Incongruous encounters: The problem of accessing accessible spaces for people with dwarfism.

Abstract

The recognition of disability as a social construct has aided in providing better access to the built environment for disabled people, through the implementation of accessible spaces. However, access to them is not straightforward for disabled people who do not match stereotypical representations of disability. Drawing on empirical data collected from semi structured interviews and photo elicitation exercises, conducted with people with dwarfism living in the UK, this paper shows how they are often challenged or denied access to accessible spaces, creating a hierarchy of impairments. Building on Kruse’s (2002, 2010) notion of ‘statuarized spaces’ the paper demonstrates how access to accessible spaces is influenced by their representation, which differs from representations of dwarfism, leading to incongruous encounters. These incongruous encounters affect the spatial practices of people with dwarfism. A more varied representation of disability is required in order to provide people with dwarfism straightforward access to accessible spaces.

Keywords: dwarfism, accessible spaces, representations of disability, statuarized spaces, incongruous encounters.

*Points of Interest:*

• The ideas explored in this paper are based upon research carried out with people with dwarfism living in the UK.

• Shows how people with dwarfism are told off or challenged by other people when they want to access to accessible spaces.

• The paper shows some of the ways people with dwarfism gain access to accessible spaces.

• The paper argues for a broader representation of disability in order for people with dwarfism to be recognised as disabled.

*Introduction*

Dwarfism is an impairment that results in short stature, and in most cases a disproportionate body size. People with the impairment are often referred to as ‘dwarfs’, ‘little people’, ‘people with restricted growth’ and ‘people with short stature’. This paper has chosen to adopt the term ‘person with dwarfism’ as it was most accepted by the participants of this research. The maximum height of a person with dwarfism is 4ft 10” (147cm), whilst the average stature is 4ft (121 cm). Imrie (1996) points out that the built environment is created for the average sized, able-bodied person. This results in people with dwarfism encountering numerous disabling barriers, caused by a mismatch in height. Whilst this paper focuses specifically on dwarfism it is important to acknowledge that other impairments, such as Osteogenesis Imperfecta and people affected by thalidomide, can also result in short stature and the people with these impairments most likely encounter similar barriers. Disability, as Oliver (1990) suggests, can be understood as a product of society as opposed to a person’s bodily difference. As a response to disability being socially constructed, public spaces, especially within western societies, now include various accessible spaces, aimed to accommodate people with physical impairments.

Accessible spaces can aid in removing some of the disabling barriers that people with dwarfism encounter within the built environment. Despite this, access to these spaces can be contentious between people with dwarfism and other members of the public. According to Hughes (1999), part of the oppression that disabled people encounter is constructed by how their impairment is viewed and understood by others. Disability is still recognised as a functional limitation of the body, such as being unable to walk, which is reinforced through dominant representations of disability. Body sizes that exceed the norm, including dwarfism, are seen as more of a difference than a disability, however, this physical difference is disabling in a one size fits all society. Added to this representations of dwarfism are constructed as humorous and mythical, which differ from stereotypical representations of disability. The differing representations lead to incongruous encounters when people with dwarfism attempt to access accessible spaces. These encounters involve what Scully (2010) refers to as a form of ‘*hidden labour’*, which people with dwarfism have to employ in order to gain access.

Using data taken from semi-structured interviews conducted with people with dwarfism living in the UK, this paper examines the social interactions between people with dwarfism and other members of the public when trying to access accessible spaces. Drawing on Lefebvre’s theory of space as a social product, the paper builds Kruse’s (2002) notion of ‘*statuarized spaces*’, in order to show how the representation of accessible spaces (which have been restatuarized through the provision of lower facilities within them) affects the spatial practice of people with dwarfism when attempting to access them. It is argued that the lack of straightforward access leads to a hierarchy of impairments, whereby only certain impairments are provided with access without hesitation. Whilst the spatial hierarchies, in relation to disability, have been explored on a regional basis (Dear et al., 1997), there is limited research that indicates hierarchies within specific locations, including accessible spaces.

