


# Disability, rurality and spatial competence: on the importance of embodied knowledge and supportive contexts

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 In this article, I investigate the interaction between the rural environment and disability to explore how place can be a resource in processes of participation and belonging. The aim is to explain how individuals experiencing disability make use of, give meaning to, evaluate, and negotiate their surroundings. The embodied experiences of individuals living in rural places are at the centre of the study that this work is based on. The empirical material includes in-depth interviews with 15 men and women experiencing either a physical or a neuropsychiatric impairment. The analysis focuses upon the environmental-social interface. The article argues that the concept of spatial competence offers a relatively open entrance for studying enabling spaces and identifying factors contributing to the well-being of individuals and places. Spatial competence is understood as a process that emphasises agency and the ability to navigate social and material environments. Departing from the participants' elaborations and reflexivity with regard to their local places, I argue that the physical environment, social networks and local welfare structures constitute pillars in the development of spatial competence. Welfare structures are explicitly addressed, for example regarding social support in everyday life or material support in the case of remodelling a home. These structures are also implicitly present in narratives on excursions, outdoor activities or social contexts initiated or supported by the public sector or civil society. A conclusion is that the development of spatial competence intersects with a functioning welfare society.

Keywords: disability, rural, spatial competence, welfare

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## Introduction

In this article I investigate the interaction between the rural environment and disability, and how place can be a resource in the development of processes of participation and belonging. This is done through completion of a case study in a Swedish municipality and with the Nordic welfare context in mind. This approach uses the category of disability to explain how individuals make use of their spatial

surroundings, and how the rural environment may be experienced as supportive or enabling. The pillar of this work is the environmental-social interface, in particular how knowledge and the use of the physical environment, social networks and access to local welfare structures interact and constitute a basis for processes that shape and reshape spatial competence.

The development of social identities and processes is always taking place *somewhere*, meaning that this *somewhere*, the place, will infuse the individual formulations of social practices and relations. Access to places, and the perceived ability to take part and experience different places, is not only about whether it is technically, physically and legally possible to enter and engage with them; equally significant are cultural and aesthetic representations (Siebers 2003). This means that places, by conveying experiences and ideas about experiences, contribute to how people experience themselves, their limitations and their possibilities (Imrie & Edwards 2007). A starting point is therefore that the experience of having a disability is both socially and materially conditioned.

The built environment, population density, access to meeting places, and public and private networks and structures are examples of factors constituting the 'somewhere'. The issues under investigation here are formulated with the Nordic rural and small-town context in mind; a close examination of rural embodied experiences informs us about rural geographies (Little & Leyshon 2003), and of body-place relationships. At the centre of this work are the embodied experiences of individuals living in rural places, facing contemporary rural challenges and societal transformations, including experiences of various disabilities. The contribution of this article is twofold: it adds to the literature challenging ableist constructions of the rural (Cella 2017; Waitt & Harada 2023), and it opens up for an understanding of (rural) space as an asset in identity building. Focus is thus moved away from "treatment and support that seek to 'fix' the person who has been labeled as having a problem" (Gahman 2014, 98) and towards the impact of space in personal development, self-awareness and the building of self-confidence. The study is based on qualitative methods, including in-depth interviews with 15 men and women experiencing either a physical or a neuropsychiatric impairment. The study was carried out in a small-town including its surroundings in Norrbotten County, Sweden.

The article is structured as follows. The next section explains the research methods and introduces the Swedish context from a welfare point of view. In the section that follows, I introduce the disability concept and how the disability-space intersection is applied in this article. In the next section I introduce the two key concepts — spatial competence and embodied social capital — and explain their contribution to the analysis. The findings from the analysis of the empirical material are thereafter presented, in which three pillars emerged as particularly significant. In the conclusion, I discuss how these pillars are active in the processes that shape spatial competence and emphasise how both social and material aspects have an impact.

## Accessing embodied knowledge and experiences through interviews

To access people's experiences of disabilities, qualitative or interpretative methods are preferred — not only because of the kind of information that is sought, but also because of increased opportunities to apply inclusive research practices (Imrie & Edwards 2007). In this case, inclusive research practices meant that participants were active throughout the collection of empirical material in the sense that research questions could develop and transform during the research process and that participants with diverse backgrounds met and their knowledge was shared. The research project<sup>1</sup> within which this study has been carried out aims to emphasise the participants as "experts in their own lives" (Harada & Waitt 2023, 518).

In-depth interviews carried out during 2017–2018 constitute the main source of information. Interviews were conducted with seven men and eight women experiencing either a physical or a neuropsychiatric impairment, all living in or near the same small town in northern Sweden — a municipality with slightly more than 16,000 inhabitants of which roughly half live in the municipal capital.<sup>2</sup> Information regarding the rural context, such as spatial, social and physical characteristics, is presented in connection with the analysis of the interview material. Here, the 'rural' context entails limited services, physical distance to larger urban centres, being close to 'nature' (forests, lakes etc.), as well as being visible in a social context because of the limited population. Neuropsychiatric

impairment includes for example Attention Deficit Disorder (ADD), Attention Deficit and Hyperactivity Disorder (ADHD) or further diagnoses within the Autistic Spectrum. Physical impairment is in this study exemplified by moving impairment and wheelchair use following from an accident or disease. To get in touch with possible participants, associations with a focus on varied forms of disability were sought out. This meant that the participants sometimes were representatives of the association, while they sometimes were members who participated in the association's activities without having any formal role in the organisation. Some participants were not involved in any association.

