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Ableism: An Audit for Access and Intervention on Behalf of Disabled Persons

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Abstract

Accessibility and reasonable accommodations serve as modifications to the environment and otherwise standard nature of how experiences and daily tasks are executed to allow for persons with disabilities to have the same opportunities experienced by abled peers. These respective adjustments offer an alternate way of doing things, thus bridging the gap between the abled and the disabled, perhaps eradicating the limitations implicitly present as a consequence of ableism. Disability limitations vary, therefore, the accommodations must vary to match the diverse needs of a diverse group. The accommodations required by an individual who is hearing impaired will vary from that of an individual who uses a wheelchair, is vision impaired, or has sensory vulnerabilities. Consequently, individuals with varying disabilities will not benefit from the same services and auxiliary support. Appropriate analysis of what constitutes accessible is imperative and should be taken into account specific to the environment and context.

Keywords: Disability Access, Reasonable Accommodations, Disability Laws and Legislation, Accessible Technology, Accessibility

Introduction

Disabilities studies with a concentration on access address and expand upon the inequitable limitations related to the experiences of the disabled/individuals with diverse ability status, versus the abled. Accessibility researchers and advocates address topics such as usability, accessibility, and inclusion in the pursuit of creating the same experiences, environments, and opportunities for the disabled and abled alike. Inclusion and accessibility serve to benefit all persons as well as remove the frequent social stigmas experienced by the disabled. Accessibility defines the ability to use and design services, products, devices, and most importantly, environmental considerations and how the aforementioned impede or further impair the daily functioning of an already impaired individual. Accessibility can be advantageous for all persons, but most importantly, it is a movement in the direction of eradicating ableism.

Critical disability studies and the surrounding policies highlight the social, political, cultural, and even aesthetic circumstances of what it means to be impaired and to live with a disability. Disability is a social construct rooted in capitalism and limits impaired persons who are already at a disadvantage secondary to their respective impairment. These limitations predominantly exist in the lack of accessibility which in turn limits opportunity. The language of ableism does not become part of one's vernacular until or unless it has to be. Critical disability studies, policy, and analysis consider the scope of disability, prejudices, and challenges of persons with disabilities, and the way the aforementioned becomes a part of one's identity and narrative. Ableism can oftentimes covertly function as a catalyst of stratification and deep injustice by exacerbating marginalization. Disadvantages present though are not limited to environments such as schools, labor matchets, and even one's own home [1]. The lack of consideration for persons with disabilities in most social environments is even greater. Empirical pieces of evidence support the consequences of ableism experienced by the disabled through different theoretical frameworks and research methods. The theoretical frameworks and supporting research findings lend themselves to policy recommendations and advancement in the direction of equality [1]. For example, when research is translated to policy, the analysis should focus on the daily experiences and lives of individuals with disabilities so as to more efficiently align new accommodations/concessions, and to develop structural change beyond just social awareness and inclusion.

Outline of Setting and Methods

The research highlighted, auditing a facility to measure universal accessibility and scholarship in congruence, called to question the still presenting restrictions imposed upon disabled individuals. It also served as an exercise in humanity for the principal investigators (PIs) conducting the audit; PIs are abled physically/cognitively, hearing/sighted, and do not have any other considerations that would have to be taken into account prior to engagement in a social activity. It can be argued that much is taken for granted by persons who do not live with the restrictions that the disabled population does. A simple pleasure such as seeing a movie is a somewhat limited or rather, a compromised experience for one with an impairment, be it physical, sensory, or intellectual [2]. Accessibility calls to question a diverse range of differences including but not limited to the more common types of disability and impairment. Further research and most importantly, accessibility audits will engender more inclusive political, cultural, and social environments for all persons and lend

to bridging the existing gap. Variations also prove productive for new media studies and the development of new theoretical models which will provide future potential and expansion of accessibility [3].

The facility audited was a United Artists Theater, a local movie theater part of a corporate franchise of the same name. Most of the inequalities and lack of accessibility existed implicitly and would go unnoticed by one who would not require such access. Unless an individual enters an environment with a heightened sense of awareness of the need for accessibility, most spaces will superficially appear to be accessible. Privately owned businesses are not required to be compliant with Americans with Disabilities Act (ADA) [4] regulations, calling to question whether or not the same accommodations would have been available in a privately owned theater or otherwise business. Furthermore, facilities such as theaters tend to consider seating at the end of the floor planning process, leaving seating options limited which can impede upon the theater experience, be it film, concert, or play. For example, wheelchair-using patrons are at a disadvantage due to the stadium-style seating of most theaters, which leaves little alternative to seating selection outside of the first row; oftentimes physically, visually, and audiologically uncomfortable, or aisle seating which is equally uncomfortable, attracts unwanted attention and can perhaps make an individual with a diverse ability status feel as though they are inconveniencing other patrons. By design, most theaters do not offer seating accommodations for an individual using a wheelchair aside from the front level row and aisle seating making it feel as though the available accommodations are more of an afterthought as opposed to a priority [5].