*The importance of space within disability studies.*

As disability can be understood as a social construct, applying a geographical perspective can aid in further understanding how the built environment is disabling for people with impairments. Kitchin (1998) argues that it is important to recognise the role of space in reproducing and maintaining disabled people’s exclusion from the built environment. According to Thrift (2003), space is an important theory within human geography, but is given limited description. The French Sociologist, Henri Lefebvre (1991), is credited with the idea that spaces are socially produced. According to Lefebvre (1991:289), ‘(Social) space is a (social) product’. Different spaces provoke different social reactions. How people socially interact within different spaces is influenced by their identity. Spaces can be gendered (Massey, 1994), sexed (Valentine, 1993), raced (Delany, 2002), disabling (Chouinard, 1997, 1999; Gleeson, 1999) and / or statuarized (Kruse, 2002; 2010).

The subjective experiences of people with dwarfism in different spaces are important to consider, as they will differ to a person of average stature or even another disabled person. Thus, whilst spaces are disabling for people with impairments, the way they are disabling can vary depending on the type of impairment. Building on Lefebvre’s (1991) social production of space, the American Geographer Kruse (2002, 2010) argues that spaces are ‘*statuarized*’, meaning that they are constructed for the average sized person, which affects how a person with dwarfism interacts within them. These statuarized experiences are dependent on both the physical construction of the space and the social processes within it, which are influenced by representations of space. Kruse (2002) examines the ‘spatial practice’ and ‘representations of space’, to demonstrate how spaces are statuarized for people with dwarfism. Spatial practice refers to how people with dwarfism navigate through a built environment created for the average sized person (Kruse, 2002). Representations of space are associated with how symbolism within spaces reveres tallness, rendering people with dwarfism out of place. I similarly argue that symbolism associated with disability, which is evident in accessible spaces, also leaves people with dwarfism as out of place.

*Incongruous Impairments*

Whilst the social model has aided in providing better physical access for people with impairments, it has neglected how cultural representations can create barriers for disabled people in society (Shakespeare, 1994, 2013). Cultural representations of disabled people are important to consider, as they construct particular identities of disabled people. Titchkosky (2011: 59) suggests that ‘disability is always steeped in the cultural act of interpretation’. In the case of disability representations, such as those that denote access, disability is represented using a mobility aid. This according to Hughes (2015) leaves the body open for inscription, including only those who carry any identifying features of disability to be recognised as truly disabled.

The problem of being recognised as a disabled person by others has led to research that explores how those with invisible impairments, including epilepsy and chronic illness, negotiate their identity as a disabled person (Bé, 2019; Chouinard, 1999; Dyck, 1999; Reeve, 2006; Rhodes et al., 2008; Stone, 2005; Vick, 2012). Stone (2005) and Rhodes et al. (2008) explore how having an invisible impairment leads to difficulties in getting support and accessing accessible spaces, leading to unwanted interactions with others. However, dwarfism is a visible impairment, but there is a lack of recognition of body sizes that exceed the norm as being disabled in a one size fits all built environment. Often people with dwarfism are told that they are just small, which instantly dismisses their disabling experiences associated with their short stature. Chan and Gillick (2009) argue that there is a lack of understanding of disability as it is commonly thought of as consisting solely of physical limitations, which ignores the disabling consequences of the built environment for body sizes that exceed the norm. Added to this, dwarfism is associated with particular stereotypes that are constructed through cultural representations, dominant within the media.

According to Hughes and Paterson (1997), impairment is experienced in terms of cultural narratives that help to shape its meaning. Dwarfism is associated with the entertainment industry. Throughout history, from the ancient Egyptian times to the present day, people with dwarfism have been well-known figures and have been sought as entertainers and as curiosities due to their bodily appearance (Backstrom, 2012). During the Victorian era, people with dwarfism were one of the most popular exhibits in freak shows, places where people would pay to see human oddities. Moving forward to the present day people with dwarfism are often present in low bar entertainment, including as ‘midget’ [sic] wrestlers and as someone you can hire out for a stag do. People with dwarfism are also prominent in films such as *Snow White and the Seven Dwarfs (*1937), *The Wizard of Oz* (1939), *Austin Powers: the spy who shagged me,* (1999), *Austin Powers: Goldmember* (2002), *Time Bandits* (1981), *Willow* (1988) and *Charlie and the Chocolate Factory* (1971, 2005), where their dwarfism is their main feature and is played upon in a comedic or fantasy way. Shakespeare et al. (2010) point out that people with dwarfism are very prominent within popular culture, including mass media, and suggest that there is a cultural fascination with them. These representations are very different from a person with an impairment who experiences numerous disabling barriers within the built environment.