The participants with experiences of disability are of different ages and genders; some live alone and some with a partner or family. The relation to the labour market differs: one is an entrepreneur, some are unemployed, and some are employed within the regular labour market or by a state-owned company with the mission to "create enriching jobs for people with disabilities" (Samhall 2024).

The interviews involved individual and collective meetings and were in almost all cases conducted in people's homes. Exceptions are interviews at a clubhouse and at a workplace. The interviews covered topics such as the interviewees' personal background, including housing, family and social networks; education and work experience; the organisation of everyday life, including work, leisure and duties related to home and to social networks; association activities; characteristics of the municipality, such as size and physical features; formal contacts with welfare services (for example social services, Försäkringskassan (the Swedish Social Insurance Agency), the municipal office for housing adaptation, and Arbetsförmedlingen (the Swedish Public Employment Services)); and aspects of inclusion and exclusion, belonging and participation. The interviews were recorded and transcribed, and the analysis resulted in a number of themes. These themes refer to the content of the transcribed text, the participants' emphases and their sense-making.

Another source of information is a dialogue meeting involving individuals with impairment — sometimes in the capacity of being representatives for an association — and municipal officers and policy makers. The dialogue meeting was based on the small-town/rural context and covered topics such as everyday living with impairment, issues of accessibility in a broad sense, and civil society activities and action. During the meeting, issues regarding financial support for associations and municipal responsibilities were also brought up.

The rural as such was not emphasised by the participants, which is in line with earlier research (Bryant & Garnham 2017), but was rather taken for granted as the given context for everyday life. Above all, the interview material includes stories about one's own body in the rural environment, which confirms what was previously expressed in the comprehensive book *Disability and Rurality*. The rural is not "a mere backdrop to people's lives; it is integral to the way they live and see themselves and others" (Johnson & Soldatic 2017, 249).

This project was conducted in accordance with common principles of good research practice (Vetenskapsrådet 2017). The participants were informed about the purpose of the study, the analysis and the use of the data, and that they had the right, at any time, to choose not to participate without having to specify the reason. Participants were asked for permission to record the interviews and they were informed that the data is stored in a safe way to ensure confidentiality. The point of departure was to stress conducting research *with* the subjects and not primarily *about* them.

The following institutional context is of relevance to the study. In Sweden, the rights of people with disabilities are primarily regulated in *Lag om stöd och service till vissa funktionshindrade* (Act concerning Support and Service for Certain Persons with Disabilities) (LSS) or the Law regulating Support and Service to Persons with Certain Functional Disabilities (Sveriges Riksdag 1993). The aim of LSS is that "the individual gets the opportunity to live like others" (*ibid.*, 5 §), guaranteeing people with extensive and lasting disabilities good living conditions and the help they need in daily life, and that they can influence what support and services they receive.

If you have a disability that prevents you from participating in the open labour market, you can participate in daily activities or work arranged by the municipalities. The right to these arrangements is regulated in the LSS Act. This law includes persons with intellectual disabilities, autism or conditions similar to autism, or brain damage as an adult. The activities can be carried out at a day centre or a workplace. Such activities may also include recreational visits to forests and other green spaces and involve barbecuing and berry picking. Individuals should be able to gain experiences related to work,

outdoor activities and activities that involve social relations. If you are not entitled to daily activities based on LSS, you can apply for activities/work according to *Socialtjänstlagen* (the Social Services Act) (Sveriges Riksdag 2001). The responsibility for ensuring that the rights are fulfilled lies with the municipalities, where certain activities are arranged. There is currently a debate in Sweden about a deterioration of the situation for those affected, both for people who have disabilities themselves and for their relatives. The policy tools that aim to support the implementation of the law change over time and researchers argue that it therefore is important to continuously monitor how the original aims of the law are being followed (von Granitz *et al.* 2024). While examining compliance is beyond the scope of this article, the results presented here contribute to knowledge about the meaning of the rights regulated in the law.

## Disability and rural space

The distinction impairment–disability differentiates between the body as such and the body in a socio-spatial context: “Impairment is distinguished from disability. The former is individual and private, the latter is structural and public” (Shakespeare 2006, 198). The social model, which has become dominant in disability research, emphasises the role of the environment in the configuration of disability and presupposes observation of the spatial dimension. An individual with a certain impairment (be it physical, intellectual or mental) will experience the impairment differently depending on the environment and the situation. In addition, the situation or the place might be experienced differently. By emphasising such difference, difference is also defended, and might be an asset or “productive instead of reductive” (Thien 2004, 45). Both the physical and the social environment are active in producing contexts that are either enabling or hindering. Since the role of the material and social environment is a main focus in this study, the term disability will be used.

This study thus follows an established line within rural research where the rural constitutes partly a material and partly a social dimension. One of the more influential approaches to understanding rural space, Halfacree’s (2006, 2007) ‘trialectic’ understanding, emphasises and links material dimensions with ideational rural spaces: rural localities and representations of the rural. With this understanding, rural space is material, socially constructed, and lived. This study focuses upon material and lived rural space and captures several aspects of the body-rural conjunction. Following Merrifield, the “spatial triad must always be embodied with actual flesh and blood and culture, with real life relationships and events” (Merrifield 2000, 173 as cited in Halfacree 2006, 51). Bodies, in relationships and events, are in constant contact with other bodies and “become a site for production of knowledge, feelings, emotions and history” (Probyn 2003, 290). In this study, we will see how knowledge is produced through difference, as the kind of self-reflection and observations about places and situations reported here can inform planning practices related to local development in general and issues related to participation and inclusion in particular.

