



Living with an iconic aid. The case of the white cane

By
Maria Bäckman

Abstract

There are plenty of objects that are conspicuous in the way they signal to the surroundings that the user has some kind of physical impairment. Most obvious are perhaps wheelchairs, motorized wheelchairs, hearing aids and crutches. These objects can be described as aids in the sense that the purpose is either to mitigate the effects of reduced physical abilities or to compensate for the loss of a sensory faculty. The focus of this article concerns an object that both increases mobility and replaces such a faltering capacity. It might even be the most iconic of all aids: the mobility cane, also known as the white cane, long cane or white stick. Based on the work at a Swedish Low Vision and Resource Centre, this article discusses the use of the white cane among people with severe and progressive visual impairment. The fact is that this aid, which for an outsider would easily seem to be a rather natural choice, can arouse completely different feelings in somebody who has a severe visual impairment. It is a well-known circumstance amongst low vision teachers and therapists that persons with acquired or progressive sight impairment are often not quite happy about using the aid. Therefore, the aim of the article is to utilize notions of everyday experiences to gain further insights into why the white cane for many of its potential users are associated with strong feelings of both personal ambiguity and social stress. In order to highlight these emotional, and still cultural and political, tensions, the discussion is grounded in critical disability studies and informed by ableism, stigma, and passing as theoretical concepts.

Keywords: white cane; mobility cane; lived experiences of disability; ableism; passing; turning points; stigma.¹

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Introduction

A white cane or white stick can be between 100 to 150 centimetres in length; the shorter is a symbol cane used primarily to inform the surroundings of the user's impaired vision. The longer mobility cane is an aid for orientation, enabling a person to move around. When you use the cane, you hold it lightly with one hand sweeping or tapping back and forth along the ground in front of you. In this way you can register the nature of the surface and discover any obstacles or differences in level. You can also just hold the cane firmly at an angle in front of you for others to see so they can step aside when you are approaching. Usually, the cane can be folded up and discreetly deposited in a pocket or bag.

For good reasons, the white cane could be described as a simple, useful, cheap and durable aid for people with varying degrees of visual impairment. In a beneficial way, the aid helps people to move around and orient themselves in their physical environment. In particular, the full-size mobility cane, or long cane, can thereby be assumed to be a help for visually impaired persons to be independent and active in society. Nevertheless, amongst Swedish low visions teachers and therapists who work with rehabilitation of persons with various types of visual impairment, it is a well-known fact that the users partially or completely choose not to use the white cane, regardless of its design, purpose or size, in their everyday life.² Moreover, it is rejected despite considerable and common consequences in the form of strained encounters with people around them, and limited physical mobility (see Conrod & Overbury 1998, Hogan 2012, Hersh 2015, Berndtsson 2018, Dos Santos et al. 2020).

By studying the white cane from the point of view of people with visual impairment, one can increase the understanding for the emotional challenges involved for the users themselves. However, in doing so it is likewise essential to see beyond the individual and personal perspective. As a well-known aid for visually impaired people, the white cane is a physical object but also a distinct expression of normative expectations concerning physical abilities and deviation from these.³ Therefore, by consciously focusing on the actual use of the aid, as well as on those social and intimate situations that occur while using it, it is possible to grasp how individual choices and experiences are constantly related to the surrounding society.

In different ways the white cane manifestly affects its surroundings. It affects the user's muscles and posture, but on the other hand, it also makes other people move aside and leave space. Sometimes it causes unwanted encounters and reactions. Altogether, this means that the cane is a suitable object to study for those who are interested in the agency of materiality and the complex relations that arise between people and various types of non-human objects. In this sense, the white cane is a striking example of the concept of social materiality (Latour

2005, Miller 2005, Ingold 2007). However, this is not the train of thought that I intend to develop in this article.⁴

Instead, my theoretical approach comes from the research field of critical disability studies. Specifically, I will gain insights and theoretical inspiration from those scholars, within the broader field of critical disability studies, that have explored the concept of ableism (see McRuer 2006, Campbell 2009, Harpur 2009, Goodley 2014).⁵ In the article ableism is understood as the existing ideals that work to promote the autonomous person who inhabit a corresponding able and performing body, and, counter wise, discredit anyone whose abilities do not meet these standards.

From such a perspective the so-called disability arises when somebody with other abilities encounters a world that was designed to suit physically able-bodied people. There and then, the person with a physical impairment is literally disabled in their interaction with the surrounding world (Rydström 2012, Shildrick 2020, Bylund 2022). For this reason, many persons who have traditionally been regarded as “handicapped” or disabled are nowadays not inclined to ask for recognition, tolerance nor consideration from their surroundings. In a similar way to research and findings within other related fields, such as queer, what is emphasised is the numerous processes where the silent normality in itself creates exclusion and subordination (see Siebers 2008, Harpur 2009, Goodley 2013).

This focus on ableism, and the compulsory production of disabled bodies, will enable me to illuminate the white cane as an aid that cannot be isolated from norms concerning physical abilities that create normality and deviation, nor from associated values and hierarchies (Shakespeare 2000, Sandahl & Auslander 2005, Hughes 2007, Rydström 2012, Goodley 2014). When individual users of the white cane describe their relation to the aid, this illustrates how both cultural and social norms, as well as impediments of a more structural character, affect the everyday life of visually impaired people (Berndtsson 2001, 2018, Michalko 1998, Hogan 2012, Titchkosky & Michalko 2012, Hersh 2015).

Of course, many others have already reflected upon the relation between the visually impaired person's relation to the white cane. A well-known example is Maurice Merleau-Ponty's (1962) description of the cane as an extension of the blind person's own body. Other important contributions to the field have been made by, for instance, Rosemarie Garland-Thomson (2009) and Mark Paterson (2016), in their respective analysis of how ways of seeing and (lack of) vision are phenomena that are deeply rooted in culture and society. In this text I will, however, foremost extract from the analysis worked out more in detail by Rod Michalko (1998, 2002, 2017) suggesting that the idea of someone being blind, visually impaired, or otherwise “disabled”, is a diversified social practice that ought to be thoroughly scrutinized concerning its powerful effects on peoples'

everyday life, and subsequently with their ways of coping with reality. Building on Michalko's intrinsic research on the matter, I intend to further explore the case of the white cane from within, meaning from the perspective of those individuals that eventually have to choose to, or not to, use it as an aid.

