered the lifeworld and masculine identity of a working-class man. More recently, she has made a case for more intersectional approaches to understanding how disability and other embodied differences, such as sexuality, shape people's experiences of different spaces of everyday life (Valentine, 2007). Other examples include Moss and Dyck's (2003) efforts to better understand how chronic illness shapes women's embodied lives and lifespaces.

Contributions to health geography and other disciplines

Geographic research such as that cited above has made important contributions to health geography and other disciplines. For health geography, such research has meant that the socio-spatial implications of an increasingly wide array of mind and body differences are being considered. This research has also helped make processes of disablement, disempowerment and marginalization among those with impairments and/or chronic illnesses more central concerns in health geography. Or, in other words, it has helped, at least to a degree, increase synergy between health and critical social geography. This research has also encouraged consideration of the qualities of place that help make it more therapeutic or more conducive to well-being. Examples include Parr's work on mental health, gardening and the arts (e.g., Parr, 2011).

Geographic research concerned with disability and chronic illness has also made important contributions to other disciplines. Perhaps most importantly, it has helped demonstrate that place and space matter in determining how enabling or disabling the lives of people with impairments and chronic illnesses are. This has enriched the interdisciplinary field of disability studies and disciplines such as the sociology of health and illness and public health.

Geographers, as well as scholars in other disciplines, have helped champion a critical social perspective on disability as a societal rather than an individual medical problem. This is important in focusing attention on the role of oppression in disabled and ill people's lives. At the same time, however, geographers such as Hall (2000) have insisted on taking the body seriously (i.e., as a material entity) in accounts of experiences of impairment and illness. Thus geographers have helped develop what we might term "an embodied critical social understanding" of impairment, illness and disability. This has been a very important contribution to critical disability studies.

Major criticisms of geographies of disability and chronic illness

As noted above, a major criticism of research in geographies of disability and chronic illness in the mid-1990s was that researchers such as Gollidge adhered to a biomedical model of disability, impairment and illness. Inspired in part by the social model being advocated by disability scholars such as Oliver (1990), critical geographers called for a shift away from conceiving disability, impairment and illness as an individual biomedical problem and toward an understanding that it was attitudinal and social barriers that disabled people with impairments and illnesses. Gleeson (1998), for example, proposed a historical materialist geographic approach to understanding how the transition from feudal to capitalist societies worked to marginalize disabled people (e.g., as a result of new regimes of factory production incompatible with non-able working bodies). Efforts to bring the body back in to studies of disability and chronic illness were a response to the criticism, within and outside of geography, that social model-type perspectives neglected bodily realities of impairment and illness such as pain and fatigue (e.g., Hall, 2000; Moss and Dyck, 2003). Examples of such studies are Barns et al. (2015) and Scambler and Scambler (2010). Geographers such as Smith and Davidson

(2006) and Crooks (2010) have also contributed to more embodied conceptions of life with disability and chronic illness.

A more recent major criticism of geographic research on impairment, illness and disability is that it has been conducted almost exclusively in countries of the Global North. This is despite the fact that the vast majority of disabled people (80%) live in the Global South (Meekosha and Soldatic, 2011). One exception to this has been my work on disabled people's lives in Guyana (e.g., Chouinard, 2012, 2014; Chouinard et al., 2016). This work helps demonstrate the importance of understanding experiences of impairment, chronic illness and disability in the context of an uneven global capitalist order that disadvantages countries in the Global South. In Guyana, for example, the outmigration of trained medical specialists (as well as the high costs of importing aids or materials for them) has severely constrained access to aids such as prosthetic arms and legs.

Wilton, DeVerteuil and Evans (2014) criticize health geography for largely failing to address issues of masculinity. They show how successful treatment for drug and alcohol addictions involves a reworking of macho masculinities emphasizing heavy consumption of drugs and alcohol into healthier masculine identities. While scholars do not always agree on how addiction should be defined (e.g., as a mental health condition versus a habit involving compulsive behavior), it is clear that this physical and mental state can have disabling consequences (such as losing one's job or family) and heighten risks of chronic illnesses (e.g., liver diseases).