The contemporary distribution of public and private welfare services often results in disadvantages for rural places (Slätmo *et al.* 2022). The combination of the circumstances that disability and the rural environment entail has by some researchers been termed ‘double disadvantage’ (Gething 1997). Other studies show that regional (or rural) living can be associated with enhanced social connectedness and that locational disadvantage and stronger social connectedness can co-exist in theory and practice (McPhedran 2011). When discussing such processes and contemporary challenges for rural areas with regard to accessibility in several societal sectors — such as housing, the labour market, public transport, health care and the design of public spaces — there is an urgent need for a perspective that also includes experiences of individuals with needs that are not always noticed.

The study is motivated by the fact that voices highlighting experiences of disabilities in rural environments have been relatively absent in Swedish geographical rural research. By examining how individuals experiencing disabilities make use of and negotiate their material, social and cultural environments, we learn about the capacities of places and people. Mobility, accessibility, confinement and participation are some examples of important aspects. Another motive is that by immersing ourselves in individuals’ place-bound experiences, we learn about how the capacities of people and places can be developed, as well as what prevents development. Individuals’ encounters in place will

tell us about broader relationships of a socio-spatial character, about power relations in formal as well as informal settings and how these impede and enable social change (Massey 2005; Holt 2008). Knowledge of such spatial conditions is central when investigating if and how place can be a resource in the development of processes of participation and belonging.

A theme that emerged during the analysis was pertained to the perceived particularities of the local context in terms of sparseness, graspability and visibility. In the participants' reasoning, such notes on spaces and situations in turn led to narratives of individual capability in relation to material and social space. A structuring concept in this article is thus *spatial competence*, not because it constitutes a proven and well-developed concept in relation to disability studies but rather because it lacks established frameworks and thus offers a relatively open and uncharted path for studying spatial practice. Thus, I am interested in the embodied experience of navigating social and material space. This work follows the call from Waitt and Harada (2023) to explore the diversity and ambiguous rural experiences of disabled people. The narratives might offer an insight into what 'an enabling rurality' might mean in practice.

In this work, it is made visible how the social and the spatial intertwine, and thus the next step is to present the two concepts of relevance in the analysis. I will start by explaining the concept of spatial competence, a process that refers to agency, sense-making and the ability to navigate through social and spatial environments. I will then turn to the concept of embodied social capital (Holt 2010) and more precisely the role of the spatial context for acquiring embodied social capital. The interaction of social and material space is an important key in understanding how life is experienced from a disability perspective, and including embodied social capital as an attribute will add to such an understanding.

### **Spatial competence and embodied social capital**

The concept of spatial competence was introduced by Golledge (1991, 1993), who applied a policy and practice perspective. With this understanding, spatial competence primarily relates to navigation and wayfinding, map reading and orientation as well as various aspects of spatial information processing, including representations of environmental information. Golledge (1993) for example calls for an increased insight into how the development of devices can increase spatial competence, and his work includes the production of tactile maps. His work has been criticised for adopting a medical understanding of disability while more or less ignoring society. The criticism calls for a change of perspective: rather than focusing on functional limitations and trying to make 'disabled' as close to 'able' as possible, the oppressive social and political structures of society need to be investigated and analysed (Imrie 1996). Another application of the concept is presented by Lehnung and co-authors (2003). They discuss the development of spatial competence, or learning a spatial layout, among children in relation to cognitive mapping models and argue for locomotion as a way to develop spatial competence: "children should be allowed to walk around new environments" (*ibid.*, 85). These understandings are space related to such an extent that spatial competence can be applied to any space, as long as there are certain techniques or exercises involved.

As the readers of this journal will be well aware, space is more than a materiality that we need to navigate within. Rather than focusing upon technical solutions or training practices, this article deals with spatial competence as a socio-spatial process that affects the development of individuals and places. The use of the concept of spatial competence entails an emphasis on agency, on the ability to navigate through social and spatial environments. Putting 'place' at the centre means emphasising social relations and how place is made through human interaction (Massey 2005). In such interaction, people are moving between different situations and places; their experiences are thus connected to specific territories (Pratt 1998). Imrie (2001), referring to Pratt, highlights how one and the same place can have different meanings for an individual; an asylum, he argues, offers both protection from society and a barrier against it. In her analysis of place and identity formation, Pratt (1998) discusses how barriered and bordered spaces and places are tied up with social boundaries. Places can be experienced as closed or unavailable, or as inviting and approachable, in a social, material and/or subjective sense.

Holt (2010) uses the concept of embodied social capital to explain the reproduction of (de)valued embodied identities in relation to differential positioning within social networks. The concept of

embodied social capital takes notice of norms and values and their embeddedness in everyday practices. Following from this, a hierarchy is developed where bodies are valued according to ability, affecting individuals' self-identification. Holt argues that these reproduced positions can become embodied in individuals and that "(t)his embodiment is then carried forward into future social encounters and, although habitus can be transformed, it exhibits a friction to change" (*ibid.*, 26). The material or social context contributes to the individual's competence not being recognised, and thus a person who feels that they do not correspond to the norm experiences the opposite of spatial competence. When self-identification is positive, in contrast, it might constitute a path towards thriving and personal development. Problematic relations and experiences in formal spaces (for example school) can be mitigated but also replaced by emotional-affective relationships arising during formal and informal leisure activities and contribute to the acquirement of social and cultural capital and a positive sense of identity (Holt *et al.* 2013). The spatial context is thus of importance for identity formation, and access to various environments increases the opportunity for an individual to learn more about themselves and society, as well as transferring a competence acquired in one environment to other environments.