In order to clarify the intermingles of everyday experience and ableist norms, two more theoretical concepts will be of vital importance in the forthcoming discussion, namely stigma and passing. Stigma (Goffman 1963) is a well-established expression for a mark of disgrace that cling to a person as it is associated with some kind of negative stereotype. For obvious reasons the concept of stigma has informed a number of analyses concerned with the relation between a taken for granted normality and different kind of social deviances (see Conrod & Overbury 1998, Hogan 2012, Hersh 2015, Berndtsson 2018, Dos Santos et al. 2020). Situations when individuals do their best to conceal or under-communicate signs (e.g. skin, language or behaviour), which might reveal them as other than what they want to appear as, have long been brought to attention within research on processes of marginalisation. This is where passing gets into the picture. Passing is an overall concept used for discussing these deliberate strategies in relation to one's surroundings. Hereby, passing might be seen as an opportunity that, if carried out successfully, will let the individual escape the associations that are evoked by the negative stereotype (Goffman 1963, Majaj 1994, Kanuha 1999, also Bäckman 2009).

In many cases it can be compared with the art (and wish) of being recognised as somebody other than the person you 'really' are. Consequently, passing is like wearing a mask, disguising oneself. At the same time, the practice is a social and cultural phenomenon inevitably related to power and hierarchies. You do not only try to pass as anybody, but somebody regarded as better, something worth striving for. The desire to pass thus originates from the circumstance that the position you want to alienate yourself from is not a socially neutral position but instead depreciated and associated with a low social status. In the broader context of critical disability studies contriving to pass unnoticed in a crowd, to avoid attention, and not appear to deviate from the identity or group to which you want to belong, is equivalent to not being marginalised.

Together with the overall focus on ableism these two concepts will be utilized analytically to shed light on how societal/normative ideals situate blindness and visual impairment as deficits and, hence, how visually impaired people often will come up with different strategies to cope with the white cane as a symbol of that deficit (see Conrod & Overbury 1998, Stiby 2006, Hogan 2012, Michalko 2017, Berndtsson 2018, Österholm 2018, see also Hansson 2010, Bock 2012, Holmberg 2018). Another recurrent theme in the text, that also works to link stigma and

passing to one another, is the fact that visually impaired people quite often have such a varying degree of experienced or manifested vision that they themselves might be said to live in, or with, several different bodies. The overall aim is to use notions of everyday experiences to increase the understanding of why the white cane for many of its actual or potential users are associated with such strong feelings of both personal ambiguity and social stress.

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For several years I have studied the field in which the white cane is both an aid and an unwelcome sign of deviation, but as soon will be further clarified I also belong to the field myself. I have therefore been able to observe that people with severe vision disorders spend a considerable amount of energy on avoiding being identified as visually impaired or blind. In other words, they contrive to pass as fully sighted people. However, it is striking that one and the same person may have adopted one set of behaviours when passing as a fully sighted person and a completely different set when 'visually impaired'. The different strategies are used on different occasions with the purpose of behaving according to the social identity that seems to be the least difficult to cope with depending on the context, or the most sustainable for the moment. Consequently, some analytical questions are brought to the fore. What does it mean, for example, for a visually impaired person to begin to use a white cane? When does the aid fit in with your own self-image, and when would you rather keep it as far away as possible from the person you consider yourself to be? And not least: how are the reactions of surrounding people to the use of a white cane interpreted by the users themselves?

Fieldwork and method

Being visually impaired myself, as a result from a post-operative injury, I have over a period of nine years recurrently conducted participant observation at several rehabilitation activities that are offered at a Swedish Low Vision and Resource Centre.⁶ During the last three years, this investigation has turned into a more systematic ethnographic fieldwork, as I then received funding for a still on-going project.⁷ In the following I will present an analytical reading of a set of interviews with cane-users in order to discuss how the white cane sometimes facilitates, and at other times hinders, the attempts of visually impaired persons to cope with their own being-in-the-world. This methodological choice is in accordance with a general trend within critical disability studies to acknowledge persons with first-hand knowledge of the compulsory norms imposed upon disabled bodies (e.g. Campbell 2009, Kulick & Rydström 2015, Price & Kerschenbaum 2016, Grue 2021, Bylund 2022). Other researchers have further clarified that one should think of disability studies as a critical methodology, and mode of analysis, rather than

merely a subject-oriented area of study (Minich 2016, Schalk 2017).⁸

Even though the findings from the interviews are my main concern in this text my general ethnographic approach to the field also include the sorted activities that are offered to the clients at the centre. During my own rehabilitation process I have, for instance, taken part in cooking groups and parental courses for people with visual impairment and their families. I have also been involved in mobility cane education (that is training to handle and utilize the mobility cane for better orientation and mobility) and white cane group discussion (that is recurrent gatherings aiming at discussing how to deal with the frequent feelings of deviance, shame and vulnerability that the white cane often gives rise to). These undertakings form part of my fieldwork and will to some extent also be commented upon in the following. First and foremost, the discussion will however explore the realm of the interviews.

At the Centre, the users are divided into three groups according to age: children, corresponding to persons up to twenty; adults, referring to persons of a working age, 20–65; seniors, meaning people who have reached retirement age. All in all, I have so far interviewed around ten low visions teachers and therapists, almost everyone with education in orientation and mobility training, and approximately 30 adult persons with visual impairment, all from the middle age group. Noteworthy is that some of the interviews are overlaying as some of the teachers and therapists also have visual impairments. The average length of the interviews is one hour, albeit some of them were shorter while other lasted for about two hours. The interviewees are both recently visually impaired persons and those with a longer history of either being blind or partially sighted, as well as professionals at the centre.