Cultural representations of dwarfism create a metanarrative of dwarfism. Bolt (2012) suggests that there is a ‘metanarrative of disability’ including within literature and media. This metanarrative constructs a particular understanding of dwarfism within society. As dwarfism is a rare impairment (there is estimated to be only 250,000 people with Achondroplasia (the most common form of dwarfism) worldwide (Horton et al., 2007)) there is a lack of interaction with people with dwarfism in society, allowing media representations to dominate what people understand about them. Haller (2010) suggests that the lack of interaction with disabled people results in society’s knowledge of disability being influenced by cultural and media representations of disability. Furthermore, Adelson (2005: 10) points out, ‘because most members of the general public do not know any dwarfs personally, their impressions are formed by what they see in popular culture’. This dominating metanarrative can lead to incongruous encounters within accessible spaces, as people with dwarfism do not match stereotypical representations of disability, but instead defy them.

*Methods*

This paper is based on findings gathered from my doctoral research project that explored the experiences of people with dwarfism within the built environment. Access to accessible spaces was considered a key aspect in determining how people with dwarfism experience the built environment. This was partially influenced by my positionality. Research concerning disability is often characterised by having an interest in the personal (Worth, 2008). As a person with dwarfism I was already aware of some of the experiences people with dwarfism encounter. On several occasions, I have encountered unwanted attention when trying to access accessible spaces. For example, when getting out of my car, which is parked in an accessible bay, I have been verbally told off, because I am deemed to be taking the space of a ‘genuine’ disabled person. Personal motivations to the research can lead to the identification of missing areas in the field (Worth, 2008). I wanted to know whether these experiences were common amongst other people with dwarfism. Berger (2013) suggests that being an insider gives the researcher an advantage in knowing about the topic. The research would help to generate various views and experiences of other people with dwarfism and thus provide a more validated account of the lives of people with dwarfism.

To recruit participants the initial idea was to attend conventions held by associations for people with dwarfism. Attending conventions held by associations for people with dwarfism provided the opportunity to meet a large number of potential participants in one space. There are several associations for people with dwarfism based in the UK, including: the Dwarfs Sports Association UK, Little People UK, Restricted Growth Association, Short Statured Scotland and Walking with Giants. I attended four conventions held by two associations. One convention was celebrating the association’s 40th anniversary, which generated more people than usual. Attending conventions provided a good starting point for recruitment, as I knew no people with dwarfism personally.

In total, 22 participants all aged 18 or over and living in the UK took part in the study. The majority of participants were female. Shakespeare et al (2010) points out that in their project relating to the social and medical experiences of people with dwarfism, women were more willing to take part in their research. It was also decided to interview women with dwarfism only, after I received unwanted attention from a man with dwarfism, which had implications on my safety. This experience changed my recruitment tactics, especially since it occurred at a convention. Whilst the initial plan was to recruit participants via associations, I stopped attending conventions and instead had to rely on other forms of recruitment, including snowballing and recruiting via Facebook.

Due to Facebook’s widespread use (over 1.86 billion users worldwide, Fiegerman, 2017) and various forums, the site also offered an easy way to recruit participants (Brickman Bhutta, 2012). Using Facebook as a recruitment tool minimised logistical problems and allowed easy interaction with other people with dwarfism. I was already a member of several Facebook groups for people with dwarfism. After permission from the administrator from each group, the project was advertised on several groups, including those created by associations for people with dwarfism and non-association groups. Advertising on the group pages provided a platform that was used to reach people who could not make it to any convention or who were not part of any association. It also allowed me to recruit female participants via associations but without having to attend any conventions.

Snowballing also allowed me to recruit participants outside of conventions, who would otherwise be difficult to contact. Snowballing is often used as a recruitment technique when the people being researched are hard to reach (Browne, 2005). Not being able to attend conventions reduced my ability to recruit a large number of people in one place. The method relies on participants knowing other potential participants and being willing to pass on my details or giving me other people’s details, with their consent. Snowballing involves asking participants if they know of anyone else that may be interested in taking part in the research. This recruitment method also aided in building trust with other potential participants, as the participants who notified them about me and my research were able to vouch for my reliability.

Prior to the data being collected ethical approval was sought and approved by my University’s ethics committee. For the purpose of confidentiality, all participants were given pseudonyms and the area of where they lived was made vague. For example, instead of referring to the town or city they lived in a vague geographical location, such as the north west of England was given. As Shakespeare et al. (2010) point out, anonymity is important when conducting research with people with dwarfism because a lot of them know each other through being members of various associations. Using other forms of recruitment helped to increase anonymity, but did not guarantee it.