In this work, both concepts contribute to an understanding of how place can act as a resource in identity formation and in practice — and contribute to well-being. Spatial competence refers to individuals' relations to places and people, to knowledge gained through one's own presence and actions, to artefacts, and to the local physical and social community. Thus, it includes social, embodied and spatial capital and emphasises the way individuals manage and master their everyday spatial interactions.

Bodily and functional variations are active in processes of how people make use of, experience and create spaces. The intersection of body and space manifests itself in different ways, and impairment can play a prominent or an unnoticed role in people's everyday lives; the role will transform depending on the environment, and sometimes it will transform over the life course. Competence is defined here as possessing certain skills and knowledge as well as a capacity to translate the knowledge in different contexts — to manage one's surroundings in good as well as in difficult circumstances. With such a definition, it is possible to avoid reproducing the norm of ableism and undervaluing the competence of a person with a functional impairment.

## **Disability in rural places and development of spatial competence**

The project took an open and exploratory approach, guided by individual experiences of disabilities, the theoretical development of rurality and questions concerning how disability in rural environments is discussed and managed by society and organisations. Of importance for this article is the question: How can we understand and explain experiences of rural life from the perspective of people with disabilities? Three themes emerged as particularly significant in the analysis. In the following, I will explore how the intersection of disability and the rural revolves around three axes: knowledge and use of the physical environment, social networks and access to local welfare structures. The first two themes were addressed explicitly in the interviews and highlight the essentials of everyday life. The third theme is linked to society and conditions for living a good life. The importance of place for building identity, self-confidence and competence will come to light, and the knowledge obtained can form a basis for a discussion of how human–place relations can contribute to participation and citizenship.

### *Knowledge about and use of the physical environment*

The first theme highlights the meaning of spending time outdoors and how individuals manage and master their everyday spatial interactions; how one's own presence and actions in relation to the physical environment or 'nature' might impact one's well-being. The municipality in Norrbotten county which is studied here is close to nature-based recreation with scooter trails, barbecue areas, lakes and walking paths, and spending time outdoors is an important part of life for several of the interviewees. Doing so is associated with meeting friends and socialising, but also with relaxing and 'recharging', for example in the company of a dog. It could also involve certain activities such as

driving snowmobiles, barbecuing or hunting. Some destinations have been designed in such a way that people with reduced mobility can use them.

Anton has an ADD diagnosis. This neuropsychiatric diagnosis means that focusing upon a work task or something else for more than a short moment is challenging. He also gets very tired because his energy is devoted to taking in 'everything' around him. When he grew up, he had a hard time focusing in school, and he has had problems with functioning at work, for example being there at the expected time. With medicine he gets a more normal blood pressure, which means that he gets the energy he needs to both work and function as a partner and a father at home. He is permanently employed by Samhall, a state-owned company with the mission to "create enriching jobs for people with disabilities" (Samhall 2024) and develop the individual's skills so that they eventually can apply for jobs with other employers. Training is in areas such as cleaning, care, logistics and manufacturing. Within this company, Anton used to work with electronics, but now he is in the cleaning business.

For Anton, outdoor activities are both a pleasure and a necessity for feeling well, and they include engagement with nature, friends and family. It is also very natural, he says, when you live in this part of the country where the possibilities to practise certain interests are profound.

So, we go out into the woods, do everything like camping, fishing and everything like that, we all think it's great fun. As soon as you have the opportunity to arrange something, you get to go skiing downhill or something else, to Ylläs or these other major ski slopes. She [his partner] has Finnish relatives so we go over to Finland a lot and then it's skiing and stuff. (Anton)

Anton knows both the local area and the region well, and he refers to how to get around, involving bicycling, going by car and hiking in the forests — physical activities that are important to him. Anton has no driving licence, although having one is often seen as necessary when living in a rural area. He has developed routines to manage without it, using his bicycle and limited public transport, as well as benefiting from social networks. In line with Holt, Bowlby and Lea (2013), participation in such informal activities, which Anton enjoys and manages well, may contribute to the building of social and cultural capital and a positive sense of identity. When he explains why he appreciates the place and the surroundings where he lives, he also refers to a less stressful environment compared to his conception of the capital city, Stockholm, referring to an unspoken local sense of community:

That's why I prefer living here rather than in Stockholm. Because there, the stress that characterises people would affect me in such a way that [...] it's just stressful to, why stress over something when you don't have to? (Anton)

Parts of his experiences are also voiced by another interviewee. Janet works as a nurse at the largest hospital in the region. She received her diagnosis, within the autism spectrum, two days before completing her high school studies. Over time she has changed her views of the diagnosis and of herself, from perceiving herself as worthless to blaming her diagnosis and then realising that it is possible to have a rich life also with a diagnosis. She obtained a driving licence and trained as a nurse. In addition, she works for an association by giving lectures, informing and providing support for other members. With the support of health care, the insurance fund and the employment services, she has a functioning everyday life, which means working 50 percent and being an early retiree for 50 percent of the time. Janet avoids places with too many people. She has difficulty standing in long queues with others or travelling with public transport. She is the happiest in situations with fewer people and where the atmosphere is calm. When asked about a favourite pastime, she answers:

It's probably out in the woods with the dogs and just walking around and playing with them. I think so. There it is only nature, there are no people. And animals [...] are individuals, but they can be closer because they are not as troublesome as people always are. [...] Just being in the quiet in the middle of nowhere where no other people are. There are no sounds that are stressful. Everything from church bells to whizzing cars. To just walk around and be there. (Janet)

Holt (2008, 240) argues that social norms and expectations are active in framing identity performances and are "incorporated into individuals' subjectivity". They impact social relationships, making it possible to talk about embodied social capital. An identity is thus created through social networks, relationships and corporeality. Anton's rich social life is closely connected to leisure, excursions and bodily activities, situations which he controls and enjoys. Janet's experiences also reveal satisfaction

with handling her everyday life by knowing her rights and her bodily limitations in diverse spatial contexts as well as abilities with regard to work and contributions in associational life. Spatial competence develops as a result of the combination of social and material experience.

John also dwells at length on the importance of activities close to nature. As a child, John got a disease that led to thinning muscles and thus restricted mobility. He has been using a wheelchair since his twenties. He lives in a village with around 200 inhabitants. There is a small shop in the village and limited bus communications to the central municipality. John runs a business with 3–4 employees, and this business has taken him to several places in the world. One of his big interests is hunting and he is part of a local hunting team. He uses a quad bike to get to his post. Sometimes the hunting team stays in a cabin for a few days and besides hunting they enjoy each other's company. "Yes! We cook gourmet dinners and use the sauna. We go to bed early in the evening and get up early, early. And no phone works." (John). John's focus is primarily on the places he wants to visit and the social contexts he wants to participate in. He makes visible how navigating social and material space contributes to well-being. Besides hunting, he enjoys going fishing. There are places that have been adjusted to certain needs, such as lakes with ramps, which he argues is not so well known. However, he prefers to use his quad bike or his boat in the places he wants to visit, rather than visiting recreational areas that have been adjusted to meet specific needs.

It's nice and equipped with ramps. [...] Nobody knows about it, but millions have been invested and everything is accessible. Clean, nice footbridges. Very nice! In [the municipality], there are probably some bridges for fishing that are wheelchair accessible. But, I mostly go with the quad bike or the boat. (John)

John's formal knowledge as well as interest in vehicles contributes to an extended scope in terms of both distance and contexts. When John drives into town to run errands, he encounters several physical obstacles; the small town is old in the sense that the physical environment is not adjusted to certain needs related to physical impairment, such as bevelled kerbs and accessible entrances. On the other hand, he says people are helpful and he has no expectations of the physical environment to be fully adjusted to everyone's needs. The social network aspect is present also in the use of the physical environment. "The business owners, no problems at all. I just point and they will come out or they will pilot me through a back door, a loading platform or something ..." (John). John expresses that he handles everyday life without major problems, and he sees help from other people as a natural extension of his own capacity. This stands in contrast to a finding from a study by Harada and Waitt (2023, 521) emphasising a "longing to move unremarkably" among people when using power-assisted devices (wheelchairs and mobility scooters). Receiving support from someone familiar in a place where one is well-known might impact on one's perceived ability, and the same holds for one's own expectations. John's home is adapted to his needs, he runs his own business and has a rich free time. He describes his contacts with the social security office at the municipality as both positive and negative. When his kitchen was rebuilt, he was supported by the social services, but he also felt that their perspective was narrow in the sense that they treated him as a single person with a disability rather than as a father of three children with certain needs related to family life. He is competent, and he is annoyed with being put in a certain category with certain needs. This could be viewed as an example of an experienced gap between the self-perception of individual competence and the view of, in this case, the welfare society. The exercise of spatial competence can thus compete with social norms and expectations in identity formation (Holt 2010).

The interaction of the body in space is a recurrent theme in the narratives, emphasised differently but always present. This interaction includes knowledge about one's own body and the local physical and social context, including how to access bodily well-being or how to avoid obstacles to well-being. Obstacles as well as opportunities are experienced subjectively, and one's own body is a filter for these experiences and constitutes the micro-geography where spatial capital accumulates.

### *Social networks, well-being and spatial competence*

The second theme focuses upon engagement and meetings with family, relatives and/or friends; how social networks and encounters contribute to a positive sense of identity. One challenge regarding



Anton's ADD diagnosis is that it means that he enjoys starting up new things but has a harder time completing them. A positive side of this is that it also has meant that he is interested in many things such as film, music and media; this has led to a wide social network. Anton says that people know him; they know that he is kind of 'slow', that he will probably be late and that he does not become upset or otherwise emotional. "That's why my nickname is the sloth!", he says. He enjoys making fun of people and does not care if anyone makes fun of him. Anton's social network is large, and he has known most people for many years. "If she sends me shopping, she can count on me being back an hour later. For most of the time I meet someone I know, or feel like meeting in town and then..." (Anton).

Calmness and fellowship, that is probably the biggest advantage [of living here]. Everyone knows everyone in some way, almost, it's like no matter who you meet [...] "Ah, I know who you are", [...] and so on. Everyone knows everyone in some way. Or they do sooner or later. [...] [it means] safety. (Anton)

Anton reflects upon his own impairment and how it affects his relationships with his surroundings. His social network allows for both close and long-term relations, and for more short-term and unplanned ones. In his story it appears that knowledge with regard to using the local context and social networking involve security and self-confidence, and that his diagnosis is included in this web of social and spatial threads. Anton's experiences regarding his diagnosis include situations where difference is productive (Thien 2004), and specific spatial moments in the everyday lead to the accumulation of capital (Holt 2008).