There are some signs of growing interest in making academic geography more inclusive of persons with mental and physical impairments and chronic illnesses. Feminist geographers such as Linda Peake and Beverly Mullings have, for example, organized conference sessions in Canada and the United States that consider the impacts of neoliberal university life on mental health. This, in turn, has sparked interest in concepts such as slow scholarship. These are welcome developments, but much work remains to be done. I was reminded of this recently when responding to invitations to speak at the 2017 American Association of Geographers (AAG) meeting in Boston. One invitation was from members of the Disability Specialty Group of the AAG. They invited me to give a plenary talk on the geography of disability. As I can no longer travel to conferences by myself due to physical impairment and illness, I responded by offering to give a virtual talk, and, to the organizers' credit, they made this possible. The second invitation was from an organizer of a high-profile conference panel addressing human-rights and diversity issues. Again, I offered to participate virtually, but, in this case, I received absolutely no response. Such experiences are disheartening and help isolate at least some disabled geographers from events such as conferences. I would have liked to have connected, for instance, with the two disabled female geographers who were able to attend in person and were included in the panel. Although I never received an explanation for the lack of response to my offer, one reasonable hypothesis is that virtual presentations are regarded as less valuable than conventional in-person ones. A related hypothesis is that at least some people regard it as too much bother to do things differently than they are used to, even if it would make events such as conferences more inclusionary. Although there has been much progress in geographic scholarship on impairment, disability and chronic illness, there remains a long way to go in order to make the discipline of geography fully inclusive of disabled and ill people. A related challenge, of course, is to ensure that disabled and ill faculty and students are represented and accommodated/supported in our academic units.

Over the years in geography, as well as disability studies, there have been calls for greater attention to ableism in our societies (e.g., Campbell, 2009; Chouinard, 1997). Similar to the concept of whiteness that values and privileges white persons over persons of color, ableism can be thought of as a vantage point and set of attitudes and practices that privileges and values able minds and bodies over their disabled and ill counterparts. Although it is now possible to identify geographic research that helps reveal some of the workings of ableism in relation to specific types of impairment and illness or in specific spaces of everyday life (for instance, Campbell's 2009 work on deafness and cochlear implants and my 2010 account of ongoing struggles for accommodation in academia), there is much still to be learned about why ableism endures

and what we can do to help change this. What are the connections, for example, between neoliberal policies and ways of life and ableism? Why are able-bodied people often fearful of and resistant to interaction with disabled and ill people? To what extent is ableism perpetuated by genetic breakthroughs such as identifying genes linked to cognitive disorders (e.g., Northwell Health, 2017) or technological advances (such as bionic prostheses and exoskeletons to allow persons with spinal-cord injury to stand and walk) (*Fixed: The Science/Fiction of Human Enhancement*, 2013)? Ableism thus remains a very fruitful area of inquiry for health geographers and others concerned with how and why persons with impairments and illnesses continue to be disabled in society and space.

Looking ahead: imagining future geographies of disability and chronic illness

From today's vantage point, there are many exciting avenues for geographic studies of disability and chronic illness. Hall and Wilton (2016) have argued that there is considerable potential for more relational understandings of able and disabled bodies and the assemblages of interaction, affect, meaning, objects and environment in which they are caught up. Among other things, such an approach problematizes a binary understanding of able and disabled bodies and minds and instead favors a more fluid conception of people's experiences of ability, disability and chronic illnesses as processes of subjective becoming. These processes unfold through interactions and encounters with different people, places and objects (e.g., mobility aids). This conception also arguably facilitates more critical analyses of the workings of ableist societies and spaces of everyday life.

Thinking back to the challenge of making our academic environments more inclusive of disabled and/or ill people, there is a need to get a better sense of the extent to which they are currently represented in the discipline. We also need to better understand what their experiences of seeking accommodation and inclusion have been. As feminist geographers such as Peake and Mullings have begun to ask, what is it about the neoliberal academic environment that works to undermine mental well-being? Similar questions need to be posed in relation to bodies with physical impairments and illnesses and the extent to which others relate to such bodies in exclusionary ways. Health geographers might want to ask, for example, how neoliberal conditions of life, such as precarious employment and norms and policies favoring individual independence (as opposed to interdependence), are affecting the lives and well-being of persons with physical impairments and illnesses and the ways in which able-bodied persons relate to them.

As noted above, there is a pressing need for geographic research on experiences of disability and chronic illness in the Global South. Although there is a sizeable interdisciplinary literature on these topics, geographers have had little to say about disability and chronic illness in the Global South. In what ways do conditions such as war, famine and extreme poverty foster impairments and illnesses and ensure that those with them are disabled/marginalized in society and space? What needs to change about our current global capitalist order and the place of countries such as Guyana in it to more effectively combat problems such as lack of access to food and income as well as aids such as wheelchairs and prosthetic limbs?

We also desperately need more critical geographies of forces perpetuating ableism in our societies and spaces of everyday life. This could include, for example, analyses of why the in/ability to be physically present at events such as conferences is at least sometimes a basis for exclusionary practices. It also should arguably include analyses of how geographers who embody greater ability are at least sometimes complicit in the oppression of their more disabled counterparts. It also needs to include, as indicated above, further investigation of the links between neoliberalism, global capitalism and the oppression/marginalization of people with impairments and illnesses.

