DISABLEMENT IN PRINCE GEORGE, BC: A QUALITATIVE, HOLISTIC AND PARTICIPATORY EXPLORATION

by

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ABSTRACT

(dis)Abled people are frequently faced with barriers to their mobility when navigating the built environment, especially in colder climates; yet little is known about this experience in northern BC. Using downtown Prince George as a study area, my research examines the lived experience of (dis)Ability in a northern, ageing, resource-based city and seeks to gain an understanding of what barriers are, how they impact (dis)Abled people, and why environments are disabling. Using go-along interviews, I found that barriers are often characteristics of the built and seasonal environment. Although generalizations cannot be made between individuals, the results suggest that barriers are connected to the presence of ableism in society and negatively impact (dis)Abled people; participants described situations involving increased health issues, intense emotional stress and loss of autonomy. Exclusion, marginalization and discrimination are also uncovered as part of the lived experience of (dis)Ability in Prince George. I conclude that the first step towards an *enabling* environment is a social shift.

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GLOSSARY

Ableism: A process of discrimination resulting from any social relation, practice or idea which presumes able-bodiedness (Chouinard and Grant 1995).

Accessibility: There can be both an everyday meaning and a specific meaning of accessibility in different contexts. Generally, accessibility refers to the physical possibility to take part in, reach, enter or be involved in a desirable part of the environment (Stevens 264). However, in reality "[a]ccessibility is a relative concept, implying that accessibility problems should be expressed as a person-environment relationship. In other words, accessibility is the encounter between the person's or group's functional capacity and the design and demands of the physical environment" (Iwarsson and Ståhl 61).

(dis)Abled Person: Refers to an individual with an impairment who experiences disablement. The spelling emphasizes the oppression and dehumanizing situations 'disabled people' face on a daily basis, while simultaneously projecting the (dis) as enforced on the 'Able' person by the disabling (social, political, economic and physical) environment. This is further emphasized through the capitalization of the word able and the use of the lower case 'd' in (dis). The word (dis)Ability is based on the same definition.

Disablement: A socio-political process enforced on impaired individual which causes them to become 'disabled' (Verbrugge and Jette 1994).

Empowerment: "[A]cquiring the power needed to achieve and maintain equal rights and opportunities from the privileged (or dominant elite) that holds power over money, accessibility, freedom, peace, language, normative behavior, and everyday rights and opportunities" (Sherrill 55).

Impairment: A lacking of part or "all of a limb, or having a defective limb, organism or mechanism of the body" (Gleeson *Geographies* 25).

Intersectionality: A social science theory which stresses the relationship between, and interconnections of, different social categories (e.g. gender, race) (Valentine 2007).

Marginalization: A "complex and disputatious process by means of which certain people and ideas are privileged over others at any given time...[and where] any given group can be ignored, trivialized, rendered invisible and unheard, perceived as inconsequential, de-authorized, 'other[ed]" or threaten[ed]..." (Ferguson et al. eds., 7).

Place: A space which humans have attached meaning to in some way (e.g. the disabling environment): "[p]lace is how we make the world meaningful and the way we experience the world" (Cresswell 12).

Reflexivity: "Self-critical introspection and a self-conscious scrutiny of oneself as a researcher" (Hay 386).

Social Neglect: The withholding of or failure by a social environment to provide the proper or required care and attention to someone; a result of carelessness, thoughtlessness or indifference (Oxford 2012).

Space: Closely related to the concept of 'place', space generally refers to a mutually exclusive geographic area which has less human value instilled on it than place (Cresswell 10). The differences between space and place are highly debated and the two words are often used as synonyms (Johnston et al. 767).

Universal Design: A term synonymous to 'design for all' which "...represents an approach to design that incorporates products as well as building features which, to the greatest extent possible, can be used by everyone" (Iwarsson and Ståhl 62).

Visitable Housing: Housing which "has at least one no-step ground floor entrance, wider passage doors and a ground floor bathroom" (MyPG 65).

CHAPTER ONE: INTRODUCTION

Although the distinction is often lost in the complexities of everyday life, impairment and (dis)Ability (see glossary) are two very different concepts. Impairment is a lacking of part or "all of a limb, or having a defective limb, organism or mechanism of the body" (Gleeson *Geographies* 25). (dis)Ability, on the other hand, can be a "socially imposed state of exclusion or constraint which physically impaired individuals may be forced to endure"[1] (Gleeson *Geographies* 25). Although brief and simplistic, this definition of (dis)Ability gives depth to general understandings of (dis)Ability. (dis)Ability is not physical impairment itself, or an illness that can be cured, but a complex process which acts to constrain or exclude people through the reinforcement of constructed norms about ability. Geographers and sociologists have theorized about the specific causes of (dis)Ability[2] and, to date, it remains a contentious area of study. Many have also extended their analyses of (dis)Ability to explain why people are oppressed in this way and what aspects of the environment (e.g. social, economic, and physical) are contributing factors. Some suggest it is merely the social construction of (dis)Ability which causes disablement (Abberley *Disabled*), while others take a Marxist stance and suggest that the capitalist paradigm which only values productive bodies causes disablement. Regardless of which theory is chosen, (dis)Ability is the cause of a long history of physical, economic, political and social exclusion and oppression for people with impairments. These exclusions and oppressions have been examined in a variety of

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[1] This definition of (dis)Ability is aligned with the social model of (dis)Ability and is contested within the geographies of (dis)Ability sub-discipline.

[2] See Hedlund 2009, Nocella 2009, Valentine 2007, Mitra 2006, Tregaskis 2004, Mercer 2002, Marks *Dimensions* 1999, Gleeson 1999, Kitchin 1998, Crow 1996, Oliver 1996, Morris 1993, Lloyd 1992, and Abberley *Disabled* 1991.

environments by many geographers.[3] However, there are still several questions left unanswered about how disablement affects the lives of individuals.

Using the context of Prince George BC, my research examines the impacts of built and seasonal barriers[4] on the lives of (dis)Abled people, and explores what these findings suggest about the causes of the disabling environment. I also uncovered qualitative insights into what a barrier is, in contrast to much of the previous research which used quantitative techniques for barrier identification. This examination touches on three key areas: 1) the roles of intersectionality and *place* (see glossary) in barrier identification, 2) the roles of intersectionality and *place* in determining the impacts of barriers, and 3) the role of ableism in producing a disabling environment. My thesis discusses different theoretical explanations of disablement in connection to my findings on the disabling environment. The theories are further used to outline my explanatory framework—a holistic model of disablement, where a variety of aspects of the disabling environment are considered, in addition to the intersections of individuals' identities. The connection between policy and the creation of disabling environments is also explored, and the possible solutions to disablement in academic, social and political realms are discussed.

Research Questions

The purpose of my thesis is to explore, in depth, the lived-experience of (dis)Ability in Prince George BC, in order to gain insights into barrier identification, the impacts of

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[3] See Chouinard et al. eds. 2010, Casas 2007, Susinos 2007, Cameron 2006, Hastings and Thomas 2005, Valentine 2003, Imrie 2001 and *Ableist* 1996, Morris 2001, Butler and Parr 1999, Gleeson 1999, Kitchin 1998, Somerville 1998, and Abberley 1987.

[4] Refers to anything that stifles the mobility or access of a (dis)Abled person in the material world; it could be anything from an uneven sidewalk or an awkwardly placed snow pile to the willingness of the public to provide assistance.

inaccessibility, and the production of a disabling environment. The key research questions used to fulfill this purpose are:

- What barriers to accessing services in the built environment exist for (dis)Abled people?
- What are the impacts of barriers on the daily lives of (dis)Abled people?
- What is responsible for creating the disabling environment?

Guided by the above questions, the literature on disablement and the findings of this research, I argue that (dis)Ability is produced through multiple, complex factors and cannot be reduced to a generalized explanation or prescribed theory. Going beyond reductionist interpretations of disablement, my research integrates physical evidence of barriers with qualitative insights into disablement in an attempt to ground theoretical explanations of (dis)Ability with the lived experience in Prince George BC. This thesis also sheds light on the underexplored area of the impacts of northern Canadian climates on (dis)Abled people. Overall, however, the major concern of my thesis is to enhance an understanding of the lived-experience of (dis)Ability in Prince George and to raise awareness about what ableism is and how it impacts individuals.

Working within the sub-discipline of the *Geographies of (dis)Ability*, the following pages situates this exploration of (dis)Ability within the context of Prince George – an industry driven, ageing, northern City in British Columbia – home to many (dis)Abled people (*Chapter Two: Study Context*). This contextualization situates the production of the disabling environment in the various characteristics that make up this *place*. *Chapter Three: Literature Review* examines different theoretical perspectives of (dis)Ability, the role of *place* and *space* in disablement, previous studies of (in)accessibility and current methods for undertaking *enabling* (dis)Ability research. This review functions to draw out the connections and disconnections of Prince George, and this thesis, to the current *Geographies of (dis)Ability* realm of research. Then, in *Chapter Four: Methodology and Methods*, the various qualitative methods (Go-Along interviews, questionnaires) and quantitative methods (barrier mapping, barrier identification and barrier classification) used during the research component of this project are explained. This chapter opens with a discussion of the importance of connecting an *enabling* approach and participatory methodology to this project. The fifth chapter, *Analysis*, outlines the various ways inaccessibility in Prince George has impacted the lives of (dis)Abled people and the barriers which exist. Following this section, *Chapter Six* provides a discussion on the production of the disabling environment. The concluding chapter of my thesis reflects on what emerged from this research and explores how to move forward in local communities, academia, and political life.

CHAPTER TWO: STUDY CONTEXT

Introduction

Experience is always contextual and nowhere is this more relevant than in our geographic experience. Understanding the context of Prince George, including its history, development, climate and so on, is integral to a more holistic understanding of the lived experience of (dis)Ability in place. As Carmalt asserts, "[s]ituating any issue—from education to voting—in its local context involves more than pointing it out on a map, but rather also requires a detailed examination of the trade arrangements, political forces, social influences, and environmental factors that influence life in that particular place" (71). In light of Carmalt's comments, and in order to properly situate the latter discussions of (dis)Ability, the following chapter will consider the contextual characteristics of Prince George which has potentially turned it into a contemporary landscape of disablement.

Historical Geography: "Before the Pulp Mills"

Formerly known as Fort George, the City of Prince George is located on the Nechako Plateau, west of the Rocky Mountains and just south of the geographic centre of British Columbia (Halseth et al. 20; Curry and Llewellyn 71). In the traditional territory of the Lheidi T'enneh First Nation, the City was developed at the forested confluence of the Nechako and Fraser Rivers (Tallot 160). It is no coincidence that Prince George was established in such an accessible location; these geographic characteristics of Fort George were integral for its development and are still defining factors of its successes to date, (Tallot 161). Although now known as 'B.C.s Northern Capital' (Halseth et al. 20), Prince George began its development in 1807 as merely a trading post (Tallot 161). However, soon Prince George's wealth of natural resources and strategic geographic location led to over a century of forest industry development and the in-migration of populations in search of new economic opportunities (Halseth and Halseth eds. *Prince* 7). Prince George's geography has also played a role in the fruition of several other important historical events that mark the transition from a trading post to a regional urban centre (See Table 2.1).

Table 2.1: Important Historical Events

1914	Grand Trunk Pacific Railway connection completed
1915	Incorporation of Fort George (name soon changed to Prince George)
1920s - 1950s	Forestry, logging, and sawmills
1952	Pacific Great Eastern (BCR) connection completed
1966	PG Pulp and Paper Mill / Northwood Pulp Mill
1968	Intercontinental Pulp and Paper Mill
1975	Major City boundary expansion
1990	Announcement on founding UNBC

Source: Halseth and Halseth eds. *Prince George: A Social Geography of B.C.'s Northern Capital*. Prince George: UNBC Press, 1998.

In the early 1900s, steam ships began docking on the village shores, a wagon road was completed connecting Fort George to Quesnel and the connection of the Grand Trunk Pacific Railway was finished (Halseth et al. 23; Boudreau 7). This transition, however, was not an easy one for developers. In 1909 the subdivision of Fort George into property began (Halseth et al. 23), and so began the difficulties of town planning and development in Prince George:

> It was a frontier town in the fullest sense of the word. Consider the situation and conditions, then you can gain some idea of the formidable nature of the task confronting the builders in converting into a hive of industry what had been forest since British Columbia was molded (Tallot 163).

The task of town planning was further complicated by the decision of the Grand Trunk Pacific Railway to locate their rail yards at the confluence of the Fraser and Nechako Rivers, which coincided with the Lheidli T'enneh Indian Reserve; but, "[a]fter much financial and political maneuvering, the Indian Reserve (533 hectares) was purchased (except for the cemetery of 0.91 hectares) for $125, 000 in November 1911" (Halseth et al. 24). This event was just one of several future complicated town planning issues. Other issues arose in the time prior to WWII when Prince George experienced several periods of growth and decline. The City was not always prepared for growth and, as a result, much of the urban expansion from this era is characterized as occurring "in a sprawling and unmanaged form...", further complicating current town planning (City of Prince George *Official* 11).After the completion of the Grand Trunk Railway, sawmills began to surface along the route attracting young male workers (Halseth et al. 25). As a result of these new migrants, Prince George also became an entertainment center, with a host of hotels, saloons and theatres to serve the working populations (Halseth et al. 25).

Although populations declined at the onset of WWII, numbers again increased with the establishment of a military base which brought approximately 6,000 troops to the region (Halseth et al. 25, Christensen 44). The highway westward from Prince George to Prince Rupert was also completed in the 1940s, attracting more people (Halseth et al. 25). As a result, Prince George became a service center for northern BC and continued as such, even through the decline of the Depression. In the decades following WWII, individuals continued to migrate to Prince George in search for work, often relocating their families (Warner, Giese and Grieves N.D.). Work was generally found in the forest industry, construction and various service positions; however, in 1966 this began to change with the introduction of the pulp and paper mills and a new era of employment (Christensen; Halseth and Halseth eds. *Prince* 18).

The Height of Development (1966-1979)

With the introduction of the pulp and paper mills, Prince George continued to develop and grow. During this era of development the City eventually managed to gain control over land use planning. In 1975 the Provincial government mandated a significant extension of the Prince George city boundary, which included very large areas of surrounding lands (City of Prince George *Official* 11). Two versions of the Official Community Plan were also adopted and emphasis was placed on "infill, limits to unserviced residential developments, promotion of neighbourhood plans, and an orderly progression of services" (City of Prince George *Official* 12). Much like other cities at this time, there was little focus on accessibility and (dis)Ability issues in these documents. It could be argued that even less attention was paid to accessibility in Prince George's expansionary years, as much of the population at the time was young and able-bodied; however, evidence of foresight on these issues remains to be seen. Despite the new focus on land use planning, the issues caused by the previous decades of unregulated growth (i.e. sparsely populated, geographically isolated areas around the city boundaries) were reinforced, during this critical 'boom' period, and remain (City of Prince George *Official* 11).

Economic development remained steady from the late 1960s until 1979. Growth in the City's service and industrial base characterized this period, which included development in forestry, transportation and oil and gas (Halseth and Halseth eds. *Prince* 18; Halseth et. al. 25). Like many resource-based communities, Prince George's successes are tied to the global market place and the inconsistent highs and lows of global commodity prices. These ties resulted in many of the economic and population booms and busts that continue to shape the city (Halseth and Halseth eds. *Prince* 18).

An Economic Downturn (1979-1985)

The early 1980s, for example, marked a bust period for Prince George—a downturn which would last several years and have lasting effects (Halseth and Halseth eds. *Prince* 23).

Due to international recession, the forestry manufacturing industry began to suffer, resulting in population and financial losses, and "…economic restructuring through the adoption of lean production techniques and an increasing focus on staples production" (Markey et al. 2008; Hanlon and Halseth 3). The recession, however, had effects well beyond the forestry industry; cutbacks and restructuring occurred in several sectors, especially in BC's social sector (Markey et al. 23). This often amounted to neoliberal promotion of service withdrawal, disguised as local government "enabling" (Bunting and Fillon eds. 40). The effects of this service withdrawal impacted many, from individuals to not-for-profit organizations and government run services. For (dis)Abled people, service withdrawal resulted in less government funded (dis)Ability services and a larger care burden placed on families (Jongbloed and Crichton 5). Social care activities such as personal care and daily living activities, for example, are integral to the health of (dis)Abled and elderly populations; however, funding for these activities were absent from most government budgets developed during this period (Hanlon et al. 467). Instead the responsibilities for these services were generally placed on the shoulders of female family members and in many cases have continued to reside there (466).

During this period the forest industry was shaken up by the shift from a Fordist to a Flexible mode of production (Ostry). This change resulted in the loss of employment for many local residents and "less revenue in the form of direct wages and municipal taxes from local mills" (Ostry 194). The combination of losses during this period resulted in reduced community and resource sustainability and viability (Ostry). The loss of employment caused the relocation of many younger Prince George residents and an ageing workforce began to emerge (Halseth et al. 28). Less employment opportunities during this recession also meant that fewer young families were migrating to Prince George. The overall population of Prince George was beginning to age in place.

Near the end of this era many regions of the western world began to shift focus to considerations of quality of life, well-being and meeting the service needs of individuals (Guillemin et al.; Guyatt et al.; Hennessy et al.; and Eyles and Litva).This is reflected in much of the literature from the late 1980s and early 1990s which began to consider (dis)Ability issues in the realms of employment, poverty and housing (see Jongbloed and Crichton 1990, Fitchen 1991, and Imrie *Disability* 1996). At this time Prince George did not seem to follow these trends, and despite the change in service provision and population structure, a policy focus on the well being of (dis)Abled people was absent. As evident in the following section, Prince George's focus on quality of life and well being did not emerge until much later and considerations of accessibility and (dis)Ability issues are still being developed today.

The Contemporary Context

Prince George presently boasts a population of 84,232 people (up 1.2 percent from 2006), and is ranked the 8th largest city in BC (Statistics Canada *Community*). Of this population, 11.6 percent of people are over the age of 65 and the largest cohort of people are between 50 and 54 years, a group most likely to be retiring in the next ten to fifteen years (Statistics Canada *Community*). In Prince George, as in much of northern British Columbia, "the historic pattern of growth through in-migration of young families has been replaced by population decline and ageing-in-place" (Hanlon and Halseth 2). Considering sixteen percent of current British Columbians report some sort of (dis)Ability (Statistics Canada *Participation*), and that between 54 percent of men and 57.8 percent of women over the age of 75 have a (dis)Ability, it is reasonable to conclude that the population of Prince George will experience growing pressure to address concerns of physical accessibility in the coming years (Statistics Canada *Canadians*).

Further complicating this situation are the current climatic conditions in the City. Prince George has a cool climate with short summers and long winters (Ryser and Halseth 35). A recent article on climate responsive design gave an excellent synopsis of Prince George weather, which emphasized the characteristics of Prince George which define it as a winter city:

> With a highest average afternoon temperature of 21.1°C during June, July, and August… Prince George is one of the coolest cities in Canada during the summer. The daily average temperature drops below 0°C in the period November to March. While Prince George ranks highly for the number of hours of sunshine during the summer months, it is one of the least sunny places during the winter. This is partly influenced by the short winter days, since Prince George is at latitude 53° 53' north. The city is also the eighth cloudiest city in Canada. The city receives an average of 600mm of precipitation each year. Snow comprises a proportion of this compared to most other cities across Canada. While the city receives an average annual rainfall of 418mm, it receives an average snowfall of 216 cm. Due to the mountains located to the east and southeast of the city, the prevailing light winds come from the south (Ryser and Halseth 35-36).

As evident in the remaining chapters of this thesis, climatic conditions such as these can create undesirable conditions for all residents, especially those with (dis)Abilities.

Prince George has evolved significantly since the 1980s. Much of the forest industry was consolidated by CANFOR Corporation, which still controls several mills in the region (Halseth et al. 32). Following this change, the City began to take shape as a retail, education and service sector hub for northern British Columbia, resulting in the emergence of several big box retail stores and the opening of the University of Northern British Columbia in 1994 (Halseth et al. 33; Hanlon et al. 910). Today Prince George boasts a variety of economic activities, modes of education, health care facilities, parks, recreation and sporting facilities, arts, culture, entertainment and community services (de. Silva and Stewart eds.). Contemporary Prince George is not, however, issue free. The previous era of restructuring, in combination with an ageing population, a colder climate, and a history of deficient social policy, has resulted in the accessibility problems identified in the latter sections of this thesis.

As mentioned, access for (dis)Abled people was not on the forefront of planners' agendas during these previous years of development. Amongst the details of this development, little evidence exists to suggest that access for (dis)Abled people, or the burgeoning ageing population, was a consideration at all. Only very recently has this begun to change. Accessibility was hardly mentioned in Prince George's 2001 Official Community Plan (OCP), a plan which details the City's direction, future goals and vision for the coming decade, in terms of growth management, environmental quality, and land use planning (City of Prince George *Official*). However, there has been specific attention paid to (dis)Ability issues in the new OCP approved April 25th 2012. The following section offers an overview and critique of the latest OCP, particularly in respect to (dis)Ability and enablement issues.

Prince George – Official Community Plan (OCP)

The latest Official Community Plan was developed through a strategic process of consultation and review guided by the *myPG Sustainability Plan,* an initiative utilized to frame the vision and objectives for future City development (My PG). The five stage process used to develop the OCP involved: 1) envisioning the future; 2) understanding the options; 3) choosing the future; 4) designing the outcome; and 5) making it happen. These stages also included three rounds of public consultation. The following reviews the *Built Environment, Transportation,* and *Social Development* sections of the OCP in terms of its inclusion of (dis)Ability related objectives and policies.

The Built Environment

The Design Policies and Objectives do not include a focus on accessibility/(dis)Ability issues; however, they do make extensive suggestions about (re)creating a more walkable Prince George, which could result in a more (dis)Ability friendly environment. Unfortunately, the specific focus on non-independently walking pedestrians such as those using wheelchairs or walkers is completely overlooked in this section. In fact, the proposed design manual has defined a "complete street" as one which excludes (dis)Abled people and only "accommodate[s] vehicle, pedestrian, and cyclist movement, and balance[s] the needs for movement with the need for pedestrian comfort, business access, amenity space, snow storage and runoff management" (My PG 122). There is, however, an objective that does directly relate to the aging population. Under the *Neighbourhoods* heading in the *Land Use* section, the second objective is to "[i]nfill and redevelop vacant and underutilized sites to meet the anticipated needs of an aging population" (My PG 100). The corresponding policy developed from this objective suggests the city should "[d]evelop a housing typology that meets the needs of Prince George seniors and that would be suitable for redevelopment of existing neighbourhoods" (My PG 100). Although this is a step in the right direction, the urban design policy still does not directly address the issue of accessibility or inclusive design in the built environment. Despite some considerations of accessibility, the present content is scattered and disjointed.

Transportation

The transportation plan for the City of Prince George attempts to address accessibility issues in transportation. Part of the first objective is to "[c]reate an accessible and equitable transportation system for users of all levels of ability and income" (My PG 119). Two policies correspond to this goal: policy 8.6.4 suggests that "[t]he mobility and safety needs of cyclists and pedestrians of all abilities are important considerations in the City's policies, budget, planning, engineering, maintenance, and development decisions" (My PG 120) and policy 8.6.22 states that "[t]ransit service should offer an attractive alternative to driving, with routes and schedules that are frequent, direct, safe, and convenient...[h]owever, transit service should continue to provide a basic level of mobility for seniors, youth, the disabled and others who may be dependent on transit" (My PG 123). Policy 8.6.38 and policy 8.6.39 also promote accessibility in Prince George by suggesting that "[t]he Pedestrian Network should be developed so as to be accessible to persons of all abilities through the provision of such devices as ramps, audible signals, and textured surfaces in the sidewalks" and "[e]very building to which the public is invited should have a safe, accessible and convenient connection to the public pedestrian network" (My PG 125). The future City transportation plan makes several attempts to address accessibility/(dis)Ability issues and looks promising for a more inclusive future.

Social Development: Housing

The plan for housing in the City of Prince George OCP is substantially different from the 2001 OCP and has a clear accessibility focus. The second and sixth objectives reflect this with goals "[t]o support development of a full range of housing types and tenures so that people of all ages, income levels and abilities have housing choices throughout the community" and "[t]o incorporate visitable or adaptable features in new housing and encourage rehabilitation of existing housing to accommodate people with mobility challenges and enable seniors to age in place" (My PG 65). These goals are further reflected in the following policies:

- 7.1.1 A housing needs assessment and a housing plan with clear priorities for affordable, rental and special needs housing will guide future City actions.

- 7.1.2 Monitor the stock of affordable, rental and special needs housing on a regular basis.

- 7.1.4 Educate the public about the need for a range of housing types and tenures to accommodate households with differing needs and resources.

- 7.1.11 Develop an Amenity Contribution Policy for affordable, rental and special needs housing in market or non-market housing developments. These may include incentives such as additional density or relaxation of parking requirements, where appropriate.

- 7.1.14 Seniors housing covers a range of housing options, for example it may be non-market or market and may offer a limited amount of hospitality services for daily living. Support seniors housing in all residential areas, and encourage it in growth priority areas where medical facilities, cultural activities, social services, shopping and transit are available nearby.

- 7.1.21 Visitable housing has at least one no-step ground floor entrance, wider passage doors and a ground floor bathroom. Incorporate voluntary or mandatory policy and guidelines for visitable housing in new single family and semi-detached housing.

- 7.1.22 Through incentives and other means, encourage visitable and adaptable housing in locations downtown, in centres and major corridors, particularly near public transportation.

- 7.1.23 Support a pilot project to promote rehabilitation of existing housing to improve accessibility or visitability (My PG 65-67).

These policy objectives and goals focus on catering to the needs of an ageing and (dis)Abled population and go so far to even suggest incentives for creating accessible or visitable housing. This suggests that the City is making a commitment to creating a more inclusive housing market.

Overall, the latest OCP reflects considerable efforts to making the City of Prince George a more inclusive place. However, commitment to (dis)Abled people is evident in other Prince George planning, legislative and policy efforts as well. The remainder of this chapter examines this commitment through a review of the City of Prince George Strategic

Plan, Social Development Strategy, Advisory Committees, Municipal Bylaws and Policies, and the Measuring up the North initiative.

City of Prince George Strategic Plan

The City of Prince George Strategic Plan is a document created to form a foundation for community engagement during the development of the *myPG Sustainability Plan*. The plan contains information on the City Council's priorities and areas of focus.

The current City of Prince George Strategic Plan describes its vision for the future as the following:

> [a]s BC's 'Northern Capital', the City of Prince George will be a vibrant, active and diverse community that provides a strong focal point and identity for the north, with a thriving economy that offers full opportunities for housing, education, employment, recreation and the cultural life of residents (City of Prince George *Strategic* 4).

Absent in this vision is any explicit commitment to (dis)Abled people or accessibility. It could be suggested, however, that an obligation to (dis)Abled people is implied through the suggestion that Prince George should offer 'full opportunities'.

(dis)Abled people are also excluded from a vision statement created by City Council to further the dialogue on Prince George's future (See Appendix A for this statement). There is, however, some mention of inclusion in goal eight (Creating an Inclusive Community) of the strategic plan which states:

> The City will create a healthy, inclusive and safe environment for all citizens, and continue to develop its Social Development Strategy as part of the myPG project. The City recognizes the responsibility and jurisdiction of senior levels of government within the social and multi-cultural areas. Our intention is not to assume those responsibilities but to collaborate in creative solutions at the community level with other government, advocacy organizations and service delivery providers. The City will enhance access to all types of housing and support the physical, mental and social well-being of *all citizens* through partnerships. The performing, visual, literary, and cultural arts will continue to be supported. (City of Prince George *Strategic* 8).

Due to the lack of specificity, it is unclear what the implications of this goal are for (dis)Abled people. It also does not cover a variety of access types, only mentioning housing. This is the only goal in this document related to the inclusion of (dis)Abled people. Thus, it is evident from the Strategic Plan that the creation of a more accessible environment is not a main priority or area of focus of City Council.

The City of Prince George Social Development Strategy

The City of Prince George Social Development Strategy is also a document created to form a foundation for community engagement during the development of the *myPG Sustainability Plan*. The plan contains information on the City Council's priorities and areas of focus relating to social development. This strategy includes the following policy statement:

> [t]o provide for our human needs and maintain a high quality of life for everyone, the City of Prince George is committed to a population health approach to social development. Population health is an approach to health that aims to improve the health of the entire population and to reduce health inequities among population groups. In order to reach these objectives, it looks at and acts upon the broad range of factors and conditions that have a strong influence on our health (City of Prince George *Social*).

Enhancing accessibility is a good health promotion strategy; therefore, improving access is key to maintaining a high quality of life for everyone (Kiernan and Harvey). Three of the seven policy directions included in this plan, deal with accessibility or (dis)Ability in some way: affordable, accessible housing; equity and inclusion; and health and wellness. These policy directions suggest that the Social Development Strategy could be aligned with the creation of a more inclusive Prince George; however, the specific mention of (dis)Abled people is absent from this strategy.

City of Prince George Advisory Committees

A City Advisory Committee is a collection of carefully selected individuals who provide advice and encouragement to City Council, other City Committees, City operations and the community at large on the matters specific to the committee (e.g. accessibility). The Prince George City Council appoints members to ten council committees and two mayor's committees each year. Out of the twelve committees, four had a mandate to deal with some sort of (dis)Ability related agenda: the Prince George Accessibility Advisory Committee, the Winter City Committee, the Advisory Design Panel, and the Mayor's Committee for Seniors Issues (now dissolved). The presence of City concern with ageing, accessibility and (dis)Ability issues is evident from exploring its advisory committees.

The Prince George Accessibility Advisory Committee

The mission of the Prince George Accessibility Advisory Committee is "[t]o remove physical and social barriers which impede the full participation of persons with disabilities and seniors in all aspects of community life" (City of Prince George *Council*). This committee exists to create a more accessible Prince George. Although currently functioning, the City of Prince George website is not updated on the committee's activities; the last annual report released by this committee was for 2008 and the last document released at all, inclusive of meeting minutes is from September 10th 2010, over two years ago.

The Winter City Committee

The purpose of the Winter City Committee does not appear to be related to making Prince George a more accessible winter city. Under the goals and work plan for 2010 section of their annual report the fifth goal states that "[t]he WCC will invite people to bring forward ideas or suggestions which will help improving accessibility and enhancing life in our winter city" (City of Prince George *Winter* 3). This goal can also be found in the 2008 report; however, the goal is not reflected in the agenda or completed items found in any of the past years meeting minutes. Finally, this committee is not affiliated with any national winter city associations such as the Winter Cities Institute (Patrick Coleman).

The Advisory Design Panel

A focus on accessibility is present in the Prince George Advisory Design Panel's mandate. The panel functions to " review development proposals with due regard to public health, safety, convenience, climate, *accessibility* and aesthetics, not only in respect to any proposed development, but also in the context of surrounding development and the total built environment" (City of Prince George *Advisory Design* 1). Furthermore, out of the nine members appointed to the panel there is one representative from the Prince George Council of Seniors and one from the Prince George Accessibility Advisory Committee. It is clear from examining recent meeting minutes, however, that accessibility is a topic of interest on the panel, but not the focus.

Measuring Up the North

The City of Prince George participated in an exogenous initiative aimed at promoting more inclusive community development. Measuring Up the North was a community based initiative with the goal of assisting "over forty communities to become livable, age-friendly, disability-friendly, universally designed, inclusive communities for all residents and visitors" (North Central Local Government Association 5). It also evaluated communities on the above criteria (e.g. how age-friendly it is). According to this initiative Prince George has taken several steps toward becoming more inclusive of elderly and (dis)Abled people. Prince George has "conducted a seniors housing survey… an assessment of all tourism related businesses, developed innovative accessible community gardens, established a program to make all bus stops accessible, developed a sidewalk rehabilitation program... update[d] curb cuts and sidewalks; [and has] received funding for a seniors' park" (North Central Local Government Association, 10). Additionally, in April of 2009, the Measuring Up the North conference was held in Prince George BC, at which eleven of the sixteen conference presentations focused on aspects of inclusive design or visitability (Measuring up the North Initiative). This suggests that the City of Prince George has made some efforts to become more accessible.

