

A fundamental part of people's existence is their emplacement in space and their relationships with objects that are geographically located at different points or places. Space is one of the major axioms of being and of life itself. It is where we are located, the places where we live and move around, and the multiple relationships that take shape among them. Space is characterized by the primacy of what Paterson and Hughes (1999, 607) describe as "non-impaired carnality," or the projection of the body-normal as the embodiment of those without impairment. Wherever one goes, one is reminded of the absolutism of the nonimpaired body and the crafting of space as places that are not easily accessible to, or usable by, people with different types of impairment. For example, from the design of steps into public buildings that prevent wheelchair access, to the absence of legible signage that may prevent ease of way finding, the construction of space is characterized by an inequality of provision. This is a world that Tony Fry aptly describes as "surrounded by things designed to function in ways that go unquestioned and absolutely taken for granted" (2009, 29).

For David Harvey, paraphrasing Raymond Williams (1985, 88), space is "one of the most complicated words in our language" (2006, 270). Although it has diverse meanings, it is most commonly defined with reference to three types: absolute space, relative space, and relational space. Writing in 1689, Isaac Newton regarded absolute space as "without relation to anything

external . . . always similar and immovable” (Newton and Motte 1934, 6). For example, objects, such as buildings, have such qualities by occupying a specific terrain and are bounded by a fixed and delimited, usually legal, territory. Buildings also can be considered as part of relative space, positioned, geographically, in relation to other objects that they depend upon to function as a living environment. For instance, a care facility’s functioning is part of a space of flows, of goods, employees, and residents, all of which emanate from different multiple points or locations. The care facility is also an example of a relational space in which what happens there is (inter)related with events occurring in other places, such as legal rules passed by national and supranational governments that specify minimum standards of service.

However space is defined, it is intrinsic to human existence, and for Newton the fundamental element of space as place is that “part of space which a body takes up” (Newton and Motte 1934, 6; also see Merleau-Ponty 1962). The human body is always emplaced, and its placement is conditioned, in part, by the social content and context of a place. Thus, the impaired body has, historically, been constructed as not normal, unsightly, and “out of place” in everyday environments. Where one was permitted to exist was resolved by recourse to spatial regulation, or placing certain categories of people, such as those with learning difficulties, in spaces of incarceration that, at their extreme, were asylums, special schools, prisons, and other places of confinement. For instance, following the passage of the 1913 Mental Incapacity Act, 40,000 people in Britain, categorized as “feble-minded” and “morally defective,” were locked away in institutions (see Brignell 2010). Such places served as absolute spaces or physical containers designed to segregate populations on the basis of bodily differences. They reflect what de Certeau (1984, 117) refers to when he calls a space “a practiced place,” where

understanding the body, according to biological and physiological characteristics, shapes the creation and maintenance of spaces of demarcation and exclusion as “natural.”

Such shaping is part of the purposive production of space, by architects, designers, and others involved in the design and emplacement of objects in space (see Imrie 1996). Their actions are part of a broader, structural value system that fails to engage with, or respond to, the complexities of corporeal form and performance. It is one that devalues “not normal” bodies, a devaluation reflected in disabled people’s difficulties in seeking to overcome the frictions of distance or the spaces between different places. As a result, many disabled people often have difficulty navigating what de Certeau (1984) describes as the “intersection of mobile elements” and the “ensemble of movement” that are intrinsic to spatial experiences. For instance, moving between places brings disabled people into conflict with disabling design and frictions that routinely exclude them from interfacing with the world around them in ways that they would choose. The examples of this are manifold and include bus timetables that rarely provide information in forms accessible to vision-impaired people, and steps into shops and other public buildings and commercial buildings that may prevent wheelchair users from undertaking or completing a journey.

In both instances, the design of space, and the objects emplaced within it, has the potential to influence life opportunities. Deaf people, for example, describe space as perpetuating the hegemony of aurality—sonic places created for, and by, hearing people. Space is suffused with sound, and spatial legibility is defined, in part, by the primacy of auricular values and the interplay between place and the hearing body. By contrast, vision-impaired people are subjected to definitions of space as “that which is seen,” where the (re)production

of place is premised on visibility. Here, the primacy of ocular values, as evidenced in the shaping of space by visual cues, signs, and symbols, disregards those without sight or the means to make sense of seeing-sensory spaces. In both cases, the lack of attentiveness to the interrelationships between (their) bodily sensing and spatial perception draws attention to issues of social justice, and the less-than-equal opportunities afforded to disabled people in accessing, and moving in and across, space. In other words, the construction of place is entwined with the status of disabled people as citizens and the exercise of their citizenship. Their access and attendant rights to full and equal participation in society require, arguably, a spatial politics, a deliberate politicization of the processes shaping the uneven (re)-production of space.

Modern disability history may be characterized, in large part, by people seeking to contest spatial inequality and the unjust nature of the social production of space. For instance, the American disability rights organization American Disabled for Accessible Public Transit (ADAPT) spent much of the 1980s campaigning, with some success, for bus lifts for wheelchair users. In the United Kingdom, vision-impaired people are, at the time of writing, challenging urban design practices that seek to create shared streets, or places where all users, including motor vehicle drivers and pedestrians, share the same spaces (see Imrie 2012). For vision-impaired people, such spaces are tantamount to the loss of safe pavement environments and the creation of a new layer of spatial inequality that will lead, potentially, to their involuntary withdrawal from such places. Here, disabling design values intercede with corporeal realities, and future research about space and disability may be to deploy, analytically, the notion of “rights to the city” (see Lefebvre 1991). These rights challenge conventional liberal citizenship and its failure to recognize

the illiberal nature of spatial practices. They are also the basis for campaigning for disabled people’s rights to spatial equality to be enshrined in a politics of participation. For many disability rights activists, these are non-negotiable prerequisites for shaping the right to access, occupy, and use space.