Hanna has been living in the municipality for two years. She has an ADHD diagnosis and remembers how she during her school years felt scattered and had a hard time focusing and remembering things: "you've studied a lot for the test and then when you get there the next day it's like you haven't studied at all". She moved here from another small town and describes how important it was to have a change of scenery, to have an opportunity to move on if "you don't get along with people". Such disappointing experiences can be based on contacts with administrators, with a former working place or with other people. She summarises her experiences by saying that the small town where she lives "is a safe world to start in". Thus, spatial competence is not an obvious consequence of people staying in a place they know well; it can just as well be a process involving mobility, as it develops in interaction with place and in social relationships. Rewarding relationships have a role in attaining self-confidence and place attachment.

My best friend has a lot of relatives, so you have people you can hang out with and you can help them with things, I've even been a babysitter, a dog sitter, it's great fun. Things I didn't have before because people [...], but you've grown apart from people you used to know in [...] (Hanna)

A difficulty with a diagnosis such as ADHD can be that one is perceived as being too honest. Communicating directly, without talking around an issue, can be perceived as unpleasant by others, which can make social relations in school or a workplace gruelling. Another participant, Janet, explains that reading other people's body language can be experienced as difficult, which complicates social situations. Earlier research emphasises that some diagnoses may contribute to difficulties in establishing social networks including social capital in formal environments such as educational settings or workplaces, and that leisure contexts and activities can be a worthwhile alternative to formal contexts (Holt *et al.* 2013). However, in some social contexts a (neuropsychiatric) diagnosis is experienced as an asset; it is easy to make contacts and you are perceived as open and humorous.

The social environment and joint activities that association life offers are described by several participants. They provide confirmation and make visible that you are part of a community. Thus, a limited definition of social inclusion focusing upon labour market participation misses important spatial contexts in which spatial competence may thrive. Participation in society should thus not be equated with paid employment (Wilton & Schuher 2006) but be based on the individual's own experiences and values (Bygdell 2024). An important element is that activities with the association contribute to structuring everyday life. Association life thus constitutes a part of public care, even if it does not fall under such a societal category. Hanna refers to her weekly calendar and states that: "Yes, but it always feels like fun, not just writing down the time for laundry or the dentist appointment." (Hanna) "you put it into the system itself and then I think you get some good self-worth, [...] good

for yourself so you know everything feels good.” (Hanna). Association life is also described as an environment that offers community and fun without the participants having to think about how they deviate or are perceived. Janet’s involvement in the association began when she heard a lecture on neuropsychiatric diagnoses. She got to know and became friends with the lecturer and then began lecturing herself.

[...] and then I ended up on the board. And that was the route, [...] This is what I’m going to save the world with. That it doesn’t have to be so taboo. So, it has strengthened me quite a lot, in terms of [knowledge with regard to the] diagnosis and also in myself of course. (Hanna)

Local associational life thus also constitutes an arena where you develop your skills. In addition, the association is an intermediary with regard to participation and impact — it constitutes an opportunity for achievements concerning municipal resources. For example, the association Attention is described as a powerful party in contacts with public institutions such as schools and municipalities. The spatial context with a lower population and proximity to officials can facilitate making one’s voice heard (see also Johnson & Soldatic 2017). In one of the associations, discussions on how to approach the municipality to secure access to a well-functioning meeting place were intensive. The premises for such a meeting place must be functional with regard to many different types of disabilities in order to be able to reach a larger group. The engagement in the association thus contributes to the development of a social infrastructure that facilitates social relationships and thus supports other individuals and society (Needham & Carr 2009).

The findings in this article confirm that the social environment primarily is described as supportive, but some situations are also described as hindering, for example if you ‘don’t get along’ with your teachers or your employer. The supportive character is discussed as a mix of the social and the material. Short distances within the municipality mean that it is easy to meet up with friends and participate in social activities. The sparse environment thus facilitates participation, and visibility and exposure within this context is described in positive terms; ‘you cannot disappear’. Participation can at the same time be made difficult by distance and limited public transports; in addition, one’s own as well as other people’s understandings and perceptions might act in a hindering way. Harada and Waitt (2023) conclude that mobility involves emotional labour and that mobility practices are preceded by careful planning and consideration. Such planning and consideration might relate not only to materiality, but also to social contexts involving for example noise, smells, larger crowds or busy places.

### *Access to local welfare – the importance of structures and individuals*

This section highlights the presence of the welfare sector in the participants’ lives. This presence can be direct, in the form of support persons or the remodelling of a home. It can also be indirect, through infrastructure that facilitates certain activities or through contributions from civil society associations (since they may receive municipal support).

In the municipality studied here, persons with various kinds of disabilities participate in activities arranged by the Centre for work and development. This centre arranges vocational training and work training and is organised by the town office (*Kommunledningskontoret*). The activities are arranged as a preliminary step towards work training. A goal is to offer work training in the open labour market. The activities at the day centre include work, stimulation of senses, and training as well as promoting and deepening contacts with society. Individual conditions are the basis for practising everyday situations, communicating, experiencing appreciation and building up confidence (according to the municipality’s website). ‘The Raft’<sup>3</sup> is a centre you can go to if you have some kind of neuropsychiatric diagnosis. It provides activities run by the municipality, the Swedish Public Employment Service and the Swedish Social Insurance Agency. The goal is that visitors to ‘The Raft’ should be able to attend school, get a job or receive vocational training.