To gather the data, semi-structured interviews, with the incorporation of photo-elicitation exercises were carried out between September 2010 and July 2011. Semi-structured interviews provided a structured conversation that enabled me to gain in-depth information from the participants. Semi-structured interviews grant unique access to the lived world of participants and an insight into their experiences (Kvale, 2007). Discussing with the participants their experiences of the built environment provided a richer and more validated account of the lives of people with dwarfism.

For the photo-elicitation exercises, both photographs and maps of where they lived were shown to participants. Photo-elicitation uses photographs to evoke comments, memory, and discussion in the course of a semi-structured interview (Banks, 2007: 65). To begin with it was proposed that the participants would take several photographs of everyday spaces that they thought were important to discuss. However, one potential participant pointed out that he already received enough unwanted attention when out and taking photographs of everyday mundane places would just provoke more unwanted attention from the public. As a result I decided to download several photographs from Google images of everyday spaces, including a highstreet, a supermarket and shopping mall. These are everyday spaces that the majority of people interact with on a daily basis. The images provoked past experiences within certain spaces, which helped to generate a deeper understanding of how people with dwarfism experience the built environment. The incorporation of photographs of various spaces helped to gain a deeper understanding of their experiences. Photo elicitation is a beneficial aid to the interviews as they provoked experiences and aided in validating what had already been said (Banks, 2007).

To understand the spatial practices of the participants within the built environment, they were also presented with several maps of where they lived. The maps were downloaded from the free web mapping service, Google maps, which provides an easily accessible source of geographical data. These maps can be manipulated to provide the appropriate scale of the space required and show a detailed array of information, including street names and the specific spaces within them, such as the names of shops, restaurants and landmarks. This helped to understand if these spaces presented any barriers to them, and why. For example, some participants pointed out that they would not walk past a school due to the unwanted attention they received from children. This data is updated every 1-3 years in order to provide relatively up to date sources of information (Finch, 2015). The participant’s postcode was used to locate the area they lived in, but as previously stated, for confidentiality purposes all demographic information was made vague in the analysis.

All interviews were recorded, with the permission of the participants, and later transcribed. Prior to the analysis participants were sent their transcripts to look over. This allowed them to rectify any possible misinterpretations and to take out anything they no longer wanted included. Allowing the participants to review their transcript and ensuring they are accurate aided in providing more valid data (Thomson, 2011). A thematic-analysis approach was applied to draw out themes by reading and re-reading each transcript (Fereday and Muir-Cochrane, 2006). The main themes included spatial barriers, social barriers, disability perceptions, and cultural representations of dwarfism.

*Results – Accessing Accessible Spaces*

The built environment is constructed to specific ergonomic standards in order to enable the average sized user with easy access and interaction with different spaces. Imrie (1996) points out that architectural planning is based on Le Corbusier’s Le Modular, a representation of the average person. Le Modular is noted to be 6ft in height and thus spaces should be made to suit this standard, which creates a disabling built environment for people with dwarfism. Accessible spaces have proved beneficial for people with dwarfism, but only through the coincidence of requiring the same access needs of wheelchair users, a more stereotypical disability:

I think a lot of disabled facilities have improved now. I can use cash machines that were lowered for disabled people. Now that everything has got to be DDA [Disability Discrimination Act 1995] compliant everything has to be wheelchair level which is also my level (Naomi).

The use of accessible spaces by people with dwarfism is an indication of their spatial practices, in order to avoid physically disabling spaces. Whilst Naomi mentions the Disability Discrimination Act 1995, this has since been replaced with the Equality Act 2010. The Equality Act (2010) defines a disabled person as a person who has ‘a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities’(UK Government, 2020). Obviously, this definition is open to interpretation, however, the ability to carry out day to day tasks is negatively affected if spaces and facilities are not size suitable for a person. Thus a person with dwarfism can be considered disabled under the Equality Act (2010), but the act can be further criticised as it only states that accommodations should be made ‘where reasonable’. Who requires these reasonable accommodations are influenced by who is perceived to be disabled, which is influenced by disability imagery:

Erin: Why do you think people wouldn't consider you to be disabled?
Ivy: Well because the disabled symbol [ISA] is a wheelchair and they always think it is people in a wheelchair.