City of Prince George Bylaws

City of Prince George bylaws are municipal, public regulatory laws, passed by City Council, which apply only within the City boundaries and provide for the administration and enforcement of specific codes, procedures and regulations. A review of current bylaws reveals that there is no single bylaw which specifically enforces access regulations in Prince George. There are, however, a few bylaws that may be applicable to (dis)Ability issues. In section 2.1.7 (e) of Bylaw no. 7635 on development procedures, it states that "[t]he terms of reference may require the applicant to provide information on, and a systematic and detailed appraisal of:...(e) transportation including public transit, parking demand, traffic safety, pedestrian and vehicular traffic flow or operation, trip generation, site access and agress, network connectivity, and *accessibility*" (City of Prince George *Bylaw No. 7635* 8). Access, therefore, may be considered during the development of new sites in the City of Prince George. Accessibility is, however, only a recommendation and it is unclear as to whether this is a frequent consideration.

In section 5 of Bylaw no. 3302 on the general improvement maintenance and regulation of the City of Prince George it states "[o]wners or occupiers of real property in other than residential zones shall remove snow or ice from any sidewalk bordering such property, by 10 o'clock in the morning on the day following the snow fall" (City of Prince George *Bylaw No. 3320* 3). Although this bylaw does not specifically refer to (dis)Abled people, it can be used as grounds to justify the clearing of sidewalks in the winter season in order to sufficiently accommodate (dis)Abled people.

The 'Building Bylaw-Consolidated' number 5912 does not include any regulations on accessibility for (dis)Abled people. Although, as uncovered previously, policies on accessible/visitable construction do exist, the absence of a concrete bylaw may hinder accessibility in Prince George.

Finally, although the Official Community Plan is considered a Bylaw (no. 8383), there are several opportunities to amend sections of it for the purpose of development and its intent is merely to "guide decisions on planning and land use management within the City" and "does not have an immediate effect on property rights" (City of Prince George *Official* 2). Thus, it appears that a major commitment to accessibility is absent in Prince George Bylaws.

City of Prince George Policies

City of Prince George Policies are guiding statements, endorsed by City Council, used to outline the City's intentions and assist in decision making. The City of Prince George has recently updated its City policies. Of the twelve policies present on the City website, one is related to the creation of an inclusive environment, and can be applied to the inclusion of (dis)Abled people. The aforementioned policy is called the *Equity and Inclusion* policy and suggests that "[t]he City of Prince George is committed to ensuring all Prince George residents have equitable access to services, programs, and opportunities for participation in community life" (City of Prince George Policy 1). This policy may function to ensure access for (dis)Abled people.

Context Conclusions

Despite a long tradition of ignoring accessibility concerns, it is apparent that Prince George is now signaling an awareness and commitment to accessibility issues. However, as evident in the latter sections of this document, this commitment is not necessarily translating to accessibility on the ground. As a result of Prince George's unique contextual characteristics, accessibility will be an issue in the future. In fact, my preliminary discussions with (dis)Abled people in Prince George, and my own observations, suggested that accessibility issues already exist. To what extent these issues are prevalent, however, is yet to be determined. The remainder of this thesis will focus on what barriers to accessibility exist in Prince George and how these barriers are impacting the current population of (dis)Abled people. Before presenting the results of this study, the literature on disablement and (dis)Ability is presented to offer conceptual and theoretical context to this thesis research.

CHAPTER THREE: LITERATURE REVIEW

Introduction

In my exploration of (dis)Ability in Prince George, many causes of disablement arose, each tied to differing theoretical perspectives of (dis)Ability. This research starts with the assumption that (dis)Ability is not merely impairment, but a much more complex process carried out by society and situated in place. I intend to uncover not just deeper insights into what (dis)Ability is and how it is created, but how disabling environments are produced. Therefore, this chapter reviews the literature on theorizations of (dis)Ability, the role of *place* in disablement, previous explorations of (in)accessibility, and current methods of undertaking *enabling* (dis)Ability research. Each of these sections is tied together by the sub-discipline of the *Geographies of (dis)Ability*. The linkages between these sections are explored in addition to the research gaps that need to be bridged.

Geographies of (dis)Ability

The *Geographies of (dis)Ability* sub-discipline is growing into a diverse and unique area of study within human geography (Castrodale and Crooks). Interest in this area of study has been rising over the past two decades.[5] Since the late 1990s, academics have attempted to more clearly define this field and, as a result, many *Geographies of (dis)Ability* summaries and progress reports have been published over the years (see Castrodale and Crooks 2010, Crooks et al. 2008, Imrie and Edwards 2007, and Park et al. 1998). Most of the current reviews identify specific key themes and areas of interest which were also recently summarized in an edited collection titled *Towards Enabling Geographies: 'Disabled' Bodies and Minds in Society and Space* (Chouinard et al. eds.). This book organized the themes into

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[5] e.g. by: V. Chouinard, V. Crooks, I. Dyck, C. Edwards, B. Gleeson, E. Hall, R. Imrie, R. Kitchin, D. Metzel, H. Parr, G. Valentine, R. Wilton.

two waves of research beginning in the 1990s. All research in this field, however, cannot be classified by these waves or captured by their apparent themes, and research characterized as 'first wave' is still undertaken. The waves merely provide a useful organizing framework for examining this material.

Geographies of (dis)Ability research before the 1990s was sparse, inconsistent, disconnected, positivist and primarily focused on 'alleviating' (dis)Ability through the uses of devices, rehabilitation and technology (see Golledge et al. 1991, Gant and Smith 1988, and Hahn 1986). The 'first wave' of research beginning in the 1990s, challenged the conceptualization of (dis)Ability projected in this earlier research as impairment of an individual and instead emphasized the 'disabling' nature of the socio-spatial environment. Research at this time explored how the disabling environment is constructed through systematic forms of exclusion and oppression.[6]

The 'first wave' shifted into the 'second wave' when researchers began to recognize the importance of including the lived experience of (dis)Ability in their research, a sentiment shared by Kitchin (*Researched*). Kitchin, however, takes this concept of inclusion a step further. He argues for two forms of (dis)Ability research: research which adopts an inclusive research method and research which is action and politically orientated (44). Kitchin advocated for research which linked academic theorists, (dis)Abled people and on-the-ground activists (*Researched* 44).

Other work during the 'second wave' constructed policy recommendations, using 'first wave' critiques of the disabling environment. A broadening conceptualization of (dis)Ability is also a theme that emerged during the second wave and research began to

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[6] See Hall 2000; Gleeson 1999, 1996, and 1995; Butler and Parr 1999; Marks *Dimensions* 1999; Dyck 1998; Imrie and Kumar 1998; Kitchin 1998; French and Swain 1997; Gant 1997; Imrie 1997, *Ableist* 1996, and *Disability* 1996; Nutley and Thomas 1995; Butler 1994; and Laws 1994.

examine the body scale experience of (dis)Ability in more detail. Research also explored the increasing interaction between (dis)Abled people and technology, and investigated the current 'place' of (dis)Abled people in society (Chouinard et al. eds. 3).

There are four areas of research in this sub-discipline that are particularly relevant to the present research. These are: the models/theories of (dis)Ability (a mainstay of this sub-discipline), the *disabling environment*, accessibility research, and contemporary *Geographies of (dis)Ability* methods. Each will be examined in detail below.

Theories and Models of (dis)Ability and Disablement

As long as (dis)Ability studies have been undertaken, there have been attempts to define 'disability'. Confusion and debate about the term is pervasive in the academic realm and in mainstream society. As Hedlund suggests, 'disability' "...is used in many contexts as a catch-all category for different phenomena and different types of challenges that exist in society... [it] not only refers to naturally occurring conditions but to a diverse range of phenomena society understands as disabilities" (6). Debates, therefore, tend to occur, because defining 'disability' is far from straight forward; "a complex reality is encompassed with the term *disability*, and this complexity is far from easy to administer categorically in the policy arena" (6). Thus, there is no single theory or conceptualization to capture the complexity of 'disability'. The World Health Organization (WHO) has nevertheless officially classified 'impairment', 'disability' and 'handicap' in the following ways:

> *Impairment:* In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function...
> *Disability:* In the context of health experience, a disability is any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being...
> *Handicap*: In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents

> the fulfillment of a role that is normal (depending on age, sex, social and cultural factors) for that individual (Barnes and Mercer eds. 30).

The WHO definitions are criticized by many, including those engaged in the *Geographies of (dis)Ability* literature.

Many authors in the *Geographies of (dis)Ability* attempt to capture the complexity of (dis)Ability using models and theories. These attempts generally come down on one side of the social-medical model dualism.[7] The medical model of (dis)Ability views (dis)Ability as a personal problem in need of a solution, where (dis)Ability is "understood primarily, as a function or outcome of disease or malfunction of organic body parts that were, potentially, amenable to medical intervention and cure" (Imrie and Edwards 625). This model is aligned with the concerns of biomedicine, where the "detection, avoidance, elimination, treatment and classification" of impairment is a primary concern (Thomas 40). The medical model of (dis)Ability is rarely used in contemporary *Geographies of (dis)Ability* and is criticized for the lack of distinction drawn between impairment and (dis)Ability. *Geographies of (dis)Ability* academics suggest that this lack of distinction implies that (dis)Ability is an individual problem, caused merely by the presence of impairment in individuals: "the medical model 'locates the source of disability in the individual's supposed deficiency and her or his personal incapacities when compared to *normal* people'" (Gleeson *Geographies* 17). As a result, *Geographies of (dis)Ability* explanations of (dis)Ability have shifted away from this medical model towards more social explanations (see Chouinard and Crooks 2005, Gleeson 1996 and 1998, Imrie *Ableist* 1996, Oliver 1990, and Abberley 1987).

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[7] Refers to the dichotomy between the two models and the emergence of the social model of (dis)Ability as a reaction to the medical model. Each represent the far end of each side of a (dis)Ability model spectrum (Aitchison; Mitra).

Social models of (dis)Ability suggest "that many of the problems disabled people face are caused not by their impairments, but rather because society is organized in a way that does not take their needs into account" (Tregaskis 9). The social model of (dis)Ability asserts that *normal* human activities are not given, but constructed through non-impaired influences on social and economic environments (Gleeson *Geographies* 18). Thus, in the social model it is recognized that impairment and (dis)Ability are not synonymous because (dis)Ability is a societal construct.

Since the 1970s, many versions of the social model of (dis)Ability emerged[8] (Gleeson *Geographies* 18; Mitra 237). Each version focuses on different ways in which (dis)Ability is socially constructed; however, as we will see, critiques of each prevail.

A structuralist social model of (dis)Ability stresses (dis)Ability as a product of societal structures. It suggests that (dis)Ability is solely constructed through the reinforcement of social norms. This model, however, can run the risk of "reducing the entire experience of disability to macro social phenomena, such as the economy, culture, policy systems or institutional practices" (Gleeson *Geographies* 18). Essentially, the "structuralist fallacy" is the tendency to dehumanize situations and reduce the human experience to simply a product of social forces (18). This fallacy "relies on a *disembodied* form of explanation which denies that the human form plays a role in shaping social experience" (Gleeson *Geographies* 18-19). Indeed, by denying the realities of impairment structuralism has its issues as a social model of (dis)Ability.

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[8] e.g. the social model of the United Kingdom, the oppressed minority model, the social constructionist version of the United States, the impairment version, the independent living version, the postmodern version, the continuum version, the human variation version, the discrimination version, the structuralist version, the humanist version, the idealist version and the normalization version.

Humanism is an approach which focuses primarily on human values and concerns. It is an ambiguous term which stresses human commonality over material reality and affirms the notion of human nature (Gleeson *Historical*). This approach often comes up in geographies of (dis)Abilities when the issue of terminology is discussed. For example, in Canada the current politically correct term, *Person With Disabilities*, is used to "stress the humanity" of (dis)Abled people (Gleeson *Geographies* 19). This approach, however, is criticized for obscuring the oppression and dehumanizing situations that (dis)Abled people experience (Gleeson *Geographies*; Morris *Independent*; Abberley *Disabled* and *Handi*). Theorists have also taken issue with a humanist approach because it eschews "the importance of the body as a form of material difference in favour of a disembodied humanism which pleads for the equal treatment of social unequals" (Gleeson *Geographies* 20). Although intended to empower (dis)Abled people through stressing humanity, humanism may instead divert attention away from issues that need consideration.

Idealism is a philosophy which suggests that the human environment is the product of ideas and attitudes (Gleeson *Geographies* 20). As a social model of (dis)Ability, idealism places emphasis on "non-material dynamics (e.g. attitudes, aesthetics) that supposedly characterize the human experience of impairment" (Gleeson *Geographies* 20). This model, however, is criticized for having an 'interactionist fallacy', where consideration is lacking on "how these ideological realities are formed" and "the materiality of social practices (such as 'interaction')" (Gleeson *Geographies* 20). Thus, although idealism begins to unpack elements which construct (dis)Ability, it fails to look beneath the surface to the root cause of these constructs.

Normalization is a version of the social model of (dis)Ability, derived from the principle of social role valorization. It began as a way to use "'culturally valued means in order to enable, establish and/or maintain valued social roles for people'" (Gleeson *Geographies* 21). The objective of normalization, therefore, is to normalize socially *devalued* people; thus, as a model of (dis)Ability, normalization would overlook the differences of the impaired body and the physical realities of (dis)Ability and attempt to assimilate (dis)Ability into *mainstream* society (Tregaskis). This perspective, however, is criticized for assuming that abnormality resides within the disabled subject (essentially missing the point of a social model of (dis)Ability), and for failing to recognize that "humans are characterized by varying sets of needs which cannot be described through references to 'norms" (Gleeson *Geographies* 21). Similar to the above variations, as a social model of (dis)Ability, normalization is not without its issues.

Critiques of social models of (dis)Ability have also come from other areas of study, in particular feminism. Some versions of the social model of (dis)Ability are critiqued by feminists for their neglect of (dis)Abled people's subjective experiences (see Tregaskis 2004; Marks *Disability* 1999 and *Dimensions* 1999; Thomas 1999; and Morris 1996 and 1991). Essentially, this critique asserts that social models of (dis)Ability exaggerate commonalities between impairment groups (Mercer 235); however, "impairment is only one of a range of overlapping embodiments, including those defined by sex, gender, race and class" (Gleeson *Geographies* 32). (dis)Abled feminists have suggested that "disability research must widen its ontological gaze to incorporate the feminist maxim that the 'personal is political' and include the experience of both impairment *and* disability" (Mercer 234). (dis)Abled feminists also contend that past (dis)Ability movements were constructed primarily around the experiences of white, (dis)Abled men and similarly women's movements were constructed around able-bodied women (Lloyd). In response to this criticism, some academics suggest that explorations of (dis)Ability should be reframed to simultaneously examine the experience of gender and (dis)Ability together (Lloyd 207).

Intersectionality is a social science theory which stresses the relationship between different social categories (e.g. gender, race) (Valentine *Theorizing*). In feminist geography, considerations of intersectionality are recognized as integral to a greater understanding of the experiences of people (Valentine *Theorizing*). The neglect of the subjective experience in the social model of (dis)Ability can limit the opportunity for considerations of how one's identity can impact experiences of (dis)Ability (Tregaskis). (dis)Ability is a social category, just like race, class and gender; however, all too often (dis)Ability is missing from discussions of intersectionality, solidarity, unity, alliance politics, and social justice. As a result, (dis)Ability is viewed by many activists as merely "...a disease and/or illness not a segment of society with a culture, history, and social movement" (Nocella 152). Not only are social models of (dis)Ability lacking feminist considerations of intersectionality, but the study of intersectionality and social justice often lacks considerations of (dis)Ability.

In addition to the social and medical models of (dis)Ability, other models explaining (dis)Ability are explored in the social sciences. The 'relative model' of (dis)Ability views (dis)Ability as a result of a gap between presumed abilities, such as capacities or resources, and individual foundation (Hedlund 11). The relative model is essentially a combination, or compromise, between the medical and social models of (dis)Ability. This model suggests that (dis)Ability "arises because there is disharmony between demands to engage in some way and the opportunities of meeting these demands" (Hedlund 11). Thus, (dis)Ability cannot be reduced to simply medical, biological, or developmental factors alone, but is "the interaction between the individual's ideas and the demands placed on engaging with or confronting society or the physical environment" (Hedlund 11).

The cultural minority standpoint is another way of conceptualizing (dis)Ability used in the social sciences. From this standpoint, (dis)Abled people are classified the same way as cultural minorities, where the (dis)Abled person simply has practices or preferences that differ from the majority of people in society (Hedlund 12). This model suggests that "[t]hose who have not developed their sense or who do not uses their senses in the same way as others (e.g. those who do not use hearing or audiovisual means to communicate) are discriminated against by a majority who prefer this form of communication" (Hedlund 12). Thus, the cultural minority model presents (dis)Ability as a difference in ways of living or experiences, not as an imperfection or limitation.

Embodied historical-geographical materialism (also known as a political-economy or Marxist approach) is another analytical framework for examining (dis)Ability that emerged from social model thinking (Kitchin *Out* 344). As explained by Gleeson, materialists:

> argue that disability is a social experience which arises from the specific ways in which society organizes its fundamental activities (i.e., work, transport, leisure, education, domestic life). Attitudes, discourses and symbolic representations are, of course, critical to the construction of this experience, but are themselves materialized through the social practices which society undertakes in order to meet its basic needs.... Disabled people's social experiences... must rather 'be located in a framework which takes account of their life histories, their material circumstances, and the meaning their disability has for them' (*Geographies* 24).

As further explained by Oliver, through this model, (dis)Ability:

> ...is nothing more nor less than a set of activities specifically geared towards producing a good—the category of disability—supported by a range of political actions which create the conditions to allow these productive activities to take place and underpinned by a discourse which gives legitimacy to the whole enterprise (*Understanding* 127).

An aspect of this model is its problematization of capitalism as a creator of material conditions: "the fundamental relationships of capitalist society are implicated in the social oppression of disabled people" (Gleeson *Disability Studies* 196). Materialists view capitalism as the system which constructs producers and consumers and therefore excludes those who cannot participate in a traditional capitalist society (i.e. (dis)Abled people). As explained by Oliver, under a Marxist/materialist approach "...disabled people are socially excluded because they are deemed unproductive and so hinder the progress of capital accumulation" (Kitchin *Out* 343). Furthermore, as a result of a capitalist organization "[m]odern institutions, such as planning, architecture and social policy, have sought to contain such hazards [barriers] without addressing their deep-rooted political-economic and cultural foundations" (Gleeson *Open City* 256). By framing (dis)Ability in this way, we account for the complex realities of both the production of historical-material society and the production of space. This model of (dis)Ability is one of the more all encompassing models in existence.

There are also (dis)Ability approaches which find it necessary to combine previous models. As explained by Kitchin "[i]t is increasingly clear that the relationships between disability and society cannot be framed within either strict economic and political terms or purely socio-cultural process, but must encompass a mixture of the two" (*Out* 345). In a mixed, hybrid approach (dis)Abled people are excluded both as a result of a capitalist mode of production, and "...because of socially constructed modes of thought and expression enshrined in cultural representations and cultural myths" (*Out* 345). Kitchin suggests that it is the spatial manifestations of power within these constructions which have the true impact on (dis)Abled people:

> [t]hese forms of oppression are played out within space and are given context by space. Space is organized and written to perpetuate disablist practices. Society is socio-spatially organized to sustain hegemonic power within a nested set of social relationships at verying spatial scales. If we are to understand disability and the experiences of disabled people we must deconstruct the landscapes of power and exclusion, and the geographies of domination and resistance (*Out* 346).

Overall, it seems that there are many models which explain various aspects of disablement, each with critiques and issues. Despite some criticisms of the social model, it "has undoubtedly been an emancipatory concept in the lives of many disabled people" (Tregaskis 13). This is well illustrated in the following account by Crow:

> For years now this social model of disability has enabled me to confront, survive and even surmount countless situations of exclusion and discrimination. It has been my mainstay, as it has been for the wider disabled people's movement. It has enabled a vision of ourselves free from the constraints of disability (oppression) and provided a direction for our commitment to social change. It has played a central role in promoting disabled people's individual self-worth, collective identity and political organization. I don't think it is an exaggeration to say that the social model has saved lives. Gradually, very gradually, its sphere is extending beyond our movement to influence policy and practice in the mainstream. The contribution of the social model of disability, now and in the future, to achieving equal rights for disabled people is incalculable (1).

Moreover, many of the previous critiques arise only when models are taken to explain all aspects of experiences of (dis)Ability. Thus, it is important to recognize that these models are not intended to explain everything that is occurring. As Oliver, one of the founders of the social model, explains: "the social model was [never] designed to give a neat holistic explanation for all aspects of disabled people's exclusion, but was instead intended as a starting point for discussion of the issues" (Tregaskis 12). This point is reiterated years later by Gleeson on materialism: "... the *analytical framework...* is in no way a transhistorical, totalizing *theory of disability...*[it] is a method of enquiry that demands a critical and contextualized examination of how individuals, communities and institutions negotiate the conditioning influence of socio-cultural structures (themselves historically fluid) and thereby produce unique social spaces" (*Geographies* 35).

It is also clear that, despite discrepancies in approaches, "[a]n understanding of how disabled people have become marginalized and excluded within society cannot be understood without an appreciation of the socio-spatial processes that reproduce social relations" (Kitchin *Out* 344). Although many of the theories considered in this section do not fully explain the phenomena of (dis)Ability in mainstream society, each can be looked to as a starting point for further explorations and should be celebrated for their contributions, not just to a better understanding of (dis)Ability, but to expanding societal ideas about what it means to be (dis)Abled.

Disabling Spaces – Exclusion in the Built Environment

As discussed in the above review *place* has a distinct role in the disablement of individuals. This concept has been explored in great detail by several *Geographies of (dis)Ability* scholars in the past. As Imrie writes

> [a] long-standing part of urban studies is its interest in social divisions and differences in the city. From the formative writings of commentators such as Plato and Dante on the city, to post-structuralist concerns with social plurality and identity, processes underpinning the (re)production of divisions and differences have been of core concern to urban studies (*Barriered* 231).

Indeed, much of the research on the disabling nature of urban environments begins with the idea that places are produced or constructed, and have an ability to exercise power over populations. This concept is often tied to Lefebvre's 1974 work entitled *The Production of Space.* Although geographers have many different ways of conceptualizing urban places (see Hastings and Thomas 2005, Gleeson 2001, Imrie and Kumar 1998, Dyck 1998, Sibley 1995), many conceive "...cities as comprising barriered and bounded spaces, or spaces of exclusion" (Imrie *Barriered* 232). Gleeson, for example, adapts Ulrich Beck's theory of "reflexive modernity" to explain that modernization produces exclusionary institutions and places (*Disability* 253). He explains the "… ensemble of accessibility regulations and policies appears in the light of Beck's analysis as another regime of 'organized irresponsibility' that simultaneously controls and protects the forces that produce exclusionary places and spaces" (Gleeson *Open City* 257). The modern city, therefore, is characterized as an "architecture of apartheid" where only the needs of able-bodied people are secured and others are "exposed to social and environmental risk" (Gleeson *Open City* 258). To counteract these exclusionary forces, a "reflexive architecture" is needed, as it would broaden thinking about cities and "set the scene for new codes of social belonging" (Gleeson *Open City* 262).

Similarly, Hastings and Thomas explore how "the social construction of nation can privilege particular forms of embodied citizenship—namely, those associated with a normalized body form, which is contrasted with the impaired body" (527). They suggest that aspects of the physical environment's design and construction, defines the identities of inhabitants (Hastings and Thomas 529). These built forms and symbolic spaces also interact with our production of bodily norms to create and perpetuate the exclusion of certain citizens (Hastings and Thomas 529). Having an inclusive built environment, therefore, is essential to creating an "inclusive polity"; "… the built environment plays a key role in defining the ease with which those who are nominally equal citizens can actually exercise the full range of activities which constitute *de facto* inclusion in contemporary life" (531). Basically, if places are built with underlying generalization about whom the population is (i.e. able-bodied people), the result can be exclusion. For this reason, the authors conclude that "the notion of social embodiment should be central to explanations of the construction of national identity" (541).

Another element of disabling places is explored by Kitchin, who suggests that *space* is not a "passive container of life", but an "active constituent of social relations" which excludes (dis)Abled people (*Out* 344-345). He suggests that this exclusion is carried out in two main ways: (1) through spatial organization to "...keep disabled people 'in their place'" and (2) through the spatial transmission of social texts which "...convey to disabled people that they are 'out of place'" (345). For example, (dis)Abled people are kept 'in their place' when areas such as washrooms and doorways are for (dis)Abled people only, instead of being a universal space that everyone can use. Similarly, a (dis)Abled person receives the 'social text', via spatial transmission, that they are 'out of place' when they are confronted with infrastructure that was not built for them, such as a staircase or narrow aisle. As a result, forms of oppression and marginalization occur in, and are contextualized by, *space.* This disabling organization of *space* allows for the maintenance of power relations through a number of means (i.e. political means, social means, material means, violent means, and ideology or cultural imperialism) (Kitchin *Out* 346). (dis)Abled people are controlled through an exercise of power which acts to either keep them 'in their place' or feeling 'out of place'. The messages inscribed in *space* through segregationist planning techniques and inaccessible constructions, which project the aforementioned messages, result in various forms of oppression and marginalization. For (dis)Abled people, a 'landscape of exclusion' is created, "the boundaries of which are reinforced through a combination of the popularizing of cultural representations and the creation of myths" (Kitchin *Out* 351). To reinforce these representations, the (dis)Abled person is projected as the *other* and is taught that they do not fit in—they are 'out of place' (351). Kitchin declares that in order to understand (dis)Abled people and the experiences of (dis)Ability, "we must deconstruct the landscapes of power and exclusion, and the geographies of domination and resistance" (*Out* 346). Only once we confront the underlying messages transmitted to us through spaces, will we gain a greater understanding of how space shapes social relations.

Imrie also suggests that the physical layout of the built environment can create spaces of distinct demarcation and exclusion: "the socio-spatial patterns of ableist values are etched across the city in numerous ways, forming a type of architectural *apartheid*" (*Barriered* 232). He suggests that building control officers, planners and architects each act to construct spaces which lock out (dis)Abled people from apparently public spaces (Imrie *Disability* 1996). These segregated spaces prioritize the values and needs of the dominant able-bodied populations and as a result, (dis)Abled people go without accommodation and inclusion. Similar to Hastings and Thomas (2005), Imrie suggests that in order to deconstruct this exclusion and oppression, a focus is needed on both the (dis)Abled body "… and the diverse ways in which it is entwined with socio-spatial practices" (*Barriered* 233).

Although conceptualizations of *space* and *place* differ (see Key Terms section for the meaning within this thesis), there is consensus among human geographers that both have a considerable impact on the experiences of disablement for many individuals. Geographers also emphasize the way these places and spaces are not only shaped by, but also shape, how people are perceived and treated by mainstream society. Overall the disabling built environment is shown to be both produced by and producing (dis)Ability, making accessibility to places much more than just a physical characteristic, but a cultural, aesthetic and political phenomena.

(In)Accessibility Research

Accessibility is an area of interest in (dis)Ability studies that is explored from many different angles. Research on accessibility ranges from work on Geographic Information Systems (GIS) as a navigational tool for visually impaired people (see Golledge et al. 1991) to explorations of accessibility to explain social exclusion experienced by (dis)Abled people (see Casas 2007). Moreover, the impacts of accessibility are beginning to be explored, with focuses in a variety of areas, from physical health to emotional well-being (Fitzpatrick and LaGory 195). Accessibility is also a consideration for researchers looking at mobility for different populations (e.g. ageing, wheelchair users) and within a variety of contexts (e.g. North America, Australia, United Kingdom, Germany, Japan and New Zealand).[9] The experiences of (dis)Abled people with inaccessibility, however, are sparsely documented, with only a few exceptions.

One of the few studies to examine the experiences of (dis)Abled people with inaccessibility was carried out by Imrie and Kumar. They undertook an extensive research project to document the varied experiences that (dis)Abled people have with access in the built environment. They uncovered a multitude of ways that the built environment can be a signifier of difference, and produced ample insights into the experiences of (dis)Abled people with policy professionals and local authorities. (dis)Abled people experienced the built environment as a place of discomfort, an enforcement of inferiority and invisibility, a location of circumscribed social activities, a construction producing feelings of hostility, intimidation and other strong emotional impacts, and in rare cases a place of resistance (Imrie and Kumar). (dis)Abled people also expressed a variety of issues that arose during

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[9] See Marshall et al. eds. 2009, Wennberg et al. 2009, Stevens 2007, Thapar et al. 2004, Iwarsson and Stahl 2003, Neumann and Uhlenkueken 2001, Kaufman-Scarborough 1999, and Imrie and Kumar 1998.

altercations with policy professionals and local authorities. Participants stated that they lacked the ability to influence professionals, especially those with paternalistic attitudes and as a result their needs were often overlooked. They also explained that, even after consultation, many professionals still lacked a sufficient understanding of access needs and were inattentive to design details, sometimes even prioritizing concerns of aesthetics above those of accessibility. Each of these factors, in addition to others, led most participants to be highly cynical of technical fixes and resulted in a deficiency of activism among (dis)Abled people.

The other notable contribution to understanding the lived experience of inaccessibility came from Butler and Bowlby. They explored facets of the experiences of (dis)Ability, through considering the ways in which concepts of, and attitudes towards, (dis)Abled people affect their ability to move freely within the built environment. Specifically, the authors focus on the social attitudes towards disabled people in public places and argue that "disability theorists and disability activists need to develop the social model by rethinking the impairment and disability dichotomy and treating the experience of the body as the outcome of a reflexive relationship between bodily materiality and social process" (Butler and Bowlby 430). There are very few other research projects of this nature in the *Geographies of (dis)Ability* literature and, as such, the findings of the above are still referred to today.

There are, however, other studies which consider elements of the lived experience of (dis)Ability. Although not focused on accessibility, several authors have written on aspects of the lived experience of (dis)Ability with regards to marginalization, discrimination and the everyday hardships which (dis)Abled people face (see Radermacher et al. 2010; Knight et al. 2009; Pedersen, Andersen and Curtis 2012; Hall 2010; Milner and Kelly 2009; Lechcier-

Kimel and Saforov 2006). The most frequently mentioned hardships by these authors were various forms of social exclusion, social isolation and loneliness. Radermacher et al. explored barriers to social inclusion in community based planning activities and spoke to the exclusion and institutional discrimination experienced within (dis)Ability organizations. Knight et al. examined the experiences of (dis)Abled children and their families during out-of-school periods, finding a lack of social inclusion (defined broadly as "participation in the mainstream, 'normal' activities of society and making choices and decisions about everyday life") (Knight et al. 15). Pedersen, Andersen and Curtis discuessed the characteristics of social relations and experiences of social isolation amongst a greater degree of marginalized people, not just those with (dis)Abilities. They define social isolation as a "lack of social relations and a subjective experience of loneliness", but explain that the relationship between social relations and social isolation is not clear-cut (840-841). Hall also explains that exclusion and inclusion are not straightforward. He attempts to dissolve the previous ties of social exclusion, to merely issues concerning only poverty and unemployment. In a related area of study, Miner and Kelly explain that current spatial indices of inclusion are potentially oppressive to (dis)Abled people, by making generalizations about the way (dis)Abled people experience mainstream and alternative spaces. Finally, Lechcier-Kimel and Saforov find that those experiencing (dis)Ability as a result of chronic illness, are highly prone to loneliness in comparison to the general population. However, as Pedersen, Andersen and Curtis point out, "[s]ome studies conclude that loneliness and social isolation is common among socially marginalized… while others find that socially marginalized people are not especially isolated" (840). Thus, no generalizations can be made amongst all (dis)Abled people. There is, however, a clear indication in the literature that some (dis)Abled people do experience these hardships and they are, therefore, important aspects to consider in disablement research.