Even though the professionals, and their expert views on the rehabilitation process, are included in the broader study, the article's overarching theme is the perspective of the cane users themselves. Especially, I am interested here in the lived experiences and narratives amongst those of my informants that over time, for some reason, have become more limited in their visual capacities. As stated above, the focus on the visually impaired and their everyday experiences has both analytical and methodological reasons. Besides pointing towards emotional and societal challenges involved in the use of the white cane, the purpose of the text is also to show how both the visual impairment and the white cane give rise to certain recurrent strategies for relating to the surrounding world. What these, sometimes overlapping, and sometimes contradictory, patterns of behaviour have in common is that they are a way of coping with one's own and other people's expectations. This might call for an explanation.

For an outsider, the reluctance of the visually impaired person towards using the cane is likely to seem quite surprising. Why would people choose not to use an aid with so many obvious advantages? For this reason, I will proceed the article by presenting a few extracts from interviews with various users. These accounts illuminate how specific experiences of life with and without the white cane can influence people's inclination to include the aid in their day-to-day life. For some of the persons who recur in the text, we can trace individual white cane biographies, where their relationship to the cane as an aid is far from consistent but instead shifting and changeable over time. This is particularly descriptive of the informant who in the following section is called Tomas and whose narration I will return to several times. As I am thus letting my own argument lean on quite a small number of personal accounts, this methodological choice demands to be somewhat elaborated.

In the process of writing this article I have selected a few individuals from the larger number of participants, and have ascribed to them a relatively prominent position. The purpose of giving such a great space to a limited number of persons is to present a more in-depth picture of how expectations and ideas in society about visually impaired people strongly affect opportunities and experiences for individual users of the white cane. In this sense, the more detailed individual perspective is a precondition for being able to clarify the societal and normalising dimension that is often a decisive factor in the choice of using or not using the white cane. I do however want to underpin that neither the highlighted individuals, nor their stories, stand out from the rest. Their experiences and focal points are very much the same that repeatedly is accounted for in the vast material. To somehow reflect this, and also to ponder on the variation that do exist, I will at times fill in with other voices and narratives.

The duality of the aid: becoming a white-cane-user

Tomas is a 45-year-old man who I have come into contact with during my field work at the Low Vision and Resource Centre. This is how he describes his first encounter with the aid:

Nobody actually forced the white cane upon you [at the Centre]. But then at the group vision rehab it was so good. There was a subject called 'Physical Mobility and Orientation' and we automatically tagged on to two low visions teachers, tested white canes... well actually they carefully sneaked it in. They know themselves what it means to many people, how difficult it is to be seen with this stick. They sneaked it in: 'Now, you can try it, we have a completely new cane here, with a new

handle'. And yes, then we did try it. I could still see quite well then, I could keep a check on my surroundings, but I couldn't keep up any speed, running or anything like that, so I considered myself to be a bit of a fraud using the cane, I thought. But all that happened was that I was tiring myself when I was walking and trying to see, like.

But it was introduced, we tested different lengths and various things; thanks to the group rehab it became natural, everyone else was doing it too. It wasn't just me going out on my own with the white cane, staggering around in the park, like. There were three or four of us with a guide each, just trying the cane out; we learnt how to feel the edge of the grass and the gravel. I'd say it was extremely good; but then when I was walking on my own, say going home from the shop or the tube station, I lived here at [part of the city Stockholm], and... No, I was ashamed! It was utterly awkward. I thought everyone was looking at me and that I was getting in the way of people. And that all people I knew would stop and say 'What is this? You're not blind, surely?'

Tomas has increasingly needed to use the white cane as an aid, since his specific type of visual impairment (*retinitis pigmentosa*, or just rp) involves a gradual loss of eyesight. During the white cane training in the seclusion of the park, with a guide and together with other users, it felt like a welcome and useful aid. However, in the extract it is also clear that the first 'comfortable' relation with the white cane was replaced by other more difficult feelings as soon as Tomas left the comparative seclusion of the park. Out amongst people, in other more public contexts, it was as if the stick itself changed. In the account above, it changes from being an aid with the ability of truly facilitating orientation and mobility, to become an object that evokes feelings of shame, attracting unwelcome attention.

Particularly interesting is the feeling of being a fraud, which Tomas describes at the end of the extract. For a moment, he takes on the role of an observer and makes himself into an interpreter of his surroundings, having a sceptical view of himself. What do you need a white cane for? Surely your eyesight is not that bad? You're not blind, are you? Below, I have reason to return to the feeling, aroused by the white cane, of fear that colleagues and acquaintances will feel deceived and misinformed by the user of the cane.

This dual nature of the white cane, as a useful aid but also a source of discomfort, recurs in many of the narratives and accounts of my study. Used correctly the white stick, or the long cane, allows the user to feel the surface

of the ground or floor and to avoid falling over, or walking into, various types of obstacles. To a certain extent, the aid makes it possible to *scan* the physical surroundings. Simultaneously, however, the white cane and its user are *scanned* as a distinct entity; a combination or assemblage (Fariás & Bender 2012, Appadurai 2015) of a human and an object, with the implication that this is a person who is blind or visually impaired.

Many times, the scanning is accurate and suits the purpose of the user. The aid is obvious and unmistakable; it causes people to step aside and leave space. One of my informants told me that he, in the beginning of his 'white cane career', mostly just held it folded in his hand. It was useful to show that he had a visual impairment, but he did not use it to feel the ground or to find his way. Another informant drew a parallel between public use of the aid and the way homosexual people often have been forced into a drawn-out coming-out process. 'The white cane is a major part of coming out of the closet. You can choose, you can always buy a t-shirt with the text "I am blind – get out of the way"'. Or, he finished, you can simply start using the white cane.

There are other advantages too, which are a result of the ability of the white cane to clearly communicate with the surroundings. Apart from the space that is created around the user, several informants point out that the white cane also informs the surroundings that they do not have to trouble themselves about whether the slightly stooping user of the cane is drunk or under the influence of drugs. That may sometimes happen otherwise, when somebody misunderstands the somewhat unsteady gait of the visually impaired person. Instead, the behaviour is immediately understood in relation to the limited eyesight. And the same applies to various failures in social situations, like a missed greeting. On such occasions, the white cane generally acts as an easily recognised sign, which helps to define the situation (Goffman 1974) in a way that makes the surroundings willing to show tolerance and consideration. In this way the white cane works accordingly to ableist norms: the aid lets the user achieve a certain level of mobility and independence.