The lack of recognition as a disabled person is influenced through dominant images, which indicate to other members of society what disability is. The International Symbol of Access [ISA] is a prominent identifier of accessible spaces. The ISA is a stick figure of a wheelchair user in side profile. Titchkosky (2011) argues that the ISA is a common and often taken for granted symbol used to represent disability. Whilst the ISA was initially designed to represent accommodations for many impairments (Guffey, 2018), it only represents those with a specific range of mobility impairments, and according to Sapey et al. (2005) less than 10% of disabled people use a wheelchair. However, dwarfism still remains a rarer impairment and added to this Shakespeare et al. (2010) argue that people with dwarfism have limited status within the disability community, as associations for people with dwarfism often play down the disabling effects of the impairment. This limited status within the disability community leads to a lack of acknowledgement of dwarfism as a disability, including within imagery. It is important to recognise that disability imagery influences who is recognised as a disabled person. Drawing on Lefebvre’s (1991) representation of space, the representation of an accessible space is associated with dominant symbolism associated with disability. Accessible places are imagined as a space for a specific group of disabled people, who are conceptualised through the ISA. Dear et al (1997) claim that attitudes towards disabled people are socially and spatially produced. Specific attitudes, such as challenging a person’s identity as a disabled person, are encouraged within accessible spaces due to the representation of those spaces. This creates a hierarchy of impairments.

The lack of recognition as a disabled person within society, demonstrated by spaces of representation, results in people with dwarfism feeling excluded:

Here in England they only see disabled people as people in wheelchairs. I do feel we are excluded and not seen as important as other disabled people (Sofia).

The implementation and meaning of accessible spaces are informed by legislation and governmental policies. For example, Part M of the buildings and regulations act informs what sort of access should be provided within public buildings for disabled people, such as ramps, wide doorways and t loop systems, Part M has been criticised for being biased towards wheelchair users (Women and Equalities Committee, 2017). Whilst other impairments, including sensory impairments, are included within Part M, most focus is upon the need of a specific group of wheelchair users, i.e. those who use a manual wheelchair and have full use of their upper body. However, this is not to imply that wheelchair users are always provided with suitable accommodations within the built environment. As stated previously accommodations are only provided where reasonable and according to Part M only minimal accommodations are required by law. Despite these laws and policies, many places still remain inaccessible for a number of disbaled people including wheelchair users.

In only two parts of Part M are people with dwarfism considered. This includes providing lower parking ticket machines and lower handrails on stairways. These two facilities are not required for wheelchair users, especially when it is presumed that wheelchair users can get free parking via the UK’s blue badge scheme. The blue badge scheme provides some disabled people with mobility impairments with a range of parking concessions. Although people with dwarfism often have mobility impairments, access to a blue badge is not straightforward. Applicants have to prove that their mobility impairments are severe enough to require a blue badge.In relation to other accessible spaces, such as lower counters, all measurements are based on the height of a wheelchair user. This neglects the needs of people with dwarfism. These policies help to shape the representation of accessible spaces.

*Inaccessible Access*

A very recognisable accessible space is the accessible toilet. Access to public toilets is an accepted demand on the state, as it is acknowledged that people require the use of amenities where they can relieve themselves (Kitchin and Law, 2001). As most of the facilities within an accessible toilet have been lowered, they are accessible for people with dwarfism. A person with dwarfism should not look out of place accessing a space that is ergonomically suitable for them, however, others must firstly classify them as disabled. When a person does not match the disability stereotype, an incongruous encounter will occur:

I had a wheelchair user tell me off once for using a disabled toilet, because I wasn't in a wheelchair. I explained how I couldn't reach the sink, the lock, and the dryer or see the mirror. She still didn't think that they were also for us, because that symbol [the ISA] seems to say that it is specifically for them (Jade).

The ISA is not just an indicator of an accessible space, but also signifies who can legitimately access the space. Chouinard (1997) argues that symbolism associated with accessible spaces is used to discourage others from using them. However, the ISA creates a common problem for disabled people who do not use a wheelchair user as they are often policed when accessing an accessible space (Moshe and Powell, 2007). This is because other users, such as Jade, create an unexpected encounter as the ISA creates the perception that only a wheelchair user can access the space. According to Vick (2013), disability exists across a spectrum of bodies, however, disability imagery often fails to capture this diversity and instead represents it as one homogenous group, which is reliant on a disability aid. This misconception has led to some places in the UK installing signs under the ISA stating, “not every disability is visible” (England, 2016). The need for these signs indicate how the ISA has created a problematic stereotype of disability, which can produce a hierarchy of impairment. Reeve (2006) argues that there is a hierarchy of impairment, which results in those with visible impairments questioning others’ access to accessible spaces. This hierarchy Deal (2003) suggests results from people with impairments competing for scarce resources. In most spaces whilst there may be several non-disabled toilets there usually only exists one accessible toilet.

