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Crash: Disarticulations of a cycling collision

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Introduction

In 2018 I was hit by a car while cycling to work. I was heading in early to Birmingham City University's (BCU) City South campus on a sunny May morning to complete some marking that was due. It is a route I knew very well. I had cycled, ran, or caught the bus along this route most days in the 10 months I had been working at BCU. It is about 7 miles, cutting across the outer and inner suburbs of southeast and south Birmingham. By choice, this route largely avoided the city's tentacles, its main arterial roads that are densely packed in this area. Birmingham is not (yet) a particularly cycle-friendly city, however, so cutting across its edges as I was doing inevitably meant needing to negotiate these roads, and this is where it happened. About 2 miles into my route, I need to turn right onto the Stratford Road (the A34) at a traffic-light controlled junction. I am on the road for about 100 metres or so before turning off again. On the day of the collision, I remember approaching the traffic lights and noticing they were on green. I know from experience though that they do not stay green for very long, but I was moving at a good speed and hoped the downhill gradient would help in making the lights before they changed. I then have a hazy memory my attention on the lights being stolen by something unexpectedly moving in my periphery.

From here, I have no visual memory but I can still feel (and even re-embody) the next second or so. The bodily tension was all-consuming. My whole body squeezing, stiffening, bracing. Clutching the brakes with all I have. Internally screaming 'SHIT SHIT'.

Then. Nothing.

Like a clichéd film trope, everything is silent as my eyes slowly blink and the scene comes back into focus. I see the No.1 bus, which I occasionally catch to work. 'Why am I dreaming about the bus?' I think, 'I probably need to get up soon'. A realisation hits. I have already done this. I can remember getting changed, packing my bag, and tightening my helmet before I left (something I always found an unnerving coincidence). The angle of the scene suddenly appears strange. The orientation is wrong. The bus isn't moving, it's horizontal and I'm seeing it from low angle. I realise that I am the one angled-incorrectly. I'm on my side in the middle of the road. I touch the ground with my hand. It's real. What is going on?

I begin to turn and other senses now return. I feel the morning sun on my face and begin to hear a commotion of voices. One cuts through the melee. 'Don't move, don't move. Keep still. The ambulance has just arrived'. I'm not in pain. In fact, I feel very little. Nobody tells me I've been hit but I piece it together. I remember setting off on my bike and I am now in the middle of the road, in the recovery position, with the ambulance arriving. While I had no clue what happened exactly, I could suss the main plot point.

It turns out that I did make it through my lights on green and the car that hit me ran their red light at speed. The crash knocked me unconscious for about 20 minutes, broke both of my colour bones, and caused a bleeding kidney. Subsequently, I also experienced cognitive difficulties and psychological issues. I can tell you this with confidence now, over three years after the event, but I could not have told you then. This paper is about this experience, of being unknowing and broken, and the various processes of recovery and trying to put myself back together.

I am a disarticulated subject. And I've been on an ongoing journey of re-articulation since the crash. This has involved two distinct forms of disarticulation. The first is disarticulation as a separation at joints, which in this case is interpreted both literally in the medical sense of broken bones and in a wider, metaphorical sense of to break down, detach or undo. The second is probably best considered as dis-articulation and refers to a cognitive process of disrupting logic, becoming disjointed in understanding, or lacking a coherence in thought.

In this paper, I wish to offer initial reflections on the experience of being a disarticulated subject and the work, emotions and impacts of attempting to re-articulate. Given the wide-ranging effects and affects of these disarticulations, what I present here will be a swifter and necessarily limited account but one I hope demonstrates the potential for geographical scholarship of engaging with crashes, accidents, disrupted mobility, illness, trauma, amnesia, recovery and living with their aftermaths. The initial reflections I offer here will focus on three inter-related disarticulations and their re-articulations: bodily, logical, and practice. But first, a methodological note.