The practices and principles that govern the work of social services and that are transferred to the individual in action plans and the like are not mentioned to any significant extent by the individuals who receive support. However, the respondents indirectly inform us about the importance of, for example, participating in the (sometimes alternative) labour market, having a position at the state-

owned company Samhall, or having the possibility of working part-time with a disability pension. They report being satisfied with adjustments. The importance of meeting the right person or case manager is emphasised, thus acknowledging the public support structures. They talk about the importance of the associations, having the meeting places and the activities — which can be implemented with municipal support. However, the general opinion is also that public support needs to be strengthened.

Those who have a physical impairment talk about how their homes have been adapted to their needs. Ola suffered a serious spinal cord injury in an accident and now uses a wheelchair and has a personal assistant. He believes that the contacts with the municipality in connection with housing adaptation worked well, but also that the support of relatives may be necessary in order to be able to apply for the right support in the right way.

I can feel that it's a bit of a pain sometimes, you kind of have to put your whole life out there for the smallest gadget. And at the same time, I also understand that it has to be that way. [...] I mean it mustn't be too generous either. (Ola)

Ola also emphasises the importance of nature and tranquillity, and especially appreciates visiting the family's holiday home. He has spent time there since he was a child and explains that he appreciates the environment more and more over time.

[...] it's my father's parents' home from the beginning, so it's a house. But we have it as a cottage [...] it's at God's end, I was about to say, but it's right by the river, too. And a small village, maybe five or six houses. Some farms. It is very quiet and nice there. Maybe that's where I'll end up. Nobody lives up there. (Ola)

The focus is on what he appreciates about the environment associated with the holiday home. That he needs support to get there is not communicated; thus, the body in the rural and the rural in the body is superior to the support structures needed to make it possible. The support the welfare society offers is integrated into the stories; it is a natural part of existence. It can be interpreted as compliance with the law, that “the individual gets the opportunity to live like others” without falling back on the diagnosis or the disability when discussing everyday life. This does not mean that the efforts of the welfare society always are satisfactory and outweigh the challenges that a disability can bring. As emphasised earlier, Ola also mentions that extensive commitment is needed to get the support one is entitled to. However, different types of support can facilitate participation and belonging as well as different degrees of freedom in everyday life. Such support can include the remodelling of a home, appointments with an occupational therapist, or the municipality providing a venue for association activities. The point here is that the development of spatial competence intersects with a functioning welfare society.

Janet's reflections begin in her school years. These years were fine, she says, but when school ended, the form of security offered by everyday structure disappeared. It was a big adjustment that included fear of the future and poor psychological health. When she got a job in elder care, she grew as a person. Janet describes, through her own lens, the role of welfare workers — how they get insight into a life situation and act to contribute to change. Practical support involves help in finding an apartment and establishing oneself in it, making calls, arranging housing allowance and sorting out other contacts. For Janet, welfare services and individual professionals have been decisive in her achieving personal development and creating an everyday life for herself that she appreciates.

I have had a great contact person at the employment agency. At Försäkringskassan [the Swedish Social Insurance Agency], there have been different persons all the time [...]. I am so grateful for her at Arbetsförmedlingen [the Swedish public employment service]. I have been able to call her no matter what. When I get a letter from Försäkringskassan that I don't understand, I book an appointment with her. She has been the right person in the right place and has taken on issues that are not really in her field and helped me. (Janet)

So, it seems like a lot has come into play. And the right people that you have met in life. Like now, I have 'housing support' [Swedish: boendestöd] a few days a week and they just come here and sit and drink coffee while I clean. (Janet)

Not everyone manages to be so lucky and get what they need because there is ignorance. People don't know about obligations and the rights you have. The municipality has quite a lot of obligations and people don't know about that and then can't tell ... (Janet)

Criticism is also expressed towards the public welfare services, criticism which is rooted in experiences of inequality and that one's own needs do not count. Individuals find a strength in belonging to a group, such as an association, and might formulate a critical approach together. The following quote highlights a critical attitude towards the municipality's priorities, which also contributes to a discussion and might act as a force towards change.

So I'm part of the RSMH association and I know that they applied for money, [...] the board applied for a lot of money and it's basically impossible to get money from the municipality or any other place here in [municipality] because we don't do sports. Just because we want money to do things or fix the premises or something like that, it's very difficult to get it because they only donate money to this kind of floorball which is popular here in [municipality]. (Hanna)

Individuals acquire self-awareness and knowledge of social and material contexts as well as how their own body functions in different contexts. This happens in close social networks, in homes and during outdoor or public activities. In addition, knowledge of how the welfare society functions, how responsibilities are distributed and whom to approach for various matters is also an expression of spatial competence. Social welfare thus has a double role in supporting individuals with disabilities. A functioning welfare society with relevant measures contributes to the development of spatial competence.

