

Spaces of Education: Finding a Place that Fits
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Abstract: The fluidity of disability, and impairment emerges through a series of interviews developed with, and involving, forty women in Scotland and Canada. Their educational experiences are explored. The voices of women with disabilities in this article are important, and what appears are rich contextual profiles of women making spaces on their own terms.

Key Words: women, disability, education

Introduction

Human Geography explores the use of space, time and place elements in various aspects of daily living. The geography of disability is a comparatively new and emerging field within this discipline. Geographers are escaping the rigid disciplinary isolated “boxes” of medical geography in favour of a multi-dimensional approach incorporating the more flexible social and cultural aspects of human geography. In this article, a more detailed picture of disability in daily life emerges, looking at the everyday reality of disability in primary, secondary, college and university “educational spaces” as experienced by women with physical impairments in Scotland and Canada. The women range in age from their early twenties to their mid-sixties. Through a series of in-depth qualitative interviews, the author moves well beyond individual incapacity to look at wider social perceptions, attitudes and the interconnections of education and community. Much can be learned from the phrase, “Tell me about your education experiences.” This question elicits the dignity, self-respect, and quiet courage of disabled women making space in public places where they must take pains to gain peripheral access every day.

Primitive Beginnings, Primary Elements

Non-disabled people perceive access to education as a natural rite of passage into the adult world. However, education for disabled people is not viewed as a usual element, but rather as a privilege granted on a highly contingent basis (Gleeson, 1999). Indeed, the very presence of disabled people in educational space is often perceived as unnatural and disruptive (Chouinard, 1997). Access points to education are therefore limited, strictly regulated, tentative, peripheral, often medicalized, always on approval and subject to withdrawal. Whereas early education for non-disabled children nurtures creativity, where expectation develops potential, the situation for disabled children commonly entails a narrow focus on physical deficit correction (Rioux, 1999). The space itself is frequently removed from, or on the fringes of, public mainstream spaces. As a result, it has been customary practice to educate disabled people, even more notably disabled women, separately from their non-disabled counterparts. Often the space itself is residual, and devoid of intellectual stimulation, reflecting a lack of expectation.

Audrey provides a telling account of what was common practice half a century ago:

“That’s obviously a long time ago but when it came time for me to go to [mainstream] school, I was just about to go to school, and the education authorities at home said ‘don’t let her go’ I wasn’t educable ... Hadn’t done any tests or anything, they just looked at my medical condition and said ‘people like that are not educable.’”
(Audrey, 55, Scotland)

Babette’s experience further underscores the impact of the medicalized approach to school admission:

“I was misdiagnosed as ‘mentally retarded’ because of the condition, it was quite a severe condition, it was diagnosed at the age of 9 months and my vision problems, although they are congenital as well, they weren’t diagnosed until I was 5 and went to school, where a very attentive teacher said ‘this child isn’t mentally retarded she’s blind!’” (Babette, 47, Canada)

What has been the purpose of this segregated or “special” education to which many disabled people have been consigned? It appears the focus of “special” education is geared to obtaining an arbitrary standard commonly known as “normalcy,” which is largely unattainable for this population group, thus firmly attaching to these individuals the label of different. This is perhaps directed at addressing the projected discomfort of the social majority in schools and beyond around physical difference, rather than improving the quality of life for disabled individuals. The aim is to develop a socially acceptable appearance rather than to improve and to develop intellect. Consequently, the education that is provided appears to be adapted to occupy time in a limited space, rather than to foster intellectual stimulation:

“I used to go to boarding school special school in Edinburgh ... physical activity was the focus and you had to walk better, talk better and sit right. I remember once I missed my English class because they made me walk to class unaided [Stacey uses a metal walking frame], so by the time I got there it was finished! ... I just thought the English was more important. Who cares if you can walk unaided but I needed to write.” (Stacey, 29, Scotland)

“[B]ut at the time there wasn’t many people as young, ... with a spinal cord injury, it’s more of a thing, that happens when you’re out skiing, doing things ... really at that time there wasn’t a lot of special schools, special schools were really ... if you had a disability you got shoved into a special school ... It was very much emphasis on physiotherapy, speech therapy or occupational therapy, which is good, but there was practically no emphasis on education.” (Elise, 35, Scotland)