Methodology

It probably goes without saying, there was no prospective research planning for this project. Rather it is an opportunistic, retrospective and autobiographical exploration of events I had the misfortune of living. Broadly, I am considering this project as a form of auto-narrative inquiry, an approach that centres on stories as powerful insights into people's experiences and how they make sense of them (Allen-Collinson and Hockey, 2001; Given, 2008; Wang and Geale, 2015). Under narrative inquiry, events are understood as having a past, present and future that positions narratives as mutable and emphasises temporality (Lewis, 2014). Narratives are often pieced together through various 'tellings' of an event (Kim, 2016), which results in changing or evolving stories that people tell about their experiences. This is particularly apposite for dis-articulated experiences such as the amnestic cycling collision under discussion here. I still do not really *know* the collision in hard, irrefutable fact. I have my stories of what I *think* happened and how I understand the events *currently*. But these have evolved as the stories told by others (police, healthcare professionals, solicitors, witnesses etc) and other things (my video cameras, bike, helmet, clothes etc) have influenced my own narrative.

I have also come to realise that thinking, writing and talking about my experiences for scholarly purposes is part of this process too. Research itself is another re-narration, another re-telling of events that has, in turn, evolved the personal stories I tell of these experiences and fed into my logical rearticulation. This is well-noted within narrative inquiry but something I really felt in beginning to work on this paper, and even in formulating the initial abstract. How do you hold down and make sense of experiences that you don't understand, that are messy, slippery, and unknown to you? How can you present a clear, coherent, and articulate discussion of something that feels anything but and can be emotionally difficult to write and think about? Trying to do so has changed my relationship to the crash and the stories I tell about it. In relation to using traumatic experience as the basis for autoethnographic scholarship, Sophie Tamas (2009) asks what the impacts of 'telling our messy, unreasonable stories in a tidy, reasonable voice, and the consequences of becoming participantobservers in our own lives' are. While I have found the challenge of articulating the dis-articulate, trying to analyse the unreasonable a useful process in distilling, and even calming, my chaotic stories about the crash - it has helped me understand it - I too have found it difficult to express this satisfactorily in a way that does justice to the experience – the 'discursive norms' of the 'scholarly authorial voice' can serve to 'insulate us from our experiences' and limit the performative impact of our work and stories, as Tamas (2009) argues. In this paper, I am attempting to blend the helpfully rationale/impersonal with necessarily irrational/affective forms of expression that includes different styles of story-telling, videos and images. I hope this can help, both me and you, make sense of the experience of being a disarticulated subject without dulling its intensity, fullness, or liveliness. In speaking these stories, I may stutter, stall and catch myself. I can still struggle to talk about this and that matters. It is part of the story and its performativity.

Bodily disarticulation

The first and most literal form of disarticulation I wish to reflect on is bodily disarticulation, how my body went to pieces, and the embodied, emotional experiences of identifying and living with injury. In the crash, my bodily disarticulations were instantaneous but not immediately known. I was an unidentified disarticulated subject. This becomes the priority over the next few hours, a series of events I am the passive star of. Passive because I am not directing the action but mostly because (my) movement is potentially dangerous for disarticulations yet-to-be-identified. This was known even before medical help reached me. 'Don't move, don't move. Keep still.' I am swiftly immobilised by the ambulance crew; strapped to a board, head and neck braced.

I spend the next couple hours facing upwards, with a very narrow field of view to grasp what's going on. I feel more 'of body' than a fully-fledged human subject. I am prodded, probed, scanned, abstracted and re-presented in charts, data and images in any way deemed necessary. ECG, haematological investigations, CT scan, liver function tests, brain function tests, being wheeled between different areas of the hospital, sensed only by the passing of roof tiles and rumble of my trolley (though recorded on my still running GPS watch). This is a weirdly serene experience. The pain relief and my braced-horizontal position withdraw me from much of this and I feel little.