However, as have been emphasized by others, the visibility of the white cane also encompasses its own negative contradiction (Kudlick 2005, Hammer 2012, see also Berndtsson 2001: 353ff). As we have already had a glimpse of, the white cane is described by the participants not only as an aid in everyday life but also that it inevitably points out the user as a physically disabled person. During my interview with Per, who has the same kind of progressing visual impairment as Tomas, and who is also a low vision teacher at the Low Vision and Resource Centre, he retells an episode. He was doing technical training in the use of the white cane with a man. The man considered the cane to be too long; he wanted one that was shorter. Per went to fetch a shorter stick, but the man still thought

it was too long. Per asked how long it should be. They discussed the length; one metre was too long, and half a metre as well. Perhaps it should be as short as an arm. Or perhaps so short that it did not exist. At all, Per adds.

From the narratives offered by Tomas and Per we can thus gain an initial insight into the dual capacity of the white cane. On the one hand it let users act in a way that, at least up to a certain degree, meets the normative standard set by ableist society. On the other hand, the aid simultaneously marks the user with a stigmatizing label that connect him with stereotypes associated with visual impairments and blindness.

The point of no return

Even if everybody does not react in the same way as the man in the story told by Per, it is often a sensitive point and difficult to suggest to users that they should start using the white cane. In line with this, my material is full of stories of other people who describe similar complicated feelings in relation to the white cane, of shame and a sense of being inadequate. This is also a well-known fact in the literature that discuss how visual impaired persons try to deal with an object that is as much an everyday aid, as it is a powerful symbol for their deviance from “normality” (Conrod & Overbury 1998, Hogan 2012, Hersh 2015, Dos Santos et al. 2020). I will therefore recollect some of the findings from my ethnographic fieldwork at the Centre.

The idea of the activity ‘White Cane Group Discussion’ is that the participants can support and inspire each other. During my participation in the activity, all those who were taking part were asked to introduce themselves briefly and tell the others about their past and present relation to the white cane. ‘I was ashamed’, one of them says, and discusses this further:

I don't know, I think it was embarrassing not to be able to see anything. I grew up in the city centre and I know a lot of people. All the people I met saw the cane and realised that something was wrong and came up to ask. Before that, one would have looked as if one was completely confused or drunk or something like that, because of not being able to move around properly, walked into posts and the like. People wondered what was going on.

Another participant, Liselotte, says she has long felt uncomfortable about being seen with the cane. In this case, however, the unease did not just arise from the idea of people's belittling thoughts or people staring. Liselotte was afraid that the white cane would actually provoke more forceful reactions.

And so I trained a little bit there, like, but it was extremely difficult, and I thought Noo, no, I won't use the cane. And what I think is the most challenging is that I feel like, it's that stigmatisation. I think that I'll be assaulted, robbed, that people will sneer at me or spit on me ... I mean whatever ... that this would happen when I'm using the cane. So I still find it terribly awkward. I've tried joining a white cane group and I have tried, but it's tremendously difficult to use.

Even at other vision rehabilitation groups, a recurrent theme of the conversations was about people avoiding the white cane in various ways. Sometimes it was like the example above, when somebody described the problems of the white cane, or elaborated on the negative and stigmatized reactions that the aid might arouse. But there were also stories about how people had changed attitude; they had ceased avoiding the aid and started to use it instead. A common storyline in interviews and other presentations was a kind of moral story involving various accidents, which caused the participants to realise that it really was time to put internal reluctance and fear of public shame aside, and start using the white cane. Somebody had recently fallen into the water from a quayside and almost drowned, somebody else had narrowly escaped being run over by a bus.

Acceptance narratives involve a certain type of storylines, a specific genre; these revolve around the communication of a *turning point* when the person telling the story was finally struck by the realisation of the severity of the situation (Polkinghorne 1991; Charon 2006). Typically, the story starts with an introductory list of examples of the things the person previously did to avoid using the white cane. Thereafter follows an expressive and quite often somewhat comical account of all the problems or accidents that were the result of not using the cane. The conclusion of this triadic narrative is that the person describes the growing realisation that it was time to face the problem; the unavoidable could no longer be postponed. The white cane was the only alternative. Again, I will let Tomas speak:

I hurt myself rather a lot for a while, when I was not using the cane much. I have lots of old scars on my head. There was a particular time when I thoroughly realised. It was perhaps five years ago. I was at Södermalm [part of Stockholm] without a cane and had to pass some scaffolding. For some reason, an iron bar was sticking out, and I fell over it and knocked my head on the street and passed out, half past twelve at night, and people just passed by, here's someone who has had too much booze, like. Well, I came round after a few minutes with

a bad gash on my forehead and whatnot, and I got home and then I understood that I can't keep on like this any longer. I'll just have to get it right somehow. So I phoned here, (to the Centre) and tried out white canes for all occasions. A smaller one for indoors, a symbol cane, the longest possible telescopic cane. I like using it outdoors, it wouldn't break if somebody kicked it. I have white canes at work, several, I have them lying around at home, always near to hand, in the car. You need to come to a point when you realise. One can be rather block-headed and not understand. Then one doesn't know. It's completely new. One doesn't understand the white cane might actually be the solution to this, knot of anxiety. This resistance towards the cane.

Just like this episode, these are often retrospective stories looking back at a now happily ended stage of life for the user of a white cane. Consequently, it is a genre that is rich in drama and drastic turns, at the same time as it depicts a gratifying narrative figure for the storyteller: then stupid – now wise. The reason that this type of story is recurrent in my material is presumably that I am focusing on participants with experiences of a gradual decline of their former vision capacities. However, it also illustrates the considerable internal resistance towards the white cane that many of them previously felt, and the risks they have been willing to expose themselves to, rather than being seen in public with the aid.