Segregated education did have a positive impact on the lives of some disabled women, particularly in circumstances where medical treatment was required in conjunction with educational requirements, and some women felt the special school environment may have provided the support, formal and also more informal (through friendship networks), that was non-existent in mainstream spaces. This underscores the lack of accommodation provided to disabled people in public mainstream spaces. Often, one is faced with choosing between two extremes, neither one of which is really acceptable; a segregated environment, which has some support but little stimulation, or an integrated mainstream environment with no support. The following quotes capture something of this ambivalent attitude toward special schools, indicating a few positive assessments, but even here the key message seems to be that the women found the schools ultimately limiting in academic terms:

“I went to a special school until I was 11, and it was a wonderful experience in terms of the range of subjects, it was like primary school, we got a different teacher for every subject at primary level and we had languages and all sorts. I was totally challenged by the curriculum... I became very unsettled I think it was because my sisters had gone to the local grammar, and so their mates were around in the community and I wanted to be part of that as well and also I felt that academically I had been challenged and stretched to the age of 11/12 and then the pace was slowing and I was very unhappy.” (Kim, 49, Scotland)

“I went to a special school, didn’t feel particularly special! I hated it, just found it like lack of stimulation, over protective... I just found it limiting academically.” (Vicki, 29, Scotland)

Interestingly, a few women did wonder if experiences may have been better for them had they attended special school:

Interviewer: "Did you ever go to special school?"

"No never. When I went to primary school I was fine, 5 –11 that was fine I got on great but when I went to high school, because I have got like my processing of stuff is not as good because there has been some light brain damage... but I just felt that in high school I could have been doing with extra help." (Brenda, 28, Scotland)

"It was very difficult, I couldn't take notes, I wasn't sure what the teacher was saying so I was studying by myself, I was coming home and was studying, I was only 10 years old but I was up until midnight studying... I would have felt uncomfortable with hearing people, I wouldn't have learned how to communicate. I'm glad I went to a regular school, what I miss a lot is if I had gone to a deaf school I would have learned sign language, but I don't know." (Sahara, 40, Canada)

The overwhelming impression is nonetheless that segregated education served as a holding area for entry into the rehabilitation and social service agencies designed for subsequent entry into suitable disabled spaces such as sheltered or segregated employment. For many of the women whom I interviewed amendments to education legislation have come too late. The measure of success is dependent upon how legislation is interpreted and applied (Gleeson, 1999). Segregated education has in effect, arguably acted as a diversion programme, keeping disabled individuals out of the mainstream economy or at the very most directing them into vocational spaces deemed by others to be "appropriate":

"When I left special school they didn't really stretch your mind as to what you would like to do, it was all about what you could do. It was mainly guiding you into office work and office technology. At that time I just thought I'll do this because that's what I can do but I find it so boring!" (Stacey, 29, Scotland)

Making Primary Spaces in Public Places

The arrival of disabled children in "public" education space is seen as an anomaly (Kitchin, 2000). Making space for them in the mainstream places of learning is not expected or welcomed, and is perceived as disruptive to the "natural" social order. Those individuals entering into this environment are usually championed by a non-disabled advocate, often a parent demonstrating exceptional personal fortitude to fight against barriers of fear, ignorance and simple lack of imagination (Rioux, 1999). Ariel's story in this respect is telling:

"My mother had to fight like hell to get me... into regular school... they thought that I should be placed in a special school. So the very next day my mother pulled my sister out of school and when the Principal called to find out why my sister hadn't attended school that day... my mother said 'well if you're not equipped to take care of one of my daughters, then you're not equipped to take care of either of my daughters', so they said... 'ok we'll pay for an attendant'... but they wouldn't have done that if my mother hadn't pushed the envelope." (Ariel, 27, Canada)

The physical difficulties of accessing and moving around in the mainstream school environment were often stressed, and the teachers clearly worried about the different ways in which disabled children had to move, but the following two quotes demonstrate how, with a little open-mindedness and readiness to accept "unusual" practices, successful integration can be achieved:

"I didn't have a wheelchair until I was 7! ... They didn't give out wheelchairs to

children in those days, and that was another fight!... I only lived around the corner, and they eventually got agreement that I could go for a trial period, by this time I was 8 and they put me in with the 7 year olds, and that lasted a day, and the teacher of the 7 year olds said 'ah ah, she's far too fast for this.'" (Audrey, 55, Scotland)

"I think they had to fight quite a bit to get me in the local school... but really I was going to be happier in the local school, I was lucky it was a small community, it was a small convent, I had two sisters at the school and there was loads of stairs to classrooms, there wasn't going to be a problem with lifting me up the steps or anything, because... I was always quite light, so my classmates just lifted me, carried me up... (Kim, 49, Scotland)

However, once in mainstream education things are certainly not always straightforward for disabled children. Candi's and Joyce's experience reveals much about the everyday problems of bullying, trying to fit in, teachers' suspicions and the like:

I was in a regular school all of my academic life... When I went to school, I was very clumsy and so I got teased a lot because I didn't know that things were that close and I would trip over them or I would run into somebody and I'd get smacked, or... somebody would hit me... because they just thought I was doing it on purpose. I always sat at the back of the class, I didn't sit at the front of the class and they would force me by the end of the year to go back to the front of the class which would single me out all of the time, because I wasn't seeing so therefore I wasn't learning, but I didn't want to be singled out but I also wanted to be part of the group, so I tried to sit at the back like everybody else... I quit school when I was 16. (Candi, 45, Canada)

I always remember the teacher saying 'look at your sister she can't see and she's streets ahead of you, how come you can't do this?' and sort of making out to ... that she was really bad and here I was, I couldn't see, and I was doing better than her..." (Joyce, 34, Scotland)

The difficulties in mainstream education of adapting to the needs of disabled children is evident in many ways, often in the creation of well-meaning regimes which nonetheless still set the disabled child apart or seek to be overly helpful to the point of "cocooning" (Holt, 2003):

"They were very understanding, I think perhaps too much, I think what would happen a lot of the time was if I was having difficulty in a particular area they would just take my hand and walk me along and give me a passing grade, you know sometimes I did really well like English grammar and social studies, but it was the Maths, Geography, those areas, so I never learned how to think for myself like other people do, I had help all the time, I learned helplessness." (Dolly, 34, Canada)

It as if the mere presence of disabled people is somehow threatening to, or compromising of, the academic standard of non-disabled students (Rioux, 1999). Again, this lack of willingness to accommodate disabled children within mainstream education is due in part to a lack of exposure to disabled people or disability issues (Kitchin, 2000). As a result, disabled children can feel isolated and alone in mainstream education:

"My first year at school kindergarten was not a happy time for me. My teacher didn't know how to treat me she didn't know how to treat any of the students! She pretty much made a big thing that I was not co-ordinated and she tried everything in the book to get me out of school ... Finally, in grade 1 ... they basically put me in the library on my own with a [non-professional helper]." (Patsy, 25, Canada)

The mainstream primary education experience of these women can best be described as an interesting dichotomy. Although they felt fortunate to have avoided or limited their exposure to segregated school, at the same time they were often painfully aware that their presence in the regular school environment was perceived as a source of tension and conflict. Indeed, the necessity to provide adaptation is frequently perceived as disruptive, and seemingly compromises the education standards of non-disabled students. Difference is often emphasized by education authorities in a negative fashion, a sign of intellectual limitation rather than a failure on their part to provide effective accommodation (Rioux, 1999). Consequently, most of the women rarely felt welcome in these spaces, although they believed they had the right to be there. The women also identified the need to struggle against “common knowledge” or negative social perceptions of difference in disability. In their efforts to gain approval, many of the women identified an internalised feeling of personal inadequacy taking root during this period in school at the primary level. To “fit in,” much physical and academic effort was spent trying to pass as non-disabled, or to blend in with their non-disabled counterparts, often at great personal cost and minimising their own needs. There was a necessity to prove their right to be in the “regular” space, particularly since in childhood there is limited awareness of a larger social or environmental inflexibility, yet at no time did the women ever express the wish to be non-disabled as a means of dealing with their physical reality. What can also be added is that from a very early age essential lessons were being learned about navigating in an essentially hostile environment, concerning the realities of making space and using time in “public” places, minimising difference in order to gain approval or acceptance.