Disability presents when accessibility does not support the requirements of an individual with an impairment- a diverse need. For example, though not limited to a preexisting condition or temporary injury thus limiting or entirely prohibiting their desired participation in an activity or setting in something as ordinary as an extracurricular activity, to something as fundamental as the need to obtain gainful employment. Barriers to accessibility can also present when pertinent assistive devices, technology, and environmental spaces are prohibitive and/or simply unavailable. A lack of societal awareness and empathy presents what could be the greatest barrier due to the limitations imposed upon persons with impairments. A greater inclusive understanding of disability, although complex, allows for an increased opportunity to improve the performance, abilities, capacities, and general life quality of those living with disabilities. Rather than relying on medical models of intervention, environmental accommodations, and accessibility provide different modalities of increasing life quality and performance for the disabled [6]. It should be noted that the scholarship cited is dated 2001, and the ADA was established in 2008, appearing as though the medical model is still the defacto regarding treatment for individuals with disabilities thus suggesting disability is a condition in need of medical treatment.

The medical model seeks to medically treat and thus cure disability and encourage behavior change and adjustment on the individual's part as opposed to a societal shift resulting in a more efficient design that would be universally accommodating. Accessibility also serves to equalize the social experiences that often without intention are not as accessible or provide a limited experience to the disabled which exacerbates the social stigma of disability. The medical model seeks to medically treat, and 'cure' disability, it encourages behavior change and adjustment on the part of the individual as opposed to encouraging a societal shift which would engender a more efficient design offering more universal accommodations. Accessibility also serves to equalize the social experiences that often without intention are not as accessible or provide a limited experience which exacerbates the social stigma of disability [7].

The environment can be a challenging variable to measure due to the large number of uncontrollable variables that can present themselves in a given environment. For example, an individual with acute sensory challenges or sensitivities may become overstimulated, at the very least incredibly uncomfortable, by another individual in the same public environment wearing a strong fragrance. A preliminary understanding of the relationship between individuals and the environment has been a research theme for several decades; however, environmental modifications remain to be seen as a principle method employed in reducing disability. Information continues to increase regarding how to improve and thus develop the performance and life quality of those living with disabilities. A thorough comprehension of pertinent to the spectrum of barriers in tandem with the spectrum of proposed solutions is not only a necessity but the genesis of developing programs and policies to eradicate limitations and support change [8].

Methods Employed

Literature and article searching were accessed electronically to extract peer-reviewed scholarship. The following search keywords were used to cull content found in article titles or abstracts- "accessibility", "disability access"," accessibility and movie theaters", and "disability laws and legislation". Didactic readings were applied as well as sources of reference. The databases accessed were JSTOR, Academic Search Complete, and Virtual Health Library. Interviews were performed at the site of the audit and individuals who participated in the interviews did so at will after being provided with a brief description of the research project. Participation was not incentivized. The sample size was 5 and consisted of 2 theater associates, 1 disabled individual patronizing the facility, and 3 abled individuals patronizing the facility. The participants were asked 5 open-ended questions. The use of qualitative methods was employed to provide a more comprehensive analysis and understanding of the data collected.

Disciplines such as social work require more comprehensive research relating to persons with disabilities. However, studies of this nature and their relation to this population can present distinct challenges as there is a limitation in understanding the issues encumbered by the disabled. Some of these limitations include but are not limited to communication barriers, disempowerment, and a general feeling of invisibility often experienced by this population. The literature considers differentiating modalities of eliminating discriminatory bias while upholding ethical precautions when conducting and designing research that has a concentration on individuals with disabilities. Particularly so, is hands-on research, which includes the individuals being studied in the conduct and design of research, while discussing the proposed research as a model which is oftentimes the primary reason for using qualitative methods [7].