Health and critical social geographers, after almost three decades of research (and, arguably to a lesser extent, activism), are well-positioned to tackle such challenges. What we need is to commit, both in a scholarly and in a political sense, to making the world we share a truly inclusive one.

References

- Barns, A., Svanhdm, F., Kellberg, A., Thyberg, I. and Falkmler, T. (2015). Living in the present: women's everyday experience of living with rheumatoid arthritis. *Sage Open*, 5(4), pp. 1–13.
- Butler, R. E. (1994). Geography and vision impaired and blind populations. *Transactions of the Institute of British Geographers*, 19(3), pp. 366–368.
- Campbell, F. K. (2009). *Contours of ableism: territories, objects, disability and desire*. London: Palgrave Macmillan.
- Chouinard, V. (1997). Making space for disabling differences: challenging ableist geographies. *Environment and Planning D*, 15(4), pp. 379–387.
- Chouinard, V. (2010). “Like Alice through the Looking Glass” II: the struggle for accommodation continues. *Resources for Feminist Research*, 33(3/4), pp. 161–178.
- Chouinard, V. (2012). Pushing the boundaries of our understanding of disability and violence: voices from the global South (Guyana). *Disability & Society*, 27(6), pp. 777–792.
- Chouinard, V. (2014). Precarious lives in the global South: on being disabled in Guyana. *Antipode*, 46(2), pp. 340–358.
- Chouinard, V., Belle, C., Khan, H. and Adrian, N. (2016). Embodying disability in the Global South: exploring emotional geographies of research and of disabled people's lives in Guyana. In: S. Grech and K. Soldatic, eds., *Disability in the global South: the critical handbook*. Switzerland: Springer International Publishing, pp. 583–598.
- Chouinard, V. and Grant, A. (1995). On being not even anywhere near “the project”: ways of putting ourselves in the picture. *Antipode*, 27(2), pp. 137–166.
- Crooks, V. A. (2010). Women's changing experiences of the home and life inside it after becoming chronically ill. In: V. Chouinard, E. Hall and R. Wilton, eds., *Towards enabling geographies: “disabled” bodies and minds in society and space*. London and New York: Ashgate, pp. 45–61.
- Davidson, J. (2008). Autistic futures online: virtual communication and cultural expression on the spectrum. *Social and Cultural Geography*, 9(7), pp. 781–806.
- Dear, M. J. and Taylor, S. M. (1982). *“Not on our street”: community attitudes towards the mentally ill*. London: Pion Ltd.
- Dear, M. and Wolch, J. (1987). *Landscapes of despair: from deinstitutionalization to homelessness*. Princeton, NJ: Princeton University Press.
- Dyck, I. (1995). Hidden geographies: the changing lifeworlds of women with multiple sclerosis. *Social Science & Medicine*, 40(3), pp. 307–320.
- Fixed: The Science/Fiction of Human Enhancement*. (2013). [film] Making Change Media: Regan Brashear.
- Gant, R. and Smith, J. (1984). *Spatial mobility problems and the elderly and disabled in the Cotswolds*. Norwich: Geo Books.
- Gleeson, B. (1996). A geography for disabled people? *Transactions of the Institute of British Geographers*, 21(2), pp. 387–396.
- Gleeson, B. (1998). *Geographies of disability*. London: Routledge.
- Golledge, R. D., Brown, L. A. and Williamson, F. (1972). Behavioural approaches in human geography: an overview. *Australian Geographer*, 12 (1), pp. 159–169.
- Hall, E. (2000). “Blood, brain and bones”: taking the body seriously in geographies of impairment and illness. *Area*, 32(1), pp. 21–29.
- Hall, E. and Kearns, R. (2001). Making space for the “intellectual” in geographies of disability. *Health & Place*, 7, pp. 237–246.
- Hall, E. and Wilton, R. (2016). Towards a relational geography of disability. *Progress in Human Geography*, pp. 1–18.
- Imrie, R. (1996). Ableist geographies, disabling spaces: towards a reconstruction of Golledge's “geography of the disabled.” *Transactions of the Institute of British Geographers*, 21(2), pp. 397–403.
- Imrie, R. (2010). Disability, embodiment and the meaning of home. In: V. Chouinard, E. Hall, and R. Wilton, eds., *Towards enabling geographies: “disabled” bodies and minds in society and space*. Abingdon: Routledge, pp. 23–44.
- Kearns, R. A. (1993). Place and health: towards a reformed medical geography. *The Professional Geographer*, 45(2), pp. 139–147.
- Kearns, R. A. and Moon, G. (2002). From medical to health geography: novelty, place and theory after a decade of change. *Progress in Human Geography*, 26(5), pp. 605–625.
- Kirby, A., Bowlby S. R. and Swan, N. V. (1983). Mobility problems of the disabled. *Cities*, 3, pp. 117–119.
- Longhurst, R. (2010). The disabling affects of fat: the emotional and material geographies of some women who live in Hamilton, New Zealand. In: V. Chouinard, E. Hall and R. Wilton, eds., *Towards enabling geographies: “disabled” bodies and minds in society and space*. Abingdon: Routledge, pp. 199–217.
- Loomis, J. M., Marston, J. R., Golledge, R. D. and Klatzky, R. L. (2005). Personal guidance system for persons with visual impairments: a comparison of spatial displays for route guidance. *Journal of Visual Impairment and Blindness*, 99(4), pp. 219–232.