This does, of course, wane. The pain relief wears off and the swelling grows. Horizontally the pain builds but intensifies when movement is allowed. The CT scan has ruled out brain trauma, so I am debraced and slowly encouraged to move. This ranges from uncomfortable to excruciating as I experience different movements and my body's new relations to itself. Gravity, in particular, is vicious. Becoming vertical sharply brings my disarticulation into consciousness; my dislodged and broken collarbones no longer holding themselves and finding new, painful places to rest. My first attempt at standing results in throbbing agony, waves of wooziness, profuse sweating and a greening of my skin that promptly leads to a nurse hitting a panic button and extending my stay in hospital overnight.

I am discharged the following day and the letter I am given unambiguously details my disarticulations:

- Bilateral clavicle fractures comminuted on the right and avulsion on the left.
- Haematuria caused by bleeding kidney

The directness and lifelessness of the letter irks me. This medicalised narrative seems quite removed from what I was living, reducing the pain, suffering and emotional toil to a neat set of conditions. This is disembodied disarticulation – identified but not encapsulated. It is also interim. Further conditions will be added with time – post-traumatic amnesia, PTSD, vertigo, winging scapular, cognitive processing issues, mild head injury. My disarticulation has a clearly identified epicentre but its disarticulating aftershocks stretched out further across space and time.

Bodily rearticulation

Time was also the major element in my bodily rearticulation too. For the precise conditions I had, there is not much in the way of interventions that could be done. Surgery was discussed for my right collarbone but ultimately decided against. As such, rearticulation became a process much about waiting. Slings supported my collarbones initially, followed by physiotherapy to help regain strength and range of movement. Stillness, including two weeks of strict bedrest (in and out of hospital), was also needed stop the bleed on my kidney. But beyond that, rearticulating relied on my body's natural healing capacities and rhythms. This varied from a couple of weeks for some (bleeding kidney), multiple months for others (vertigo, cognitive processing issues, left collarbone) and multiple years for the rest (right collarbone, winging scapular, PTSD). Barring the bedrest, this was not a passive waiting, however. It required a lot of work from myself and others to monitor, assess and optimise recovery. I attended 35 medical appointment in the first 12 months following the collision, many of which were physically and emotionally painful, variously identifying the limits of what my body could do or scanning it which often involved an intravenous needle, something I do not get on well with. So, I was mostly 'waiting' to heal but this was a lively, animated, laboursome and often unpleasurable waiting.

In the views of the medical profession, I am now fully recovered, but problems and pain still perforate any sense of being a fully rearticulated subject. I have new bodily articulations and configurations that I am still learning to inhabit the world with. This is not always harmonious and persists the feeling of being a disarticulated.

Logical disarticulation

The second form of disarticulation I wish to reflect on is logical disarticulation, the experience of living with the effects of something I do not remember happening, and the confusion and distress of being an unknowing subject. This disarticulation feels the weightiest, sitting most heavily and enduringly in my collision experiences. It is a result of being knocked unconscious during the crash, or experiencing post traumatic amnesia, or maybe both. I am not sure. But the result was not knowing what had happened. From what I can tell, I am missing about 20 of arguably some of the most significant minutes of my life and I found living with (or perhaps without) this exhausting, particularly at the beginning.

Most immediately, I was preoccupied by what exactly happened and who was at fault. No-one was could tell me. There weren't any witnesses present and the driver's recollections (relayed through the police) were varying. It left me contemplating it repeatedly, almost urging myself to remember but unsure if I really wanted to. Was it my fault? Would I have jumped a red light? No, I'm sure I wouldn't have done. But is it impossible? This chain of thought kept looping through my mind, pulling at my attention day and night, confounded by the continual need to recount what I thought happened to medical personnel, the police, concerned friends and family. I knew I would find out. I had cameras on my bike that should reveal all but these were with the police and it would be 7 weeks until I got them back.