Findings and Analysis

The facility audited was a single-level open floor plan. Restrooms and corridors were accessible and conducive to wheelchair users. Considering it was a Friday evening, the facility was not notably crowded, and while ticket purchases were available inside the theater, the booth service required consumers to wait outside. Although the booth accessible to wheelchair users was 'up and running' because it was seldom used it appeared to be not in service and more of space for staff to keep paperwork and out-of-service audio equipment. Audio and visual devices were available upon request and brail was present, however, only on the sign for the restroom. The overhead lighting was fluorescent and not notably bright. The space was relatively quiet and while ammonia was the primary component in their cleaning agent (asking was a requirement per audit criteria), the only noticeable odor was that of popcorn.

Questions Asked to Consumers and Staff

1. When hearing the language 'access' and diversity of ability, what does that mean to you?

2. What does disability mean to you; is disability definable?

3. What would you consider an access barrier for this space?

4. Do you have any experience dealing with disability access in this space?

5. If you could change one aspect of this space to make it more comfortable, what would that be and why?

Responses from the subject: Staff manager/33-year-old male

1. Access means making sure we do not discriminate regarding who is using our facility and that all consumers are comfortable and have a pleasant movie-viewing experience.

2. When I think of disability I think of wheelchairs and individuals that might need a little extra help when they come to this facility.

3. As is observational, we do have several accommodations for disabled individuals using this space. For example, wheelchair-accessible seating and visual and audio assistance for a full movie viewing experience.

4. I am not living with a disability but have on several occasions provided consumers with visual and audio assistance devices. In addition, I try to stay abreast of the food ingredient listing and nutritional profile of food served here to be able to best answer the questions of patrons regarding our concession stand.

5. I believe a lot of movie theaters have newer seats so I suppose that would be nice for our customers- to have more comfortable theater seating.

Responses from the subject: Staff associate/22-year-old male

1. To me, I suppose access means being able to easily get into a place. For example, being accepted in, getting in. Having easy access is the first thing that came to mind.

2. Disability in social terms is often understood as something being inherently "wrong" with an individual. Maybe they are unable to see or walk or have some type of medical issue.

3. I do not see this theater as having any barriers. We do not have stairs so it is easier for individuals. Everything including the aisles is pretty wide and open allowing people to move in and put freely.

4. If customers should ask we do have earpieces and/or special glasses they can wear during the feature film if they cannot see or hear adequately. Of course, we also offer wheelchair-accessible parking and seating.

5. It would be cool if the theater had a makeover and got new seating, like the kinds that recline maybe. That would make the experience more comfortable for all viewers.

Personal care attendant: 30-year-old-female

1. Well, when I hear the term access, I think of the individuals I work with. Before we take a group of individuals anywhere, we call the setting we are going to and ask the questions we need to ask to ensure that each individual will have the same level of access to enjoy the space.

2. At 'A Very Special Place', the community setting I work with that serves the developmentally disabled, we see a diverse range of individuals with separate and unique barriers. I think disability is living with the types of barriers abled individuals would not necessarily think of or take into consideration.

3. For my agency, this theater, the subject of our interview, is the preferred theater to access for group and individual use. The facility does not have steps which makes it easier and more accessible to bring a wider variety of individuals who all have diverse mobility limitations. There is, however, a major barrier in the fact that there are no seats outside or in the lobby. With that, if there are longer lines one could become uncomfortable and need to briefly sit.

4. Yes, as I previously said, bringing a group of individuals here can cause some to become uncomfortable, but I will say most of the time it is the people around us that become uncomfortable by the individuals I am struggling with online for example, which in turn causes my group to feel uncomfortable and quite frankly unwelcome in the space.

5. I will say the lack of seating for those who have trouble standing for long periods is the first thing I would change. It would make coming here far easier and most importantly more inclusive.

Consumer living with cerebral palsy

1. Access to me means that I can access a place with the chair that I use and will be able to be just like everyone else in the space.

2. The disability I live with has defined me and requires me to use this chair. I can still communicate what I want and need but sometimes people tell me what to do or treat me like don't know what I need or want.

3. I like to go to the movies. I wish I could eat the food there or experience sitting in different parts of the theater because sometimes I can't see in the front row or the back.

4. Sometimes some of the others that come to the movies get tired or uncomfortable and I wish I could sit anywhere I wanted…for the best seat in the house.