### **Conclusion — A local web including the physical environment, social networks and welfare structures**

In this article, bodily awareness and knowledge of one's own body in the rural is the basis for exploring the rurality-disability conjunction. Place is continuously evaluated based on the individual's own body and on how the body functions and interacts in its immediate surrounding, and earlier experiences make it possible to predict, plan and adapt to various social and material situations. The results point to emphasising "the importance of valuing the body and its capacity to act" (Harada & Waitt 2023, 525). Putting bodies in the centre does not mean that space is regarded as absolute or pre-given, but rather that space is lived and experienced in the here and now, in "specific spatial moments" (Holt 2008, 239). Such bodily awareness becomes a resource as it translates into discussions of accessible and inaccessible environments, participation, and inclusion/exclusion; it is a prerequisite for spatial competence.

What factors, then, are active in the processes that produce spatial competence? The *physical environment* and outdoor recreation are emphasised as having a positive impact on one's well-being; they offer both enabling and hindering circumstances, which in itself contributes to self-awareness and the development of spatial competence. This finding, derived from the participants' own narratives, can be partially related to the importance of locomotion — of walks and movement — and of gaining different views, as emphasised by Lehnung and co-authors (2003). The narratives in this study equally often deal with movement into and out of social contexts. *Social networks* are valued and maintained in life with family and friends, in outdoor activities, but also in associations. Spatial competence develops in social relationships and in interaction with place. Rewarding relationships play a role in attaining self-confidence and place attachment. The investment in place and the spatial relations that develop are important, and they are perhaps not easily replaced when for example migrating to another region or town to, for example, improve labour market opportunities. However, mobility can just as well facilitate processes of spatial competence.

The stories shared by the participants illuminate how the *local welfare structures*, local institutions and context constitute a basis from where individual practices and personal development emanate and take shape. Welfare services are rarely mentioned in explicit terms, but they sometimes constitute a prerequisite for using and mastering the physical natural environment and contribute to the establishment of social contexts. It becomes visible how such enabling structures contribute to individual as well as societal well-being.

While an understanding of the rural often builds upon its peculiarities with reference to its urban counterpart and what the rural is *not*, such expressions also come through in the interviews — for example, when referring to the rural as less stressful, calmer and easier to navigate within – but they

are not dominating the narratives. References to other spaces, such as other towns or regions, do occur but are rare. One interpretation of this could be that travelling or moving is not an alternative that is within reach — a sign of marginalisation. Here a reminder is in order that marginalisation is “a social, cultural and spatial construction not universally experienced by all [rural youth]” (Leyshon 2002, 180) and, in some cases, perhaps it is a designation that is defined from particular positions and based on particular norms.

In connection with this, one could ask whether the rural should be interpreted as a context that offers protection from inconvenient environments and at the same time constitutes a barrier against reaching out and meeting challenges (Imrie 2001). However, such an interpretation risks starting from a taken-for-granted norm about mobility and spatial preferences or norms. It also risks suffering from “the outsider’s bias”, since outsiders such as for example academics and policy makers have their own views on what characterises opportunities and facilities (Lee & Abbott 2009, 206). This reminds us that we often engage in hierarchising places in a way that we think is objective, but which is rather an expression of normative ideas about where people (should) want to live.

This study does not suggest that we should interpret rural environments and contexts as ‘easier to handle’, uncomplicated, and thus favourable (compared to the urban) for all individuals experiencing some form of disability. Such a standpoint risks raising the idea that individuals in rural areas need less resources in order to live a good life. However, the results from this study suggest that rural areas and smaller towns can offer good living environments for individuals with disabilities, that local public welfare matters, and that a well-integrated welfare can lead to the development of spatial competence — which favours participation and social sustainability for everyone. The results need to be interpreted in the light of the Nordic Welfare context. Provision of welfare in the Nordic countries has many similarities based on the premise of a collective responsibility to provide services. In Sweden, the debate about the situation for those affected by the LSS, emphasise cutbacks and deteriorations and personal assistance is increasingly limited to basic health (von Granitz *et al.* 2024). The prevailing trend of declining services in rural areas characterises the Nordic region as well as Europe. The results presented here are thus of relevance for regions outside Sweden and the North.

The results show that spatial competence encompasses both embodied experiences and societal processes and can travel with the body into several contexts (see also Holt *et al.* 2013); through social and material encounters or conquests, individuals experience and build spatial competence. Such experiences include both peaceful and enjoyable meetings and practising and fretting with small steps, as well as tough demands and sometimes unpleasant surprises.

This study adds to theoretical ideas on the centrality of the body “to the performance and construction of social identity” (Little & Leyshon 2003, 269). The results make visible how both place — understood here as the three place-specific attributes of physical environment, social network and welfare structures — and the embodied accumulation of social and material experiences represent the occurrence of spatial competence. Neither the place nor the individual can generate processes of spatial competence on their own; interaction is essential. This relationship is not necessarily limited to individuals with a disability. The significance of the three pillars extends beyond the studied group, which also confirms the importance of including diverse experiences and groups in studies of place development and well-being. The task of developing accessibility of local space in such a way that it invites one to participate, as well as enabling the development of spatial competence, is of utmost importance to all of us. While some individuals have impairments that follow them throughout life, others will experience impairments for parts of their lives (Löfgren 2006). It is thus a matter of planning for universal needs or circumstances that are constantly current, not for something temporary or deviant.

## Notes

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<sup>2</sup> Within the project, interviews were also conducted with key actors at regional and local levels, such as Region Norrbotten, the Swedish Association of Local Authorities and Regions, municipal social services, and representatives of associations at various levels. In the present article, however, the focus is upon the insider's perspective and everyday life.

<sup>3</sup> The name has been changed for anonymity purposes.

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