As these unknown events and possibilities relentlessly reverberated around my mind, they raised new questions I felt the need to know the answer. I became obsessed with knowing everything I could about the chain of events the collision catalysed. Three families members met the ambulance I was in at the hospital. How did they know? How did they get there? What did they think? How were they feeling? How did other people find out? Who told who? I'm not sure why I felt the need to know this. Maybe it's because I could and it offered a substitute for what could not be known. But my questioning, timelining, mental mapping of how it all happened bordered on obsessive, kept me awake at night, strained relationships, and contributed to cognitive processing issues.

Being an unknowing, logically disarticulate subject was an overwhelming and limiting experience. This has subsided with time and re-articulated in various ways but was a defining experience for the first few months following the collision. There are still things I do not know that I find can unexpectedly seize my thoughts, but generally I have learnt to accept the unknown.

Logical rearticulation

My story of the collision is much fuller than it used to be, and even contradicts previous stories I told about it. The narratives told or suggested by a variety of other people, things and processes have informed my story and helped to produce some logical rearticulation but on occasion, also raising more further questions. My current story has been mostly pieced together over the initial couple of months following the collision.

- On the day:
 - 1. My injuries suggest I was hit on the right-side of my body but this does not explain my broken left collarbone.
 - 2. This is supported by the damage to my clothes also.

- 3. A photo of the car provided by the ambulance crew shows a smashed windscreen and dented roof, suggesting I 'bullseyed' the car (as the hospital staff termed it) and was thrown over the car where the break to the left collarbone may have been sustained.
- 4. The ambulance crew returned my helmet which was totally cracked on the inside, hinting at the impact my head took and the perils of what may have been.
- Returning home:
 - 1. Downloading my sport watch pinpoints where and when the collision happened, the speed I was travelling, how long I was on the ground for, and my heart rate throughout. I'm still not really sure what to make of this but I was pleased there was a continuous record of something during my unknown minutes.
 - 2. I search local news and Facebook resident groups of where the accident happened. Turns out I was in the ambulance for over an hour before it moved, during which a main arterial road into Birmingham was blocked at rush hour. People were annoyed but hoped I was okay.
 - 3. I have to write witness and victim statements for the police. This is the first time I really have to cement my story, which includes a lot of 'don't knows' and inaccuracies, as it turns out.
- Returning of bike and cameras from police 7 weeks after:
 - 1. The front wheel of my bike sustained the worst damage. It seems as though collision with was the side of the car rather than the front, which throws me onto the windscreen. This is why my legs came away unscathed.
 - 2. My cameras hold the key to the biggest unknown though. Pressing play on the video is the single most nerve-wracking experience I have ever had. Nerves for finding out who was at fault and for what the video would show. What if it causes flashbacks, unlocks memories I don't want, or is too visceral to watch? I maintain a laser focus on the traffic lights as I watch. I pass through on green relief. I hear my scream, a bang and then just see a blur. Slowing the video down reveals that I separated from my bike and am flung over the car, spinning and rag-dolling until I land back first. This is where I break my left collarbone and adds to the sense that I was lucky. My bag took the worst of the impact, saving my spine and more severe injury. Watching this was another disarticulated experience. I could see if it was me, but it didn't feel like me. I have no recollection of this occurring. I feel like an outsider watching this back.
 - 3. I now know what happened in the moment of the crash but the cameras also provide some insights into what else happened during the 20 minutes or so I have no recollection of. Unfortunately, the camera lands facing away from the action, so these insights are limited to interpreting the expressions of the gathering crowd and faint audio. Another obsession ensues in trying to mine this footage for all I can get from it. I watch the video on repeat until I am numb to it. I manipulate the audio to get clearer quality. About four minutes after I am hit, I can be heard responding when asked my name. This blew my mind. I thought I was totally unconscious for the entire time. I have a distinct 'coming to' memory, but perhaps I came to multiple times. In discussing this with my wife, we also figured out that I had given her phone number to somebody when I thought I was unconscious too. This disrupted a core part of my narrative and took me a while to come to terms with. But is not something I have been able to make any more sense of. Nothing I have done or obsessed ever revealed any

more about this and while it leaves my narrative incomplete I am learning to live with this disarticulation.