In other cases, accessible spaces often provide better access, such as disabled parking that allows permit holders to park closer to the venue they want to access, leading to their misuse by non-disabled people. The misuse of accessible spaces can lead to them being controlled by members of staff, whose duty it is to ensure that only disabled people access them. However, this can have a negative impact upon genuine users who do not match the staff’s perception of a disabled person:

The other problem is when you go to rock gigs is that you go into the disabled platform if you are in a wheelchair, but I am the same height as somebody in a wheelchair, but they [staff] would not let me in because I am not in a wheelchair (Naomi).

Naomi recognises the accessible space as a place where she would benefit from better access, however the staff only see it as a place for a specific group of disabled people. According to Sutherland (1981: n.d.), ‘the image of the wheelchair user has become synonymous with the word “disabled”, and that connection is continually stamped into people's minds’. This leads to an incongruous encounter. For incongruity to occur there must firstly be an existing schema (Billig, 2005). Incongruous encounters are created through perceptions of disability, which shape the representation of accessible spaces. Heider et al. (2013) explore how average size people perceive people with dwarfism. Their research indicates that cultural representations of dwarfism can influence negative perceptions of them, including as creepy, humorous and entertaining. Interestingly, these perceptions do not identify dwarfism as a disability, but demonstrate how dwarfism in the entertainment industry is an influencing factor is how others perceive them. Adelson (2005) argues that people with dwarfism are represented differently to other disabled people, as they are often represented as spectacles as opposed to tragic or pitiful. Representations concerning other impairments often encourage their disabling experiences to be shown, especially in relation to charity images that provoke pity. The difference in representation between dwarfism and other visible physical impairments creates different understandings between the two, separating dwarfism from disability.

Due to the narrow perception of disability within society a person with dwarfism, who does not use a mobility aid, must assert their right to access the space. Scully (2010: 26) deems these interactions to contain subtle forms of disablism, which are expressed through ‘non-conscious’ beliefs, in other words beliefs that are taken for granted by non-disabled people. This leads to the establishment of a hierarchy of disability, as a person with dwarfism cannot access an accessible space without confrontation, unlike those who do fit the stereotype. Scully (2010) suggests that these unwanted interactions are distorted by unequal power relations, making them undesirable. This unequal power relation is the result of accessing requires the disabled person to challenge the person preventing access, who often has control over the space and specific ideas about what disability is. Dyck (1999) argues that dominant ideas about the body are contested and negotiated in different spaces. This is dependent on the representation of a space and if it includes all users. To gain access to accessible spaces people with dwarfism must challenge dominant ideas about dwarfism and disability:

…There was a queue of fifty people for twenty desks but there was only one desk, which was low so I had to line up behind the low desk. The woman said, ‘I am sorry madam but there is a queue’. I told her that I was only able to use her desk because if I line up with everybody else I actually end up lining up twice as long because all the other desks are inaccessible so I have to let people go past, use them, and wait for the low counter to become free (Kayleigh).

Kayleigh’s appearance and actions automatically spark an incongruous encounter. A person, who is under 4ft (120cm) in height, should not have to prove why they need to access a low counter. Having to explain her reasons indicates that a person must firstly look disabled in order to gain straightforward access. This links to the representations of the space, which encourage staff to deny access to those who do not match dominant conceptions of disability. Walking to an accessible space instantly defies cultural expectations of disability, which are associated with mobility impairments. It is not unusual for those with invisible or unrecognised disabilities to be accused of misusing accessible spaces, just to gain certain advantages, such as avoiding queues. Baril (2015) argues that having to prove that a person is disabled is not only burdensome, but makes them appear to be exaggerating minor problems, which are unworthy of accommodation. This leads to the disabled person, Kayleigh in this case, having to justify her access. Vick (2013) points out that people who do not look disabled must constantly defend their needs in order for others to acknowledge them. Furthermore, social relations are embedded with power, meaning and symbolism (Massey, 1994). The member of staff has more control over the space, which creates a power imbalance.