Outside of the lived experience of (dis)Abled people with inaccessibility, there are many examples of geography based work on accessibility and inaccessibility. For example, Alsnih and Hensher explored the mobility and accessibility requirements of seniors to gain an understanding of how to change transportation systems to cater to ageing populations. Instead of looking at seniors as a homogenous group, the authors split up the group into 'young elderly (aged 65-75) and 'old elderly' (over 75 years) in order to better understand the different needs of the sub-groups in this population (i.e. progressing health needs) (903). This empirical analysis of specialized public transportation from numerous western nations concluded that older drivers will become the norm in the future; thus, the goal should not be to push older people out of cars and into buses, but to better understand and support the mobility needs of a heterogeneous group of seniors in the future (Alsnih and Hensher 912).

In another type of accessibility analysis, Thapar et al. examined accessibility to public buildings through a comparison between (dis)Abled people and able-bodied people. They performed a cross-sectional pilot study using a survey with a four-member participant team consisting of a "mobility impaired person using a wheelchair, [a] mobility impaired person who was not a wheelchair user, [a] visually impaired person, and a control with no known impairments" (Thapar 280). The study assessed each participant's ability to complete tasks at 30 public buildings (time, distance, barriers and facilitators were also considered) (Thapar 280). Not surprisingly wheelchair users reported a lower task completion rate than the able-bodied people.

A similar study was undertaken by Gray et al.; however, in this study the aim was to "describe the development and psychometric properties of a self-report survey of environmental facilitators and barriers to participation by people with mobility impairments" (434). This study was undertaken in two phases: one to qualitatively develop the survey items, and two, to carry out the survey (436). This survey consisted of 61 questions, 133 items and six domains and was developed out of focus groups with people having lower limb mobility impairments (Gray et al. 434). The survey examined areas such as: the type of assistive device used, architectural features of one's home, physical features of the community, accessibility to community buildings and facilities, and social support networks. This survey tool enabled a deeper understanding into what (dis)Abled people perceive as facilitators and barriers to their participation in their communities; however, the authors noted that "it is not applicable to all impairment groups" (Gray et al. 442). The authors suggest that although the survey tool can be used to uncover the relationship between environments and (dis)Abled people, "[o]bjective measures of the facilitators and barriers to participation by people with mobility limitations are needed to evaluate the subjective findings" (Gray et al. 442). As evident in the forthcoming section, many GIS accessibility studies have answered this call.

During the last decade, research has also emerged in the realm of visitability. Visitability refers to a style of design based around homes being visitable by a physically (dis)Abled person. This generally involves having one level entry doorway, hallways large enough for a wheelchair to pass through and a wheelchair accessible washroom on the main floor (Canadian Centre on Disability Studies). Voodg analyses three approaches for evaluating visitability: legal arrangements, checklist evaluation, and cluster evaluation (22).

The legal approaches focus on prescribing standards and norms for the urban environment (22). Conversely, the checklist approach uses mapping to physically avoid built environment barriers. The cluster evaluation approach uses organizational learning and systematic change to enhance visitability (22). Voodg concludes that the population consists of many different types of people and future analysis' need to account for more diverse bodies and go beyond examinations of just wheelchair users.

Finally, research on accessibility is recently shifting away from focusing primarily on wheelchair users, to new identities of (dis)Ability. In 2008, an extensive study was undertaken in the Fraser Valley on scooter mobility, in an attempt to explore the recent rise in scooter usage in this region (Steyn and Chan). This study described and analyzed both user patterns and access issues of scooter users from the perspective of scooter users and stakeholders. Authors gained a greater understanding of the importance of scooters for those experiencing poor health and chronic disease/illness (Steyn and Chan 4).

Seasonality and Accessibility

In the *Geographies of (dis)Ability*, research on accessibility in winter-cities is rare, especially regarding northern Canada. Although some research exists on winter-city design in Canada (see Ryser and Halseth 2008, Givoni 1998, Matus 1988, and Pressman 1988), studies with a specific focus on accessibility issues for (dis)Abled people in Canada are sparse. Some geography literature in Canada, however, is beginning to emerge. For example, Skinner et al. (2009) considers the impacts of seasonality when examining the implications of weather in the provision of home and community care for children and adults with (dis)Abilities (see Skinner et al. 2009). Outside of Canada, however, the inclusion of seasonality in accessibility studies is more frequent (e.g. Wennberg et al. 2009, Völkel and Weber 2008); but, is not yet an established theme in the *Geographies of (dis)Ability* literature. For example, a 2009 study from Sweden uncovered older people's perceptions of the outdoor environment in both bare-ground and snow/ice covered conditions. The purpose of this study is to describe the needs of older pedestrians, using focus groups, participant observation and questionnaires. Apparently, "older people consider accessibility/usability issues as very important and this importance depends on such individual background variables as age, sex, occurrences of functional limitations, use of mobility devices, and dependence on walking as transport mode" (Wennberg et al. 277). In terms of winter findings, the study suggested that ice prevention was perceived to be more important than general snow removal, but an emphasis on detailed snow removal (e.g. removal of snow heaps on pavement and crosswalks) emerged (Wennberg et al. 277). Since few other studies consider winter issues in such detail to date, this research may prove very valuable for informing future research and policy initiatives in winter-cities.

Accessibility Research and Technology

Enhancing accessibility through the use of technology is a growing theme in the *Geographies of (dis)Ability* (Crooks et al. 885). In the 1980s, there was a great deal of optimism about the potential for technological advances to liberate (dis)Abled people; however, much of this optimism has been replaced with concerns about the design of, and access to, current technology, in addition to "the *disabling* character of some technological advances" (Crooks et al. 885). Golledge and Marston, for example, have been working on navigation systems for people with visual impairments for a number of years (Crooks et al. 885). Recently, however, they have shifted their concerns from the creation of new technology to the usability of current applications and to the development of new user interfaces (Crooks et al. 885). There is, of course, still a great deal of research needed to increase the accessibility of technology created to assist (dis)Abled people (Crooks et al. 885).

GIS is a form of technology often employed to explore accessibility, and there are many examples of this in geography. Much of the work on GIS identified access barriers for (dis)Abled has been undertaken within the last decade; however, there are studies from as early as 1991 which consider GIS as a navigational tool for vision impaired people (see Golledge et al. 1991).

In 2002, Meyers et al. produced one of the earliest studies to quantify accessibility in the built environment. Their study measures the frequency to which adult wheelchair users arrive at, or fail to arrive at, destinations. Meyers et al. quantified encounters with environmental obstructions and examined several related facilitators of access such as human, environmental and technical supports involved in reaching destinations. Although this study does not specifically use GIS, its barrier quantification framework set the groundwork for many future GIS accessibility studies and thus represents a starting point in technological accessibility literature. From here, one of the earliest GIS accessibility studies was undertaken in 2004 by Suxia, who developed an integrative GIS approach. This approach takes four steps in analyzing accessibility: "concept formulation, measure selection and specification, accessibility measurement, and interpretation and evaluation" (Suxia 47). Using these steps Suxia created an integrative GIS tool called ACCESS (47). Although this process does not account for the experiences of disabled people thus far, it is suggested that ACCESS has future potential to examine individual accessibility. In the future, this could inform a tool that is inclusive to (dis)Abled people as individuals, instead of as a homogeneous group.

The following year, Matthew et al. created a GIS program based on a study which developed, tested and applied a GIS access model with wheelchair users. The resulting program aids wheelchair users in making informed decisions on route choices in urban places by acting as a navigational device. Matthew et al. suggest that their tool can be used to illuminate the ways in which the built environment can be oppressive and disabling for wheelchair users.

Original research in this area has also been performed by Sobeck et al., who outline the creation and execution of a web-based system which could actually analyze pedestrians on their abilities in order to create an accessible route for them. In doing this, Sobeck et al. classify 'pedestrians' into three different categories: peripatetic, aided mobility and wheelchair users. This was one of the earliest articles to classify route choice on the basis of individual mobility.

In 2006, Beale et al. undertook one of the most extensive GIS studies of accessibility in existence. They produced *Mapping for Wheelchair users: Route Navigation in Urban Spaces*, which considered the navigational constraints for mobility-impaired individuals in the built environment. This research carried out extensive methods of survey and field research to construct a classification system for wheelchair barriers in the built environment. The results of this study were also used to construct a database used in a GIS model which provides an online, interactive, user-friendly application for defining and calculating routes for wheelchair users.

Conversely, a year later Yairi et al. came up with a tool called 'Mobility Support GIS' which went a different direction by creating an accessibility database developed through an examination of the built environment using universal design principles. These principles are suggested to meet the needs of all pedestrians including those with mobility issues. Using this database, Yairi et al. created a prototype *Mobility Support GIS* which has a user interface to offer accessibility information to all pedestrians. The validity of these data, however, is uncertain due to the lack of actual consultation with disabled people.

In contrast to Yairi et al., Volkel and Weber developed RouteCheckr to deal with the creation of GIS navigational aids in a realistic and cost-effective manner. RouteCheckr is "a client/server system for collaborative multimodal annotation of geographical data and personalized routing of mobility impaired pedestrians" which utilizes user created profiles to create personalized routes through the built environment without the costly collection of data by municipalities (Volkel and Weber 188). The data used in this model appears to be more personalized than the data in previous approaches, suggesting a possible shift to an individual, qualitative approach.

The most recently published work in this field, Izumi et al., has begun to produce research on the next technical step in access GIS technology—a Web 3D Disabled Access GIS model which would aid (dis)Abled people in planning their journeys in the built environment through the provision of three dimensional information on barriers and barrier-free modifications, while taking individual psychologies and abilities into consideration. In taking individual characteristics into consideration, Izumi et al. work seems to be following Volkel and Weber in starting to consider the input of qualitative data in accessibility GIS, although this is never explicitly stated.

Although researchers are beginning to consider individual differences, their techniques rarely include qualitative data, especially data regarding the lived experiences and perspectives of individuals with mobility issues. Several of the studies (see Suxia 2004, Sobeck et al. 2006, Beale et al. 2006, Yari et al. 2007 and Izumi et al. 2009) also imply simplistic notions of space, where the built environment is merely a 'passive container of life' and not recognized as an "active constituent of social relations" (Kitchin *Out* 344-335). Although not stated, many of the above studies (see Suxia 2004, Sobeck et al. 2006, Beale et al. 2006, Yari et al. 2007 and Izumi et al. 2009) are also aligned with the medical model of (dis)Ability, which views (dis)Ability as merely an individual issue in need of a solution. This may limit the researchers ability to address some pertinent access issues with their proposed tools. Some studies (see Suxia 2004, and Yari et al. 2007) also make generalizations about mobility among (dis)Abilities, which could limit the applicability of the tools themselves. Although these studies result in useful products for disabled people, they still lack the theoretical considerations needed for a holistic approach, while failing to recognize the many actors at play in creating disabling structures. There is also limited engagement with the *Geographies of (dis)Ability* literature in this area of study. Thus, future research should go beyond those described here to integrate the lived experience of (dis)Ability with the mapping of barriers in the built environment.

Contemporary *Geographies of (dis)Ability* Research Methods

After considering many facets of the *Geographies of (dis)Ability* sub-discipline, it is clear that deeper consideration is needed on how to proceed in conducting research in this field. Therefore, this section will consider the methodological approach developed to work through the issues in the *Geographies of (dis)Ability* field. I will first outline how this approach emerged and then what it entails.

Prior to the 1990s, the need for empowering *Geographies of (dis)Ability* research methods was scarcely considered and 'the social relations of research production' were largely unchallenged (Oliver *Changing* 102). In response to this, Oliver asserted that (dis)Ability research was often alienating to participants and contributed very little to their lives (*Changing* 102). He also stated that "[t]he very idea that small groups of 'experts' can get together and set a research agenda for disability is... fundamentally flawed" (102). To deal with these inadequacies, he suggested that "[d]isability research should not be seen as a set of technical, objective procedures carried out by experts but part of the struggle by disabled people to challenge the oppression they currently experience in their daily lives" (Oliver *Changing* 102). He concluded that a change is needed in the social relations of research production and an emancipatory research paradigm and agenda must be developed (Oliver *Changing* 112). From this time on, many authors recognized this need for emancipatory research and began explorations on participatory methods, empowerment, ethics and activism.[10] Some very interesting developments emerged from these explorations, several of which are integral to contemporary understandings of *Geographies of (dis)Ability r*esearch.

First, Kitchin, after recognizing that the "disability discourse... is overwhelmingly dominated by people who are not disabled", performed an exploratory study with thirty-five (dis)Abled people to uncover their opinions on (dis)Ability research (e.g. how it should be conducted, who should conducted, general research opinions) (*Researched* 25). He found

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[10] See Susinos 2007, Barnes 2003, Valentine 2003, Mercer 2002, Gleeson 2000, Chouinard 2000, Dyck 2000, Wilton 2000, see Kitchin 2000, Kitchin and Hubbard 1999, and French and Swain 1997.

that most respondents shared the views of *Geographies of (dis)Ability* academics, suggesting that emancipatory research is needed. Participants even expressed "a need for inclusive, action-based research strategies, where disabled people are involved as consultants and partners not just research subjects" (Kitchin *Researched* 25). This study is integral to informing current (dis)Ability research agendas and has been consistently referred back to in current (dis)Ability research.[11]

Second, Gleeson (*Enabling*) coined the term 'enabling geography', a term which continues to be used in *Geographies of (dis)Ability* research (see Chouinard et al. eds. 2010). This political-ethical approach rests on two key normative aims: "[f]irst, an enabling geography presumes a social model approach, requiring explorations of how social and spatial processes can be used to disable rather than enable people with physical impairments. Second, an enabling geography seeks to contribute something positive to disabled people..." (Gleeson *Enabling* 65). In one way or another, many researchers adopted this 'enabling geography' approach to (dis)Ability research, and it continues to influence *Geographies of (dis)Ability* research today.[12]

Last, this new direction of *Geographies of (dis)Ability* research also pushes geographers to do more than just research. As Gleeson explains, a part of the above 'enabling geography' is for geographers to "participate in the political struggle against the socio-spatial formations that oppress impaired people" (*Enabling* 67). This point is reinforced by other geographers such as Valentine, who insists for "research and activism to be united in a single political process" (*Geography* 379). Indeed, if academics are interested enough to research

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[11] e.g. Ryan and Runswick-Cole 2008, Susinos 2007, Kindon et al. 2007, Curtin and Clarke 2005; Jaeger and Bowman 2005, Aitchison 2003, Duckett and Pratt 2001, Reid et al. 2001.

[12] See Friedner and Osborne 2012, Carmalt 2010, Valentine 2003, Kitchin 2001.

(dis)Ability issues, they should also be involved in the fight for social justice with (dis)Abled people. This is also a well established notion in feminist research practices, where engagement with the researched issue is critical and knowledge sharing is commonplace (see Mountz et al. 2003, Madge et al. 1997 and Nast 1994). Participatory action research (PAR) is one strategy, used by academics, capable of carrying out a joint activist research agenda. PAR methods have practical outcomes and are highly inclusive (Kitchin *Researched*; Kindon et al. eds.). Yet years after these suggestions have been made, evidence of a clear shift remains to be seen. Despite considerable advances in the way research is performed in *Geographies of (dis)Ability*, it is worth noting that "'participatory action research', advocated as an empowerment strategy, with disabled people shaping and undertaking research, does not seem to have become established in geographies of disability" (Chouinard et al. eds. 14). Although this deficiency is of concern, what is currently apparent is that the voices and experiences of (dis)Abled people are more present in *Geographies of (dis)Ability* research than ever before (e.g. Susinos 2007). Therefore, steps are clearly being taken in the right direction, but we have miles to go before we reach any sort of destination.

Connections and Disconnections

As evident in this literature review, a lot of ground has been covered in (dis)Ability studies and the *Geographies of (dis)Ability* sub-discipline. Although much of the literature reviewed are about a variety of research topics, most are quite connected and complimentary. Without theoretical advances on what it means to be (dis)Abled, much of the work on the disabling built environment (as a factor creating (dis)Ability beyond impairment) would not have emerged. Furthermore, the technical advances and solutions in accessibility research are fueled by deeper understandings of barriers to accessibility and of the lived experience of (dis)Ability. As mentioned by Milner and Kelly, the structural impediments to economic and spatial integration need to be confronted alongside the wider social constructions of impairment in order to move forward in (dis)Ability studies (52). The current literature looks at (dis)Ability issues from many different angles in order to gain this more holistic understanding of impediments. Collectively, all of the research covered attempts Milner and Kelly's suggestion, and works towards creating a more complete body of work on (dis)Ability, accessibility, ableism and disablement.

Despite the comprehensive reach of this material, there is still ample space for new research and many literature gaps to be filled. Theories of (dis)Ability have substantially developed over the past few decades and will continue to change in the future, as the people and places evolve. Thus there will likely always be a need for theorizations of (dis)Ability. In terms of accessibility research, although authors such as Imrie and Kumar (1998) have examined the lived experience of (dis)Ability, there is still more to learn here, especially when employing more participatory ways of carrying out this research. For example, a more realistic depiction of the lived experience of (dis)Ability can be gained through using participatory methods that reinstate research in actual disabling environments, instead of researching based on hypothetical scenarios or speculation (i.e. focus groups and structured interviews). Furthermore, there is a clear gap in research on the lived experience of (dis)Ability in northern Canada, which addresses the issue of seasonality and winter barriers. In terms of technical work on accessibility, there have been substantial quantitative studies done on mapping barriers; however, there has been little research that explores this scenario under a qualitative light. Quantifying barriers tends to decontextualize experiences with barriers; thus, looking at experiences with barriers in detail, qualitatively, reasserts the importance of all of the factors which makes barriers disabling. Also, as mentioned above, looking solely at structural impediments without confronting the wider social issues is a fruitless journey (Milner and Kelly 52). Barrier quantification would also benefit from a more participatory approach, one which would serve the emancipatory function of reclaiming inaccessible places.

My thesis research will contribute to the growing sub-discipline of *Geographies of (dis)Ability*. This research will begin to bridge the first and the second wave of geographical studies of (dis)Ability by examining a first wave concept (accessibility in the built environment), using a second wave methodological focus (participatory/emancipatory/ inclusive), while contributing to policy (a second wave concern). Finally, my research will consider several different types of mobility limited individuals, and not just wheelchair users, to recognize "the broadening and growing complexity of the concept of 'disability' (Chouinard et al. eds. 16).

CHAPTER FOUR: METHODOLOGY AND METHODS

Introduction

My research employs mixed methods, both qualitative and quantitative. The integration of go-along interviews, barrier quantification, participatory geographic information systems (PGIS) and questionnaires allowed me to examine barriers and disablement in Prince George from several angles, which resulted in greater depth in my findings and allowed for triangulation. The research was designed to be as participatory as possible without being classified as participatory action research, which gives participants full control over the research, which enabled me to still guide the research process. The research was also designed to enable rigour and trustworthiness through the use of techniques such as positioning, source and investigator triangulation, and participant checking. Reflexivity played a large role in my research as well. Through journaling, revisions and presentations I reflected on my negotiation of knowledge passed onto me by participants and the power relations present.

Positioning

In alignment with Behar's assertion that research is "...only interesting if one is able to draw deeper connections between one's personal experience and the subject under study," I attempt to connect my personal paradigms to the way I have chosen to carry out my research (Behar 13). This involves "a keen understanding of what aspects of the self are the most important filters through which one perceives the world and, more particularly, the topic being studied" (Behar 13). Therefore, before I go any further, I find it necessary to place myself within this topic in order to connect to it.

I am a young, (dis)Abled, white, female bodied person. I have been living with Ankylosing Spondilitis, a debilitating form of spinal arthritis, for seven years now. As such, I am a member of the '(dis)Abled community' in Prince George; however, it may not appear that way on the surface due to common preconceived notions about (dis)Ability. My experiences with (dis)Ability in Prince George have led me to this research project. I have come to understand my own position as straddling the marginal place between insider and outsider, participant and researcher (Hay 36). My struggle with (dis)Ability has caused me to experience varying degrees of poverty, job loss, career changes, and feelings of neglect and frustration with social systems in British Columbia. Although I am relatively young, my experiences dealing with my (dis)Ability in a western, patriarchal society have fuelled my interest in (dis)Ability issues and activism.

As a (dis)Abled person, I am situated within parts of my research. Thus, this thesis is written through a unique lens where I am both an insider and an outsider of the field. Although I am not using autoethnography as a method, my awareness of my position in this research will allow for a deeper understanding of my exploration of disablement (Brown and Strega eds. 101). My stance on this subject has been almost entirely shaped by my identity as a (dis)Abled person. It is my belief that I am living in a largely ableist society and, although there are physical realities to impairment, people are largely constructed as (dis)Abled by the interactions of what I refer to as complex geographies (or various aspects of *place*). However, my stance is supported by more than just my connection to this research. Time and again, this stance is supported by interactions and discussions with other (dis)Abled people, my observations, and through engagement with and critical reflection on (dis)Ability research (Chouinard et al. eds.). It has been suggested that "the presence of geographers with personal experiences of disability offers the subfield both a way of confronting ableism in the discipline, and presents access to their unique knowledge" (Worth 307). Therefore, I look at my identity and position with regards to this research not as a poorly disguised bias resulting in another messy failure of qualitative research, but rather as an advantage. That is, I see my particular positionality as a way to instil this research with more meaning, forge an attachment between academia and the lived experiences of (dis)Abled people, and raise awareness about ableism.

This advantage, however, is not without its tensions and contradictions. As a result of my position, my research project is fraught with power relations. Power is affected by identity and position; "[t]he biography of the researcher directly affects fieldwork..." and my identity and position affected the outcome of my research through my interactions with participants (England 85). This is an unavoidable fact of research. It is my intention, however, to research in a place where I can do "social science more subjectively so it will be more objective" (Behar 29). This is a place where I can recognize that "subjectivity does influence our research" (England 85) because we can "not be analytically separated from the structures that form the context for that experience" (Hay 8). Thus, I have designed my research to both account for my subjectivity and defend my choice to proceed in this manner. To borrow a quote from Behar, I have developed "defenses, namely, 'methods,' that 'reduce anxiety and enable us to function efficiently" (6). I outline these methods below, and explain how I maintained rigour while researching from a subjective place. Before turning to the issues of design and methods, however, it is important that I provide clarity about terminology to be employed in this thesis.

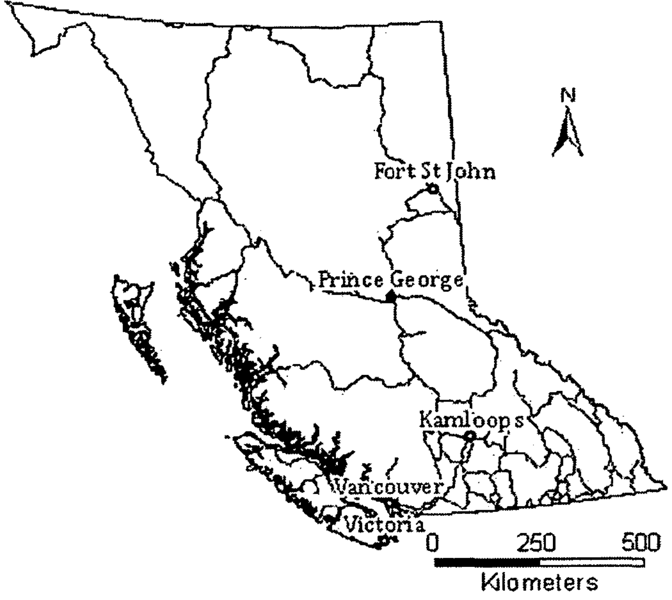
Terminology

My use of terminology is, in itself, a statement which reflects my position on disablement. The words and terms we use are imbued with power. There are several terms used to describe people with mobility issues, many of which are contested. The current politically correct term, 'Person With Disability,' is often used to avoid dehumanizing the individual by placing the focus on the person and not the (dis)Ability (Gleeson *Geographies* 9); however, several suggest that the term 'Disabled People' is a more appropriate term as it serves the political function of emphasizing the oppression and dehumanizing situations disabled people face on a daily basis (see Gleeson 1999; Morris 1993; and Abberley *Disabled* 1991 and *Handi* 1991). I have chosen to use the term (dis)Abled person. I use this specific construction of the word to reinforce the political function of the term Disabled People, while simultaneously projecting the (dis) as enforced on the 'Able' person. This is further emphasized through the capitalization of the word able and the use of the lower case 'd' in (dis). This term is my own created hybrid of the above terms. I consider my creation and usage of this term to be a method of activism in the academy, as it draws attention to the ableist nature of language. I also use it as an ethical consideration; an attempt to minimize my own involvement in the marginalization and oppression of (dis)Abled people.

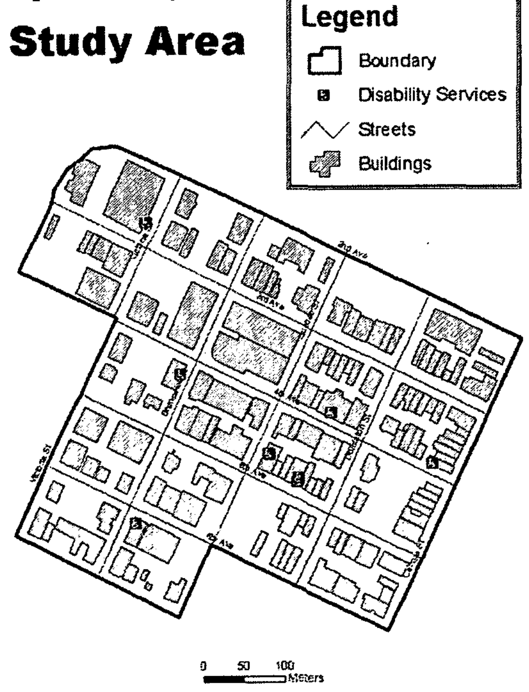
Study Area

My exploration of the lived-experience of (dis)Ability takes place in Prince George BC (see Map 4.1: Map of BC). I based my study on Third and Fourth Avenue of downtown Prince George. My intention is to examine barriers in the places that (dis)Abled people might go, as opposed to where they live. This is based on the understanding that (dis)Abled people may have more choice as to where they live than where certain services exist. The avenues are within a twenty square block portion of downtown where the majority of the (dis)Ability services in Prince George exist (See Map 4.2: Study Area).

Map 4.1: Prince George, B.C.



Map 4.2: Study Area



Sampling

I used "purposive sampling" to target participants who have sufficient insights into (dis)Ability/accessibility issues in Prince George (Hay 75). For this study, my goal is richness of information, not the creation of general truths about a complex and diverse group. Thus, it is appropriate to use a smaller sample of participants in order to obtain greater depth during interviews (Bailey et al.).

A systematic approach was used to recruit participants (Bailey et al.). I contacted and advertised through the (dis)Ability organizations listed in Appendix B. Only organizations which serve primarily (dis)Abled people were contacted in order to recruit participants based on the shared status of (dis)Ability, and not necessarily the features of race, socio-economic status, and community position. This was an attempt to access the perspectives of many. The poster viewed in Appendix C was used to advertise and give (dis)Abled people the opportunity to contact me. The first phase of research, conducted in the summer of 2011 involved five participants (three men and two women). The second phase, conducted in the winter of 2012, involved four participants (two men and two women) (see *Analysis – Introduction* for more participant details).

Research Design

Participatory Methodology

After spending several winters in Prince George struggling with the physical limitations of Ankylosing Spondilitis, it became very clear to me that Prince George is not always kind to the (dis)Abled. At the back of my mind the ever present questions lingered, *what if I were worse off? What if I could not walk at all?* It was from these observations and thought processes that my idea to research accessibility and (dis)Ability in Prince George arose. Up until this point, however, I had no connection to any semblance of a (dis)Abled 'community' in Prince George. After spending a semester developing my research ideas, I met with several leaders and members of (dis)Ability organizations in Prince George to discuss the need for accessibility research. My appeal was met with nothing but support and reinforcement for its necessity. From here I continued to talk to anyone who would listen about my research and put out a call for participants. Again the need for this research was reiterated time and again through numerous conversations with people struggling to be mobile in our 'winter city'. This series of discussions within the community was the first, and one of the most important, steps of my research process.

The manner in which my research emerged is directly connected to how it is informed by participatory research methodology. Participatory Research is defined as "[a] community-based approach to research involving local people and their knowledges as a foundation for social change" (Hay 383). For me, a participatory methodology is one which is grounded in the idea that research should be a participatory process, with emancipatory potential, and stress the need for change. This approach to research involves striving to behave in a way which results in co-learning and collective action between researchers and participants, and follows "an iterative process of action-reflection" (Hay 261). Although my approach to this research project is not strictly defined as participatory research, it is nevertheless informed by participatory methodology and is aligned with the idea that "...even if it is not possible to involve research participants deeply in every step of a research project, it may be possible to make your research more participatory..." (Hay 261). The idea of *making my research more participatory* is thus the underlying philosophy of this research project.

Participatory research is characterized by an iterative cycle of action and reflection (Hay). My research process is adapted to this cycle. Reflection occurred in many stages of my research. After initial discussions with key stakeholders in Prince George, I reflected on what I had learned and the insights I had gained on (dis)Ability in Prince George. This reflection led to the adaptation of my research methods into their current form. After each outing with participants, I underwent a long period of reflection which continued throughout the entire research process and manifested in research journals and my results. I reflected on the interactions between myself, the participants, and our environment, noting the structures of power that exists therein. I considered the influence of my identity on discussions and interactions between the participants and me, before theorizing about the constructions of the environment and the 'processes of place making' (Gupta and Ferguson 17).

Transformative reflexivity emerged in my research to further a commitment to participatory methodology. It is "[a] process through which a researcher and researched group reflect on their (mis)understandings and negotiate the meanings of the information generated together" emerged later in my research (Hay 390). I adapted my research design to include this form of reflection as it is vital to participatory methodology. This was achieved through data editing with my participants, which will be explained in the 'rigour' section.

Although I have expanded on specific aspects of participatory research which informs my research design, the most important adaptation is simply the adoption of a participatory methodology. In the following methods section, attempts to make the entire research process more participatory are implemented. As a means to enhance the sharing of knowledge, flexibility and reflection are emphasized (Hay).

Mixed-Method Approach

Mixed methods are used in my research; that is, a variety of quantitative and qualitative techniques are integrated, although the methodology is primarily a qualitative one (Hay 8). Quantitative techniques are used to gain baseline information about participants, about their terminology preferences and are used to quantify barriers to enable for triangulation (see subsections 'enabling rigour' and 'quantifying barriers'). Qualitative techniques are used "to produce a coherent and illuminating description of and perspective on a situation that is based on and consistent with detailed study of the situation" (Bailey et al. 172). To collect data through qualitative and quantitative approaches, I integrated the following methods: go-along interviews, barrier quantification, modified Participatory G.I.S and initial questionnaires (Hay; Ashley et al. eds.).

Enabling Rigour

Before discussing the specifics of the methods used, I will first explain how they are systematically integrated together to enable rigour in my research and to fulfill my personal commitment to "take seriously 'the privilege and responsibility of interpretation'" (Bailey et al.; Hay 77). "Ensuring rigour in qualitative research means establishing the trustworthiness of our work" (Hay 77). The trustworthiness of my research is reflected in several aspects of my research design and approach outlined below.