Secondary Spaces

In the higher school grades, the pressing realities of time and space and difference are more acute on a number of different levels. The nature of study changes in secondary school, both in the increased volume of work to be done and the demands on the amount of time required for completing it. Movement of disabled students between classes is also a change, placing far greater demands on physical effort and navigation skills. The speed/time management skills developed to pass and function to this point no longer work to the same extent as before. Academic mainstreaming is also a part of high school, and in several instances slower physical processing of material was often interpreted as a lack of intellectual ability. Women who could not keep pace were placed in less challenging academic or vocational classes. As was the case in primary school, few if any changes were made to the existing academic environment, and adaptation was left to the women themselves. As a result, many of the women again felt alone or isolated. Feelings of isolation were accentuated because notions of body difference and physicality become more fixed and acute in teenage years, as does the need to gain social acceptance. Joyce and Brenda’s experiences provide a fitting illustration of the need to “fit in” in the midst of demeaning attitudes and bullying at secondary level. The women internalised a sense of what is “normal” and of one’s distance from that:

“We went to secondary school, the blackboard was used a lot for everything and I fell way behind, [Joyce has a vision impairment], and then when people are saying to you you’re just thick, well you’re told that so often, that if you’re told it often enough you just begin to believe it, well I’m thick, but I used to feel so frustrated because I could understand what was going on but I just couldn’t ...” (Joyce, 34, Scotland)

“They tended to send you to remedial classes which made you feel thick or stupid and I knew I wasn’t ... There was a lot of bullying and name-calling. I had my own friends, when you are that age, it is sort of like if you don’t fit in you’re not worth knowing... I think it made me more timid, more self conscious and more unaccepting of who I was because I wanted to fit in with everybody else.” (Brenda, 28, Scotland)

Several women gave accounts of missing school or being taken out of school to undergo surgical procedures. None of the women questioned the need for the surgery, although, upon reflection, many women expressed regret concerning the impact of hospitalisation on attaining long-term educational qualifications. The medical model appears to remain paramount to decisions around education, and the quest for “normalisation” took precedence over qualifications. The purpose here is not to berate or to downgrade the importance of medical intervention, but it is to wonder if more care should be taken to co-ordinate better these medical elements to lessen the negative educational impact on the young individual. There was little thought given to assisting the women in a manner that best suited them, and it was left to the individual women to deal with the situation with limited information or resources. Placing medical matters before educational ones clearly had enormous and often-negative implications for several of the women who I interviewed, as these quotes reveal:

“I left school at 15 to get an operation, it was my bladder problems, I was incontinent at school [spina bifida]. I left in March... because I was going to get an operation.” (Brenda, 28, Scotland)

“A hip operation put me back a year, the school was wanting me to not go back a year, I went no, so it was me that had a choice of whether I could go back a year or not to do the year’s studying, but I didn’t want to, so I should have but I didn’t ... life may have been different now if I did but I never, so I only really did three years instead of four at High School, even though I did sort of do four... but I wasn’t there for a full year.” (Rhonda, 31, Scotland)

“The Secondary school ... was simply not accessible ... so I went to special school a boarding school for the severely disabled children, and I was there until I was 16, ... but I spent two and half years of that in hospital ... So I came out of school with pretty well not a lot of qualifications.” (Audrey, 55, Scotland)

Various women had a positive experience in high school because of a positive self-image and an effective support system enabling them to study effectively and to more fully integrate into the social academic environment. Patsy gives one example:

“In high school ... they had an orthopaedic unit in the school itself, which integrated disabled students in the regular curriculum. I was lucky people didn’t judge me. The teachers didn’t judge me because of the chair [Patsy uses a wheelchair]. They judged me for my potential and what I did.” (Patsy, 25, Canada)

Unfortunately, several women did not have a positive experience. Secondary education proved to be a turning point for many women, providing a crucial marker for adulthood:

“I actually filled in an application to go to Teachers College, and it had to go through the Principal’s office for them to sign and the Guidance Counsellor... The Principal, the Vice Principal and the Guidance Counsellor called me in for an interview in their office, and ... didn’t they say they were very sorry that they couldn’t sign the application ... [but] I may as well not waste my time because they certainly wouldn’t have hired me to be a teacher in their school system.” (Alice, 51, Canada)