5. If I could change anything I would have a whole theater just for us to be freer in the space.

A noticeable pattern presents among the persons interviewed was the inconsistency of what defines ableism. To one individually it simply meant the ability to 'get in', indicative of some sort of exclusivity. To another, it meant inclusion, making sure all persons were able to share in the theater experience and that discriminatory practices were not practiced or present. The individual with the most insight had work experience in an industry exposing her to the daily challenges disabled individuals experience, and such was reflected in her answers. The hardest answer to document was from that of an adult male living with cerebral palsy, wishing only for the opportunity to have the same experience as everyone else; the coveted 'best seat in the house'. Whereas there were no right or wrong answers, the questions asked and responses given suggest that there is still a tremendous lack of knowledge regarding disability access and reasonable accommodation.

Comparable to other types of discrimination, both covert and overt, ableism will frequently present itself covertly in social environments, physical environments, and the well-meaning words and actions of abled individuals. Ableism is a set of practices and beliefs, most often rooted in the medical model, and tends to discriminate against and undervalue persons with disabilities, be it physical, cognitive, or psychiatric. Ableism is commonly enmeshed in the tapestry of our culture, particularly our capitalist society and value systems. One of the more overt types of discrimination individuals with disabilities are confronted with is a lack of reasonable accommodation and accessibility. Accessibility does not begin and end with wheelchair ramps. It is the diverse, or rather more obscure needs that go unmet. Some of these ancillary accommodations are the following though not limited to closed captions, electronic recording devices, easy grip tools, braille, and service dogs [3]. Universalizing disabilities studies as a standard part of course curriculum for young students would be a movement in the direction of inclusion while championing the eradication of ableism as most often ableist ideals are secondary to a lack of knowledge about abilities studies.

Recommendations and Conclusion

Post conducting and analyzing the research, we, as the principal investigators acquired recommendations that will make this space explored more welcoming and accessible to the diverse abled community. When first entering the parking lot several spots can be

seen that are indicated as 'handicapped' (a no longer used vernacular), and there is also limited access to curb cuts (only one). This could be challenging if traveling with a group of individuals who would all need to utilize this feature to exit the parking lot. The ticket booths are located outside, however, the wheelchair-accessible booth appeared worn-out and unused which can lead to an unwelcoming undertone to the disabled community. The principal investigators also took note of the lack of benches outside, which for individuals with limited mobility, fatigue quickly, or have trouble walking for long periods may act as a deterrent from utilizing the space. Distance from walking from the parking lot to standing in line for ticket purchase (even at the lobby entrance), there is no opportunity to rest or take a moment to regain one's strength, which for some individuals can be a defining barrier to accessing theater seats. Recommendations for the highlighted issues could be as remedial as putting a bench outside the theater entrance or the option of lobby seating. Though compliant with ADA standards, the main entrance of the theater, doors did not have a sensor to open automatically, requiring the ability to reach and pull the open to enter. Such could be challenging, if possible at all, for individuals having limited arm strength/mobility due to what could be medical or physical limitations.

Additionally, once in the lobby patrons have 'access' to an electronic ticket booth should they not wish to wait outside, yet, access is still somewhat compromised. The electronic ticket booth lacked an audio component for the visually impaired, and no braille surrounding the screens to indicate what its function is. Furthermore, the screen is not at an accessible height for wheelchair users and does not have an adjustment feature to enable the screen to be accommodating to that need. Overall, the electronic ticket booth is a convenient feature of that facility, however, it is still limiting in its universal accessibility. Another apparent recommendation for this facility is to upgrade the technology available to accommodate a more diverse range of individuals. When further assessing the lobby, it was noted that there were several other prominent deficits. As part of the theater experience a stop at the concession stand following ticket purchase is rather common, however, all counters were leveled at the same height making access prohibitive. For example, this can be unwelcoming for an individual using a wheelchair due to their need to reach up (if possible) to take and hold their purchase. The food and beverage menu is located on the upper back wall of the concession stand. For individuals with vision impairments, this menu would not be of service in providing them with the accessibility they need to discern food/beverage options.

Possible recommendations would be to have a smaller menu that can be handed to individuals upon request that additionally has braille incorporated to assist a wider variety of individuals. The facility bathrooms met all ADA standards although the bathroom soap was scented which can cause discomfort to individuals with heightened sensory vulnerabilities. The theaters had limited seating available to wheelchair users, rendering wheelchair accessibility compromised, however, the facility did offer visual and auditory aid to enhance the experience. A final recommendation would be to take heed of all of the aforementioned recommendations and to be cognizant of the needs of all persons. There is great diversity within the disabled community, and the same opportunities and inclusions should be available to all types of ability status. Most disparities exist implicitly, and it is interventions such as this research project in tandem with audits that will act on behalf of the advent of change and progress.

Competing Interest: The authors of this research declare no competing interest regarding this study.

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