- Loomis, J. M., Golledge, R. D. and Klatzky, R. L. (1998). Navigation system for the blind: auditory display modes and guidance. *Presence*, 7(2), pp. 193–203.
- Medicine.net (2017). *Chronic disease*. [online] Available at: www.medicinenet.com/script/main/art.asp?articlekey=33490 [Accessed 1 Nov. 2017].
- Meekosha, H. and Soldatic, K. (2011). Human rights and the global South: the case of disability. *Third World Quarterly*, 32(8), pp. 1383–1397.
- Metzel, D. (2010). 563 miles: a matter of long-distance caring by siblings of siblings with intellectual and developmental disabilities. In: V. Chouinard, E. Hall and R. Wilton, eds., *Towards enabling geographies: “disabled” bodies and minds in society and space*. London and New York: Ashgate, pp. 123–144.
- Moss, P. and Dyck, I. (2003). *Women, body, illness: space and identity in the everyday lives of women with chronic illness*. Lanham, MD: Rowman & Littlefield.
- Northwell Health. (2017). *Genetic discovery provides new insight into conditions such as schizophrenia, ADHD*. Science Daily. [online] Available at: www.sciencedaily.com/releases/2017/01/170117084032.htm [Accessed 26 May 2017].
- Oliver, M. (1990). *The politics of disability: a sociological approach*. New York: St. Martin’s Press.
- Park, D. C., Radford, J. P. and Vickers, M. H. (1998). Disability studies in human geography. *Progress in Human Geography*, 22(2), pp. 208–233. Parr, H. (2011). *Mental health and social space: towards inclusionary geographies?* Malden, MA: Wiley-Blackwell.
- Parr, H. and Butler, R. (1999). New geographies of illness, impairment and disability. In: *Mind and body spaces: geographies of illness, impairment and disability*. London: Routledge, pp. 1–24.
- Perle, E. D. (1969). Urban mobility needs of the handicapped: an exploration. Unpublished PhD dissertation. Department of Geography: University of Pittsburgh.
- Philo, C. (1987). “Fit localities for an asylum”: the historical geography of the nineteenth-century “mad-business” in England as seen through the pages of the *Asylum Journal*. *Journal of Historical Geography*, 13(4), pp. 398–415.
- Philo, C. and Metzel, D. S. (2005). Introduction to theme section on geographies of intellectual disability: “outside the participatory mainstream”? *Health & Place*, 11(2), pp. 77–85.
- Scambler, G. and Scambler, S. (2010). Assaults on the lifeworld: the sociology of chronic and disabling conditions. In: G. Scambler and S. Scambler, eds., *New directions in the sociology of chronic and disabling conditions: assaults on the lifeworld*. London: Palgrave Macmillan, pp. 1–7.
- Self, C. M., Gopal, S., Golledge, R. G. and Fenstermaker, S. (1992). Gender-related differences in spatial ability. *Progress in Human Geography*, 16(3), pp. 315–342.
- Smith, M. and Davidson, J. (2006). “It makes my skin crawl . . .”: the embodiment of disgust in phobias of nature. *Body & Society*, 12(1), pp. 43–67.
- Valentine, G. (1999). What it means to be a man: the body, masculinity, disability. In: R. Butler and H. Parr, eds., *Mind and body spaces: geographies of illness, impairment and disability*. London and New York: Routledge, pp. 167–180.
- Valentine, G. (2007). Theorizing and researching intersectionality: a challenge for feminist geography. *The Professional Geographer*, 59, pp. 10–21.
- Wilton, R., DeVerteuil, G. and Evans, J. (2014). “No more of this macho bullshit”: drug treatment, place and the reworking of masculinity. *Transactions of the Institute of British Geographers*, 39(2), pp. 291–303.
- Wilton, R. and Moreno, C. M. (2012). Editorial: critical geographies of drugs and alcohol. *Social and Cultural Geography*, 13(2), pp. 99–108.
- Wolch, J. R. and Philo, C. (2000). From distributions of deviance to definitions of difference: past and future mental health geographies. *Health & Place*, 6(3), pp. 137–157.