Both experienced and less experienced users of the white cane describe the social vulnerability that is often involved in using the aid. Here, I would like to stress that for most of the interviewees the fear of stigmatization, or at least unwanted attention, is grounded in experiences. It is thus not just that visually impaired people are apprehensive that surrounding people will react in an awkward or negative way. On the contrary, it is primarily when they are using the white cane in public amongst other people that most of the narrators have experienced this type of incidents. Indeed, in most cases people step aside, although some are so busy with their mobile telephones that they walk straight into the cane. But the aid also gives rise to questions that sometimes are experienced as impertinent, or too persistent. A person who is using a visible white cane quite simply has to put up with being drawn into conversations about what it is like to be blind, or about how much or little one can see, if one needs help over the street, etc. You do not necessarily want to avoid these exchanges or encounters, but it would be preferable to be able to choose yourself when, and with whom, you have such conversations. Furthermore, several informants often mention the feeling that the visual impairment tends to take over, and force other sides of one's person to the side. In the study, the social strain can be described as in the following case.

One example is when you, well just yesterday on the tram I was, ... not confronted, I wouldn't say that, but approached by a person who sat opposite me and asked if I was blind and wanted to introduce some kind of discussion about it, how much I could see in the dark and that kind of thing. And I tried to be a bit dismissive and said... well I tried to signal that I wasn't keen on a conversation. A lot of people don't quite understand those vibes, and I have no difficulties in talking to people, strangers, but I think it is ... well, a bit intruding to start a conversation limited to just that parameter. I don't want to talk about it [laughs slightly], so to say. Or at a party or dinner, and you meet strangers and they start talking about ... "Well, can you dream if you can't see?" or whatever. I mean, perhaps I am there to have a nice time and talk about other things that I am interested in. I can talk about it and exchange ideas about my visual impairment with others in a similar situation, but I'm not keen on talking about it any time. It's a fine balance somehow, it is important to realise that not all people have the knowledge and understanding; and so one side of the matter is to help them to nuance it, but that can be a bit demanding, to stand up to discussions like that, you don't always feel up to it.

It is usually the sight of the white cane that arouses these kinds of intrusive questions and encounters, and it can therefore sometimes be a relief to put it aside. An alternative is to replace the aid with a living help that does not attract the same type of attention. During one interview, a female informant told me that she had recently had the opportunity to acquire a guide dog. Compared with the cane she felt that her new life with the dog was a substantial improvement. Not only was she quicker and safer when walking around, she herself was no longer the focus of the surrounding people in the same way as previously. Earlier, people often approached her when they saw the white cane to talk to her in various ways about her visual impairment. Now, attention is moved from herself to the dog instead, which she described as a great relief.

As stated earlier, for those persons who still hold some visual capabilities, the white cane represent a choice of a very fundamental, not to say existential, nature. By not using the white cane you become part of an ableist norm that lets you move around unnoticed amongst people. This constitutes the core of the contradictory relationship that the aid represents for its users. The white cane, which from the outset appears to be so well-suited for visually impaired people, is at the same time an aid that marks the user as a person who has some form of serious loss of vision. Hence, the white stick effectively prevents passing as a fully sighted person, which is just what many of the users want to strive for as far as possible.

From a critical disability study perspective, informed by the notion of ableism, this means that the aid places the user outside functionality norms that value and award physically able-bodied individuals (Michalko 1998, Garland-Thomson 2009, Titchkosky & Michalko, 2012 Minich 2016).

For the large group of users who have a progressive diagnosis and who's experiences and circumstances are primarily addressed in this article, the matter is further complicated by the fact that the white cane constitutes the ultimate proof that the disease has advanced to a critical stage. Having to use the cane also means being forced to admit, even to oneself, that one's own independence is threatened. From that perspective, it is not surprising that the staff at the Low Vision and Resource Centre have so many stories about people who want to avoid the cane as long as possible. The pattern that emerges in these descriptions depicts a range of different kinds of behaviour, all with the aim of concealing personal inability since it creates a sense of shame over one's own inadequacy. The cane marks out and verifies, it establishes the individual firmly in an exposed and subordinate social position. Consequently, it is the materializing of an ableist stigma: an easily readable attribute of what is seen as a negative social identity (Goffman 1963, see Conrod & Overbury 1998, Hogan 2012, Hersh 2015, Berndtsson 2018, Dos Santos et al. 2020).

“But you are not blind”

In the world of the ‘fully sighted’ it is common to think that only completely blind people need a white cane. The initial scepticism of Tomas about what people he knows would think of him when he unexpectedly turns up with a white stick is therefore completely understandable. They know that he is not blind. So why is he using a white cane? Tomas has learnt the hard way that there actually are people who are prepared to take an extreme view of somebody they think is using the cane to enact false blindness. During the interview he describes two such occasions. On the first occasion he was on his way home when he was stopped and then knocked to the ground by a man who said that he should not act the fool and pretend to be blind.

I was devastated when I got home, I can say. Somebody, who I knew superficially, thought that I was going around faking blindness when I wore my dark glasses because of the pain I had in my eyes. This was many years ago. 2009 or something like that but ... in the beginning of my white cane career. But it didn't quite help that he did such a thing. That was that for the cane. I just threw it away and went home [laughs]. No, but it was a bit like that. It was difficult.

Another time he was at a restaurant together with two girls who were also visually impaired. He was holding his white cane in his hand when they were listening to the music. Later on, when the other two got up to dance, he took the opportunity to visit the toilet.

I had been there before so I could find my way, so, when I came out there was a bloke, about fortyish, who asked what I was doing. “My daughter is visually impaired, and she is struggling” and bla, bla something. “I think it is bloody awful how people like you fool around playing blind at the pub just to gain benefits.” I was struck dumb! I couldn’t say anything, I lost my tongue. There are so many odd people who can spoil things so thoroughly. As it was, I had firm support from the two visually impaired girls and ... and it was two girls from the vision rehab and we were out for the evening dancing, and I really felt assaulted.

In the accounts of the two abusive men, the white cane becomes a symbol for something that Tomas is not presumed to be, namely entirely blind. Obviously neither of them had any idea that the white cane might be a necessary aid even for people who have low vision or residual vision. Instead, they presumed he claimed to be blind as if it was some kind of impersonation, like staging a bad joke in town, or to make it easier to talk to the young women at the restaurant. At least that was how Tomas himself interpreted their reactions.