Kayleigh’s management of the interaction is a form of agency that aids in resolving the incongruous situation through education. Scully (2010) refers to these sorts of interactions as a form of “hidden labour” as the other person is unaware of the work the disabled person has to employ in order to deal with the interaction. Kayleigh is aware of what is going on, as she knows her own access needs and has to educate the member of staff, who otherwise thinks Kayleigh is trying to break social etiquette by jumping the queue. This encounter threatens the order and control the member of staff has over the accessible space (Dear et al., 1997). Kayleigh’s explanation leaves her open for judgement. However, if the member of staff had been fully aware of Kayleigh’s access needs she would not only recognise Kayleigh’s need to use the low counter due to her short stature, but also her need to avoid long queues due to mobility difficulties associated with dwarfism. Bolt (2012) points out that an interaction between a disabled person and a non-disabled person is strained due to preconceived stereotypes associated with the disabled person. For people with dwarfism they have to challenge the cultural stereotypes associated with dwarfism, such as being humorous. Scully (2010) suggests that to reduce interactions that involve hidden labour there needs to be a more realistic representation of disabled people. This would help to provide a better understanding of the lives of disabled people. A more realistic representation of dwarfism would not include reference to the mythic and humorous, but instead demonstrate some of the disabling experiences of people with dwarfism.

In some cases to avoid the extra labour of explaining their needs, people with dwarfism will avoid an accessible space, especially if staff control access to it:

You could see it [the accessible area at Wembley stadium], it was just mainly full of people in wheelchairs, and maybe they [staff in control of access] wouldn't...they probably wouldn't have understood because I am not in a wheelchair or something. You are not disabled, you know (Tracy).

Tracy’s reluctance to access the accessible space is due to a preconceived incongruous encounter with the member of staff. As demonstrated above, people with dwarfism are often told off for using accessible spaces. Chouinard (1997:379) points out that ‘discursive and cultural codings of space are used to discipline, marginalise and exclude people with particular markers of differences’. Whilst an accessible space aims to provide access for all disabled people, its meaning, which is influenced by disability stereotypes, has led to the exclusion of those who do not match the stereotype. Avoiding certain spaces is a form of spatial practice (Kruse, 2002). Not accessing the accessible space aids in avoiding an unwanted social encounter, which could result in Tracy being unable to access the space and having to deal with an unwanted encounter. Bolt (2012) argues that the anticipation of an encounter between non-disabled and disabled people, can lead to avoidance on behalf of the disabled person. Although as previously shown, these unwanted encounters can also take place between two disabled people and result in the creation of a hierarchy of impairments. Stone (2005) claims that those with invisible impairments can often feel fraudulent when identifying themselves as a disabled person. For people with dwarfism, it is not enough to have a physically distinctive impairment, as it does not match stereotypical conceptions of disability. Kruse (2003) points out that historical representations of dwarfism continue to affect its identity as a disability. These representations often depict people with dwarfism as capable, with no signs of any functional limitations. On the other hand, ‘disability tends to be associated with tragic loss, weakness, passivity, dependency, helplessness, shame, and global incompetence’ (Wendell, 1996:63). These conflicting representations can influence dwarfism to be recognised more as a difference, rather than an impairment which is disabled by society.

Recently, there have been numerous schemes that aid to provide disabled people, especially those with invisible impairments with identification cards in order to receive disability assistance and access to accessible spaces. The Sunflower Scheme was launched in the UK in 2016 and has since become globally recognised (Tabbers Ltd, 2020). The scheme provides disabled people with a lanyard with a sunflower design on it in order for staff in places such as transport hubs and supermarkets to recognise that a person has an impairment. Another scheme, the National Disabled Identification card (DID) was launched in 2015 to help those with invisible impairment be recognised as a disabled person when requiring assistance in public (Disabled ID, 2015). At first glance these schemes offer a great solution to problems the participants in this paper have spoken about. However, firstly why should disabled people have to prove their impairment? If someone with dwarfism needs to access a low counter, isn't their small stature enough of an indicator? Secondly, in regards to DID, in order to receive an identification card claimants must firstly prove that they are in receipt of certain disability benefits. This is problematic as not all disabled people receive benefits. Some people choose not to apply for disability benefits, whilst others are denied them despite having an impairment. Since 2010, the neoliberal Conservative government has purposely attempted to slash the number of disabled people claiming disability benefits (Garthwaite, 2011), making it more difficult for disabed people to receive support.