“I desperately wanted to be like whoever ... I was just so glad to get out ... I didn’t realize it would affect the rest of my life. I was going for jobs and I had no formal qualifications. I had no confidence and I no self-esteem. It took me until I was in my 20’s to accept who I was.” (Brenda, 28, Scotland)

It is important to recognise that even a poor initial school experience can eventually build a bridge

to fulfilled later education:

“When I was 16 and they let me go to this other, a different secondary school, I went there for a year to sort of catch up on some things and then I left still without qualifications apart from shorthand and typing and things like that, then I went to college to further that in book keeping and then in the 80s, late 70s, I ended up at University, applied to do that, and then after eight years I got an honours degree.” (Audrey, 55, Scotland)

Post-Secondary Spaces: College and University Places

“I’ve actually been told to my face that I shouldn’t be complaining so much because a couple of years back I wouldn’t have even been allowed into the university! So yes, I’ve actually been told to my face you know that I should think myself quite lucky because a couple of years back I wouldn’t even be allowed in, so it’s like ‘I am not worthy’.” (Trudy, 33, Scotland)

Remnant elements of the medical model still remain as part of the procedure at this level of the educational system. Indeed, frequently, the medical profession provides the gate-keeping access mechanism to the process of entering further or higher education (Michalko & Titchkosky 2001). Academic qualifications are often secondary to the need for an arbitrary level of physicality, which is another manifestation of an exceptional status provision. The individual is faced with having to prove an everyday coping ability to undertake the course before it has even begun (Michalko & Titchkosky). Whereas non-disabled people are provided access without this added hurdle, it is as if disabled students must provide this assurance as added proof of the right to be in the space concerned. Access to academic space is hence conditional and regarded as a kind of privilege, which is yet another manifestation of an “on approval” mechanism which is all too often subject to withdrawal:

“I filled out my application for college when I was in hospital and I remember having this enormous debate...with a friend of mine who had come to give me a hand... because I had just had surgery on my spine and I was completely flat out... I was in plaster from my neck down to my knees, completely flat out in bed, but I felt fine... was just literally recovering, waiting on the bones to knit together. And I was filling out this form and it said ‘are you in good health?’ and I ticked ‘yes,’ and [my friend] was like how can you write ‘yes,’ you are lying in a hospital bed, and I was like fine there was nothing wrong with me.”

Interviewer: “They wouldn’t have let you in otherwise?”

“No, I actually wanted to be to be an occupational therapist for a profession and I wanted to do physiotherapy, but I couldn’t have got into physiotherapy, I wasn’t deemed fit enough at that time. I think maybe things are different now, but at that time I wouldn’t have got in...” (Marilyn, 39, Scotland)

Marilyn’s story reveals many points, such as the gulf between her understanding of herself, her body and her intellectual potential and what others, the gatekeepers of post-secondary spaces, may perceive in terms of her as a viable applicant for a place at college.

Other issues, of course, arise to do with institutional concerns about an individual’s “fitness” and the clichéd problem of wheelchair accessibility as a reason for blocking someone’s application cannot be avoided:

“They said that my academic qualifications were fine but they just couldn’t have somebody in a wheelchair on their premises because it wasn’t accessible at all, so obviously I didn’t accept that at all, so they had to move lectures from one building to another, it was ok, I mean it wasn’t fantastic for getting about but I got by.” (Vicki, 29, Scotland)

“I’m doing an undergraduate course in community education and that’s been a real struggle, they did say, they knew I was coming four months before I came, they told me it would be an accessible course... I got there and some of the lectures we had were like three flights up with no lift, so I couldn’t attend them, so then they suggested we had a video link and I said I didn’t want to be in the library on the video link, what if I wanted to ask questions... there would be me viewed to 300 other students and there was no way I was going to do that and it would cost more, so I just said why don’t you just move it to a lecture theatre that’s accessible, so they did move one of them, there’s one of them I can’t attend because I just can’t get up three flights.” (Trudy, 33, Scotland)