Although I recognize the "difficulty with completely understanding the self" and fully situating the self in research, the inclusion of a positioning section ensures that some of my biases are transparent instead of being hidden between the lines of text (Hay 339). This enables readers to accurately assess my interpretation of results and enhances research trustworthiness.

Using multiple methods also enhances rigour, as it offers a way of cross-checking results. When integrated "within one theoretical perspective," overlap in findings obtained from different methods is more reliable (Baxter and Eyles 514). This is also referred to as method triangulation (Baxter and Eyles). My theoretical framework (see *Discussion* Chapter) stresses that the reality of (dis)Ability, when deconstructed, is shaped by multiple forces. Thus, to reconstruct a more holistic interpretation of disablement, multiple methods are needed, as they enable viewing from different perspectives and triangulation between these findings. For example, to fully comprehend the impacts of barriers on the lives of (dis)Abled people, three aspects must be understood; the impact of the barrier itself, the environment within which it exists, and what the barrier is in relation to the individual. Therefore, the establishment of rigour, through triangulation, will enhance an understanding of complex "multiple realities" (Baxter and Eyles 512).

Two other forms of triangulation are also weaved into my research design to enable rigour; these are, source and investigator triangulation. "[S]ource triangulation" (Baxter and Eyles 514) is employed by checking data sources (i.e. quotes from participants and data from other reports) against other sources pulled from different perspectives (e.g. Imrie and Kumar); this offers a means to corroborate interpretations of disablement and barrier impacts in Prince George (Hay 17). I also employ "investigator triangulation" through checking my research methods via presentations to, and feedback from my colleagues (Baxter and Eyles 514; Hay 77).

In the analysis stage of my research, I use another form of checking, "participant checking," to validate my interpretation of the findings and enable rigour (Hay 123). Participant checking involves the review of transcripts by the contributing participants (Hay

2010). Participants were given the option to review the transcription of their interview and change details to enhance the accuracy of the information. This technique is also consistent with the participatory methodology of my project as it serves to continue "the involvement of... [participants] in the research process" (Hay 382).

Many researchers have grappled with how to account for power relations in the research process (England). While struggling with this in my own research, I have come up with two techniques to aid in the alleviation of the influence of power: accepting responsibility for my research and recognizing "that the research relationship is inherently hierarchical" (England 86). Part of reflecting and being reflexive is the acceptance of responsibility. I attempted to include the 'voices of the (dis)Abled' in my research by including any topics related to accessibility and (dis)Ability that my research participants deemed important. However, I recognize that it is not possible to include all perspectives in my research; I can only attempt to minimize "appropriation by avoiding misrepresentation" and through researching rigorously (England 86). Although I attempted to be as inclusive as possible, *my* thesis, in the end, is *my* research and "it is the researcher who ultimately chooses which quotes (and, therefore, whose 'voices') to include.... quotes [which] are actually responses to unsolicited questions that came about through the researcher's disruption of someone else's life" (England 86). Unfortunately, "we cannot fully understand others' subjectivities and speak with authority for them" (Staeheli and Lawson 99). Therefore, despite enabling rigour throughout my research, I can only claim that the results of these methods are "positioned", "partial truths" and part of the disablement story in the Prince George context (Clifford 7; Abu-Lughod 142).

Time Frame

The data are collected in two phases. The first data collection took place during August 2011. Examining barriers in the summer allows for the specific features of the built environment to be considered. The second data collection took place in January of 2012. Examining barriers during this period in Prince George enhances a focus on barriers that arise with the seasonal characteristics of winter (e.g. snow, ice, and slush). This time frame allowed for an examination of barriers that took account of extreme seasonal variations.

Integrated Research Methods and Methodology

Go-Along Interviews

A "...go-along interview involves the researcher accompanying the respondent within the 'field' and engaging in a direct discussion of spatial engagement" (Hay 377). I use go-along interviews as a method to uncover what barriers to mobility exist, how they impact the lives of (dis)Abled people, and how they contribute to the disablement process. During each go-along interview, I accompanied a (dis)Abled participant on an outing up and down Third and Fourth Avenue between George and Victoria Street. During these interviews we identified barriers, rated them and discussed how they impacted their lives. Barriers were also used as a jump off point to discuss other aspects of disablement and accessibility in Prince George.

For geographic research, go-along interviews are advantageous over traditional interviews because they have the ability to focus on the person-place relationship, and "are an ideal technique for exploring issues around people's relationship with space..." (Jones et al. D2). Furthermore, this approach is beneficial because "mobility takes the research process out of fixed (safe, controlled) environments" and allows for examination in a realistic setting.

This realistic setting is especially important for my research because I am not just studying people, I am also studying place—the disabling environment.

Place is a "social and historical creation" and Prince George is no exception (Gupta and Ferguson 2). The Prince George we see today is "constituted by a wider set of social and spatial relations"— relations that are imbued with power (Gupta and Ferguson 7). Power can be reflected in many aspects of the built environment and can be viewed through the presence of barriers. For example, if an environment is "barriered" (Imrie *Barriered* 232), (dis)Abled people may be excluded and created as an *other* in *place*; "...the construction of difference is... an effect of structural relations of power and inequality" (Gupta and Ferguson 14). Therefore, it is important to examine the interactions between people and place. Insights into the power relations and processes in *place* are revealed through this research design and these insights are integral to an understanding of how people are constructed as (dis)Abled. The research produced more realistic results because participants were directly faced with the complexities of *place*.

The interview portion of the go-along interviews is semi-structured. Semi-structured interviews are advantageous over other methods, such as observation, because they can be used to gain access to in-depth insights into the actual experience of being (dis)Abled (Hay 2010). The interviews progressed "in a [flexible] conversational manner" which allowed the participants to explore issues they deemed important (Clifford and Valentine eds. 116). Insights from these interviews, however, are not used to create universal truths about disablement, nor to uncover how barriers affect all (dis)Abled people. Rather, the findings of the interviews are used only to explain some of the realities of some (dis)Abled people in Prince George who share a similar context.

Quantifying Barriers

During the go-along interviews, the person-place relationship is examined through the identification and rating of barriers by participants. Participants identified barriers and rated their severity on a subjective scale of one to five:

- 1 = a minor barrier/rarely a barrier,
- 2 = an easily overcome barrier,
- 3 = a barrier overcome with some efforts (individual efforts),
- 4 = a barrier overcome with considerable efforts (reasonably obtainable help from others), and
- 5 = an entirely impassable barrier (to pass this barrier would require unreasonable assistance, not readily available).

The quantification of barriers on a nominal scale is one way the qualitative impact findings are tied to the physical entities in place and integrated to show a greater portion of the disablement picture (Madge et al. 93). In reality the quantification of barriers produced interesting insights into the differences between individuals who use similar assistive devices. Barrier quantification resulted in qualitative insights on the diversity among (dis)Abled people and the complications with coming up with a generalized experience. Quantifying barriers showed that participants' classification of barriers was not based solely on their (dis)Ability but rather on a variety of complex characteristics (e.g. social intersections, context, person health). However, barrier quantification did clearly produce results on which barriers were so extreme that they could not be ignored by any participants, even those who did not emphasize the difficulties of mobility in less than ideal scenarios.

Participatory Research: Participatory Geographic Information Systems (PGIS)

Each barrier quantified on the above scale was placed on a map and photographed. The resulting maps are spatial representations of participants' unique knowledge about barriers. This method of mapping is informed by a technique called Participatory Geographic Information Systems (PGIS). PGIS is a complex and contested concept and as such, an agreed upon definition does not exist (Dunn). For the purpose of my research, however, the following explanation is employed:

> [PGIS]... is a result of merger between Participatory Learning and Action (PLA) methods with Geographic Information Technologies (GIT). PGIS facilitates the representation of local people's spatial knowledge using two or three-dimensional maps. These map products can be used to facilitate decision-making processes, as well as support communication and community advocacy. PGIS practice is geared towards community empowerment through tailored, demand-driven and userfriendly applications of these geospatial technologies. Good PGIS practice is flexible and adapts to different socio-cultural and biophysical environments. It often relies on the combination of 'expert' skills with local knowledge. Unlike traditional GIS applications, PGIS places control on access and use of culturally sensitive spatial data in the hands of those communities who generated it (Ashley et al. eds. 9).

Although my use of GIS is aligned with this explanation, I cannot strictly classify my method as PGIS because there are some aspects of the research in which I will retain control over (e.g. the study area and the focus on barriers). Relinquishing some level of control over the research endeavor tends to be the single most significant stumbling block of this method and has shaped my choice to modify this method (Balcazar et al.). In spite of my choice to retain some control of my research, the GIS data collection remained flexible in order to include all areas chosen by participants and to provide them with an enhanced level of control over data production.

PGIS was established as a result of a "realization that GIS was failing to serve society as a whole, instead becoming a positivistic and technocratic tool that supported the more powerful sectors of society, often at the expense of weaker groups" (Corbett and Keller 92). The relevance of this point extends to Prince George, where mapping barriers with PGIS is needed for several reasons. Current attempts to map the built environment in Prince George have failed to include (dis)Abled people in their process. This is reflected in current maps which do not meet the unique needs of (dis)Abled people, (essentially mapping them out). Most current maps do not provide information about accessible locations, 'handicap' washrooms, or sidewalk curbcuts. Therefore, it is appropriate to use modified PGIS in my research to begin to create more inclusive maps and to uncover what items should be included on future maps (Corbett and Keller 92).

In order to create more inclusive maps, (dis)Abled people must be involved in the process. PGIS stresses this as "[t]he roots of PGIS lie in community mapping, a participatory map-making process that attempts to gather information about a community's lands and make it visible to outsiders using the language of cartography" (Corbett and Keller 92). This community mapping process can be very empowering to those involved because it allows "...groups of people to represent themselves spatially, using *their own maps* to seek recognition and inclusion in land..." (Corbett and Keller 92). Similarly, modified PGIS allowed (dis)Abled people to spatially represent themselves through the creation of *their own maps,* producing a more inclusive cartographic landscape.

PGIS is intended to create spaces for empowerment in the (dis)Abled 'community' and is intended to recover "knowledge 'from below'" (Clifford and Valentine eds. 162). Despite producing useful map features that can be used in future endeavors, in this thesis PGIS became more about the process than the final product. In a literal and figurative sense, it was about the journey not the destination. In creating spaces of empowerment, the research process worked to momentarily 'take back' the built environment. Although in some cases there was recognition of the oppression of the built environment, the research process often reminded participants and me that (dis)Ability is not simply something that is within us; it is held within the disabling features of the world around us, which, as evident in the *Discussion* Chapter, are constructed through the exercise of ableist power. PGIS in this research became more about enhancing an understanding, not just about what a barrier is, but about what issues (dis)Abled people face because of these barriers and how these differ among individuals. PGIS functioned to construct a place where we could see (dis)Ability issues.

Initial Questionnaire

Questionnaire survey research is "a method for gathering information about the characteristics, behaviors and/or attitudes of a population by administering a standardized set of questions, or questionnaire, to a sample of individuals" (Clifford and Valentine eds. 87). The initial questionnaire asked a series of basic demographic questions about each participant. The purpose of the questionnaire is to enable future comparisons based on age and gender when paired with the qualitative data collected. The questionnaire enabled a better understanding of the role of identity intersection in the disablement process and how the experience of (dis)Ability differed among participants. The questionnaire also asked participants how they define themselves. The purpose of this question is to avoid pushing a contested definition of (dis)Ability on participants and to further my understanding of '(dis)Abled people' as an inclusive term. A sample questionnaire can be found in the participant package in Appendix D.

Ethical Considerations

It is not my intention for my research to negatively impact the lives of (dis)Abled people. I recognized, however, that there is a chance that this research may be emotionally strenuous to participants. A number of measures were taken in an attempt to alleviate any anxiety or stress that this research may place on participants and to ensure an ethical research pursuit.

When conducting research with human subjects an ethical review and approval is required from the university, to ensure the anonymity of participants (Hay 29). After meeting with community members and (dis)Ability organizations about my research and ensuring its need, I submitted my research proposal to the University of Northern British Columbia Ethics Review Board for approval. Along with my proposal I attached the participant package which all participants received before partaking in a go-along interview. The package included the project information sheet, the consent form, the initial questionnaire and the interview distress handout (See Appendix D for package). I received ethics approval in the summer of 2011 (See Appendix E).

I wanted to ensure that each participant understood what the research project was and their opportunities to be involved before they consented; therefore, in addition to providing an information sheet and consent form, I made sure to explain to each participant what was going to happen and had lengthy phone conversations with most participants in advance of the go-along interview. Once I was satisfied that the participants understood these issues, I requested that they sign a consent form. Additional consent was asked for orally throughout the go-along interview and I asked participants in several instances if they wanted to carry on, to ensure a continuance of consent. In the particular case of go-along interviews, being physically unable to continue was also a consideration and therefore I left the interview length and route flexible to individual needs. Participants were discouraged from entering any areas that made them feel uncomfortable. Participants were also reminded that they could remove themselves or any part of their statements from the research project at anytime. As part of this option, they were also given the opportunity to be involved in many stages of the research project, from revisions of their transcripts, to checking that their statements were used appropriately within the thesis drafts, with opportunities for withdrawal throughout. Only one participant took the option to edit their transcripts and all participants approved the thesis draft and their role in the construction of research findings. No participants asked to withdrawal their statements from the final draft.

Due to the sensitive nature of this topic, identities were concealed. The participants' names are only preserved on the consent forms which are stored in a locked cabinet in my office. The participants were assured that their names would not be revealed in addition to any characteristics which could identify them. The interview distress handout also catered to the sensitive nature of this topic. It was created to ensure that participants had access to resources if they felt any distress as a result of the research. Each organization included on the sheet was contacted about my research and permission was granted to include their information on the sheet. Hay suggests that it is important to 'move beyond' ethical guidelines to take account for the variability and unpredictability of ethical issues in geographic research (30). Each of the above measures was created to ensure an ethical pursuit and a positive experience for participants.

Taking Action

Part of aligning my research with a participatory methodology means that I have held myself to the "obligation to co-construct responsible geographies… [and the] undertaking [of] relevant, change oriented research" (Hay 275). Therefore, it is important for me to take action with my findings. I did this in a number of ways. I created a plan for an interactive website for (dis)Abled people in Prince George which allows for the pinpointing and description of barriers on a map. This plan also details a blog component which discusses the positive and negative attributes of accessibility in Prince George. The intention is to complete and establish this website with members of the (dis)Abled 'community' in Prince George to ensure its continuity for as long as necessary. This website will also be made available to Kristina Watt from the Planning and Development Department at the City of Prince George, as a tool for prioritizing infrastructure upgrades and other local (dis)Ability organizations. I comprised a short report detailing the three most significant barriers to mobility in Prince George which would also aid in infrastructure upgrades. This report included possible suggestions for improvements. This report was given to the City of Prince George to encourage accessibility solutions. A copy of this report was also provided to the *Prince George Citizen*.

I intend to present the key findings of my research to several groups and community members in Prince George in November of 2012. In addition to several presentations for my peers at UNBC, to date I have already made two academic presentations of my findings in health geography themed sessions where other *Geographies of (dis)Ability* academics were present: one in March of 2012 at the Western Division of the Canadian Association of Geographers Conference in Kelowna, BC, and one in June of 2012, at the Canadian

Association of Geographers Conference in Waterloo, Ont. Additionally, I intend to produce several academic articles for peer reviewed journals on various aspects of my thesis research. With this I aim to create an awareness of this research in the academic 'community' and create space for future research which can expand on my findings.

Data Analysis

The recorded interviews were transcribed and the results were analyzed to derive themes using two types of coding: descriptive and analytic (Hay 283). Coding is "a way of evaluating and organizing data in an effort to understand meanings in the text" (Clifford and Valentine eds. 446). I first used descriptive coding to derive broad themes pertaining to my three research questions. The sections which were uncovered from these descriptive codes were then further explored to derive analytic codes – codes which reflect the deeper impacts of barriers on the lives of (dis)Abled people. More specifically, after transcribing the interviews I printed them off and systematically read through each individual transcript several times. During this process I began to make note of fairly obvious key words that came up often that described aspects of the facing barriers in Prince George (descriptive codes). I also noted potential thematic areas which addressed my research questions in Imrie and Kumar's 1998 study on the experiences of (dis)Abled people with access in the built environment (analytic codes). After a thorough examination of the transcripts, I went through and recorded each descriptive and analytic code in an excel spreadsheet alongside the corresponding quote, possible explanation, interview number and which of the three questions the potential code addressed. I also constructed a table which included the following columns: each physical barrier identified by a participant; the participant who identified the barrier; and the corresponding barrier related quote. Then I grouped similar barriers into an encompassing category. From here I extracted each potential analytic and descriptive code and inserted them into a table which had an abbreviated code, that codes meaning and the number of interviewees to identify the code. This assisted me in eliminating irrelevant information and illuminating more pertinent areas. I also examined the groupings of codes extracted from single quotes as a whole to see if I could uncover a pattern; however, no clear pattern emerged. At this point I began to write extensively about each code. This writing process assisted me to further refine my analysis. This process assisted me to more clearly group and explore the analytic codes and it illuminated connections between thematic areas. I compared the emerging codes with the notes from my journals to ensure coding appropriateness. Several revisions of this stage occurred, during data checking with my thesis advisor. The themes and sub-themes were revised until they appeared reasonable to my advisor and me. A draft of the thesis was also provided to participants to ensure they also supported the themes. The themes and trends identified in this process were compared and contrasted with the findings from my literature review and were examined through my original theoretical framework to gain greater insights into the complex geographies (or aspects of place) which create disablement. The findings also shaped and informed the current theoretical framework featured in the *Discussion* Chapter.

The photographs were used to aid in the barrier identification and description in the analysis text. They were also used to further depict the issues facing participants, within the written thesis. The data gathered from the initial questionnaires were used to further explore the themes and trends derived from the interview coding. This created space for comparisons based on age, length of time (dis)Abled and gender. This resulted in the excavation of "...the experiential dimensions of being 'out of place', detecting how the axes of disability, class, ethnicity, gender and sexuality meld together in (the enduring of) exclusionary spaces" (Gregory et al. eds. 165).

The specific data gathered on physical barriers to access were mapped using ArcMap software (Version 9.3.1). Each identified barrier was inserted into an attribute table which included the place name, address and corresponding barrier rating. A different attribute table was created for each participant. Then, using a gradual colour code (dark red for 5, forest green for 1) the barriers (and their rating) were illustrated cartographically. The finished maps were compared to each other to view the differences between (dis)Abled people using similar assistive devices. The function of recording the results spatially is to link together the impacts of barriers with the physical attributes of disablement. Overall, this enables the creation of maps which reflect the specific knowledge of (dis)Abled people.

Research Methods Reflection

The practice of research is exactly that – practice. Becoming an expert researcher is a process that does not happen overnight (Holloway and Biley). The methods used in this thesis are not the only ones suitable for the subject matter, nor can I claim they are comprehensive. Therefore, I think it is important to take a moment and discuss the 'messiness' of my research project (Askins and Pain).

I met several challenges in undertaking this research project, the most prominent of which pertain to the framework constraints of masters' thesis research. I was constrained by having to perform research within a specified time frame (i.e. four months) which limited the number of people I could interview, the size of the study area, my methodological approach and the depth of my topic. My research was also financially constrained. I was unable to obtain funding to carry out my research, which somewhat limited the capacity to accomplish my objectives in the given time frame. As a result, I was unable to provide a stipend for participants, which may have limited the sample size. I was also unable to buy a computer program for transcribing or hire a research assistant which limited how many interviews I could conduct. It also meant that I had to perform all the tasks of the go-along interviews on my own; it was very challenging to interview participants, hold onto a tape recorder, take photographs of barriers, record barrier details and record barriers on maps, all while walking through the study area. Learning to multitask while attempting not to lose focus on the interview was certainly a challenge. I should mention here, however, that many of these challenges and constraints also contribute to the strength of this research. By performing all the tasks of masters' thesis research without outside assistance, I was able to gain a greater understanding of all aspects of the research. Being involved in every stage ensured that I understood, in great detail, how each piece of research fit together and how each component affects the research findings.

I was also challenged by the constraints of my identity and power as a researcher and this inevitably impacted my research practice; I was not able to view what occurred in my absence, only the constructs developed in the spaces between myself and participants. The scope of my research was also hindered by limitations in participation. The prevalence of voices from the margins was not as apparent as I had intended. As a result of waiting for participants to contact me, I was unable to speak with (dis)Abled people who use certain mobility devices, and most of my participants were clearly passionate and vocal about (dis)Ability issues in Prince George. Therefore it can be assumed that my research generally reflects the attitudes and situations of a more active group of individuals and does not "amplify the voices" of the less involved or silenced (Pedersen *Amplifying* 7). The voices of homeless and impoverished people are not entirely represented, a limitation which needs to be addressed in future research. Another limitation emerged during the go-along interview process; participants were often interrupted by the barrier identification segment, resulting in a loss of certain insights. In the future, the interview portion should be performed before the identification of barriers.

Despite these limitations, my research yielded successes and depth well beyond my original expectations. One such success was the particular bond formed between myself and participants as a result of the outing design; this created a comfortable environment which facilitated an open and free dialogue about the lived experience of (dis)Ability. (dis)Abled people often experience forms of isolation; these outings then, served to alleviate some of this isolation. The outings also enhanced awareness about newer accessible establishments in downtown Prince George. Finally, some participants were not previously presented with an opportunity to vent about their issues regarding accessibility in Prince George. This experience was both relieving and empowering for some participants. Although the participants expressed positive sentiments about this experience, I believe it was I who benefited most from the research project. Beyond obtaining valuable information for my thesis research, I am continually motivated and inspired by the positive attitudes and perseverance of the people I have met through this project.

CHAPTER FIVE: ANALYSIS

Introduction

This chapter is organized into several segments. First I outline some personal and demographic characteristics of the participants involved in this research. Then, I examine key themes and subthemes that arose from the thematic coding of the go-along interviews. This includes photographs taken during the interviews and maps derived from the findings. The maps act to display the diversity among participants while still capturing problem areas downtown. The photographs display the specific barriers encountered. The themes derived from the content analysis of the go-along interviews fall into one or more of three main categories: the presence of built and seasonal barriers in the built environment; the impacts of barriers on the lives of (dis)Abled people; and the individual perceptions and understandings of why the built environment can be disabling. Each thematic section builds on the findings of the previous one, to construct a more coherent understanding of the lived experience of (dis)Ability. Seven key themes exist within these categories: physical/architectural issues; inveterate conditions; the escalation of health issues; emotional impacts; impediments on self-determination/autonomy; limitation of social participation; and ignorance, marginalization and discrimination.

Eight participants (four women and four men) were involved in nine interviews taking place in August 2011 and January 2012 (See table 5.1). In the summer session, two women and three men participated, and in the winter session two women and two men participated. One man participated in both summer and winter sessions. One man and one woman (not counted) dropped out of the winter session as a result of personal and climatic issues. The participants ranged in age from 41 to 67. Participants used a variety of mobility devices. Two participants used manual wheelchairs, one used a power wheelchair, three used scooters, one used a walker and one used walking poles and cleats. The length of time participants have been using these devices varies; experience ranged from eight months to over 40 years. The factors that necessitate device use by participants are: progressing illness (4), injury (3), birth defect (1), and precautionary measure (1). Given this information, it is clear that the group of participants represents multiple voices and opinions with respect to the lived experience of physical (dis)Ability. There are, however, other types of disabilities not represented in this group (e.g. visual and mental (dis)Abilities) and these opinions are not present in this thesis.

Table 5.1: Profile of Participants

#	Age Range	Gender	Years in PG	Mobility Device	Years Using Mobility Device	Cause
1	50-60	M	30-40	Manual Wheelchair	Over 30 years	Accident
2	40-50	F	10-20	Power Wheelchair	Under 5 Years	Disease Progression
3	60-70	M	60-70	Scooter	Under 5 Years	Leg Pain
4	40-50	F	40-50	Walker	Over 30 years	Birth Defect
5	-	M	-	Manual Wheelchair	Under 10 Years	Accident
6	60-70	F	30-40	Scooter	Under 20 Years	Accident and Disease
7	50-60	M	30-40	Manual Wheelchair	Over 30 years	Accident
8	-	M	-	Scooter	-	Disease Progression
9	-	F	-	Walking Poles	-	Precaution

Go-Along Interview Themes

The analysis of the go-along interviews is based on the use of verbatim transcriptions of digital audio recordings. These results, therefore, reflect individual participant opinions, attitudes and feelings. I have no intention to use these findings to generalize or suggest that they represent all (dis)Abled people. The lived experiences of (dis)Ability is found to be very diverse; however, some commonalities are present within the seven key themes mentioned earlier. The codes which comprise these themes were mentioned in anywhere from one to nine interviews (See Appendix E). Although each code is not mentioned in every interview, it is clear from my interactions with, and observations of, participants that some of the less frequently mentioned experiences captured in the coding scheme were implicitly rather than explicitly observable. For example, although participants did not always state that their experiences with access in Prince George were difficult, it was clear that difficulties were experienced when they were stuck at a curb cut or in a pile of snow. Other examples of this are referenced throughout this chapter. Therefore, many of the codes considered are more prevalent than they explicitly appear in Appendix E. It should be noted, however, that most themes are intrinsically connected and therefore cannot be considered in isolation. In this way, they combine to tell a more holistic story of disablement.

This research focuses on accessibility issues; therefore, my primary interests lie in exploring the negative aspects of an inaccessible environment. The intent of my research was not to uncover the positive experiences of accessibility in Prince George. Positive experiences, however, still arose and are important to note. Some participants spoke about how helpful strangers were in difficult circumstances and most mentioned how much they like living in Prince George, despite accessibility issues. Finally, it should be noted that the negative experiences of participants do not characterize all moments in the lives of all (dis)Abled people. Rather, these experiences become apparent primarily when individuals are faced directly with accessibility issues.

Theme One: Physical/Architectural Issues

Table 5.2: Physical/Architectural Issues

Codes	**Subthemes**
P	Physical Barriers
W	Winter Issues

The physical and built environment in Prince George is both a barrier to the mobility of (dis)Abled individuals and a cause of disablement. The built and physical environment includes residential and commercial buildings, City infrastructure and climate. Each of the factors listed in Appendix F act as barriers to mobility, either in isolation or in combination with other characteristics (see table 5.2). This section discusses the presence of the most predominant barriers in detail; however, physical and built barriers are featured in every section of this chapter in various roles (e.g. a cause of an emotional response, the catalyst of health issues). The discussion of barriers will, therefore, extend well beyond this section.

An overwhelming number of physical barriers (See Appendix F) were uncovered during the go-along interviews. The three most frequently mentioned barriers represent a link between climate and architecture/built form in Prince George. Icy patches, insufficient snow clearance and snow build up on the sidewalk are issues that arise in the winter in built areas of Prince George, but were mentioned in both winter and summer interviews. Although a given barrier, in and of itself, may not appear to be insurmountable, they tend to combine with other aspects of the physical environment to create a greater degree of inaccessibility. As mentioned in interview 2:

> ...there's often a layer of barriers. You would think that one of these places would be okay for me to have access to, but I wouldn't be able to open the doors by myself. And what do you do if it's wintertime and it's blowing and snowing and cold and windy and you're trying to struggle to get the door open? It's really hard (2-1).

These sentiments are shared by other participants as well, who express a higher degree of difficulty in performing everyday tasks in Prince George in the winter:

> I feel like having no mobility at all... in the winter. I find it very difficult to get around in the winter, especially when the snow is this big.... And it's very difficult to push my walker. My arms get so tired when I have to push my walker... It is too much in the wintertime, it's just too much (4-7).

Furthermore, when describing the range of access in downtown during the summer, participant one explained that: "[t]he winter time is another story. The downtown is just virtually impassable. These curb cuts are filled with snow and ice, the sidewalks aren't ploughed or clean and there's big mounds [of snow]" (1-7). Some participants even found the winter to be a barrier to outdoor mobility entirely. Participant three expressed 'winter' as the biggest barrier to his mobility and stated "I don't get out much in the winter" (3-4).

The winter in Prince George may also be an inadvertent cause of barriers in downtown. Some features of the built environment, such as heavy, spring-loaded doors, and small lips to stop snow from blowing inside, exist for snow and cold protection. This conception is reinforced by participant five who, when demonstrating access downtown, stated: "... I definitely can't, not with these doors, they are all spring-loaded... They hit me in the rear end there before I get a chance to get going" (5-2). Four other participants discussed the problems with heavy doors in downtown Prince George. For example, participant two explained:

> [o]ne of the problems that really hinders people in wheelchairs or scooters or with forearm crutches is... these really heavy doors, which again, weather wise and for security you need down here, but when you have a physical (dis)Ability it's often really hard to open the doors (2-1).

Participant three also explains that "it is tough with the doors downtown" and mentions heavy pull doors as one of the biggest barriers to his mobility (3-1). For participant six, heavy doors are such an issue, that she considers any store without a push button accessible door to be entirely inaccessible (6-2).

It should be noted that winter related issues extend beyond this thematic category. Winter issues interact with and intensify *emotional impacts of inaccessibility*, the *escalation of health issues*, the *limiting of social participation* and *impediments on self-determination.*

Theme Two: The Inveterate Conditions of Prince George

Table 5.3: Inveterate Conditions

Codes	**Subthemes**
DEM	Demographic Change – Ageing
LR	Lack of Regulation or Standard
OB	Old Buildings
PW	Stuck in Past Ways of Doing

As discussed in the *Context* chapter, Prince George was once a rapidly expanding resource processing center inundated with young predominantly male, able-bodied workers and their families. During this time, accessibility for (dis)Abled people and seniors was not the focus of development. This notion is intrinsically connected to the impression present in many interviews, which suggests that the firmly established, pre-existing conditions in Prince George are largely responsible for contemporary inaccessibility. Thus, the *inveterate conditions* theme is multifaceted and includes the long standing and historical aspects of policies, demographic processes and the built environment that influence present day experiences of people living in Prince George (see table 5.3).

In an interesting twist, the growing seniors population in Prince George is also an inveterate condition, one which was frequently discussed by participants. This condition is primarily the result of the ageing-in-place of those young workers and their families who arrived three and four decades ago. This ageing population is regarded as an inevitable and largely unalterable reality that was frequently mentioned as a harbinger of future concerns. As participant five explicates:

> ...when the boomers end up in wheelchairs there's going to be this big bubble of wheelchair jocks. All of the sudden the wheelchair population is doubling and tripling. The boomers are hitting their 60s and some of them end up in wheelchairs.... the next twenty years there's going to be a pretty big population of people that have accessibility problems (5-12).

This idea is further explained by participant nine, who states: “I do know several people who get around on mobility devices and the sad thing is, it’s just normal ageing… to see so many people who have become suddenly unable to walk and… [using] a walker or a wheelchair…” (9-3). Participants, therefore, perceive an increase in future accessibility issues as a result of the previous demographic conditions.

Lack of sufficient regulations is another inveterate condition which contributes to accessibility issues in Prince George. Lack of sufficient accessibility regulations, at the time that a considerable share of the city’s built infrastructure was constructed, is regarded by participants as another key inveterate condition. Although I will not explore the reasons why access regulations were especially deficient in the past, it is important to recognize that many participants perceive this to be a major contributor to current disabling environments. Moreover, even when access modifications attempts are made, structures can still be built to a dated accessibility standard, one which does not take into consideration the current realities of being (dis)Abled in Prince George (e.g. using a larger power chair; using a wheelchair which has belongings on the sides of it). Participant two, for example, identified some city structures as being ‘stuck in old ways’ (2-4). She speaks to this further when she says:

> When they make wheelchair accessible ramps they don’t take into consideration that people in wheelchairs carry things in the sides, because that’s the only place we can. So that adds more width and when it’s winter time, if there is snow or ice that builds up, it automatically adds more bulk so that it makes it even narrower and that is a real problem…. I think planners and builders don’t think about [that] (2-1).