*Becoming ‘disabled’*

Particularly in middle age people with dwarfism experience pain and stiffening in their joints and back, and in the case of those with Achondroplasia they may experience spinal stenosis, restricting their mobility (Shakespeare et al., 2010). Due to these problems, many people with dwarfism use a wheelchair or mobility scooter in order to access the built environment. What is interesting is that when people with dwarfism use a mobility aid they commented on feeling like a more accepted member of society:

When I am on the [mobility] scooter I am treated differently, I am a more accepted member of society, than when I am not using it (Jade).

Using a mobility aid changes the identity of Jade’s disability and subsequently how others interact with her within society. Chouinard (1997) argues that different impairments can elicit more unwanted attention than others. When using a mobility scooter, Jade matches a stereotypical conception of a disabled person. This is not to ignore or deny that people who use a mobility aid also experience unwanted attention within society, but does suggest that there is a hierarchy of impairments. In Dear et al. (1997) exploration of impairment hierarchies, dwarfism is always low down on the list in terms of acceptance, with paraplegia always being a more preferred impairment. Dear et al. (1997) further claims that there are attitudinal variations towards disabled people and these are apparent within different spaces. A person with dwarfism may be accepted by others in certain venues, such as associations for people with dwarfism or spaces of entertainment, but can be out of place in others, including within accessible spaces as they challenge the dominant representation of that space.

*Conclusion – The importance of space and inclusion for all.*

Accessible spaces are a response to inaccessible spaces for disabled people, however, a person has to first be recognised as a disabled person in order to gain access to these spaces. People are aware that a person who uses a wheelchair requires the use of an accessible space, whereas someone with dwarfism does not generate the same awareness even if some of their needs are the same. Society’s understanding of the needs of people with dwarfism are limited and are dominated by particular cultural representations, such as the figure of fun, resulting in problems accessing accessible spaces. A hierarchy of impairments presents itself within disability imagery and symbolism, which neglects to incorporate people with dwarfism.

The concept of statuarized spaces aids in understanding how both the physical construction and representations of spaces can be disabling for people with dwarfism, which subsequently influences their spatial practices. Spatial practices are not just affected by physically inaccessible spaces. This paper has shown that access to accessible spaces is also influenced by other people’s perception of disability, which is influenced by particular representations of disability.

Representations of disability differ from representations associated with dwarfism, and acts as a catalyst in creating an incongruous and unwanted encounter for people with dwarfism. These incongruous encounters can result in people with dwarfism either avoiding accessible spaces or having to demonstrate a form of hidden labour in order to gain access to them. It is not enough just to provide accessible spaces, but to ensure that anyone who needs alternative access is given the right to. Contesting and in some cases denying their use of accessible spaces excludes people with dwarfism from fully accessing the built environment and participating in everyday activities. The difficulties in accessible spaces creates a hierarchy of disability, as only some disabled people are provided with access without hesitation. Butler and Bowlby (1997) suggest that to provide an accessible built environment, it is not enough to better physical access, but also requires changes in social attitudes towards disabled people. This is partially achievable through changing the representations, and subsequently the meaning of accessible spaces.

There needs to be a more nuanced approach to representations of disability. This can be supported by having a more inclusive range of impairments included with popular disability imagery. At the moment disability imagery is too reliant on the symbol of the wheelchair, which has led to a problematic stereotype that neglects over 90% of disabled people. The ISA has been recognised as a problematic symbol by others within the disability community. A new symbol has been proposed, by the Accessible icon project, which adopts a wheelchair user moving through space (Hendren, 2015). However, the symbol is still problematic as it does not challenge the underlying assumption that all disabled people use a wheelchair. In further response to the problem of the ISA, the Visability93 campaign has produced a number of disability logos representing various invisible disabilities (Dawood, 2018). However, all of the symbols are represented by an average sized person and this once again ignores dwarfism. Whilst it is difficult to capture all impairments in one recognisable symbol, perhaps a more abstract symbol would be more appropriate. Instead of relying on a symbol that denotes a particular impairment, an abstract symbol would be a recognition of alternative access for those with impairments. This would take the focus from a minority of users who have been overrepresented and as a symbol would be internationally recognised.

*Declaration of Conflicting Interest*

The Author declares that there is no conflict of interest.

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