Preconceptions of physical incapacity and access may be used as a convenient means to mask the deeper underlying social insecurities or objections about sharing non-disabled spaces with disabled people. Echoing earlier comments, it is almost as if the presence of disabled people compromises or contaminates these higher education elite “public” able-bodied spaces:

“I had applied to and was accepted into a Masters programme... in Speech Pathology, and the day after I was accepted is the day I had my haemorrhage and I had already had a stroke when I was 18 and I had a little bit of neurological residual damage, and they said that they shouldn’t but they would be willing to overlook it because my application was strong in other areas, so they overlooked that and they accepted me into the programme, but then when I called them and told them I’d had a haemorrhage they said you can’t come in.” (Babette, 47, Canada)

“Well at first they turned me down, they said they couldn’t provide facilities for somebody in a wheelchair... even after I’d been accepted... Well the Head of Department came to my house and he said... ‘do you actually know what Psychology is?’ ... I did say to him... do you think I would have fought this hard and not found out that’s what I wanted to do? Of course I found out what it was about,’ and he said ‘oh you have to be really good at maths and biology,’ and I said ‘yes well that’s my best subjects’...” (Vicki, 29, Scotland)

Even in supposedly mainstream post-secondary education, “special needs” segregation still occurs. There appears to be a will to “teach” life-skills to people with disabilities (Barnes, 1991), and perhaps this is a continuing reflection of the desire to “normalize” this population group in an appropriate vocational manner:

“I was at College three days a week in administration. The whole course was inaccessible to me. It was a very frustrating experience in college. I was in a ‘special needs’ class (teaching basic life skills) and it was awful.” (Stacey, 29, Scotland)

“Wednesday when all the other students from mainstream... would have a day off to study, we would have to participate in some special class [such as] cookery and woodwork. It was so hideous I used to not go and lost the time. They would complain because that was part of the condition you were at college.” (Vicki, 29, Scotland)

Disabled students are sometimes called upon to enlighten other students about the realities of life with a disability, another manifestation of the novelty and the “public property” of disability in the

academic sphere. Disabled students remain very much “on display” much of the time. Trudy’s experience illustrates the central role that Academics play in a student’s experience:

“I’m the only disabled person in the class... She said to me, ‘I want to ask you what has your life been as a disabled person, have you had hard times?’ And I said ‘well I’m not going to answer that,’ and she said ‘why not?’ and I said ‘because you just said to the class that you shouldn’t assume that everybody’s experiences are the same, so no matter what I tell you about what my experience is, every other [disabled] person’s experiences will be completely different’... she was really embarrassed, and I also said ‘I also don’t appreciate the fact that you’ve drawn me as the centre of attention.’” (Trudy, 33, Scotland)

Patronising comments from non-disabled people appear to be an everyday occurrence in academic life. Often disabled students must justify accommodation requirements while proving individual academic competence in the face of social stereotypes:

She [disabled student services advisor] got me a reader... and she got me somebody to do my exams with me the person who did my exams answered the questions for me in a way that he thought was appropriate, not the way I answered them... I was stunned because I did really well in university and I got a D in the exam, and the Professor’s read of it was that my vision must really be interfering and I said ‘no that’s not true,’ so I said ‘I need to go over the answers with you,’ and he started to give me the answers and I said ‘I didn’t say that, I didn’t say that,’ and... so I got to redo the exam but I mean that was just a horrific experience... (Babette, 47, Canada)

The thing that they keep firing back at us is ‘well you know it’s only a couple of years since we’ve had disabled students,’ and... I’m one of the first couple of wheelchair using students and it’s all very new to them and they’ll learn by their mistakes... (Trudy, 33, Scotland)

Some of the interviewees were far more willing to bring these and other shortcomings to the attention of education authorities and to make their own suitable arrangements. Progressing through the academic environment, such individuals have refined and developed more skills necessary to manage in a largely inflexible academic environment:

“[A]t first I didn’t get into the Fine Arts because there were concerns that I was not able to handle the physical aspects or demands of the programme, so firstly what I ended up doing was majoring in Art History... but I exceeded the requirements, so I had to demonstrate... not only that I have the talent, but I was able to meet programme requirements. I got accepted into second-year status and I was fine after that, so there was very little modification that was needed for me to do the programme.” (Lilly, 34, Canada)