Therefore, a disconnection is present between the current realities of (dis)Abled life and what is being created in the built environment. This disconnection is further reflected in the observations of participants on the usefulness of renovations. Some participants expressed a sense of fatalism that older architectural styles and building practices will not be capable of renovation to current accessibility codes and standards. As one informant states:

> ...when the City was being built back in the day, even before the building code access regulations came out, I feel that there wasn't a lot of thought to accessibility issues. So a lot of these buildings are very old and any kind of access we see now has been done after the fact, it's been a renovation. So in some of the older parts of the city we're going to see a lot of attempts at trying to make the buildings and the stores accessible. But for some of these older buildings, a renovation or a retrofit, it's not the best, so there's going to be some access but it won't be ideal (1-1).

Participant one later explains that policies and regulations sometimes even protect places from having to update their access (e.g. historical buildings and heritage homes) (see Picture 5.1) (1-12). Similarly, many participants link the causes of inaccessibility to the sole presence of older buildings. These inherited physical conditions are directly identified by six of nine participants, some of whom acknowledge this as one of the biggest accessibility issues of downtown Prince George.

Picture 5.1. "Historic Building in Prince George." *Jessica Blewett.* October 2011.

The issues associated with the inveterate conditions of Prince George are found on a spectrum, varying from basic surface conditions (e.g. old buildings) to deeper rooted conditions (e.g. bureaucratic inertia and demographic ageing). Together, each condition on this spectrum contributes to an overall impression of inaccessibility present in contemporary Prince George. As shown above, these conditions, although historical in cause, are still impacting Prince George today and play an important role in the disablement of residents.

Theme Three: The Escalation of the Health Issues of (dis)Abled People

Table 5.4: The Escalation of Health Issues

Codes	**Subthemes**
DC	Dangerous Circumstances
FEA	Fear
H	Health Concerns
PP	Physical Pain

It is not uncommon for (dis)Abled people to have health issues associated with their (dis)Abilities. Unfortunately, inaccessibility can escalate these health issues by increasing difficulty in the everyday lives of (dis)Abled people. Pre-existing health issues can be worsened as a result of dangerous circumstances and pain caused by undesirable conditions in the built environment (See Table 5.4). Dangerous circumstances, arising out of inaccessibility, were mentioned by all but two participants. At times, dangerous circumstances were described in isolation; however, participants also connected these circumstances to physical pain and fear. Some of the dangerous situations experienced by participants were so extreme they could be described as life threatening. As participant two mentions: "in the wintertime you're really taking your life in your hands" (2-6). Participant six explains that the curbside lanes in Prince George are rarely clear in the winter: "[o]ne of the problems that the City has is that they regard the curbside lane on a street as snow storage, which puts us in the middle of driving traffic…" (see picture 5.2) (6-13). In describing the dangers of driving her scooter in traffic, she elaborates:

> …the roads that I have to function in, and most other people have to function in, include semi highway traffic, which means that it's high speed… I have come very close to being killed several times, but on the other hand the sidewalks are concave and as a consequence you can't drive on them because you slide off onto the road and then you dump yourself in the process. The other thing is that there are many sidewalks in this city that do not have off ramps, so you can't get off (6-1).

Picture 5.2. "Snow Storage in Curbside Lane in Prince George." *Jessica Blewett.* March 2011.

Participant four frequently mentioned having accidents as a result of inaccessibility in Prince George. She described several falls and the resulting injuries, stating that she had "…to put band-aid after band-aid after band-aid on" (4-3). Participant five also talked about the pain of falling backwards out of his wheelchair, explaining that he carries a great deal of fear about falling.

Fear can be deeply connected to accidents. For example, participant nine explains her need for a mobility aid is a direct result of fear of falling:

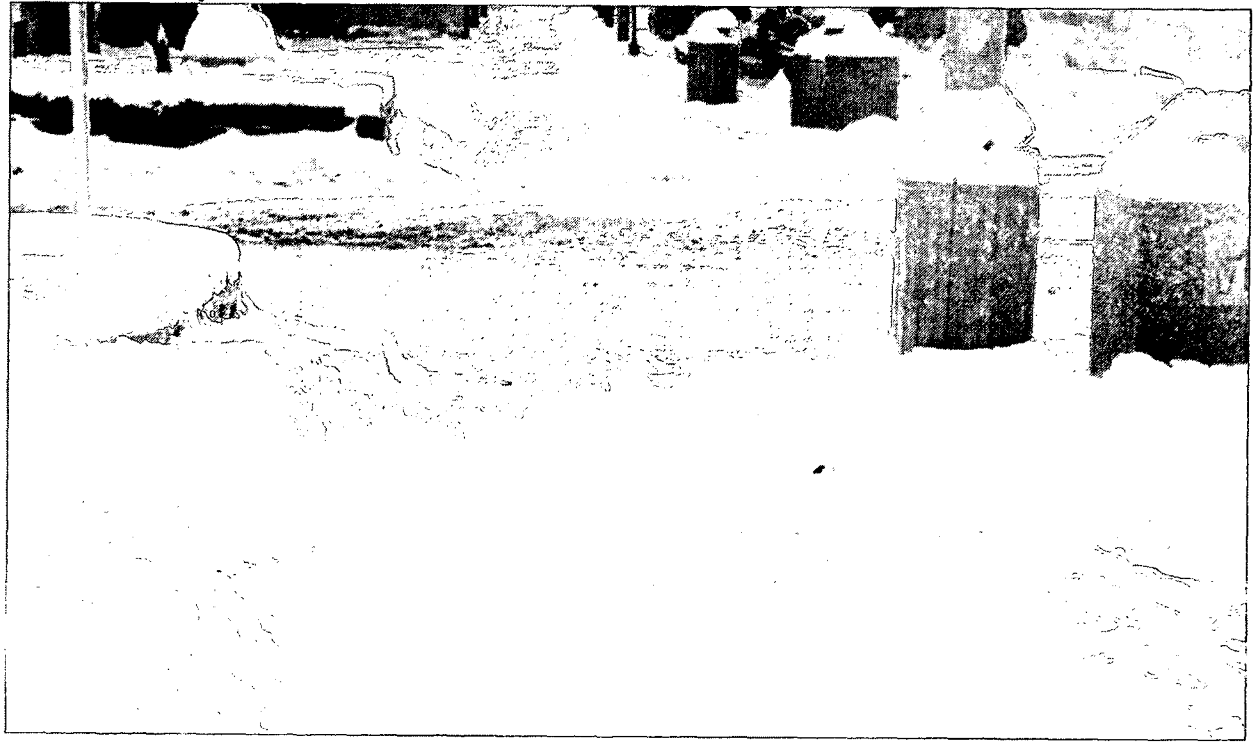
> I never had to use a walking stick in the winter until I broke my elbow in the summer, and then I was so afraid of falling again I started to use my hiking poles. I use them in the summer for when I go hiking, but I use them in the winter for walking. The other thing is that 5 years ago I started to wear cleats. And I've been through two pairs of cleats which says something about the climate here I think, because I never had to wear cleats before 5 years ago, because we didn't have this kind of ice, this freezing and thawing, this is more like Montreal where you get freeze thaw freeze thaw all winter. Before that you got good cold winters, good traction. So I've been wearing cleats for five years, not just because I'm afraid of falling because of age, but because of the ice (9-1).

Fear can also intensify the health problems of (dis)Abled people, by causing mental health issues and enhancing feelings of exclusion and isolation.

Accidents and fear of accidents, however, are not the only health concerns arising from accessibility issues in Prince George. Although deteriorated and uneven surfaces will not always cause an accident, they can aggravate preexisting conditions which many (dis)Abled people suffer from. Some (dis)Abled people use mobility devices as a result of conditions which insight chronic pain, such as arthritis. As mentioned by participant six "[t]he jarring is absolutely, on a scale of one to 5 probably a 25. The pain, you can't contend with the pain" (6-5). Participant two expressed a great deal of physical pain when going over a bumpy area of a sidewalk on Fourth Avenue (see Picture 5.3), and participant six actually screamed out in pain when trying to traverse the mounds of snow left behind at curbcuts on Third Avenue (see Picture 5.4). Of the nine participants, seven discussed experiencing physical pain, similar to what is mentioned above, as a result of poor conditions. This physical pain may intensify the preexisting conditions that (dis)Abled people can suffer from. From these testimonies it can be concluded that there is a connection between inaccessibility, dangerous circumstances, physical pain and fear.

Picture 5.3. "Deteriorated Sidewalk in Prince George." *Jessica Blewett.* October 2011.

Picture 5.4. "Snow Mound Barrier Created from Poor Snow Clearing Techniques." *Jessica Blewett.* January 2012



Theme Four: The Emotional Impacts of an Inaccessible Environment

Table 5.5: Emotional Impacts of Inaccessibility

Codes	**Subthemes**
A	Feeling Awkward
AG	Anger
F	Frustration
POS	Feeling Positive
SD	Sadness

All participants felt emotionally impacted by inaccessibility. These feelings are multilayered and represent a continuum of emotional responses (See Table 5.5). Some are expressed overtly, while others are undertones uncovered in discussions with participants. Feelings of frustration are common among participants and are a result of varying factors. Frustration was expressed by participants as a result of difficulty during attempts to enter supposedly 'public' establishments. For example, participant five described what it is like to enter a store which has a sloped entrance way and lacks an automatic door (a common feature of downtown Prince George): "[i]t's frustrating. I can put the brakes on so I don't roll back but in that split second I need to take the brakes off the doors already slamming back shut" (see Picture 5.5) (5-2). Participant two expressed frustration over her inability to rectify accessibility issues in the City. She explains that "...when there's these barriers in place that... you're not even able to fix right now, let alone long term... you can't get it dealt with right away and it's frustrating but it also... it feels futile" (2-9). Similarly, participant one expressed frustration over the lack of progress in correcting accessibility issues in BC:

> Gordon Campbell stood up and said, 'by golly,' after sort of witnessing all of this, 'disabled people will not be backdoor people any more in British Columbia'... that's nice to say but what are you going to do to make that happen?... Are you going to change the legislation? Are you going to review the building codes? The building codes haven't been reviewed for access since 1975; there's been virtually no changes to the building code... (1-11).

Picture 5.5. “Sloped Manual Entrance.” *Jessica Blewett.* October 2011.

Participant two also explained some of her frustration as stemming from being excluded from places that she frequented before becoming confined to her power wheelchair: “… I would love to go in there, like I said it’s one of my top two stores, it’s got everything, but I can’t go in there anymore. It’s very frustrating” (2-3). Participant five expressed a similar sentiment saying “I feel very frustrated. It’s only four or five steps, it’s a situation like here and I feel very frustrated” (5-3). Later on he mentions frustration again when describing an experience he is now excluded from:

> Especially here, where there’s older buildings, steep stair cases, no lift, elevators, nothing. There’s no way I could get into that place. It’s the same situation with [a local events site], it’s very frustrating. That part I find frustrating, I mean what the hell am I gonna do? I would have gone up there to say hi, but I can’t do that (5-11).

Similar sentiments about barriers downtown are also expressed by participants six and seven. As evident in the previous quotes, frustration is a common response to, and impact of, inaccessibility.

Emotional responses to inaccessibility, however, can go far beyond frustration. In several instances, participants describe situations of inaccessibility as inciting anger; seven participants cited this response. For example, participant one strongly expressed that when faced with barriers, "...it makes you feel pissed off, it makes you feel like you're a part of society that people don't give a shit about" (1-15). This response was closely shared by participants three, five, and six. Anger was further cited by participant eight who states that he feels "angry at the City for not noticing" barriers to mobility (8-4). Finally, when discussing local events in Prince George, participant seven stated "[t]hat's upstairs right?...That always pisses me off" (7-7).

Other less common emotional responses to inaccessibility include awkwardness and sadness. Sadness was mentioned by four participants. Although all participants did not directly say that inaccessibility makes them sad, it is clear from the interviews that undertones of sadness exist. For example, when explaining restaurants that she can no longer frequent, participant two states: "*[i]t's too bad though* about that one, because it's good food" (2-15). Participant four also expressed sadness when discussing barriers, saying: "[o]h frustrated at least, *it's heartbreaking*" (4-1). Overall, a wide range of emotional responses to barriers were commonplace throughout the interviews.

Theme Five: The Impediments to Self-Determination and Autonomy

Table 5.6: Impediments to Self-Determination/Autonomy

Codes	**Subthemes**
CP	Constant Planning
LI	Lessening Independence
LS	Lessening Spontaneity
MOD	Modifying Behaviour

For some individuals, disablement can result in the loss of a degree of self-determination and control over basic aspects of their lives. In this case, impediments to autonomy can result in less independence and spontaneity, the forceful modification of one's behaviour or actions and the constant planning of each day (see table 5.6). The characteristics comprising this theme were present in various scenarios described by participants.

Six participants detailed situations where they experienced a lessening of independence. As participant six explains: "...you have to consistently ask for help from strangers..." (6-10). Similar sentiments were expressed by participant one throughout the interview (see Theme 4). Participant two notes that: "[t]here's no way I could go in this store without my fifteen year old there to open the door, for me to go in and out" (2-4). Participant four concurs, stating: "it's really difficult for me to get in some restaurants by myself" (4-7). Thus, (dis)Abled people lose aspects of their independence when the environment is inaccessible, because they no longer have the choice to help themselves.

Not all participants, however, describe impediments to autonomy negatively. Diminished independence is a constant for participant three, yet it is not an entirely negative experience, because in the assisted living home where he resides 'all his needs are met' (3-3). At times, participant four shares this sentiment, explaining that she happily uses "the care people quite often in the wintertime" (4-6). In these cases, services which exist to assist (dis)Abled people are shown to be successful in combating aspects of disablement. Additionally, participant five describes that he likes the idea of (dis)Abled travel agencies because they do all the planning. Despite this fondness he reflects: "I used to travel by myself.... going by myself is so much easier, because I've always been a really independent guy and generally pretty happy doing things by myself. I don't always need people around me, but traveling now, I would not really want to do by myself..." (5-4). As this quote suggests, participant five's character and way of being is deeply affected by the lessening of independence.

Lessened spontaneity and constant planning are joint aspects of *impediments to self-determination* experienced by many participants. As participant one remarks:

> … in a perfect world if I knew wherever I needed to go and I knew if there would be access, a person with a (dis)Ability could be way more spontaneous. But even now as a rule people with disabilities generally plan and even if it's just a simple thing like phoning ahead to a restaurant, 'ok yes our group is going to X, Y, Z, restaurant but I better plan, I better phone ahead just to make sure they have an accessible bathroom or just to make sure there's no stairs or any lips to get into the building'. So there's still a lot of planning being done by people with disabilities" (1-5).

Participant five further describes a scenario where he was unable to enter a building to pick up a package: "everything's got to be planned out… I always lived kind of spontaneously—if I had an idea, okay let's do it. Now I can't do that anymore" (5-3). Participant seven agrees, stating "[i]f I choose to go out, I plan, it's planned" (7-7). Participant six adds that lessened spontaneity and constant planning can be linked to climate, explaining that in the winter "you have to preplan everything" (6-4).

The impacts of constant planning and lessened spontaneity are varied for (dis)Abled people. They are not, however, the focus of this research and will, therefore, be explored only briefly. Although not the primary focus of this research, the following quote sheds some light on this topic:

> I think what it really boils down to for me, is that somebody with a mobility impairment and somebody that's able-bodied, the biggest factor between the two to me is spontaneity. You can be driving your car down the road or riding your bike and pass your friends house and go 'oh I'm just going to whip up there and stop for coffee and park your bike and hop up the stairs and knock on the door'. There's no such spontaneity with people in wheelchairs. You can't get up stairs. You can't stop by. I can't even stop by my neighbors and drop in for a coffee because of the stairs. It's a dog and pony show… it starts to get old really quickly. That kind of thing, having to struggle through snow, struggle up stairs, or get someone to help you get up stairs. It's that spontaneity that to me you lose (7-4).

The ongoing need to plan, as mentioned earlier, could also be interpreted as a form of modifying behaviour. Changing one's behaviour or actions as a result of inaccessibility is a subtheme found throughout the *impediments to self-determination* theme. Sometimes individuals modify their actions and behaviours to suit their environmental circumstances in order to regain some control over their lives. Although for some modifying behaviour represents an attempt to regain autonomy over their lives, it can also be interpreted as a form of loss of control, because it represents a loss of options. As participant two explains "I often try and find the quickest way from A to B. That doesn't always work out. And I often have to be very patient. And I have to be willing to have a plan B and not get frustrated if plan A doesn't work" (2-6). Planning is not the only place where modifying behaviour and actions is present. Participant five demonstrated how he modifies his actions by wheeling down steep surfaces backwards to avoid falling forward (5-6). In this case, the participant changed how he moved in the built environment as a result of fears of falling.

On the whole, it appears that some degree of loss of self-determination and autonomy is a reality for many (dis)Abled people when faced with inaccessibility in the built environment. *Impediments to self-determination* can come in many forms, ranging from losing independence to restructuring one's way of life. Each of these factors plays a significant role in the disablement of individuals.

Theme Six: Limits on Social Participation

Table 5.7: Limitations on Social Participation

Codes	**Subthemes**
DF, HS, SG	Difficulties
D	Disengagement
ED	Exhaustion/Becoming Defeated
ME, SH, SPX, SX, SXI, SN	Social Segregation
GU	Giving Up
L-A	Limiting Activities
L-E	Limiting Experiences
U	Socially Uncomfortable Situation
SN	Social Neglect
T	Trapped

The physical difficulties caused by inaccessibility can separate, segregate and exclude (dis)Abled people from goods, places, activities and experiences. Types of difficulties can range from minor hassles and inconveniences to full out struggles for access (see table 5.7). Many participants experienced a great deal of physical difficulty when faced with inaccessibility during the go-along interviews. Participant four stated "[i]t's really difficult, because just like this one I can't get in" (4-2); and participant eight described "...the slush is usually built up on the curb cut itself, and it can be difficult (see Picture 5.6). Stuff like what we're going through right now when its soft like it is, is extremely difficult on my batteries" (8-1). Other participants describe inaccessibility as more of a struggle, especially when combined with the climate in Prince George:

> I know for people with disabilities if they have poor circulation putting on winter boots, putting on snow pants and... a big heavy jacket, that in and of itself starts to sort of slow you down, you're mobility is restricted in your chair because of all the clothing you have on. Then you add that on top of having to push through the snow... it all starts to add up to effort (7-2).

Picture 5.6. “Poor Winter Sidewalk Conditions.” *Jessica Blewett*. January 2012.

Exclusion, however, becomes a larger issue when it limits social participation. *Limitation of social participation*, a theme which arose in many interviews, varies in severity. These limits range from restricting the places one can purchase goods, to stripping individuals of their basic human rights such as “ the right to freedom of movement and residence within the borders of each state” (United Nations). As mentioned earlier, when social situations are uncomfortable or embarrassing, social participation can be impacted. Here participant one describes an uncomfortable situation of inaccessibility which limited his social participation:

> ...where you actually need assistance, that really makes people with disabilities uncomfortable because once in a while you sort of put up with it, ‘oh ya we’re going to a concert and its upstairs’. Ok, if it’s a one off from time to time, you sort of go ok I’ll get my friends to help me get up the stairs. But if it’s a regular thing that you had to do, I personally would just stop attending where ever that was, because it becomes

> a big dog and pony show to help the person with the (dis)Ability. And that's why sometimes you don't see people with disabilities out, and doing things and getting involved, because when it starts to become a labour and it starts to become this big production with assistance, people with disabilities are like I just don't want it, I just don't want to be a part of that and they just stop getting involved. So barriers and access, very much tied to being inclusive, because with barriers there is no inclusion, that's what happens (1-5).

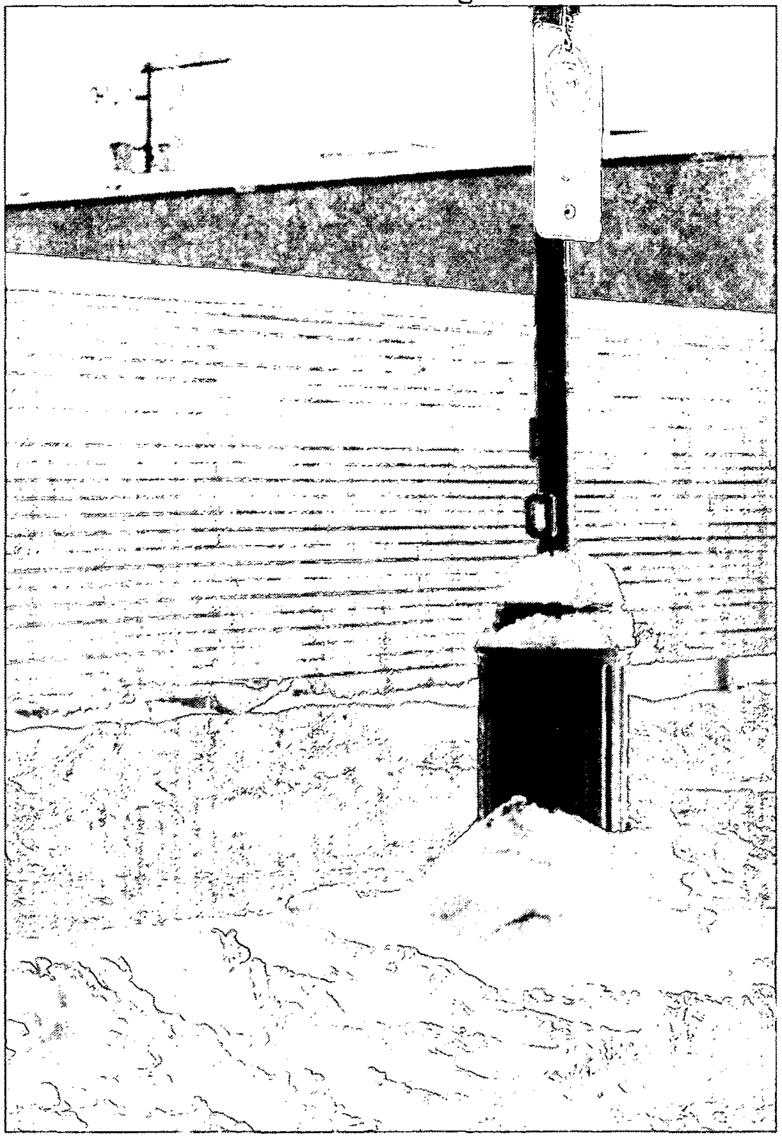
When individuals are not able to shop where they please, their social interactions are also impacted. For many people, shopping can be a social activity, carried out in groups. As participant two explains, when accessibility limits where an individual can shop, it has a detrimental impact on ones social life:

> ... the amount of physical barriers, have hindered even my social life, because a lot of my friends, it was a big thing on Saturdays. You go to the farmers market and you cruise up and down third and fourth and fifth avenue, and I don't do that anymore... my friends, I know where they want to go, and I want to go too. But what do you do when one party of your group can't go and there's six of you? Do the five go and the one stay out? Or do they half stay out with the one that can't make it? So I just kind of quit going (2-4).

Beyond shopping, social participation can also be limited through the inaccessibility of other activities and experiences. Participant four, for example, expressed her love for karaoke but said that "there's not so many pubs here that I can just go in.... because I'm like this, I have to wait for people to open the door" (4-1). She also described the difficulty she has finding accessible restaurants in downtown Prince George and how that limits her food options and social activities. Inaccessibility limits participant five's ability to access the arts in Prince George and participant six's ability to travel independently on City buses. Participant seven even suggests that inaccessibility deters him from coming downtown at all, therefore completely segregating him from the downtown community. He explains that "[when] you come to something like this [a snow mound] and now you have to deal with that every time you've gone up and down a curb, you wouldn't bother with it right" (see Picture

5.7) (7-2). In closing, he explains: "it's not fair, because the only difference between inclusion and exclusion is the built environment" (7-7).

Picture 5.7. "Snow Mound at Parking." *Jessica Blewett.* January 2012.



Inaccessibility also stifles the hobbies of individuals. As participant two mentions: "I would never be able to get in there and one of my hobbies is embroidery.... And this is a big one. I would love to be able to get in there and buy beautiful embroidery thread, but there's no way" (2-9). She further explains how this impacts her social participation: "when I can't access the businesses that I want to, it makes me feel almost like this is no longer my community because I can't participate where I want to..." (2-9). As evident in the above quotes, limitations as a result of inaccessibility can damper the social participation of individuals and even stop people from pursuing activities which they love. These experiences illustrate ways in which social neglect, social segregation and social isolation are closely linked to the limitation of activity and experience, and are each a consequence of inaccessibility.

To neglect is to either withhold the proper care or fail to give the proper or required care and attention to someone because of carelessness, thoughtlessness or indifference (Oxford). Social neglect[13], therefore, is a lack of care resulting from a social environment. Social neglect is closely tied to the limitation of social participation by (dis)Abled people. There are many ways in which (dis)Abled people in Prince George can be socially neglected. Sometimes society neglects (dis)Abled people by overlooking their needs when designing the built environment as pointed out by participant one: "[y]eah so you're inconveniencing the walker a little bit by providing access....You wouldn't even notice. But it's okay to inconvenience the person with a (dis)Ability?" (1-11). As he explains further, this type of neglect reflects deeply rooted discriminatory societal attitudes:

> So what's the attitude? It costs too much money for us to allow access and inclusion for people with disabilities? 'There's a cost to that and we as a City and as a society, we don't want to pay that cost, we don't care, that you don't have access or that you're not included.' That's the message... it makes you feel like you're a part of society that people don't give a shit about" (1-14).

Other participants describe more obvious forms of social neglect where individuals failed to provide assistance where necessary. Participant two explains that before receiving help to enter a building she "could sit out here for five [or] ten minutes" (2-4). Participants

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[13] Although I did not invent the term *social neglect*, it is to my knowledge, not a defined term in geographies of (dis)Ability. The definition I use for the term, therefore, is my own.

three and four share similar sentiments and explain that "[n]ot so many people are nice and helpful" (4-2) and that social neglect can be deliberate when businesses downtown "think it's not that much business to lose" (3-1). Social neglect is intrinsically linked to two other concepts described below: social exclusion and social isolation.

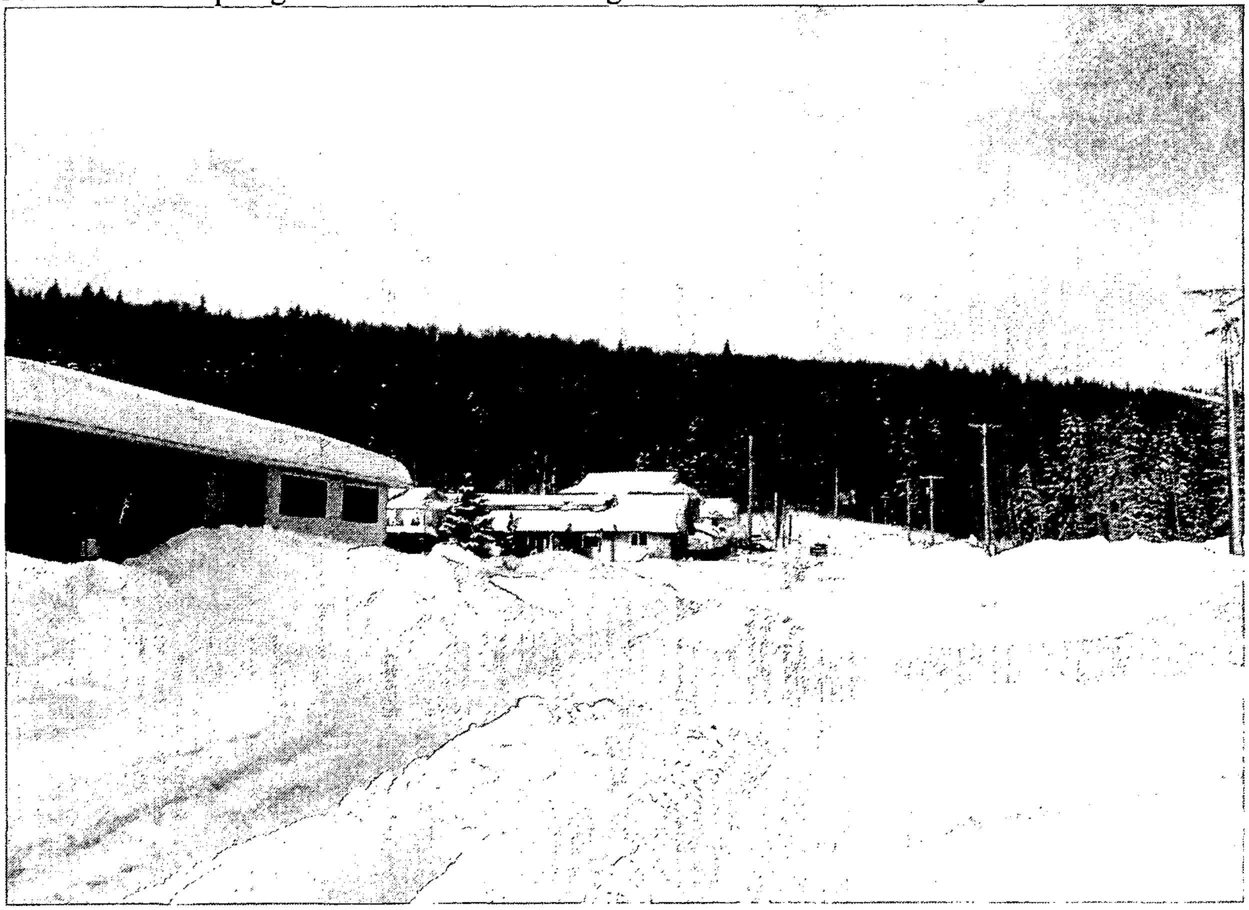
Social exclusion is "[a] situation in which certain members of a society are, or become, separated from much of which comprises the normal round of living and working within that society" (Johnston et al. eds. 751). Social exclusion, a form of segregation, was described by eight of the nine participants, making it one of the most common outcomes of inaccessibility. As the previous quotes suggests many participants choose not to put themselves in uncomfortable social situations, which can result in their exclusion from many aspects of society. However, this is not always a choice, and when inaccessibility cannot be overcome, (dis)Abled people are often forcefully excluded from places and social situations. For example, as a result of inaccessibility, participant five is socially excluded from the arts community in Prince George: "I'm totally [excluded]. I don't know any artists in town. I've lived here for 6 years and I don't know any painters, poets, writers and what have you" (5-9). When social exclusion is so severe that individuals become segregated from society and secluded in their homes, social isolation can occur. As expained by Pedersen, Andersen, and Curtis social isolation comes in two forms: "social disconnectedness, defined as lack of social relations and low levels of participation in social activities, and perceived isolation, defined as a subjective experience of feelings of loneliness and perceived lack of social support" (841). Participant five explains that his social activities are stifled as a result of inaccessibility: "I do lots of reading, so I stay home, I sit on my porch. I have everything I need right there.... The problem is I don't meet too many people that way.... I become more isolated, and I already am. My isolation gets worse. I don't meet very many people. I don't have much of a social life" (5-12).

The winter is found to perpetuate the issues discussed above. Participant nine explains that her social activities are negatively impacted in the winter, stating: "I don't like to drive in the dark, I don't go out on my own at night, except for once a month when I go to my book club and even that I'm going to start curtailing" (9-2). These sentiments are shared by participant eight who states: "I spend a lot more time at home" (8-2); by participant seven who says that his excursions into the community are "absolutely" limited in the winter; and by participant five who states: "I don't spend a lot of time outside in the winter..." (5-1). However, in expanding on the theme of winter and social exclusion, participant seven explains that, although he is excluded from activities in the winter, he does not necessarily feel isolated, despite describing a fairly dire situation:

> When that kind of freedom of movement for that opportunity is limited by the weather, by the snow, then I can see people feeling ya know isolated in their homes, I mean... But when I think about it though I think to myself and I go well where do I go in the wintertime? Umm I go from my house to my car then I drive and I get out of my vehicle and I go to the office. Those are the only two places I go all winter long. Right, so work, home, work, home and so ah... that's kind of pathetic really (laughs). But I'm sort of used to it. So to me it sort of, it becomes the norm, ya know what I mean. I don't really ever feel isolated and shut in, maybe because I've just come to accept that that's the way it is, and it becomes the norm (7-3).