Irrespective of the background to the men’s behaviour, these episodes elucidate another matter. Unlike other more obvious kinds of physical impairment, the loss of sight does not always show particularly. This is similar to other groups of physically impaired people, for example people who are deaf or have impaired hearing, and many people with some form of cognitive or intellectual impairment.⁹ For many visually impaired people it is not primarily the loss of sight but the white cane that reveals the condition.

This means that many visually impaired people face a concrete and recurrent choice during their vision rehabilitation. They can either start using the white cane at a certain point in time, or postpone using it, with all the difficulties and problems this might involve. As we have seen, the latter alternative might entail considerable risk, but is still a plausible choice.¹⁰

For some, this can mean an extended process of gradual acceptance of the white cane as a future option. Another of the low vision teachers that I have interviewed, who has a visual impairment herself, really just in passing mentioned that she ‘went around with the cane in her bag for five years’ before she finally decided to take it out for use.

To better understand the circumstances that hinder a thoroughly reasonable choice, as it looks from the outside, it is necessary to pay attention to the meaning that the white cane is ascribed by the users themselves (Berndtsson 2001, Hersh 2015, see also Scherer 1993, Grue 2021). Furthermore, it is important to take into account the full effects the aid has on the surroundings of the visually impaired person. The essence of the matter is that this is a transition from one social identity to another. One consequence of the aid is that it makes the user stand out amongst a crowd, and this in turn causes a break-down of the user's normality project. Whether they like it or not, the white cane forces the users into a new identity; the identity of a visually impaired person. The strong symbolism of the white cane gives it an almost existential dimension in that it imposes the necessity for users to confront their inability to pass as just anybody. The fact of no longer being able to manage without the cane is synonymous with entering a new, but also lower, social status; that of being a visually impaired person.

The introduction of a white cane may not only be a traumatic moment for the users themselves. During our interview, Sven, one of my informants tells me about his mother who could not keep the tears out of her eyes when he came home with a white cane for the first time. For the parent too, the presence of the aid meant that the son had reached the same kind of "point of no return" that was discussed in the previous section; an irrevocable change had taken place in his life, and could not be reversed. When Sven was confronted with his mother's strong reaction, he put the cane away and did not use it again for several years. With the aid out of sight the mother could pull herself together and put the son's impairment out of mind. Sven's own interpretation was that the cane, the object, was the main problem, his mother could not cope with the sight of it. The white cane was the visible proof of the visual impairment. It made the disease real, the threatening future for the son.

Advocating for the white cane

As stated earlier, for those persons who still hold some visual capabilities, the white cane often represents a choice of a fundamental, not to say existential, nature. By not using the white cane you become part of an upholding ableist norm that lets you move around unnoticed amongst people. This constitutes the core of the contradictory relationship that the aid represents for its users. The white cane, which from the outset appears to be so well-suited for visually impaired people, is at the same time an aid that marks the user as a person who has some form of serious loss of vision. Hence, the white stick effectively prevents passing as a fully sighted person, which is just what many of the users want to strive for as far as possible. From a critical theory perspective, informed by the notion of ableism,

this means that the aid places the user outside functionality norms that value and award physically able-bodied individuals (Michalko 1998, Garland-Thomson 2009, Titchkosky & Michalko 2012, Shildrick 2020).

For the large group of users who have a progressive diagnosis and whose experiences and circumstances are primarily addressed in this article, the matter is further complicated by the fact that the white cane constitutes the ultimate proof that the disease has advanced to a critical stage. Having to use the cane also means being forced to admit, even to oneself, that one's own independence is threatened. From that perspective, it is not surprising that the staff at the Low Vision and Resource Centre have so many stories about people who want to avoid the cane as long as possible. The pattern that emerges in these descriptions depicts a range of different kinds of behaviour, all with the aim of concealing personal inability since it creates a sense of shame over one's own inadequacy. The cane marks out and verifies, it establishes the individual firmly in an exposed and subordinate social position. Consequently, it should be considered the materializing of an ableist stigma: an easily readable attribute of what is seen as a negative social identity (Goffman 1963, see Conrod & Overbury 1998, Hogan 2012, Hersh 2015, Berndtsson 2018, Dos Santos et al. 2020).

Quite natural, the wish of the visually impaired person to pass as a fully-sighted person is a common feature of many of the narratives and ethnographic situations that all together build up my material. There are, however, also examples that clearly oppose such attempts to fit in with the vast majority. An alternative way to present oneself is as an individual with other kinds of qualities and valuable abilities (Frank 1999, Shakespeare 2000, Kafer 2013). Even if none of my informants speak of physical abilities in these terms, there is still an element in my material that can be interpreted in such an oppositional direction.

Tomas and Per, where the latter participate in the study both as a low vision teacher and as a person with own experiences of how to deal with a progressive visual impairment, no longer regard the white cane as an encumbrance or restriction. On the contrary, both of them now feel that they have taken command of the public exposure involved in the use of the cane. Tomas also explicitly mentions that his relation with the cane has changed over time. It has definitely not been an invariable relationship. Instead, he points out that his previous decidedly negative attitude towards the aid has shifted, and that he has now reached a point when he embraces the white cane as a necessary aid in everyday life as well as its associated visibility. Today, he has what could almost be termed an activist relation to his own identity as visually impaired or blind.

I have stuck to my cane for quite a long time now. It was really just the first two years that were difficult, I thought. Then I started, on principle, to hang out a lot, at restaurants, theatres, with other visually impaired people, only visually impaired people. There were three or four of us who began to see each other. But who will come along with us, I asked. Nobody! It shouldn't be more difficult for us to go out to eat, they'll just have to help us. That opened things up. Plenty of public places, with only visually impaired people and our own conditions of seeing, and it works. And the main thing, you have to have a cane, otherwise it isn't possible.

Like now, I am warm advocate for the white cane, sometimes I am a bit under-cover aggressive towards those who don't use a cane. Or not aggressive, but I urge them to try. The white cane opens up life again. We have to accept that we are visually impaired. Many people say that word is extremely awkward, but we have to accept the situation and carry on from there.