Although many of the women did not relish the idea of drawing attention to themselves, they were aware of the type of accommodation and support they needed to study effectively. Although the larger environmental framework remained quite rigid, within individual educational spaces, the nature of study could be somewhat flexible. Again, it was left to the individual to negotiate with instructors or to form alliances with fellow students to build supports into the environment, thereby increasing the likelihood of success. Candi’s and Stephanie’s accounts in this respect demonstrate this aspect, but, as ever, things were never ideal or plain sailing:

“I went back to school when I was 18, and went through adult education... which was a learn at your own pace so it was a lot better for me because I could sit and read the stuff, I didn’t have to follow along and I didn’t have to read off the board and I didn’t have to worry about being asked to read something in class and things

like that, because I wasn't able to read at the same pace as everybody else was." (Candi, 45, Canada)

"When I was in school [college] I had a lot of doctor's appointments... but every time I came back from an appointment he made me feel guilty... He was very unforgiving. But most of the time they were okay... If I couldn't hear I'd move up [Stephanie has a hearing impairment]. If I couldn't understand the teacher I would ask about it." (Stephanie, 29, Canada)

The fact that obstacles are always waiting to 'trip you up' is strikingly revealed by Babette, who also shows the profound frustration associated with trying to secure assistance, even from professionals who are supposed to be specialising in assisting students with disabilities:

"My undergraduate years were wonderful up until I had a haemorrhage in my eye, and I was at university... and I had a massive haemorrhage that was responsible for knocking the vision out... I couldn't see a thing, and of course I didn't have a cane or any training at that time, and I got to the university and I asked somebody to take me to the disabled students office and I got there, to be told that they wouldn't do anything for me until my disability had been in place for three weeks..." (Babette, 47, Canada)

"I got really annoyed... because there's all the stress about exams and I couldn't get to the study room because the lift was broke, and they didn't have another area that I could go to and I said 'well can't I just use one of the empty rooms?' And they said 'oh well,' but I said like I need a computer in it and as soon as I said 'computer in it,' they said 'oh no we can't do that.'" (Trudy, 33, Scotland)

Lilly's and Joyce's experiences illustrate the vital importance of supportive social networks as a means of working around the wider inaccessible geographies that often intertwine with the academic experience:

"I had a difficult time there, I couldn't cope with the change in the environment just because I was going through a new course of study and the transportation system was terrible at the time... I just ended up dropping out and coming home... feeling defeated. At that time I didn't understand that having a well established social network and also having the resources were important to my academic success, I took that for granted... I came back... worked for a year and applied to... University, got accepted and moved into residence and did fine, no problems." (Lilly, 34, Canada)

"I actually started to speak to people collectively, there was like five people that I was really close friends with, and they said 'right let's look at how we can do this,' so when lecturers wrote diagrams on the board what they did, out of the five of them they would take a week each one, and they took carbon copy paper and they just drew the diagram and gave me the carbon copy and they described things to me." (Joyce, 34, Scotland)

As we have found talking about schools, the individual must fit into the existing and established criteria, and it seems that access is controlled and allowed so long as non-disabled students are not inconvenienced. The crisis response approach to policy development and protocol, which is rarely produced by or in consultation with individuals who need or use them, is a manifestation of the singular approach to the accommodation of disability. The presence of disability within the academy is still viewed as an anomaly and disruptive to established routines. Frequently it is left to the student to take the initiative to resolve situations, and commonly this will mean trying to figure out micro-level organisational matters - often to do with "time-space relations" - in such a way as to accommodate the disabled student but without inconveniencing anybody else too much:

“I found that they had no initiative, like they had to be told things, you know I would always have to be thinking ahead, like what I needed rather than them saying ‘oh you’ve got exams coming up or you’ve got labs coming up, what do we need to do?’ They never asked me that, I always approached them ... so I always had to be more organised than other students had to be.” (Vicki, 29, Scotland)

“I sometimes feel angry at the university because I feel as if I’m doing twice as much work as I have to because I’m fighting and I don’t want to be fighting, I just want to do a degree, and I don’t want to come in and worry about whether or not the lift is working so I can actually get to the lectures...” (Trudy, 33, Scotland)