Not all individuals, however, share participant seven's outlook. In extreme cases of isolation, some participants have even become trapped in their homes for extended periods. Six of nine participants have experienced some form of entrapment as a result of their cars not starting, their driveways being snowed in and streets and sidewalks being un-ploughed (see Picture 5.8). Participant eight describes one such event: "I remember being stuck around the Christmas season for around three weeks in my apartment because the snow kept coming and the City wasn't going fast enough and [that] avenue is the last place they do anyways. So three weeks later I finally got my streets cleaned" (8-4). Entrapment occurred rarely, happening very few times a year; however, the consequences of this event is severe and can greatly limit social participation.

Picture 5.8. "Un-ploughed Street in Prince George." *Jessica Blewett.* February 2011.



As a result of compounding circumstances of inaccessibility, participants described episodes where they became disengaged, exhausted and sometimes even gave up. When referring to difficult scenarios of inaccessibility participants used phrases such as: "[i]t is too much" (4-7), "it's not worth it" (5-11), "there are times when I feel absolutely drained" (6-11), "too much effort" (7-3), "...you've got to pick your battles hey..." (1-12) and "...you got to pick your wars" (2-9). These situations are summed up by participant five who explains that when faced with inaccessibility: "[i] sort of end up, [thinking] oh well, it's not meant to be I guess. So I don't go there. I wish I could…" (5-9). Participants give up on participating in social events, from intimate social gatherings to community events, because of inaccessibility.

Overall, the conditions that limit social participation are far from straight forward, yet each scenario is intrinsically tied to the existence of a disabling environment. As an impact of inaccessibility, limited social participation is on a spectrum of severity ranging from limiting food choices to entrapment in one's home. Therefore, it is important to recognize the diversity within this category when considering the how inaccessibility acts to disable people.

Theme Seven: Experiences of Ignorance, Marginalization and Discrimination

Table 5.8: Ignorance, Marginalization and Discrimination

Codes	**Subthemes**
DSC	Discrimination
INS	Insult
LD, EM	Loss of Dignity
OE	Over-Compensation
I, I-A, I-N	Ignorance
INF	Lack of (dis)Ability information
E	Prioritization of Aesthetics

(dis)Abled people in Prince George were discriminated against in many ways. In some cases this led to various types of marginalization, and often both the discrimination and marginalization stemmed from forms of ignorance and a lack of information on (dis)Ability issues (see table 5.8). Discrimination is defined as "disparate impact, disparate treatment or harassment" which is generally directed towards people on the basis of a social category (e.g. age, race, gender) and can cause anxiety, depression, isolation and feelings of shame (Sperino 70 and van Brakel et al. 2012). Discrimination is not a straight forward concept; it is a contested and complex term, and as such, measuring or defining it presents significant difficulties. For the purpose of this section, however, the above definition will be used. Some individuals experienced discrimination as a result of prejudice towards ability; this is referred to as 'ableism' (Chouinard and Grant 1995). It became clear during the interviews that participants did indeed experience forms of this discrimination. Ableism stretched from subtle ignorance to blatant intolerance; however, instances where the discrimination mentioned was overt and intentional were few. Participant six said that she has "been told to get my vehicle off the sidewalk in no uncertain terms, [that] I don't belong on the sidewalk" (6-5). This was not a common finding. Instead, the discrimination faced by (dis)Abled people is usually less obvious. One specific group, however, appears to endure more of this less obvious discrimination than others.

While discrimination is by no means isolated to scooter users, (dis)Abled people who use scooters appear to face a unique form of discrimination in Prince George. Although currently prevalent on the streets of Prince George, scooters actually have a relatively short history in BC compared to wheelchairs. Thus, the current accessible guidelines for building codes are based on specifications derived from wheelchairs, which are generally smaller than scooters (Steyn and Chan 2008). As a result, some places which are deemed 'accessible' by code are not actually accessible for scooter users. This oversight inadvertently discriminates against scooter users and can result in their segregation from 'accessible' places. This notion is reflected by participant one, who states that there are "...more and more people with mobility issues. Seniors are going around in power chairs now that are way bigger [and] more powerful. The building code hasn't kept up in a couple of situations..." (1-11). It is also evident in this quote that some discrimination can emerge from ignorance of the realities and needs of certain (dis)Abled people. Lack of information about diverse accessibility needs can create difficulties for some (dis)Abled people and result in the creation of a disabling environment.

The idea that the built environment is not conducive to movement by a heavier or larger group of (dis)Abled people is further reinforced by the findings in the previous section on physical barriers. Many barriers for scooter users involved doorways, walkways, sidewalks and aisles being too narrow. For example barriers are identified by five participants as cluttered store interiors, by three participants as narrow doorways, by two participants as the width of ramps and narrow sidewalks, and by one participant as the lack of space between security panels at shop entrances. Wheelchair users may not identify all of the aforementioned barriers as such; however, they tend to emerge when discussing accessibility with scooter users and (dis)Abled people who suffer from obesity. It appears, then, that some discrimination towards (dis)Abled people, primarily scooter users, is emerging from a lack of information on (dis)Ability issues, reflected in the built environment.

As illustrated by the experiences of scooter users, discrimination can result from ignorance of (dis)Abled realities. Part of this is a general misunderstanding of the many complex and unique (dis)Abled identities in existence. Scooter users are unique in a number of ways. Unlike many permanent wheelchair users, some scooter users are not entirely confined to their device. Some participants are able to get up and walk for short periods of time, while others are only able to stand momentarily, if at all. The varying abilities of scooter users, however, can confuse other able-bodied community members. For example, participant eight told a story about being denied access to a City bus after the bus driver discovered that he could get out of his scooter to get it dislodged from an area where it was stuck. Participant eight suggested that the bus driver, despite knowing nothing about the participant's physical condition, determined it was unnecessary for him to bring his scooter on the bus if he could get out of it and walk momentarily.

Participant six also experienced discrimination as a result of a misunderstanding of her complex and unique identity. She suggested that, despite only possessing physical impairments, she has been viewed by some in her social circle as also having mental impairments: "[b]ut when people choose to see individuals in a certain perimeter... you're either functionally intelligent or you're functionally mentally challenged. That's the only (dis)Ability they see..." (6-8). Further, participant two, mentioned that dealing with the attitudes of misinformed individuals can be challenging:

> ...even just like little things like crossing the street can be a challenge because there's no [awareness]. ICBC doesn't do a public awareness program around disabilities and... it's all those little things from different areas, that make up peoples' ideas and perceptions... when the sidewalks might be a bit crowded or a business is busy and there's people coming in and out and I might want to go in and people get upset that I'm slow (2-1).

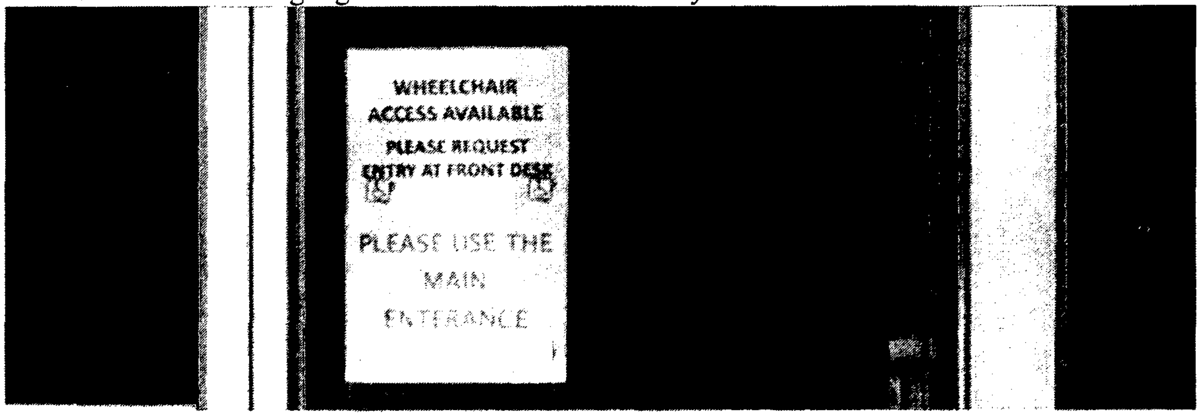
It appears that a lack of public awareness and education, in combination with diverse (dis)Abilities, can have negative consequences for (dis)Abled people.

Discrimination is not the only way public ignorance of (dis)Abled realities impacts (dis)Abled individuals. Over the course of this research, it has become clear that many scooter users are unaware of their rights and responsibilities as they pertain to scooter operation. One such discrepancy is the uncertainty of scooters as a vehicle or pedestrian classification, which can create conflicts on the roads and sidewalks. For example, participant three pondered: "...I wonder... Do you drive on the sidewalk? Do you drive on the street like a car? Or do you go like you walk facing traffic... off to the side?... I asked a policeman too and he didn't know" (3-5). Overall scooter users experience a complex range of issues as a result of lack of information about their unique realities.

Scooter users, however, are not the only group of (dis)Abled individuals affected by ignorance. For example, when participant six came across a sign that read 'Wheelchair access available, please request entry at front desk,' (see Picture 5.9) she noted that "[y]ou can't get into the front desk to request assistance to get in the door. They are assuming that everyone that comes with a wheelchair has somebody with them" (6-10). In fact, many of the accessibility issues identified by participants could be attributed to a lack of understanding of (dis)ability issues by business owners, builders, policy makers and other individuals who shape places. This idea is further revealed in the following statement made by participant two:

> I think it's really got to be... a public awareness campaign needs to be put in place, and also in both the private and the public sector. The people that run businesses and the people that build buildings, they need to be involved with people with disabilities and get feedback in the planning stage and in the building stage and then to go back and go through the building once its open to see what's going to work and what's not (2-4).

Picture 5.9. "Ableist Signage." *Jessica Blewett.* January 2012.

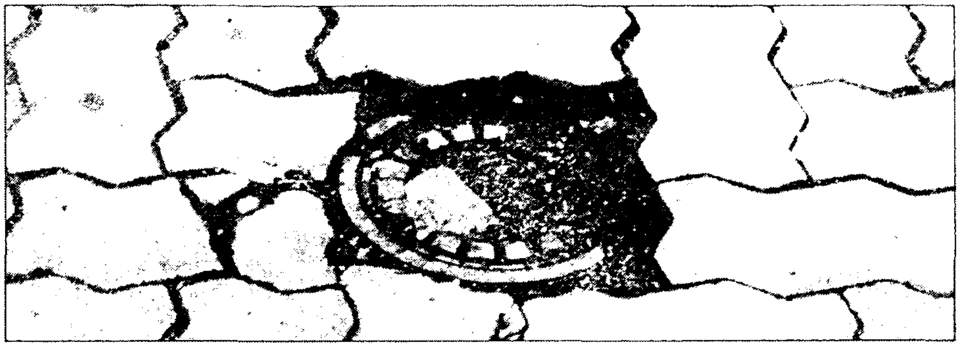


As evident from the interviews, public ignorance can result in forms of discrimination against many different types of (dis)Abled people which segregate them from parts of the built environment.

In some cases discrimination against (dis)Abled people and ignorance of their needs is reflected in architectural priorities of places. The built environment can act to disable individuals when aesthetic value is prioritized over accessibility. This prioritization tells (dis)Abled people that their needs are of lesser value to aesthetics, an act which can make (dis)Abled people feel marginalized. This issue of prioritization partially explains why some barriers in the built environment are present. Although this theme was only specifically referred to in one interview, there are undertones of it in several. In two interviews, for example, participants identified at least four places in downtown Prince George that did have an accessible entrance way, but did not have sufficient signage indicating access. When this issue was brought to the attention of store employees, it became clear that some did not want to put up a sign unless it was aesthetically pleasing.

In another scenario, participant three mentioned that tables and chairs which are bolted to the ground for aesthetic and practical reasons present scooter users with a barrier thus limiting where they can eat. In describing this situation, participant three stated that "all the tables are bolted to the floor and so are the chairs, so you can't move anything around to pull in... I had to go outside and eat out of my lap" (3-3). Participant one also referred directly to the concept of aesthetics taking priority over accessibility. He explained how aesthetic or ornamental elements of the built environment tend to combine with other features to create a greater barrier. This became further evident when we came across "a manhole cover... sticking up from the decorative bricks" (see picture 5.10) (1-6).

Picture 5.10. "Decorative Brick and Cover." *Jessica Blewett.* April 2012.



Unfortunately, for some (dis)Abled people, discrimination does not stop at the built environment; it extends to the social environment and can result in various forms of marginalization. Marginalization is described as a "complex and disputatious process by means of which certain people and ideas are privileged over others at any given time…[and where] any given group can be ignored, trivialized, rendered invisible and unheard, perceived as inconsequential, de-authorized, 'other[ed]" or threaten[ed]…" (Ferguson et al. eds., 7). Marginalization can occur as a result of embarrassment and loss of dignity from social interactions especially when out in public. Participant two was unable to obtain the help she required as a result of embarrassment. As she recalls: "…when I first got in the chair I wouldn't ask for anything, because I was embarrassed" (2-8). Participant one experienced marginalization as a result of the humiliation involved in certain situations of inaccessibility:

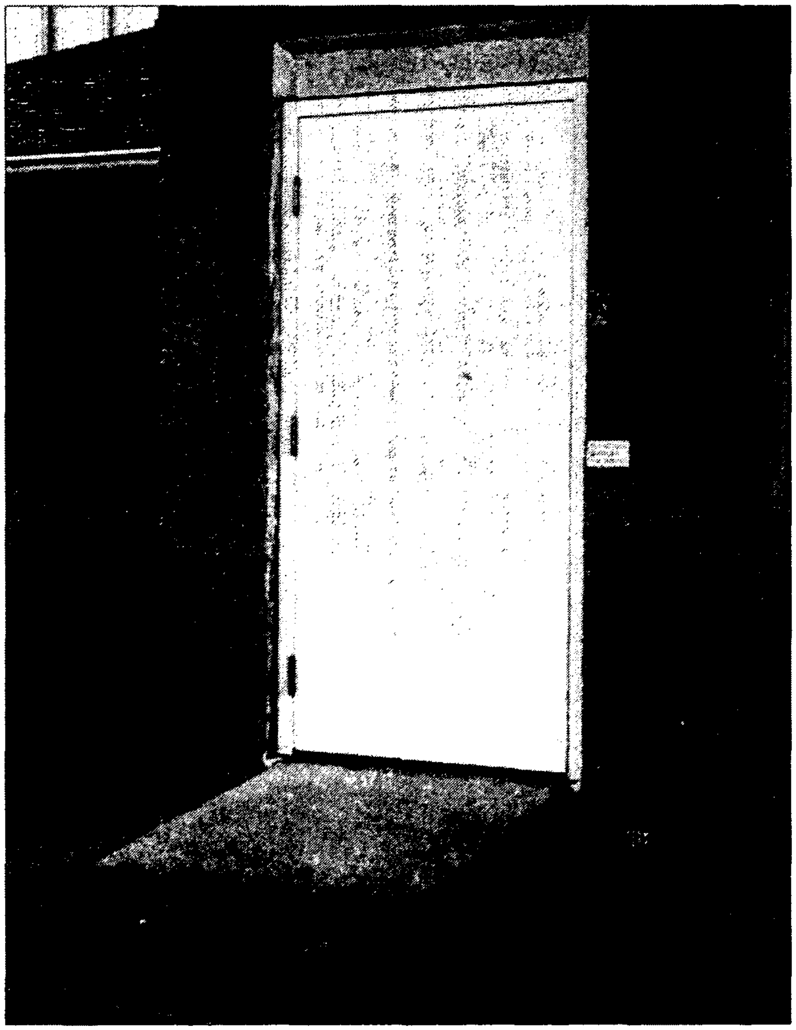
> … when it becomes a struggle… and you're trying to get in, you're drawing attention to yourself and suddenly people are rushing over to you and going 'hey do you need some help.' From a position for a person with a (dis)Ability that wants to be independent and wants to be able to do something for themselves that becomes an uncomfortable situation.… [I]t looks like you're struggling and for me there's a sense of a bit of a loss of dignity, when you have to struggle to get somewhere, to get into a building" (1-4).

Participant six describes a loss of dignity in social settings: "[y]ou lose a great deal of pride… when you have to consistently ask for help from strangers" (6-10). Participant five also mentions that he would like to be a part of Prince George's arts community and attend local events. However, the hassle of having to find people to pack him up the stairs is unfathomable as he has a "hard time asking for help" (5-9).

Some participants also felt offended and/or insulted as a result of marginalizing experiences. When explaining her feelings on places with only backdoor accessibility (see Picture 5.11), participant two explains:

> ...I have a hard time with that, why do I have to go to the back door? I'm not a delivery person. I'm coming to the business to spend my money and so, if the business wants my money, you would think that the front door would be accessible for me like it is for everybody else. So, that can make you feel marginalized (2-13).

Picture 5.11. "Back-Door Access." *Jessica Blewett*. October 2011.



She also states: "not having that cut out makes it, [pause] it's almost a slap in the face, 'here we're going to give you a parking space but you figure out how to maneuver in and out of it onto the sidewalk safely" (see Picture 5.12) (2-11). Participant four expressed feelings of insult at the discriminatory attitudes that come with inaccessibility: "I feel so insulted because they only see my (dis)Ability, they don't see what kind of person I am..." (4-4). Offence and insult can be everyday realities for (dis)Abled people.

Picture 5.12. "Parking Space without Cut-out." *Jessica Blewett.* January 2012.

Some participants felt the need to over-compensate as a result of how they were viewed and treated as (dis)Abled people. Overcompensation can be interpreted as both a result and form of marginalization. When participants were treated marginally by others, they would often respond with overcompensation, which can be a projection of one's own feelings of inferiority. Some participants overcompensated in their social environment by attempting to over-engage with others. These participants felt that unless they made an extra effort, other people would not engage with them at all. As participant one explains:

> I've actually been to some workshops, [where] I don't know anyone and they don't know me, where people have made zero eye contact with me, made zero effort to come up and say hi. And there have been times where I've felt uncomfortable in situations because then I second guess what I should be doing. So I think what happens quite often is that the person with a (dis)Ability has to make an effort to smile and say hi, to be proactive in engaging people (1-6).

Similarly, participant six explained that, in order to be treated fairly in her social environment, she must keep her "attitude reasonably positive" beyond the norms of able-bodied individuals (6-11). Participant two theorized as to why overcompensation stems from this sort of marginalization. She explains: "[a] lot of people don't know what to say to people with a (dis)Ability [at all] so rather than say the wrong thing, they say nothing" (2-1). On the other hand, participant four suggests that it is often a conscious choice to ignore, claiming: "[n]o one is interested in people with disabilities" (4-3). Some (dis)Abled individuals feel that their opinions are devalued and often ignored. According to participant two: "...that's part of the attitude I think, is people don't take people with disabilities seriously enough..." (2-15). Others perceive ignorance as arising from thoughtlessness. When discussing why places are inaccessible, participant five suggests: "...I don't think they even think about it" (5-11). Participant six believes the ignorant attitudes stem from a lack of awareness, suggesting: "...that awareness isn't there...." (6-2). Thus, for a variety of reasons, participants are experiencing marginalization in the form of ignorance, which is directly tied to overcompensation. Although the reasons vary, it does appear that some (dis)Abled people feel that, in order to not be ignored in social situations, they must go beyond what is normal for an able-bodied person. In addition to marginalizing (dis)Abled people, this may enhance inequity and put a greater strain on (dis)Abled people in social environments.

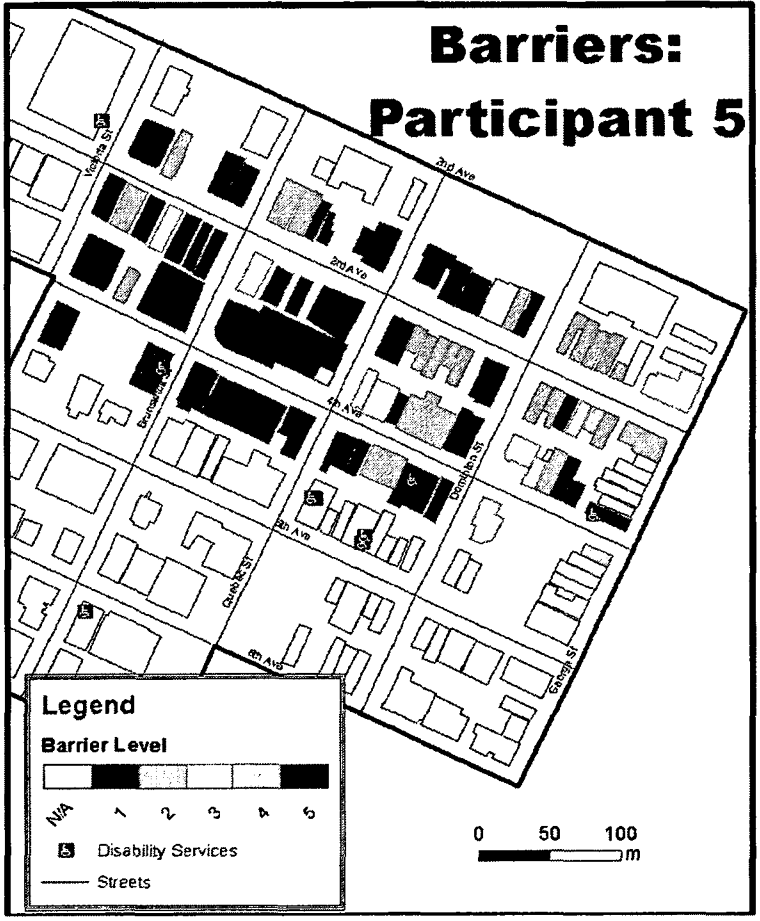
As previously mentioned, ignorance can result in marginalization of, and discrimination against, (dis)Abled people. In a few circumstances, the repercussions of this ignorance can be more severe. Sometimes individuals in a position of power are ignorant to the needs of (dis)Abled people. This can result in discrimination which transcends new boundaries. For example, if an architect is ignorant to the needs of (dis)Abled people, then the resulting designs, and eventually the building itself, will discriminate against (dis)Abled people. Participant seven, for example, described the repercussions of ignorance in City workers who clear the streets, stating: "… they [only] do enough for the majority of people that use the infrastructure" (7-6). Participant one points out that discrimination can occur as a result of ignorance in the planning stage:

> [s]ometimes when you talk to City planners and engineers, they really think in a box. So when you offer suggestions of sort of outside of the norm or what they've been taught there tends to be resistance to it, 'oh no we can't do it because of X, Y, Z.' But when you give it some thought, it probably can be done (1-2).

It is perceived that those in charge of development often think *inside the box* and only create spaces for certain people. As explored in the *Discussion* Chapter of this thesis, this type of thinking can occur because of economic constraints, information constraints, political constraints, and environmental constraints, among others, but are typically fueled by ableism.

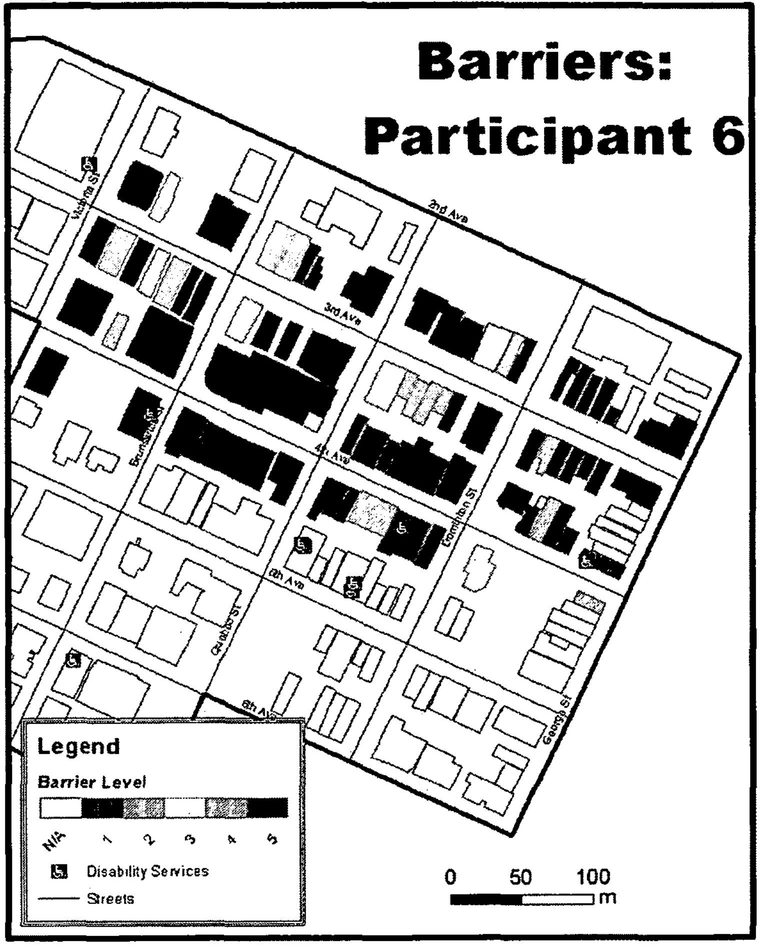
Once out of the planning stage, discrimination, or lack of consideration, can even transcend into policies. As participant one explains: in "[t]hese older buildings, access was not required, it wasn't part of the building code, and so there was no thought put into access when they were being constructed" (1-2). As mentioned in theme two, inveterate conditions often cause inaccessibility; however, in light of these findings, it is clear that historical circumstances are no excuse for inaccessibility and are still a reflection of discriminatory attitudes. As evident in the previous quote, the consequence of ignorant attitudes, held over a lengthy period of time, is a built environment which discriminates against (dis)Abled people: "it's just not built to be wheelchair accessible downtown" (see Maps 5.1 and 5.2) (2-5).

Map 5.1. "Participant 5." *Jessica Blewett.* August 2011.



Maps 5.1 and 5.2 are the product of barrier rating by participants five and six during the go-along interviews. Each map clearly depict several inaccessible areas downtown, despite being created by two separate participants.

Map 5.2. "Participant 6." *Jessica Blewett.* January 2012.



Overall, ignorance towards (dis)Abled individuals and their circumstances is a multifaceted, complex theme that can result in access issues, marginalization and discrimination. Although ignorance is the main focus of theme seven, it can be found underlying many disabling circumstances and is heavily present in the second theme on the inveterate conditions.

Conclusion

The complexity and diversity of individual's subjective experiences characterizes each of the findings mentioned here and explains their current composition. Through a deep examination of the findings, it has become clear that no generalizations can be made about (dis)Abled people as a group; each (dis)Abled person experiences reality differently and is unified only by being labeled 'disabled'. This notion of the diversity among (dis)Abled people becomes further apparent when reexamining Map 5.1 and Map 5.2. The two participants have similar (dis)Abilities; however, their experiences with barriers are very different and are a product of more than just their physical conditions. The barriers depend on a variety of factors from personal factors [e.g. length of time (dis)Abled and gender] to device (e.g. wheelchair and scooter).

Despite this diversity, some connections can still be made. Many participants did describe similar experiences; each experience differed in how it was approached by individuals with respect to their attitude. This was touched on by two participants. Participant one mentioned "...how we deal with things, it's a reaction of an individual with a (dis)Ability" (1-7); while participant seven explained in detail that:

> I think you have to make a distinction between which person with a (dis)Ability you're talking to, because everyone accepts their situation differently... I mean clearly somebody that just got injured and had to struggle like this and is really limited from fresh in their minds the freedom of walking and going out and not having to think about things and not having to plan every moment of your life, then this can be very, very limiting, upsetting and some people find that hard to accept. And for a person like that, that whole reality... of being shut in is very, very real (7-3).

Overall, the findings of this research project only begin to shed light on some of the issues facing (dis)Abled individuals. It is not my intention to downplay the diverse realities of (dis)Abled individuals which extend far beyond the realms of these pages. These findings, therefore, suggest that the impacts of barriers and experiences of disablement are directly related to the attitude and identity of the individual affected. Although no generalizations can be made about the experiences of a unique group, it is clear that there are certain striking commonalities between the experiences of some (dis)Abled people (see Map 5.1 and 5.2).

Thus, although there are differences between individuals, the major themes of this research describe aspects of reality for many (dis)Abled people in Prince George, and should help inform solutions to issues facing (dis)Abled people today.

CHAPTER SIX: DISCUSSION

Introduction

This research project sought to uncover insights on what barriers exist in Prince George, why they exist and how this impacts the daily lives of (dis)Abled people. The answers found are plentiful and are not reducible to explanations which focus on merely one aspect of identity or context. Barriers to mobility differed from individual to individual (depending on their identity), and usually related to the unique characteristics of *place* – its climate, history, social environment, material construction and so on. One notable characteristic of *place* was season. Barriers to mobility tended to differ depending on the season. In summer, barriers often represented built features of the environment, usually relating to entering places of business. Conversely, in winter barriers tended to emerge as features of weather (e.g. snow) and usually related to participants' ability to travel outdoors. Thus, the impacts of barriers on the lives of (dis)Abled people have an immense range and depend on individual characteristics; (dis)Abled people's "bodily experiences are simultaneously mediated through class, religious or ethnic identity and age" (Meekosha 174).

In addition to uncovering impacts, perceptions of why places can be disabling were also generated from the analysis. Without directly stating *this is how Prince George disables me,* many participants spoke to the disabling nature of mainstream society, through explaining why they think places are inaccessible. Overall, these findings reveal that understanding what barriers are present in place is not as vital as understanding why barriers are present at all.

In this section, I argue that inaccessibility in Prince George is 1) a human rights issue, and 2) is caused by the presence of ableism in various realms of mainstream society. I will begin by discussing why a rights-based approach is useful for research in human geography, and why it is particularly relevant to this research. I then discuss the different theoretical explanations of disablement and how they are connected to my findings and grounded in ableism. I will use these theories to outline my explanatory framework derived from the findings of the analysis. Next, I will discuss the geographic nature of disablement and how it is connected to the concept of place. The connection between policy and the creation of disabling environments will also be explained. I will close by discussing possible solutions to disablement in academic, social and political realms.