Among the other informants it is also possible to discern that a change in their attitude towards the cane is associated with a realisation of what can be regarded as self-evident rights. During the previously mentioned introductory meeting of the course White Cane Group Discussion, Lena also took part. She is a middle-aged woman who told us that she had long avoided using the white cane. Even so, she says that she is from a family where white canes were used. Several relatives had the same kind of eye disease as she has herself; amongst other people, her father. As a child she used to mischievously hide all the canes when the relatives were gathered. However, she adds, it is an entirely different thing to use one yourself. Thereafter, she tells her own story of changing her attitude.

This is a story in which her grown up son plays a central part. It was he who made her understand how she was behaving in town. Skilfully she enacts a brief role play for us, where she adroitly shifts between playing different people. It starts with a stern admonition from the son.

He said severely like, no Mom, you'll just have to decide. Now you damn well will have to stop it, they'll realise immediately why you are behaving so weirdly, you can't see it, you don't see all the odd faces: what, oh, oh I see, is that where she is going now, and oh dear, oh alright, and so on... Well so I just had to fold it out and cry, and he went with me and, oh dammit its nothing to be ashamed about, think of it as just being there, as if it were a long feeler of an insect. So I have slowly

more and more, and it is hardly ever folded up any more, because that, like, doesn't work. And I'm out late in the evening, and I go to pubs and ... the theatre and ... I'm not afraid of going out in the dark late at night.

Life with the white cane is not easy for Lena. Quite the opposite; what she describes is a physical battle, many times against adverse materiality. But, she says, it does not make any difference: 'I mean, I won't let go, I go out, I bang into walls and hurt myself, but I don't give a damn /.../ I jolly well will do everything I want to do, and the cane, I mean ... It helps me, at nights, evenings, at pubs, theatres.' She goes out even though it might result in cuts and bruises. At the same time, she is clear about it having been a strain, this project of embracing the white cane.

But of course, sometimes you feel, well now I'm one of those with lousy eyesight, but, well what the hell; like, should I conform and behave in an odd way instead. Is that supposed to be clever and sexy and cool, or is that really to walk safely. So I... I wear high heeled shoes and I just go for it [with the cane].

Nevertheless, the conscious use of the white cane – which is often mentioned as the right of visually impaired people to have a functioning everyday life – may also emerge as a newly won pragmatic attitude to one's surrounding world. Tomas relates how he was visiting some friends last summer, and quite unexpectedly a large number of visitors came. He immediately went into the house to fetch his white cane. Then he stood there with his cane in hand introducing himself as visually impaired. 'Even though it was a large garden and I didn't really need a cane there. But it is just as well to show them.' Previously, before he had come to terms with the white cane, his attitude was completely different. During the interview, he describes the many years when he actively chose not to use the cane. It was as if 'I wanted to shout out to everyone, dammit I can't see anything, I'm not drunk, I'm not stupid, I can't see! But I don't want to use a white cane!'

What these narratives shows us is how a person's attitude to the white cane often is not fixed but changing over time. Of course, this might be a matter of how someone is coming to grip with a gradually loss of eyesight. In that respect, the advocating for the white cane might be seen as another version of the earlier mentioned acceptant stories. There is however something more to it. In these later accounts we are not only introduced to a person that finally has decided to start using the aid, we are also presented to someone who deliberately has taken full command over the white cane. These narratives are thus intended to formulate an agency that include, and no longer tries to escape, the stigmatized identity that

comes with the cane. In other words, it is the transition from passing to claiming one's right to belong and participate in the world.

Coping with more than one body

One of the core features of the cane is that it produces an increased awareness around its user. Then, as we have seen, it is up to people themselves to do the best they can with this revealing visibility. For many people with severe vision impairment, but who also retain some residual vision, this means that they have to negotiate with their own body and its abilities. Sometimes you find yourself in a situation when you want to pass as a fully sighted person for some reason, for example if the social price for being classified as somebody with a disability is considered too high. Conversely, on other occasions, this physically normative version of your own person is replaced by a physical performance that communicates disability and a definite loss of vision. In other words, this concept of passing may also be a case of living up to other people's ideas for a moment, about what a 'proper' visually impaired person should look like and how that person should behave (Berndtsson 2001, Hammer 2012, Michalko 2017).

In this context, it is important to clarify that the white cane is often used in public places where the visually impaired person alternately inhabits different kinds of bodies. Firstly, there is an *imaginary* fully sighted body, which is associated with the desire not to be categorised as visually impaired or blind. Secondly, there is another body, existing simultaneously, a *real* body, which is instead characterised by its loss of vision. Presumably, this kind of split between an imagined versus a real body can be seen as a result of living with a visual impairment that is slowly becoming more severe over time, as is the case with the persons here in focus.

However, it is all too easy to regard the imaginary body as a much more able version of the real less able body, the disabled body. This might be the case in certain contexts when persons with visual impairment exert themselves to the utmost to pass as fully sighted. Nonetheless, many times this pair of concepts, the real versus the imaginary, does not quite capture the identity-related dynamics of the processes that are going on. In these cases, it is much more appropriate to say that the visually impaired person inhabits and enacts several different bodies depending on the situation.

On other occasions, it is the visual impairment and the actual development of the disease that cause the abilities of the body to vary; this might also depend on, for example, light conditions or just the general daily form. For many people with a progressive visual impairment, certain days are simply better than others. Several of my informants have mentioned that this can be confusing for other

people. The same person might, the one day be using a white cane, and the next day turn up on a bicycle to fetch their children at preschool. The hesitation that many people with acquired or progressive visual impairment feel about using the white cane should therefore be understood in the light of their day-to-day experiences of inhabiting not just one body but several different bodies.

Even so, it is a mistake to overlook the societal and structural level. To a great extent, it is also a case of which kind of person the surrounding world allows the visually impaired person to be (Michalko 1998, Titchkosky & Michalko 2012). Services such as guides, subsidised transport and guide dogs currently only have a limited availability. In combination with a physical environment that is rarely designed to suit people with failing or non-existent vision, this means that the mobility and the radius of activity is more limited for many people than it really ought to be. The result is that the same visually impaired body that would have been able to act independently and competently with the right kind of aid, is deprived even of these abilities. The obstacles that are created by the surrounding world change and reduce the visually impaired person to become a less able version of themselves, that is, a dis-abled person.