Babette’s experience also shows how tentative and peripheral accommodation for disabled students can often be very much secondary to able-bodied aesthetics to do with what environments should physically look like:

“I went and got hooked up with the disabled students office and asked them if they could paint the strips along the kerb yellow, so that people like me with vision impairment could see where the indents were and that the kerb was there, and they thought that was a really good idea, and they did it, and I went back, I was very grateful and thanked them for it, and they said ‘well we have bad news for you, it’s coming off today,’ and I was quite puzzled by that, and they told me that they had had complaints from faculty members that it wasn’t aesthetically appealing so they removed it. So I was left again with no awareness of where kerbs were and what not.” (Babette, 47, Canada)

Positive Spaces

Respect, acceptance and support, both environmental and ideological, has a significant positive impact on individual educational experience:

“Everything at medical school within the university with colleagues, I mean medical students, has just been brilliant... If ever I need any help at all... the only help I need is physical help... the time I am walking with someone, I take their arm...” (Lynda, 23, Scotland)

“The Prof’s were really good, I was allowed to tape record my classes without any difficulty at all ... I never felt badly about it and students were really open to extra support and I didn’t have any problem.” (Babette, 47, Canada)

“The other students I’ve had a great time with, they just treat me as me, there’s no leeway for me whatsoever, which is brilliant it’s just like other students, same as them... Which is fine you know, I don’t want them to tip toe round me.” (Trudy, 33, Scotland)

On Approval: the Stress of Tentative Acceptance in Academia

Trudy’s experience illustrates the stress often experienced by disabled students having to deal with countless individualised “small” access issues that are a vital necessity to the actual study process. It is interesting that the study process itself is supposed to be central to the post-secondary education experience, yet it is often secondary to the on-going quest for an accessible educational environment. One wonders what the outcome would be if students were able to use the bulk of their physical and mental energy solely on study:

“I said to my director of studies, ‘look I don’t have time to keep writing complaint letters, I’m here to be a student and get a degree and writing complaint letters to you

is actually taking up my time, I need to be studying not writing bloody complaint letters! No just fix it, I'm not asking for much just sort it out." (Trudy, 33, Scotland)

The presence of disabled students in elite academic space is not commonplace. In many ways disability is still looked upon with suspicion or at the very least a curiosity. Perhaps on a much deeper primitive level, it is indeed a threat to the "spatial control" imposed by the dominant non-disabled social order. A peripheral acceptance is palpable. As a reflection of this phenomenon, many women identified the need to perform at an exceptional level as a means of validating their presence in the academic environment, gaining acceptance and approval, and thereby affirming their right to be present in these spaces.

Conclusion

The women that I interviewed felt the need constantly to work on several levels at the same time simply to be present in the academic environment. Many women spoke of having to maintain an exceptional academic standard to be perceived as competent. This situation was of course coupled with the need to "pass" or minimise one's disability according to non-disabled perceptions of physicality or aesthetics. There is a type of reflexivity here rarely discussed: the energy used to be present both within and outside the academic environment. Established boundaries or comfort zones are constantly challenged by the outsiders having a tentative presence on the inside of academia. Such efforts use large amounts of physical and emotional energy for a population where energy is often at a premium. The question remains what could be accomplished if we as a society could move beyond such a grudging acceptance of disability in our mainstream educational spaces. Revolutionary changes are needed to achieve substantive results. To facilitate this process, the depth, texture and complexity of disability in a relational context must be fully understood. A grounded sensitivity to the timings and spacings of everyday life for people with disabilities is needed, without which much thinking and policy on disability, education, and social participation seems to be limited in scope.

The knowledge and experience of persons with disabilities has to date been largely discounted by mainstream society. Knowledge has in effect been imposed upon them with diagnostic, bureaucratic and other labels. Legislation and related disability policy, informed by this knowledge, while appearing to serve an ameliorative function, has in reality maintained and reinforced existing barriers to full participation by people, especially women, with disabilities. The traditional medicalized approach to disability places the onus on the individual to fit into a social structure and system to which access for people with disabilities has been tightly controlled from the outset.

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