A Rights-Based Approach in Human Geography

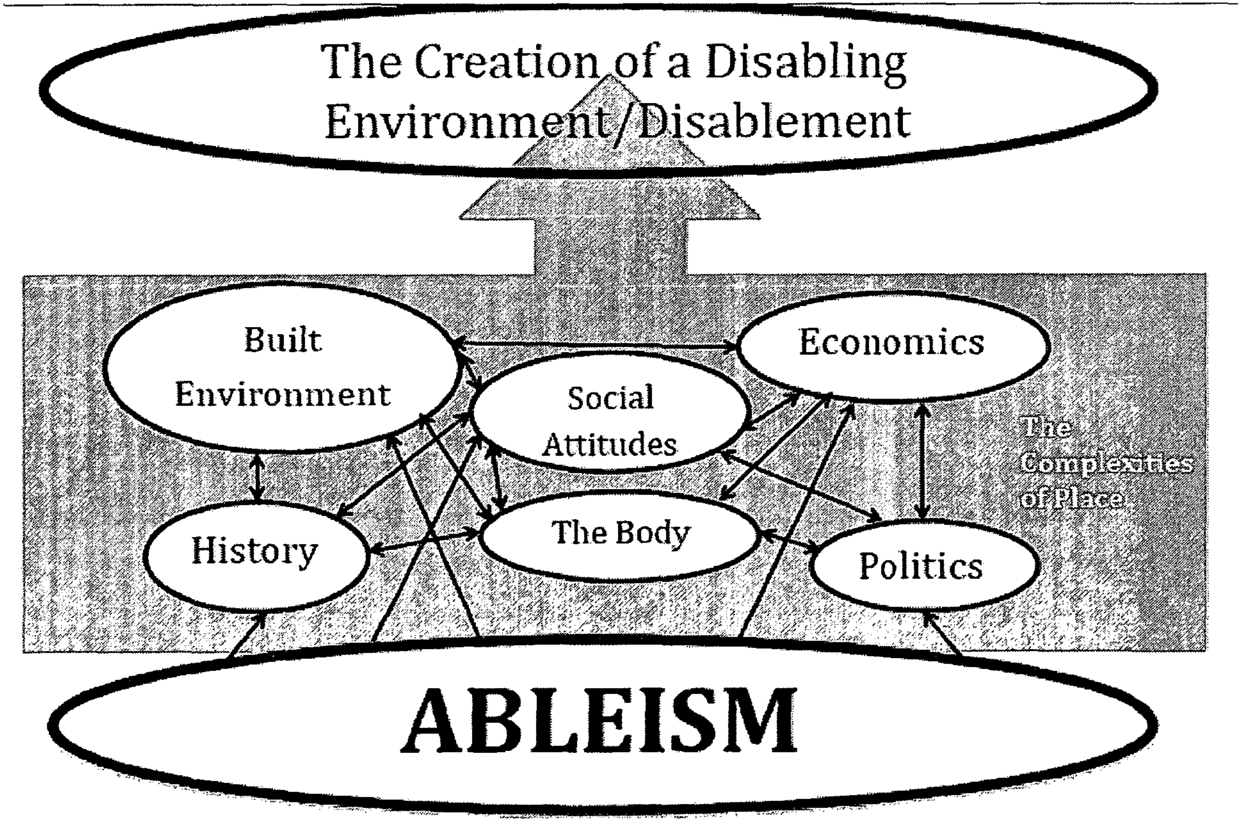
Before taking a deeper look at the findings, it is important to consider their significance thus far. Using a rights-based approach to accessibility research in geography is a powerful way to accomplish this. Human geography is a field "that is centrally concerned with the ways in which place, space and environment are both the condition and in part the consequence of human activities" (Gregory et al. 350). As a place, an inaccessible built environment is both a consequence of disabling human activities and a factor which disables people. A rights-based approach to human geography suggests "...that physical space is built by human actions, and... the way in which it is created plays a role in how human rights violations occur" (Carmalt 68). Therefore, disablement as a result of inaccessibility is a violation of human rights. In the same sense, "...access in the built environment allows people to take advantage of opportunities to engage in the everyday economic, social and political activities which constitute full membership of a polity" (Hastings and Thomas 531). As a result of inaccessibility, some (dis)Abled people in Prince George partially lack rights such as: the right to freedom of movement and residence, the right to equal access to public service, the right to a standard of living adequate for health and well-being, and the right to freely participate in the cultural life of the community (United Nations). By considering the findings of this research from a rights-based perspective, it is clear that some issues faced by (dis)Abled people in Prince George are violations of human rights and are in serious need of rectification. Not only are (dis)Abled people in Prince George lacking equal outcomes, as a result of inaccessibility, they even lack equal opportunities. As stated by Carmalt and Fabbion human rights are based in the idea that "all humans deserve to live their lives in dignity" (293). As evident in the previous section, this is not always the case in Prince George; this dehumanization of (dis)Abled people is in critical need of attention.

Theories of Disablement on the Ground

The findings outlined in the *Analysis* chapter began to explore the question *what is responsible for the creation of a disabling environment?* Many different concepts arose to answer this question—some surrounding social attitudes and politics, while others economic and historical in origin. Several findings are consistent with the theories of disablement present in the *Geographies of (dis)Ability* literature (see *Literature Review* chapter). Participant six, for example, cited the attitudes of people as being one of the biggest barriers to her mobility. By making accessibility challenging, societal attitudes towards (dis)Ability create a disabling environment for participant six, an assertion explained by the social model of (dis)Ability (Marshall et al. eds.). Participant five, on the other hand, views money as the reason places are not accessible. Essentially he believes that, because it is economically costly to accommodate (dis)Abled people, he often goes without access. A variety of economic factors could be involved in creating an inaccessible place. Economics can stifle accessibility when we consider those who do not want to raise taxes for access upgrades or business owners who do not want to finance accessibility renovations. Regardless of the specifics of the economic situation, the valuation of capital over accessibility can be traced to capitalism, a paradigm which assesses value in strictly monetary terms. This can be related to the Marxist or historical materialist view of (dis)Ability, where capitalism is the force causing disablement (Gleeson *Geographies*). Many participants also mentioned the disabling nature of policy in the creation of an inaccessible environment. This view of disablement is tied to materialist approaches which suggest that barriers exist because institutions have attempted to deal with accessibility issues, without dealing with their true causes in the political, economic and cultural realms (Gleeson *Open City* 256). Some participants viewed access issues as a personal issue or as purely a result of impairment. In this case, the medical model of (dis)Ability is useful to describe the realities of impairment and the personal barriers participants experience (Marshall et al. eds.). These explanations and others, found within the interview analysis, are consistent with various theories of disablement present in the *Geographies of (dis)Ability* literature (see *Literature Review* chapter). It is unclear, however, whether the results favour one rendition over another. Indeed, this seems to depend on the individual participant: "[e]ach body provides a unique set of pathological capabilities and limitations that informs the social experience of the individual..." (Gleeson *Geographies* 19). This is further evident from the results of the initial questionnaire. When asked which term they identified with for (dis)Abled person, most participants provided different answers. Similarly, it would be fruitless to try and explain the findings using one model of (dis)Ability and just one facet of disablement. Instead, to address the question *what is responsible for the creation of a disabling environment?*, I combine several models of disablement and attempt to frame the issue of the disabling environment more holistically (see figure 6.1).

Although reasons for the creation of a disabling environment differ, each of the explanations have one common element—ableism. As illustrated by figure 6.1, the disabling environment results from the presence of ableism in various elements of place. These place specific elements include, but are not limited to: the built environment, history, economics, social attitudes, and politics. When rooted in ableism, each of these elements, either in isolation or in combination with other characteristics of place, create a disabling environment. This environment largely produces disablement.

Figure 6.1: Model of Disablement



Source: The Author (2012).

The body also plays a role in disablement. In this case, the body refers not only to the physical realities of impairment, but also to a variety of different social categories which define individuals (e.g. race, gender, age, sexuality). Each of these categories intersect experiences of disablement and impacts one's experience with the disabling environment. In this case, other personal categories such as length of time (dis)Abled and type of impairment, also have an immense impact on experiences of disablement. For example, participant one mentioned that a person who has used a wheelchair for several years may not be upset by the lack of access in a particular place, whereas a new wheelchair user, who remembers what is was like to have access to everywhere, may be very upset by this scenario. These personal categories are not singularly depicted in this model of disablement, but the importance of them, as elements of the body or person, should be noted. The concept of ableism emerged from the social model of (dis)Ability; thus, each element of the model has distinctive ties to the social element of place. This model suggests that discrimination towards (dis)Abled people, whether blatant or unintentional, is present whenever an outcome of disablement occurs.

Unintentional discrimination may not be clearly interpreted as ableism. It is important to consider, however, that a social environment which primarily caters to the needs of able-bodied people (an able-centric society) and one which directly discriminates against (dis)Abled people, has the same outcome for individuals—disablement. Moreover, the reason some people are ignorant to the needs of (dis)Abled people (resulting in unintentional discrimination), is because historically, mainstream society discriminated against (dis)Abled people, ignoring their voices and needs (Gleeson *Enabling* 66). The lack of knowledge about ableism in mainstream society is illustrative of this ignorance. Currently, it is not uncommon for people to be savvy about racism and sexism. Many people attend seminars on these 'isms' at school or work, or participated in educational campaigns at one time or another. Ableism, however, is often neglected from these agendas. Beyond the clear presence of ableism in theme seven (see *Analysis* Chapter), this form of discrimination was also alluded to when participants spoke of situations of societal neglect (see *Analysis* Chapter - theme six). Neglectful attitudes are rooted in ableism and result in the creation of a disabling environment. It should be further noted, that the issue of the inveterate conditions of Prince George are also tied to ableism. One might suggest that Prince George is simply experiencing a lag in updating the infrastructure to current 'proper' accessible guidelines. Although, this may be the case, it is apparent that the up-to-date guidelines also do not accommodate all individuals (see *Chapter Five* – theme seven) and certainly not those who deviate from stereotypical notions of (dis)Abled. The consistency of the insufficiency of access guidelines over several years, therefore, can also be tied to the lack of education and understanding of (dis)Ability produced by ableism. It would be challenging to find an accessibility issue in contemporary western society that is unconnected to ableism. It is important, therefore, to deeply examine the geography of this relationship of disablement, so that we can understand how it unfolds on the ground.

Disablement: A Person-Place Relationship

As mentioned earlier, human geography examines the relationship between environments and people (Gregory et al. 350). It considers that the characteristics of places are largely shaped by societies; they appear the way they do, because of economics, culture, politics, history and so on. In many cases, places also have an immense impact on the people who inhabit them. In the case of (dis)Abled people, *place,* in its various forms, is that which dis-ables this group. *Place* and its complex characteristics, in this case the disabling environment, contribute to the presence of disablement.[14] For example, when participant five

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[14] This view of disablement rejects the medical model of (dis)Ability and is largely aligned with the holistic theory of disablement outlined in the previous section of this chapter.

could not enter an arts event in Prince George because of stairs, *place* functioned to disable this participant. Disablement, therefore, is a person-place relationship (Iwarsson and Stahl). Disablement, however, does not begin with *place*. *Place* does not merely exist, *place* is created. It possesses social and cultural characteristics which release messages to its populace (Kitchin *Out* 343). Place is created through "a contested process where the exercise of power largely determines who benefits and who loses" (Gleeson *Enabling* 66). Thus, power can be used to control places, and the people who inhabit them (Carmalt 76).

Controlling access is one example of an exercise of power. Access to places is not simply about the physical or technical layout of an area; it is a political reflection of the values of a society (Siebers). If power is rooted in ableist values, then the exercise of this power will result in an ableist production. Hastings and Thomas for example, suggest that the built environment is socially constructed and its structures "can privilege particular forms of embodied citizenship—namely, those associated with a normalized body form, which is contrasted with the impaired body" (527). In this case, *Place* leaves (dis)Abled people deprived of their rights of citizenship. As Imrie explains, "the physical construction of urban space often (re)produces distinctive spatialities of demarcation and exclusion" (*Barriered* 232). The physical traits of *place* (the barriers outlined earlier—the narrow doorways, the stairways to gathering spaces, the sidewalks lacking curbcuts etc.), as reflections of ableist values, have the power to include some individuals and exclude others. Areas constructed in this manner essentially have *No (dis)Abled People Allowed* signs posted at every turn.

The messages of *place,* conveyed to (dis)Abled people, are spatial manifestations of ableist values; they result in an environment which discriminates against (dis)Abled people. As Imrie puts it, "the socio-spatial patterns of ableist values are etched across the city in numerous ways, forming a type of architectural *apartheid*" (*Barriered* 232). The disabling environment, therefore, is created by an exercise of ableist power and 'etched' onto *place*. Ableism, however, is present in more than just built structure; it can be further viewed in reactions to the seasonal changes of the physical environment. Places can be transformed into disabling environments through the use of ableist maintenance practices. Although without clearing of snow or ice Prince George would not be inhabitable by physically (dis)Abled people, current methods of winter maintenance tend to the needs of able-bodied people. As mentioned by participant six, the piles of snow left behind at sidewalk crossings and snow storage in City roadsides are evidence of this able-centric[15] focus. Again, these seasonal barriers have the power to communicate to (dis)Abled people that they are 'out of place' and that they are at an area only for able-bodied people (Kitchin *Out* 343). The winter acts to delineate the places where (dis)Abled people can move freely. For example, in the previous chapter participant seven explained that in the winter he only travels from his house, to his car, to his office and then back home. In this case, winter, as a characteristic of *place* has acted to keep participant seven within a defined area, not allowing him to go 'out of place'.

Policy on the Ground: An Ableist Disconnection

The outcome of a disabling *place* can emerge from ableism in place-construction processes, particularly in the construction of policies and plans. However, it is not always as straightforward as policy makers possessing ableist attitudes. Ableism plays a unique and complex role in public policy creation and implementation. Public policy is defined as "anything governments do or do not do… to ensure the social order—the coordination of individuals, groups, and institutions within reasonably stable normative systems—so that

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[15] A concept I created to describe the dominant paradigm of much of mainstream society to primarily focus on the needs and desires of an able-bodied populous.

basic needs can be met, crises managed, and the future survival of the society enhanced" (Douglas ed. 10 emphasis added). This definition suggests that public policy exists to ensure human rights are upheld, and that each of the sources (e.g. OCP, Strategic plan, City Policies, City Bylaws etc.) described in the *Context* chapter could be considered a type of public policy. In order to ensure a sustainable future and to uphold human rights, policy in Prince George must cater to the needs of its current population while taking account for future issues (e.g. community ageing). However, the insufficiency and ineffectiveness of public policy in Prince George emerged throughout interviews with participants. This policy issue is reasserted easily through a quick walk around most areas of Prince George; one can clearly view the plethora of barriers and issues that (dis)Abled people face (see Appendix F: Physical/Architectural Barriers). Yet, as mentioned in the *Context* Chapter, several policies addressing accessibility and (dis)Ability issues exist in Prince George. Thus, there is a disconnect between the City policies and what is occurring on the ground. The lack of policy implementation is an emerging issue in Prince George.

Implementation of policies is just as important as having good policies in the first place; likewise, good policies alone cannot fix accessibility issues in Prince George. Yet the presence of implementation barriers is not uncommon. Various authors have discussed the creation of (dis)Ability policy throughout the developed world (see Prince 2004; Imrie 2004 and 2000; Jongbloed 2003; Imrie and Hall 2001; Scotch 2001; Habib 1995; and Jongbloed and Crichton 1990), yet research rarely discusses the successes of these plans and is often plagued by a variety of barriers to successful policy implementation. One such implementation barrier is the differences in the agendas between local residents and developers.

Although few would classify a city of 84,230 people as rural, Prince George shares several characteristics with rural communities in Northern British Columbia (Statistics Canada *Community*). Beyond lacking 'census metropolitan area' classification, the particularly relevant quality shared is a resource-based economy that is heavily reliant on private sector investment (Halseth and Halseth eds. *Building* 56). Despite moving towards diversification, Prince George, like many 'forest dependent communities', experiences much of its industrial development in the primary industry sector, where "local economic fortunes rise and fall with global markets for local forest products" (Halseth and Halseth eds. *Prince* 18). This reliance on investment, in combination with past neoliberal service withdrawal (producing less assistance for (dis)Abled people), has created an interesting scenario in Prince George. That is, policies aimed at enhancing access and inclusion for (dis)Abled people prevail, but evidence of implementation of these policies, as anything more than a suggestion or voluntary action, remains scant at best (Young and Matthews). For example, during the 2012 winter research session, sidewalks in downtown Prince George were cleared by City crews (who left behind many of the barriers participants faced). However, according to section 5 of Bylaw no. 3302, it is actually the responsibility of the businesses to clear the snow from their bordering sidewalks (City of Prince George *Bylaw No. 3320* 3). This is a clear example of where policy implementation is not occurring and where repercussions to breaking these bylaws are absent.

As alluded to earlier, the reasons implementation is not occurring is a complex issue; however, it seems unlikely that the City would want to impose regulations that would threaten the presence of businesses downtown—an area already plagued by abandoned store fronts and *For Lease* signs. Douglas suggests that the reason policies do not always work out is because "[b]usinesses… are all affected by public policy— and influence that policy in return" (Douglas ed., 10). In this particular example, it seems that downtown businesses influenced policy implementation. Moreover, evidence that Prince George policy is affected by local businesses and developers is further present in a City development bylaw. Bylaw 7635 suggests that "[t]he terms of reference *may* require the applicant to provide information on… transportation including public transit, parking demand, traffic safety, pedestrian and vehicle traffic flow or operation, trip generation, site access and egress, network connectivity and *accessibility…*" (City of Prince George *Bylaw No. 7635* 5). The use of the word *may* is a subtle example of how dependencies on businesses or development can affect public policy. *May* implies to those attempting to obtain building permits, for instance, that accessibility enhancements are not common requests. Further *may* suggests that accessibility regulations are relatively voluntary provisions and are easily bypassed. This reflects a prioritization of the City's desire to attract and retain businesses, over its desire to remain accessible to (dis)Abled people. This development over accessibility mentality reflects a level of discrimination against (dis)Abled people, regardless of whether or not it was intentional. Indeed, when the power structure is considered, discrimination is apparent (Carmalt 76). In this case the disabling environment is created through the presence of ableist values in City priorities.

Aspects of development which are prioritized over concerns for accessibility are explored in detail by Imrie (*Disabling*). He explains that "rural authorities are much less likely than their urban counterparts to use planning conditions related to access, refuse a planning permission on access grounds or enter into a[n]… agreement to secure access" (Imrie *Disabling* 10). In fact, he recently found that only half of rural authorities in the

United Kingdom have imposed conditions to ensure access for (dis)Abled people, opposed to nearly three-quarters of all urban authorities (Imrie *Disabling* 10). While making places more accessible allows businesses to attract capital from a larger cohort (i.e. (dis)Abled people), it does not usually translate into increased profits/decreased costs for developers, which explains the present disinterest in access (Imrie *Disabling* 10).

When done in the initial construction stage, "...building to an inclusive design standard is cheaper and more cost effective... than having to rehab a house at a later date" (Malloy 715). However, it does cost approximately five percent more during initial construction to build an inclusive structure (Alonso). Again, this increase in costs explains some disinterest in accessibility by developers. In Imrie's case study, it is reported that most pro-development communities will not seek to impose costly conditions, "...such as access, on would-be developers for fear of 'scaring investment away'" (*Disabling* 11). This situation could be further exacerbated during times of resource-based economic decline, when communities struggle to attract investment. It is unlikely that the City would turn away development, on the basis of accessibility regulations, during low investment times. The lack of policy implementation in Prince George is reflective of the situation described in Imrie's report and begins to explain why City accessibility/(dis)Ability policies do not translate into inclusion on the ground. Again, the lack of importance placed on accessibility provisions is an exercise of discrimination against (dis)Abled people, one which suggests that the needs of (dis)Abled individuals are secondary to the capital concerns of local governments.

In the *Context* chapter, it was suggested that Prince George encountered neoliberal promotion of service withdrawal disguised as local government 'enabling' (Bunting and

Fillon eds. 40). (dis)Ability service provision, which is vital for accessibility, is one casualty of this agenda; instead

> "governments seek to activate the liberal ideal by holding people responsible for the exercise of the rights conferred upon them… seeking to break the boundaries and barriers of disability is seen, by some, as dependent upon the conferral of empowerment on disabled people… [which] in a context of rolling back welfare services, have served to (re)define their lives in ways which do not necessarily 'open-up' the city and its multiple spaces" (Imrie *Barriered* 235).

This passing of responsibility upholds only equality of opportunity for (dis)Abled people, not equality of outcome (Howard 183). Policies following this trend, therefore, increasingly place responsibility for empowerment, via access for instance, on the (dis)Abled individual instead of on local governments and service providers. Although this is not entirely the case in Prince George, current policies appear to leave the responsibility for involvement in creation and implementation with individuals. Methods for government implementation of accessibility policy goals are absent. Despite the engagement of a proactive access advisory committee in Prince George, the responsibility for City accessibility sits on the shoulders of few and the mandate of this committee does not address the issue of implementation (City of Prince George *Advisory*).

The current situation in Prince George may also be evocative of a previous time when (dis)Ability policy was virtually nonexistent and individuals were left to cope with (dis)Ability on their own, placing a large 'care burden' on families (Jongbloed and Crichton 27). Unclear responsibility for access policy implementation is a clear barrier to the follow through of accessibility/(dis)Ability policy in Prince George. Creating separate committees for (dis)Ability issues instead of integrating a dialogue of (dis)Ability into all agendas is also a barrier. Here, ableism works to create a disabling environment, by implying that (dis)Ability is the problem of a few individuals and not an issue of society.

Although it is encouraging that policy on accessibility/(dis)Ability exists in Prince George, the mere presence of these policies is not enough. According to Jongbloed "we have not satisfactorily addressed what it means to have a disability and what society owes people with disabilities.... [thus] we lack a comprehensive policy toward people with disabilities" (207). As evident in the *Context* chapter of this thesis, policies on accessibility are found scattered throughout various sources, sources which lack coherence, integration and consistency and suggest disorganization and confusion on accessibility/(dis)Ability policy matters in Prince George. Beyond this, a single definition of accessibility and (dis)Ability is absent throughout the policy documents in Prince George, which also reflects a gap in addressing (dis)Ability. Thus the trend found by Jongbloed appears to hold true in Prince George.

If policy makers in Prince George lack a coherent understanding and awareness about (dis)Ability issues, then all policies will be grounded in ignorance and ableism. Although the aforementioned issues describe several barriers in Prince George which need addressing, the (mis)information of those creating policies (not just those with specific pertinence to (dis)Abled people) is a barrier that must be addressed first. If those in control of policy, lack a coherent understanding of (dis)Ability or accessibility and empathy towards (dis)Abled people, then it is unlikely that they will be able to adapt all policies to be inclusive.

It is imperative that policies are inclusive because they are not objective documents, they are shaped by the values and biases of those who create them; "[s]ocietal values (and society's ways of conceptualizing issues) shape policies... which reflect the values of that time, [and] frequently persist into a later period when ideas have changed" (Jongbloed 207). The dominant values in Prince George may be built on an ableist foundation, where (dis)Ability is viewed as an individual issue instead of a societal one (Imrie and Edwards 633). In some cases, (dis)Ability may even be viewed as "...abnormal... [and] a product of deviant behavior... where the goal of society is to return disable people to a normal (able-bodied) state" (Imrie *Rethinking* 263). Ableist perceptions of (dis)Ability, in combination with an incoherent understanding of issues, produces barriers to effective policy creation and implementation, and have likely affected all policy in Prince George to date. Therefore, as a reflection of societal values, one of the most important steps toward addressing issues of access and inclusion is working towards solving policy issues at home.

Possible Solutions

In various ways, it is clear that the landscape of Prince George is a disabling environment. What is less clear, however, is how to change this. Since disabling environments are so complex, solutions need to be considered in many realms; the issue needs to be approached from all angles. In this case, solutions, or paths to solutions, need to be uncovered in the realms of academia, general society and politics. Although there can be no blanket solution for disablement and inaccessibility, the following is intended to shed some light on options to combat these issues. Options emerged from suggestions present in both the literature and interviews, and attempts are made to address the most poignant issues uncovered from all sources.

As alluded to in the *Literature Review* chapter, the idea of *Enabling Geographies* is growing in the *Geographies of (dis)Ability* sub-discipline (Gleeson *Enabling* 65). Within this field, it is no longer acceptable to research from an 'objective' stand point where we, as researchers, are disengaged with our 'subjects'. Instead we are committing to "contribute something positive to disabled people" with our research (Gleeson *Enabling* 65), or as

Valentine puts it, we are linking "research and activism… in a single political process" (Valentine *Geography* 379). This research focuses on "…the empowerment of disabled people through the transformation of the material and social relations of research production" (Barnes 6). In academia, performing this type of emancipatory research is one of the most productive strategies available to combat ableism and alleviate some of the negative effects of disablement. Failure to perform (dis)Ability research with emancipatory or enabling undertones has, in the past, resulted in further oppression of (dis)Abled people and the misuse of research data by politicians, policy makers and the media (Barnes 6). As Chouinard argues:

> [r]esearch practices that use the disabled as a primary information source but fail to address related issues of disempowerment in the production of knowledge about disability, including direct exclusion from the research process and indirect exclusion from institutions of higher learning, help to legitimate and reinforce the oppressed position of persons with disabilities in the production of knowledge (*Getting* 72).

Therefore, it is important that emancipatory research is undertaken in *Geographies of (dis)Ability*, not just to combat ableism, but to ensure that researchers do not perpetuate it.

As mentioned in the methodology and methods section of this thesis, participatory action research is an appropriate strategy to carry out emancipatory, enabling research. Although there are many constraints to carrying out participatory research for a master's thesis, I have attempted to commit to *enabling geographies* and contribute positively to (dis)Abled people through my research methods, outcomes and side-projects.

From my experience conducting this thesis research, I would suggest that future *Geographies of (dis)Ability* explorations set three goals for research, to align it with *enabling geographies.* The first goal is that the research process itself should positively affect the lives of participants. In my research, I found that this occurred in a few ways (e.g. alleviating isolation, creating awareness about accessible places and creating a venue to voice concerns) detailed in the methods section. The second goal is the contribution of something practical to solving an issue identified in the research. In my case, I am creating a report to the City of Prince George with critical areas of concern for barrier reduction. Finally, research should contribute to the larger goal of combating ableism in your community or social environment. One of the most practical ways to combat ableism is to create awareness about it, through educating members of mainstream society. I attempt this by talking to people around me about ableism and by presenting my research in my academic and local community.

Arguably much less attention is given to ableism in comparison to sexism, homophobia and racism; one of the most productive ways to commit to *enabling geographies* is to correct this imbalance. Helping people understand ableism beyond the isolated pages of *Geographies of (dis)Ability* is necessary before any amelioration of disablement can truly occur. Similarly, a social shift is needed well beyond the walls of the academic fortress. Awareness is needed about what it is like to be (dis)Abled in much of western society. Awareness is also needed by the general public about the fact that "disabled people in Western societies have largely been oppressed by the production of space..." (Gleeson *Enabling* 66). Awareness is needed about what ableism is and how it works. There is so much that the public should know about this subject and so much we can do as academics, who play an important role in creating knowledge, to assist in this dispersal and this means committing to *enabling geographies*.

What should be clarified here is that, by committing to *enabling geographies*, we are not researching for (dis)Abled people, but rather researching with them. Moreover, the issue "...for emancipatory research is not how to empower people, but, once people have decided to empower themselves, precisely what research can then do to facilitate this process" (Mercer 237). The participants in this research project took the first step in their own empowerment. They chose to be a part of this research project. They made the decision not to sit by and be complacent to their oppression for another single day. In contributing to the larger social shift at hand, I truly believe that this research is helping to facilitate this process of empowerment.

Beyond what can be done in social and academic realms, there is also work to be done in political realms, specifically in policy. In considering how to create appropriate and functional policy, it is useful to consider what is uncovered about disablement from this thesis. When making policy, it is first important to consider "the ways in which all the different processes that affect a particular place work together" (Carmalt 71). Just as this research showed that (dis)Ability can be constructed by social, political, environmental, cultural, and economic factors, policy too must take these varied factors into consideration. Indeed, if policy focuses solely on environmental causes of barriers, then the economic or political causes of barriers will not be addressed and vice versa.

When considering each of the factors that create barriers, it is clear that policy must be place-specific (Bradford 40). As explained by Bradford, policy creation in a place like Prince George requires "*place sensitive, holistic* approaches... built from the 'ground or street up', on the basis of local knowledge..." (40). If there is one thing we learn in geography, it is that 'place matters'. Therefore, in creating (dis)Ability policy in Prince George, we must pay particular attention to local contexts. People are also a part of this local context. The social intersections of (dis)Abled people, therefore, must be a consideration in addition to their physical impairments. As uncovered in the *Analysis* chapter, individuals experience disablement differently and these experiences are mediated by characteristics of their identity (e.g. race, age) (Warners and Brown). Maps 5.1 and 5.2 (see *Analysis* chapter) illustrate the diversity of experiences, in the built environment, among different individuals who use similar mobility devices. "Accepting that disabled individuals are embodied beings whose identities cannot be disentangled from their impairment, that gendered, racialised, and sexual identities are also embodied identities, and that the experience of embodiment is necessarily social as well as physical, allows a way of linking individual differences without attempting to deny them" (Butler and Bowlby 431). This diversity is largely due to differences in identity. It would be erroneous to generalize a group on the basis of one intersection of identity; therefore, in policy we should never assume that (dis)Abled people all have the same experience because they are all (dis)Abled. Generalizations of this manner can cause many issues: "[b]eing generalized out of the picture in this way can be an important part of the process of being excluded from mainstream society" (Hastings and Thomas 532). Thus, it needs to be considered that one's experience with barriers and access will also be affected by their embodiments of gender, age, race, culture and so on, in addition to the diverse elements of *place*. In this way, policy can account for the diversity among most individuals, not just (dis)Abled people, and create environments that benefit and include everyone.[16]

The last means to reduce ableism in policy is by using an equal outcome approach, instead of an equal opportunity approach (Howard 183). Howard argues that "[i]n order to be equal citizens, disabled people might need to be treated differently, rather than the same as everyone else" (183). He further explains that 'reasonable adjustments' are needed to "ensure

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[16] e.g. people who use scooters, parents who use strollers, anyone who has ever walked with their hands full, people who use crutches for a short time, people who suffer from obesity, people who suffer from hearing and sight loss.

that disabled people are not treated the same if this would disadvantage them" (183). Some participants experienced diminished human rights; therefore, an approach that focuses on minimizing these injustices is needed. Attempting to create policy on an equality of outcome basis is an adequate way to minimize injustice; however, in advancing Howard's argument, I suggest that policies should be created with the goal of eliminating the need to single out (dis)Abled people. The policies in need of adjustment are not just what are traditionally designated as '(dis)Ability policy'. Most policies impact the lives of (dis)Abled people. All policies, then, should be designed to minimize disablement, not just those directly referring to issues like accessibility. If all policies were designed to enhance inclusivity of all types, then (dis)Abled people would rarely face discrimination in the first place and there would be no need to treat individuals differently. In theory, this would result in an enabling environment.

The suggestions discussed above offers some means by which policy shifts can be made to combat ableism in the political realm. Many of these may seem idealistic at times; however, they can be looked to as places to direct our policy creation in the future. Each shift works toward what I am terming reflexive accessibility (after Beck's theory of reflexive architecture)—where, to be more accessible (e.g. architecturally, politically, socially), we reflect on, critique and revise current structures. Although it would be better to have places which are constructed inclusively in the first place, this rarely exists. Therefore, committing to reflexive accessibility represents a situation where we can adapt and even adjust for 'new identities' of (dis)Ability (Chouinard et al. eds. 3). For now, if we cannot achieve total inclusivity, we can at least make our communities reflexively accessible.

My focus on policy construction follows a recent trend in geographies of (dis)Ability "in shaping policy agendas..." (Chouinard et al. eds. 3). Although the above policy shifts could act to combat ableism on paper, policy cannot be looked to as the *end all be all* of solutions to (dis)Ability issues. Policy plays a role in the disablement of individuals, but it is not the root cause of disablement. Yet policy is often focused on when considering (dis)Ability issues. It is all too easy to point the finger at planners and policy makers. (dis)Ability issues, however, extend well beyond policies. Ableism is a societal issue; it is everyone's problem. Ableism and the disablement of individuals is not something that can be solved by changing a few policies or adding a couple of accessible entrance ways to a building.

To combat ableism, as of right now, a shift is needed in the way many of us think. The way the built environment exercises power over populations to include some and exclude others, is rarely considered when people decide to build homes or shop in certain stores and so on. Until events are not held at inaccessible places, and until none of us could ever dream of saying that it costs too much to include (dis)Abled people, then we need to be working toward a social shift. The most important thing we can do is attempt to engage in a full out social shift to change the way the public perceives and thinks about (dis)Ability.