In this sense, real as it is, the reduced vision is not only an objective characteristic of the visually impaired person. On the contrary, it is also the result of the recurrent friction that occurs when a non-normative ability encounters cultural expectations that are manifested in, for instance, the way streets, shops and other public spaces are designed (Scherer 1993, Sandahl & Auslander 2005, Siebers 2008, Hansson 2020, Bylund 2022).

To embody the failure

Mobilising findings from a larger ethnographic study, especially interviews with people with severe and progressive visual impairment, this article has brought to attention the multifaceted attitudes that these persons tend to develop in relation to the iconic aid known as the white cane. The background is the distinct ambivalence that many of the users mention that they often feel in regard to the aid. Based on their personal experiences and narratives, it has been possible to cast light on the question of why many visually impaired persons have such mixed feelings in regard to their white cane. There is an important lesson to be learnt from these recollections of lived knowledge; because the fact is that from the users' point of view, there are plenty of difficulties related to the white cane.

A central matter in these considerations concerns the tension that arises between normality and deviation. Several of the informants in this study have been prepared to expose themselves to both serious danger and the prospect of other people's disdain, rather than being found out and revealed as blind, or as

a person with visual impairment. This includes such occasions like when Tomas walked into an iron bar in the street. Still other persons describe similar incidents, as when falling into the water from a quayside, or almost being run over by a bus.

It is the desire to live up to the idea of social normality that becomes unreachable when using the white cane. Going around with a white cane is just like shouting out loud that there is somebody here who cannot see anywhere near so well as other people. The white cane, as an aid, also becomes a stigma that points out and confirms visually impaired people's deviating role in relation to everybody else. In reality this means that the user of the cane is not included in a general sense of community shared by all who are regarded as physically able-bodied. A paradox is that this exclusion is a particular purpose of the white cane. Apart from making it possible to feel the outline of the ground and to read the physical environment, the idea is also to make the user of the cane visible for other people.

The result is that the self-evident value associated with able bodies in society today, which can be understood in accordance with current norms of having a serviceable and able body, also acts as a recurrent obstacle for the rehabilitation of individual people. A major reason is that social and cultural expectations of fulfilling bodily norms generate strong feelings of shame and of being inadequate amongst those who for some reason are not able to live up to the ideals. Conversely, many times the same conditions compel the visually impaired person, quite often against their better judgement, to try to pass as anybody, that is to say a fully sighted and 'normal' person.

The white cane is a simple and useful aid which improve orientation and mobility, it reveals contours, changes and the nature of the ground; it enables the visually impaired person to discover and avoid obstacles, and it reminds surrounding people to leave space and show respect. But this iconic aid also contributes to the establishing of social identities; it reveals embarrassing circumstances and agonising failures. Further, it causes socially stressful misunderstandings and demands for clarification concerning the loss of vision. Not least, the white cane affects the way visually impaired persons regard themselves and their own future. To summarise, on the one hand, the aid opens up the surrounding world, making it more accessible, and promotes equality. On the other hand, for many people, it acts in the opposite way and embodies their failures.

Considered from this perspective, the users' ambiguous feelings about the iconic aid appear to be an entirely reasonable reaction to a deeply rooted social conflict. The notion of such an invasive tension might be the shortest possible answer to the questions of why and how the white cane sometimes facilitates, and at other times hinders, the attempts of visually impaired persons to cope with their own being-in-the-world. What is demonstrated in the article is that over time

some persons with a former negative attitude may come to an ease with the aid, hereby successfully letting it be a useful tool in their everyday life. Yet again, as is also shown in the text, for others with also gradually diminishing visual abilities, the long-lasting reluctance of using the white cane is a case of not wanting to embody the failure to fulfil the compulsory norm of being able-bodied. None of these outcomes is not, however, what it must be like. For still other people, and indeed sometimes for the very same persons, the aid may be the perfect means to overcome the fear of stigmatizations and claim a new identity as visual impaired.

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Maria Bäckman is an associate professor in ethnology at the department of Ethnology, History of religion and Gender studies at Stockholm university. She is currently working on a research project on the complex relationships that many people with visual impairments develop to the white cane as an everyday aid. maria.backman@etnologi.su.se

Notes

1 I would like to thank the two anonymous reviewers for their careful reading and valuable comments on earlier versions of the article.

2 At the Low Vision and Resource Centre, the word user (sw. brukare) refers to persons who are registered in any way at the centre, or who use their facilities. Throughout the article, the word is used in this sense but also as a synonym for the user of a mobility cane. It should be mentioned that names of participators in the article are fictitious.

3 Visual impairments could also be considered a perceptual impairment since it deals with the senses. This line of thought is elaborated in Berndtsson 2018.

4 For an in-depth discussion on the social materiality of the white cane, see Bäckman (2019).

5 For a thorough description on how the concept of ableism has sprung out of critical disability studies, see Goodley 2014, especially chapter two.

6 Since the spring of 2012, I have a post-operative sight impairment with severe and permanent reduction of my field of vision in both eyes. For a thorough discussion of the autoethnographic aspects of the project, see Bäckman (2022).

7 The project is financed by the Swedish Research Council (project-ID: 2019-03068_VR) and has undergone a process of research ethics approval to secure that it meets the ethical standards set by Swedish Ethical Review Authority (sw. Etikprövningsnämnden). The complete name of the project is: "The white cane as a lived everyday reality. An ethnographic study of rehabilitation, social materiality and bodily norms".

8 See the following passage: "The methodology of disability studies as I would define it, then, involves scrutinizing not bodily or mental impairments but the social norms that define particular attributes as impairments, as well as the social conditions that concentrate stigmatized attributes in particular populations" (Minich 2016, para. 6, also cited in Schalk 2017).

9 This does not mean that low vision is not visible in any way. Certain eye diseases may change the appearance of the eyes, or the residual vision might require specific arrangements or positioning of the head to be able to focus.

10 Another option is of course to completely desist from moving around in unknown environments without company, or to restrict one's mobility in any other way.

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