Practice disarticulation

The final form of disarticulation I briefly want to reflect on is how practices can break down following collisions and the work that can be needed to re-form them. I will focus on my cycling practice here, but it is interesting to note that the psychological issues developed as a result of the crash have caused the breakdown of other practices too, notably driving and passengering.

In short, I don't really cycle anymore, either for commuting or leisure. While the crash itself instantly disarticulated my cycling practices, physical, psychological and social factors have maintained this breakdown. Physically, my body needed to rearticulate and recover before being comfortable to ride a bike again, something hampered by ongoing kidney issues (unrelated to the crash). Psychologically, I was experiencing PTSD following the collision that has developed into a specific phobia of being in the road space with cars. The trust I have that people will follow the rules of the road and stop when required has gone. It has left me very fearful of being in the road and the prospect can fill me with anxiety. This is a fear both of being hit but also the aftermath and processes it catalyses. I now know what that can entail and am not keen to experience it again. This also plays into the social factors. I have seen the worry, stress and emotional toil being involved in a collision has taken on my family. I do not want to put them through that again so hold their fears alongside mine. All of which has made it difficult to get back on the bike.

Practice rearticulation

My cycling practice is slowly starting to rearticulate, however. I have done a bit of cycling and this is increasing due to changes being made to my practice. These can be effectively illustrated through the lens of Shove et al's (2012) Dynamics of Social Practice.

Firstly, the materials and stuff of my practice have changed, mostly to increase my confidence, safety and security when cycling. These have included space-time changes, seeking out quieter spaces and times in which to cycle and using more separated or off-road infrastructure than I would have done before. In fact, I only felt confident enough to go for my first cycle after the crash during the lighter-traffic of the first lockdown in the UK. Equally, what I want in a bike has changed too. I am less fussed by lightness, high gears and aerodynamics and more interested in feeling like I am stop quickly if needs be. Clip-in pedals have gone and disc brakes, wide tyres and a sit-up position have come in. Likewise, I have changed what I wear when cycling - no more sporty Lycra. In my mind at least, drivers may encounter me more carefully if I look less like a cyclist and more just like a person on a bike.

Secondly, there have also been competency changes needed to help back on the bike. Most notably here is the physical recovery and regaining of fitness needed after significant time off the bike. It has also been a process of learning to cycle with a new body configuration. Using an indoor bike (turbo trainer) helped to do develop this skill without needing to be on the road. Moving to outdoor cycling and the space-time changes I was seeking to where I cycles also required the development of new navigational skills. My mental map of where I thought was okay for me to cycle needed retuning and I learnt to use a range of new mapping technologies to do this.

Lastly, the collision and trying to get back on the bike have changed the meanings I associate with cycling. It has become more fearful and riskier to me now, which is proving a big barrier to overcome. Courses of counselling and cognitive behavioural therapy are helping to chip away at this, as does each positive cycling experience, but this representation of cycling still looms large. I have also tried to decouple from the sport or exercise meanings I used to associate it with. Seeing it as just a way to get around without concern for pace, speed or time has helped approach cycling as cautiously as I wish to currently.

This rearticulation is very much still in process and further changes and evolutions to the materials, competencies and meanings are likely. Some further supporting changes are likely to come in while other may fall away as my experience and confidence grows. For me at least, the rearticulation is taking work as well as time.

Conclusion

This is my first attempt at trying to understand, analyse and explore these experiences and events. Currently, it is a somewhat inward reflection on the experience of being a disarticulated subject and processes of rearticulation. It is mostly still trying to make sense of that before considering the wider debates this work could contribute too. There are some concerns in geography and mobilities I already think these experiences could speak to: theorisations of disarticulated, unknowing, amnestic subjects; maintenance of practices; disrupted mobility; accident and collision research; and the lived experience of ill-heath, recovery, and health in illness. I would greatly welcome any thoughts, questions or ideas regarding these next steps for the project.