In trying to create a social shift away from ableism, there are many lessons we can learn by looking to anti-racism, anti-homophobia and anti-sexism movements. Although there are some strategies to combat ableism within structures such as service learning (see Stewart and Webster eds.) and education (see Ellman 2012), a full scale societal movement against ableism remains to be seen.

Looking to the successful examples of anti-racism and anti-sexism movements is a good starting point. For example, some anti-racism strategies are: intergroup contact; invoking empathy; pointing out dissonance; supplying information about issues; providing consensus information; using advertising campaigns; and creating a dialogue on the topic (Pedersen, Walker and Wise; Guerin; Bennett). Pedersen, Walker and Wise have further suggested that anti-racism strategies must involve the audience, emphasize commonality and diversity, focus on changing behaviours as much as attitudes, meet local needs, evaluate properly and consider the broader context. These strategies could be adapted for anti-ableism movements and used to provoke social change.

In linking the social shift to the shift in academia, academics need to be active in this anti-ableist movement by making information readily available, raising awareness in the academic community, and blowing whistles when misdirected actions result in the perpetuation of ableism. Academics have the capacity to explain to people why their policy or approach to something is ableist and what steps they can take to change that. As Pain puts it, "[s]ocial geographers are… well placed to ensure that the greater emphasis on consultation and participation is more than lip services in government imperatives of listening to communities" (251). Therefore academics, policy makers and community members need to work together to ensure the annihilation of ableism and the re-creation of an inclusive future.

CHAPTER SEVEN: CONCLUSIONS

My research with (dis)Abled people in Prince George, BC explored the lived experience of (dis)Ability in an ageing, industry driven, winter-city. Through my go-along interviews with participants in both the summer and winter, I determined that facing barriers is a regular part of the (dis)Abled experience in Prince George. The experience of disablement in Prince George, however, cannot be generalized. Experiences with barriers to mobility differed from individual to individual, and were usually affected by both the identity of the participant and the characteristic of the place. All social intersections (e.g. age, race, gender) comprising participants' identities, including the physical realities of impairment, affected experiences of disablement. Individuals cannot be assumed to possess the same lived experience based on their (dis)Ability; however, similar impacts of a disabling environment were found among several participants. Differences were found between summer and winter experiences of barriers amongst most participants. On the surface, summer barriers were almost entirely about the architectural features of the built environment (e.g. lack of curbcuts, uneven pavement, steps), whereas winter barriers often related to the presence of climatic features (e.g. icy patches, poor snow clearance on sidewalks, snow windrows). However, beneath the surface it was clear that the barriers themselves were not the sole causes of the disabling environment nor were they significant in its creation.

I determined that the largest contributor to the disabling environment, and consequently the disablement of individuals, is ableism. Whether direct or indirect, ableism permeates various aspects of life in mainstream society and is the foundation upon which so many assumptions and biases are built. The lack of consideration for the needs of those outside "the ultimate stereotype modular man—male, able-bodied, and independent" is a direct reflection of the pervasive nature of ableism (Imrie and Kumar 371). Ableism is present in the disconnection between a commitment to accessibility on paper and what is actually occurring in Prince George. The lack consideration for the needs of (dis)Abled people in winter maintenance regimes further reflects this inherent ableism. It is also present in the opinions and attitudes of those unfamiliar with this term. As a result, politics, society, economy and *place* discriminate against impaired people in various ways, essentially dis-abling them.

The impact of barriers on the lives of (dis)Abled people was another area of exploration in this thesis. Barriers had a far greater impact on individuals than just being the object which dis-abled them. At times, they caused emotional distress and the escalation of health issues. Impediments to autonomy and limitation of social participation were also common. Barriers even resulted in exclusion, oppression and marginalization; all of which, in one way or another, violate basic human rights. The presence of barriers essentially acted to dehumanize (dis)Abled people, disallowing them to perform the same tasks and go to the same places as other members of their community.

In connecting all three of my research questions together, it is clear that barriers are a product of ableism, which forms the disabling environment and impacts individuals by contributing to disablement, oppression and exclusion. Each answer was linked to, and dependant on, another. Despite the *abilities* of (dis)Abled people to overcome extreme challenges and persevere during difficult times, it is clear, from the findings of this research, that the presence of a disabling environment is totally unacceptable. Over ten years after the study by Imrie and Kumar, the issues emerging from research on barriers with (dis)Abled people are largely the same. These problems clearly need addressing.

In the previous chapter, I discussed various ways to move forward; each option is rooted in the need for a total social shift—a change in the way mainstream society views and treats (dis)Abled people and the concept of (dis)Ability. We can commit to *enabling geographies* and carry out participatory research projects, create place specific policies (which account for diverse population and issues), and create anti-ableism campaigns to add into school curriculum. More directly, it is clear from this thesis that there are many people out there struggling with access who need assistance right now. This thesis lists a number of barriers that currently need correcting. Business owners, the City, volunteers, and activists need to take this list, add to it, and work down it one by one to eliminate barriers. All businesses would also benefit from hiring a (dis)Abled person to come and show them what needs to be changed; if they cannot get in the front door, that is step one. In terms of policy development, policies in Prince George should not be created or adjusted without the full involvement of the (dis)Abled 'community'. In order to enhance an understanding of mobility issues, non-(dis)Abled policy makers, planners, contractors and builders need to attempt, at least, a day's tasks using a wheelchair, scooter or walker before moving forward with any City developments. This experiential learning exercise has been vital in giving many individuals a greater understanding of disablement, barriers and accessibility.

In terms of research, there are steps that need to be taken currently. This project addressed a topic that was in dire need of exploration in Prince George. The research, however, is far from over. It is clear from the statements of all of the participants involved, that so many issues still need to be explored and addressed; this is only the beginning. Research is needed to better understand the specific role that social intersections and personal characteristics play in struggles with accessibility. Although this research identified that there is indeed a role, what exactly that role is, has yet to be uncovered. This research is needed for several reasons. First, it is important to understand the nuances of difference, between diverse types of (dis)Abled people (different mobility devices, genders, races, cultures etc.), in order to create appropriate policy recommendations, infrastructure upgrades and social programs. It is also important to understand the changes in mobility, difficulty and exclusion that come with different personal characteristics, such as length of time (dis)Abled and type of mobility device used. Although this project collected information on age, gender, length of time (dis)Abled and type of (dis)Ability, no trends could be uncovered as a result of the number of participants involved in the project. Research in any of these areas would contribute greatly to our understandings of (dis)Ability, and the *Geographies of (dis)Ability* sub-discipline.

This research project only covered a small area of Prince George, and although the study area possessed features which characterize much of the city, it would be extremely useful to perform a full city accessibility audit in order to compile information on upgrade priorities. Furthermore, a research project similar to the research undertaken for this thesis would be useful in several northern rural and urban locations throughout Canada, in order to get a sense of common issues, in geographically similar locations. The majority of current accessibility research does not consider the issues of northern regions; therefore, any research in this category will be of great use. Similar studies that solely focus on seniors' accessibility and mobility issues should also be considered. Since the populations of many areas in Canada are ageing, this information will be integral to future planning.

Lastly, future research on accessibility and disablement in northern communities should attempt to use new research methods to gain information. Just as policies from a major urban centre cannot be applied in a small northern community, research methods must be place specific. The majority of research on accessibility has focused on urban, European cities; the research methods employed in these studies are not necessarily appropriate in future endeavors in smaller, northern communities. The methods employed in this project were largely new to this subject and produced ample insights. However, as mentioned in the *Reflection Section* of the *Methodology and Methods* Chapter, the methods used were not without their issues. Therefore, future research would benefit from building on the methodological lessons learned here to construct more advanced approaches.

Although each of the above research recommendations are beneficial, it should be pointed out, that in the end the contributions made by this thesis and the suggestions put forth will not be judged by their contributions to academic or research discourses, but ultimately by their role in shaping social change (Vernon and Swain 92). Thus, future research should focus on the goal of making places better for (dis)Abled people. Before we are able to move on and address the issues caused by ableism (e.g. physical barriers or ableist policies), we must first combat ableism itself. To move forward, it is necessary to deconstruct our ableist foundations and (re)build *place* using empathy, education, inclusion and empowerment.

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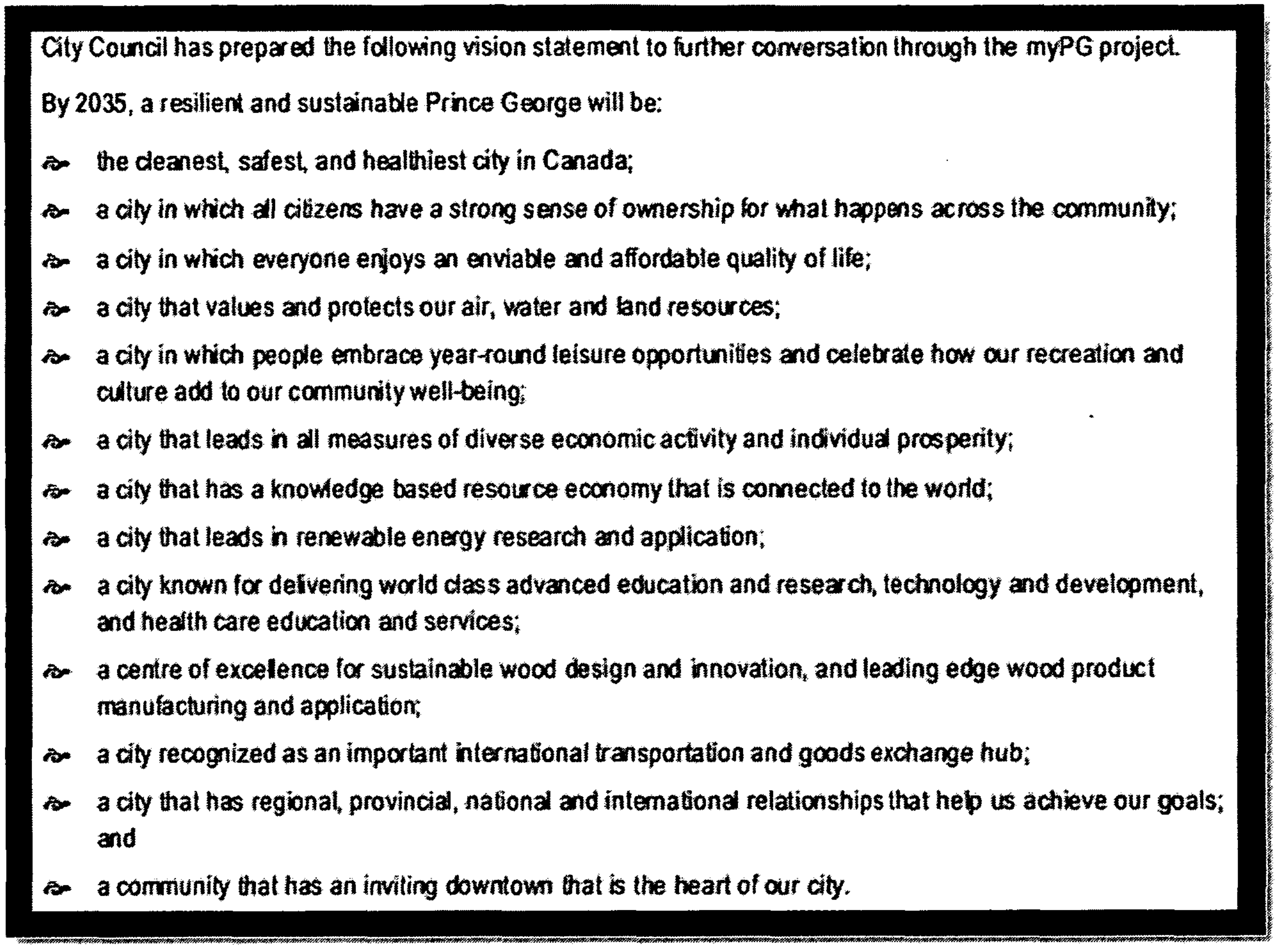
APPENDIX A – Vision Statement on Prince George's Future



City Council has prepared the following vision statement to further conversation through the myPG project.

By 2035, a resilient and sustainable Prince George will be:

- the cleanest, safest, and healthiest city in Canada;
- a city in which all citizens have a strong sense of ownership for what happens across the community;
- a city in which everyone enjoys an enviable and affordable quality of life;
- a city that values and protects our air, water and land resources;
- a city in which people embrace year-round leisure opportunities and celebrate how our recreation and culture add to our community well-being;
- a city that leads in all measures of diverse economic activity and individual prosperity;
- a city that has a knowledge based resource economy that is connected to the world;
- a city that leads in renewable energy research and application;
- a city known for delivering world class advanced education and research, technology and development, and health care education and services;
- a centre of excellence for sustainable wood design and innovation, and leading edge wood product manufacturing and application;
- a city recognized as an important international transportation and goods exchange hub;
- a city that has regional, provincial, national and international relationships that help us achieve our goals; and
- a community that has an inviting downtown that is the heart of our city.

Source: City of Prince George. "Strategic Plan." *A myPG Reference Guide.* Presented December 2009: 4.

APPENDIX B – (dis)Ability Organizations Contacted

Name	Street	No.	Apt.
Handy Circle Resource Society	Quebec St.	490	106
ADL Hamilton House	Hamilton St.	832	
Elder Citizens Recreation Assn	10th Ave	1692	
BC Housing	11th Ave	1539	
Canadian Red Cross Society	6th Ave	1399	
Prince George Society for the Employment of Persons with Disabilities	5th Ave	1265	301
Employment Action - Support Services for Injured and Disabled Workers	5th Ave	300	
Prince George Brain Injured Group Society	4th Ave	1237	
Prince George Council of Seniors	2nd Ave	1270	104
MS Society of Canada	Quebec St.	490	105
PG and District Senior Citizens Activity Centre Society	Brunswick St.	425	
Ministry of Social Development	Victoria St.	299	404
Northern Interior Easter Seal House	Carney St.	1685	
BC Paraplegic Association	Kinsmen Pl	777	
AIMHI	Kerry	950	
Spruce Capital Senior's Recreation Centre	Rainbow	3701	
Emmaus Pioneer Centre	Hart Hwy	6986	
Prince George Hospital	Edmonton St.	1475	
Nechako Medical Clinic Ltd	Central St.	761	
Prince George Naturopathic Medical Clinic	Vancouver St.	825	
Native Health Centre	4th Ave	1110	
Victoria Medical Building	Victoria St.	1669	
Phoenix Medical Building	10th Ave	2155	

APPENDIX C – Research Advertisement Poster

Do you have issues with accessibility in Prince George?

Well here's your chance to do something about it!

BECOME A RESEARCH PARTICIPANT:

- My name is Jessica Blewett and for my masters research I will be studying accessibility in downtown PG with people who use **wheelchairs, scooters, walkers, crutches** and **canes**.
- We will attempt1hr journey(s) downtown, where we will:
    - **map** and rate barriers to access
    - discuss the **impacts** of these barriers on your life &
    - talk about living with **(dis)ability** in Prince George
- When? **Summer 2011** and/or Winter 2012

For more information, please take an information sheet & feel free to contact me ***today*** *at blewettj@unbc.ca or (250)960-5303.*

This could be your chance to discuss your views, concerns and frustrations with accessibility in Prince George!

APPENDIX D: Participant Package

Initial Questionnaire *(To be completed before the journey)*
You are under no obligation to answer each of the questions below. Please feel free to answer only the questions you are comfortable with; use as much detail as you choose. (Please use the back for more space if necessary)

1. Name:____________________
2. Age:______
3. Gender:____________________
4. Ethnicity:____________________
5. Years lived in Prince George?____________________
6. What mobility issue do you have?____________________
7. How long have you had this mobility issue and how did it come about?
   ____
   ____
   ____
   ____
   ____
8. Do you require assistance (i.e. mobility aids, assistants) to be mobile with your mobility issue? Please specify.
   ____
   ____
9. Do you term yourself a person with a disability? If not which term, if any, do you prefer? (i.e. Disabled person, (dis)abled person, person with mobility issue etc.)
   ____
   ____
10. As the research process continues, you will be provided with opportunities for follow up, edits and withdrawal of your statements. For the purposes of editing, would you like a copy of: i. The transcription of your interview? Yes: ☐ No: ☐
    ii. The first draft of my thesis? Yes: ☐ No: ☐
11. For your own records or purposes, would you like a copy of:
    i. The transcription of your interview? Yes: ☐ No: ☐
    ii. The first draft of my thesis? Yes: ☐ No: ☐
    iii. The final thesis? Yes: ☐ No: ☐
    iv. An executive summary of the final thesis? Yes: ☐ No: ☐
12. If you answered yes to any of the following questions, how would you like this data returned to you?
    i. Email: ____________________
    ii. Mail: ____________________
    ____
    ____
    iii. Other (please specify):

____
____
____

Research Distress Handout

Although this research process is not intended to cause distress or harm, there is always a possibility that the topics raised may trouble you. Should this occur, please let me know and we will halt the process. You are under no obligation to complete this interview. If you find yourself feeling distressed at any time, I have included a list of resources that you may draw on for support. Please do not hesitate to contact any of the following organizations:

Crisis Lines:

- **Crisis Prevention, Intervention and Information Centre for Northern BC: (250)563-1214 or 1-888-562-1214**
- **Distress Line – Network of BC: (no area code needed) 310-6789**
- **BC Crisis Centre Distress Line: 1-800-784-2433**

Community and Online Counseling Services:

- Community Living British Columbia, Social Networking Blog: http://www.startwithhi.ca/
- **UNBC On Campus Crisis Resources (Monday-Friday, 9am-4pm for registered students only): (250)960-6369**

Information:

- BC Paraplegic Association Provincial Info-Line: **1-800-689-2477**
- BC Paraplegic Association Information Database: **http://sci.bcpara.org/**
- **BC Association of Clinical Counsellors: 1800-909-6303**
- **Health Link BC: 8-1-1**

Medical Emergency:

- **University Hospital of Northern BC: (250)565-2000**

If you have any questions or concerns please feel free to contact Jessica Blewett at blewettj@unbc.ca (250)960-5303 or Neil Hanlon at hanlon@unbc.ca (250) 960-5881.

Please direct any complaints concerning this research project to the UNBC Office of Research at reb@unbc.ca or 250-960-6735.

Interview #:__________

Mapping With (Dis)abled People: Towards a Participatory, Qualitative and Holistic Approach

Research Project Information Sheet and Consent Form

Researcher's Name	Jessica Blewett – NRES MA Candidate
Address	4-435, 3333 University Way, Prince George BC, V2N 4Z9
E-mail	blewettj@unbc.ca
Supervisor's Name	*Neil Hanlon, Ph.D.*
Contact Information:	*(250) 960-5881 or hanlon@unbc.ca*
Title of Project	*Mapping With Disabled People: Towards a Participatory, Qualitative and Holistic Approach*
Type of Project	*NRES – MA Thesis*
Purpose of Research:	*To work with (dis)abled people to develop a barrier mapping tool informed by their experiences.*
Potential Benefits	*Having the opportunity to voice your concerns and opinions on access and disability.*
Potential Risks	It m*ay be physically and emotionally strenuous to travel in downtown Prince George.*
How did I choose you?	☐ *A) You saw my advertisement and contacted me, or* ☐ *B) I approached you in a public setting in Prince George.*
What am I asking you to do?	*I would like you to participate in a journey around downtown Prince George. We will begin with a brief questionnaire and then we will go on a tape recorded walk where you will identify and rate barriers to your access and where we will discuss access and (dis)ability based on semi-structured interview questions. I will map the barriers on our walk.*
Who will see your interview?	*Only Jessica Blewett (researcher/student) and Neil Hanlon (supervisor). All information shared in this interview will be held within strict confidence by the researchers.*
Confidentiality/Anonymity	*The data will appear in the final research paper but your identity will not be revealed in anyway. The names of participants will not be used in any reporting, nor will any information which may be used to identify individuals either directly or indirectly.*

Your identity will be preserved only on the consent form, which will be kept separate from data and final papers. Consent forms will be submitted to Jessica Blewett and stored in a locked cabinet in her office. All data collected will be stored for no more than ten years and will then be shredded and disposed of.

**Your participation in this research is entirely VOLUNTARY; you have the right to withdrawal your participation and any or all of your statements at any time.*

If you have any questions or concerns please feel free to contact Jessica Blewett at blewettj@unbc.ca *(250)960-5303 or Neil Hanlon at* hanlon@unbc.ca *(250) 960-5881.*

Please direct any complaints concerning this research project to the UNBC Office of Research at reb@unbc.ca *or 250-960-6735.*

---

1. I understand that Jessica Blewett is conducting a study for her NRES MA thesis, at U.N.B.C. and is interviewing a number of people with respect to their experiences with accessibility and (dis)ability.

2. This consent is given on the understanding that Jessica Blewett and the University of Northern British Columbia shall use their best efforts to ensure that my identity is not directly or indirectly revealed.

3. I understand and agree that the information I have given to Jessica Blewett in our interview/journey be:

(a) recorded and reproduced (transcribed **by Jessica Blewett**);

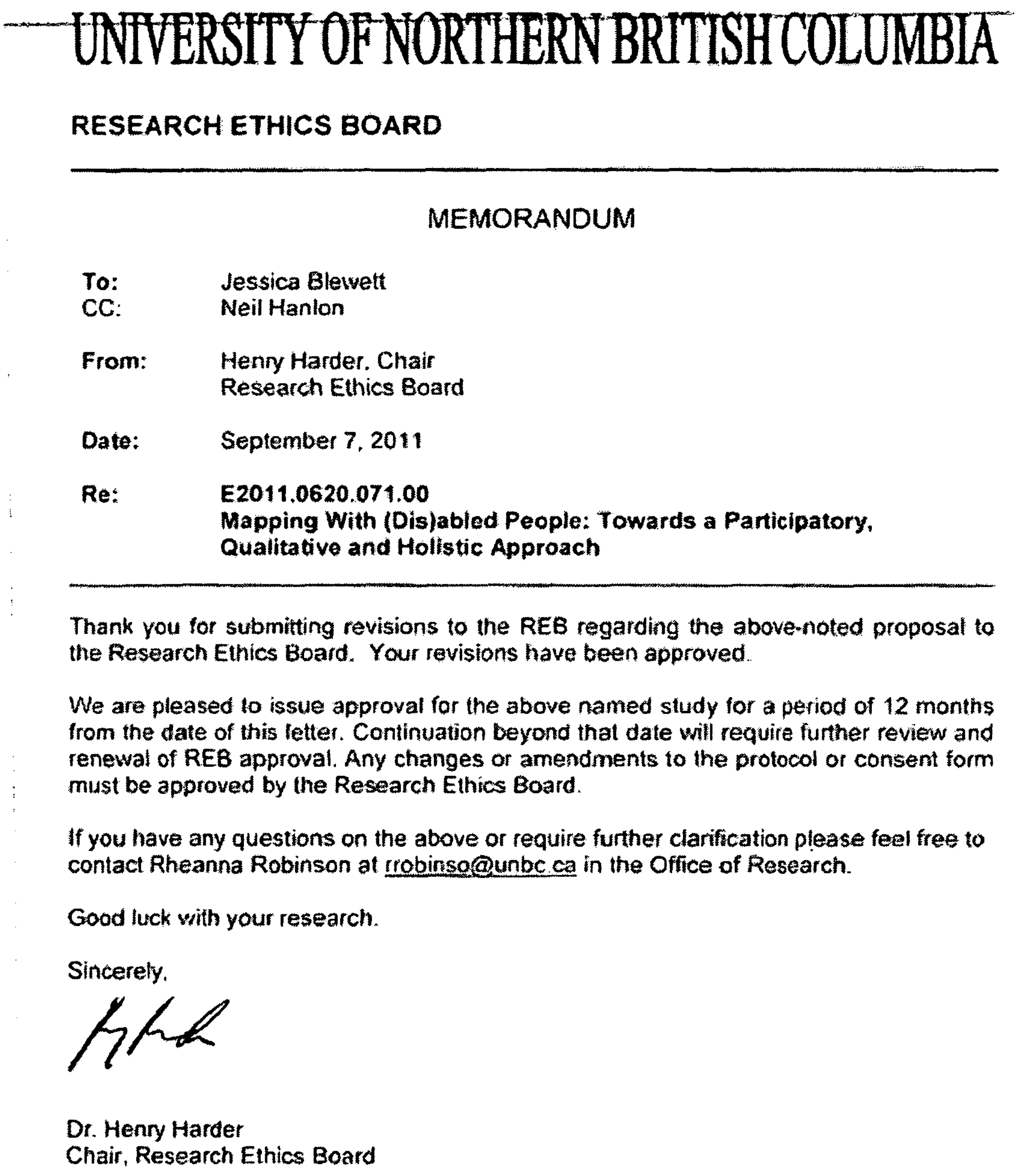
(b) used by Jessica Blewett in the production of a thesis paper, research articles and presentations;

(c) used in a published work, or other media by Jessica Blewett or U.N.B.C.

Name:________________________ **Date:**______________________________

Signed:________________________ **Witness:**____________________________

APPENDIX E – Research Ethics Approval



UNIVERSITY OF NORTHERN BRITISH COLUMBIA

RESEARCH ETHICS BOARD

MEMORANDUM

To: Jessica Blewett
CC: Neil Hanlon

From: Henry Harder, Chair
Research Ethics Board

Date: September 7, 2011

Re: **E2011.0620.071.00**
Mapping With (Dis)abled People: Towards a Participatory, Qualitative and Holistic Approach

---

Thank you for submitting revisions to the REB regarding the above-noted proposal to the Research Ethics Board. Your revisions have been approved.

We are pleased to issue approval for the above named study for a period of 12 months from the date of this letter. Continuation beyond that date will require further review and renewal of REB approval. Any changes or amendments to the protocol or consent form must be approved by the Research Ethics Board.

If you have any questions on the above or require further clarification please feel free to contact Rheanna Robinson at rrobinso@unbc.ca in the Office of Research.

Good luck with your research.

Sincerely,

Dr. Henry Harder
Chair, Research Ethics Board

APPENDIX F – Interview Codes

Code	Meaning	Interviewee										Interviews to Cite Code
		1	2	3	4	5	6	7	8	9	Sum	
A	Awkward	1	0	0	0	0	0	0	0	0	1	1
AG	Anger	2	0	1	1	1	4	2	1	0	12	7
CP	Constant Planning	1	1	0	0	2	2	1	0	2	9	6
D	Disengagement	2	2	1	0	4	0	3	0	0	12	5
DC	Dangerous Circumstances	0	7	1	6	4	3	2	0	1	24	7
DEM	Demographic Change - Ageing	0	2	0	0	1	0	0	0	2	5	3
DF	Difficulty	0	2	1	6	1	2	2	1	0	15	7
DI	Individuals deal with things differently	3	0	0	0	0	0	2	0	0	5	2
DSC	Discrimination	1	1	1	1	1	11	0	0	0	16	6
E	Aesthetics over accessibility	3	0	0	0	0	0	0	0	0	3	1
ED	Exhaustion/Becoming Defeated	1	2	0	1	4	1	5	0	0	14	6
EI	Emotional Impact	6	1	1	0	0	1	0	0	0	9	4
EM	Embarrassment	0	1	0	0	0	0	0	0	0	1	1
F	Frustration	1	5	1	2	6	3	2	1	0	21	8
FE	Financial/Economic Barriers	2	0	2	0	2	1	0	0	0	7	4
FEA	Fear	0	3	1	0	7	1	0	0	2	14	5
G	Guilt	0	0	0	2	0	0	0	0	0	2	1
GU	Giving Up	2	6	0	2	5	0	5	0	0	20	5
H	Health Consequences	2	2	0	6	1	4	2	1	1	19	8
HS	Hassle/Inconvenience	2	1	2	1	6	0	5	0	0	17	6
I	Feeling Ignored/Invisible/Ignorance	2	1	0	0	0	0	1	0	0	4	3
I-A	Ignorant Attitudes	8	5	4	6	1	8	2	1	0	35	8
I-N	Ignorance of disabled persons needs	10	7	3	4	3	7	4	0	1	39	8

INF	Lack of (dis)Ability information	1	5	2	6	0	4	1	0	0	19	6
INS	Insulted	0	2	0	1	0	1	1	0	0	5	4
L	Limiting Activities	0	5	2	3	6	2	3	2	2	25	8
	Limiting Experiences	0	5	1	0	5	0	2	0	2	15	5
LD	Loss of Dignity	1	0	0	0	2	1	0	0	0	4	3
LI	Loss of Independence	1	3	1	2	1	1	0	0	0	9	6
LP	Lack of Progress/Action	3	1	1	0	0	0	3	2	0	10	5
	Lack of Regulation or Standard	5	1	2	0	1	1	1	0	1	12	7
LS	Loss of Spontaneity	1	0	0	0	4	2	2	0	0	9	4
ME	Material Exclusion	1	2	1	2	0	0	0	0	0	6	4
MOD	Modifying Behaviour	2	1	0	0	2	1	0	2	3	11	6
OB	Old Buildings	2	1	1	0	3	1	0	0	1	9	6
OE	Over-engagement	1	0	0	0	0	2	0	1	0	4	3
P	Physical Barriers	5	8	1	2	2	4	3	1	2	28	9
PB	Personal Barriers	0	3	0	0	2	0	0	0	0	5	2
POS	Positive Experience	1	0	1	2	1	0	2	3	0	10	6
PP	Physical Pain	2	2	0	5	1	4	1	0	1	16	7
PW	Stuck in Past Ways of Doing	2	3	0	0	0	2	0	1	0	8	4
SD	Sadness	0	1	0	5	2	0	0	0	1	9	4
SE	Subjective Experience	3	0	0	0	0	0	2	0	0	5	2
SG	Struggle	1	2	0	0	0	0	1	0	0	4	3
SH	Shopping elsewhere/loss of business downtown	1	7	2	0	0	1	0	0	0	11	4
SN	Social Neglect	5	5	4	7	1	0	1	0	0	23	6
SPX	Spatial Exclusion	2	9	3	3	2	4	4	0	1	28	8
SX	Social Exclusion	2	5	2	5	6	2	1	0	1	24	8
SXI	Social Isolation	0	0	0	1	5	1	1	2	1	11	6
T	Trapped	0	0	1	1	1	1	1	2	0	7	6
U	Social Discomfort	3	0	0	0	0	0	0	0	0	3	1
W	Winter Issues	2	4	1	5	2	1	11	2	1	29	9

APPENDIX G – Physical/Architectural Barriers

Barrier	Number of Participants to Identify the Barrier
Icy patches	9
Insufficient snow clearance on the sidewalk	9
Snow on the sidewalk	9
Uneven/Bumpy/Cracked surfaces	8
One inch or taller cement lips	8
Slopes up to doors	6
Manhole covers sticking up	6
Sloped sidewalks	6
Parking spots without curb access	5
Lack of Signage	5
Older curbcuts	5
Cramped/cluttered store interiors	5
Mounds of snow on the sidewalk	5
Windrows of snow on the sidewalk and roads	5
Residential housing	4
Heavy doors	4
Pure sand or gravel	4
Lack of awnings	4
Snow in the curbcuts	4
Freezing temperatures	4
Broken away/crumbled concrete	3
Sawed-off sign	3
Narrow doorways	3
Airlocks	3
Parking in bike lanes	3
Large pickup trucks with low visibility	3
Lack of seating	3
Short on-ramps	3
No places to plug in scooters (charge battery)	3
Frozen slush	3
Bus stops	3
Spit on the sidewalks	2
Width of ramps	2
Layers of barriers	2
Amount of handicapped parking	2

Narrow sidewalks	2
Doorway visibility	2
Freeze-thaw cycle	2
Driveways	2
‘Pull’ doors	1
Security panels in stores (width)	1
Crowded areas	1
Lack of illumination	1
Snow in the curbside lane	1