

## REVIEW ARTICLES AND REPORTS

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### **'BIKES ARE SUCH A NUISANCE' – VISUALLY IMPAIRED PEOPLE NEGOTIATING PUBLIC SPACE IN GRONINGEN**

#### **1. INTRODUCTION**

Groningen, the seventh largest city of the Netherlands, has a long tradition of improving accessibility of its city centre. In 1977, the centre was radically modified by replacing a six-lane motorway with an increasingly car-free centre (Nicholson-Lord, 1993; see Tsubohara and Voogd, 2004 for extensive discussion) with a central market square, reclaimed from a traffic roundabout. The leftist city council of Groningen has since promoted the use of bicycles and provided the necessary infrastructure (bicycle paths and public transportation) in a top-down procedure which virtually excluded target groups or social organisations. This approach was initially heavily opposed by shopkeepers until they realised the positive impact of the council's measures on their profits in the mid-1980s and began to pressure for more pedestrian areas (Bratzel, 1999). In order to keep the city accessible, policy developments and city planning were based on the principles of the 'compact city' which intended to restrict suburban sprawl by shortening distances between residential areas, the workplace, and locations for shopping (P. Allen, 1994; Bloemkolk and Huis in't Veld, 2001). As a result, more than 50% of Groningen's 182,000 residents use the bicycle as a key means of transportation making Groningen the Dutch city with the most bike trips per day (Centraal Bureau voor Statistiek, 2007). In 1993, an American Bicycle magazine already labelled Groningen the Number 1 bicycle city of the world and

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in 2002, a national award followed, the Dutch *Fietsstad* ('Bike City', our translation) award (Gemeente Groningen, no date a). In order to maintain business and recreational activities in its centre, Groningen has recently focused more on measures to satisfy shopkeepers and recreational users of the city which led to it gaining the 'Best City Centre' award 2005–2006. The city's focus on transportation is now successfully keeping cars out of the centre and managing bus routes throughout the city in order to allow bicycles, and more importantly, pedestrians into the city. However, it emerged from our research that the same transportation policy has not made the city more accessible to those who not work, shop or recreate in a 'normal' way such as visually impaired people.

In this article, the focus is on the way in which visually impaired 'Groningers' experience the city centre. It has been argued that, from the geographer's point of view, the visually impaired are the most disadvantaged group of disabled people since vision is the key sense for gathering geographical knowledge (Kitchin *et al.*, 1998; Golledge, 2005) and the visually impaired 'occupy perceptually transformed spaces' (Kitchin *et al.*, 1998, p. 35). Much research has, perhaps as a result of this view, focussed on spatial learning and spatial abilities of the visually impaired. Kitchin *et al.* (1998) note that the most under-explored focus of sensory disability research has been that on spatial *experiences* of visually impaired people, and their research in the US and Northern Ireland has since produced significant insights into this matter. Their research has shown that knowledge and use of space are strongly related to the self-confidence and self-identification of visually impaired people. Many times, the radius in which everyday activities take place is kept relatively small and simple since this reduces spatial confusion and increases self-confidence. However, these limitations imposed by the built environment and (semi-) permanent spatial obstacles as well as self-imposed limitations on the use of space lead visually impaired people to experience a lower quality of life than people with full sight.

Prior to discussing data collection and the experiences of our respondents, a brief overview is given of disability studies in geographical research and research on the disabling city. Since the everyday experiences in urban spaces cannot be divorced from policy, also addressed are policy issues.

## 2. DISABILITY STUDIES IN GEOGRAPHY

Within the geography of disabilities, a broad distinction is made between the study of physical disability and that of intellectual disability (the latter is also termed mental health). Physical disability, the focus of this paper, encompasses both people with mobility-related and sensory impairment. Following develop-

ments in medical geography, disability studies, too, have moved from quantitative, positivistic studies to qualitative interpretative and emancipatory work. The first body of work encompasses a biomedical model of disability which views disability as a medical or physiological condition that can be cured through medical innovations. Interpretative and emancipatory disability studies have followed political activism by disabled persons (see e.g. United Nations, 2003-04a) and define disability as a socio-political problem and point at policy and environment as disabling. As noted above, public space is seen as favouring the able-bodied as it composes several social and physical barriers for the disabled (Park *et al.*, 1998). Disability, then, can be defined as

[...] the disadvantage or restriction of activity caused by a contemporary social organisation which takes no account of people who have physical impairments and thus excludes them from the mainstream of social activities (Oliver quoted in Moss, 1997, p. 24).

Research on disability and the disabled is a relatively recent addition to research agendas. It has found its way into geography as recently as the early 1990s as a part of medical biography for overview and discussion of disability studies in geography (see Park *et al.*, 1998). Medical geographers have largely conducted quantitative spatial research within the fields of disease ecology and health care provision and delivery. More recently, though, the adoption of the World Health Organisation's (2005, no page) definition of health as 'a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity' has advanced a more multi-faceted and qualitative approach into medical geography, which draws increasingly on social theory (see also Dyck, 1999; Elliott, 1999). As a result, individual experiences and social justice have become more central to research agendas.<sup>1</sup> In a recent article, Hansen and Philo (2007, p. 501) point out that 'disability geography [...] is moving towards new ways of addressing the realities of the impaired body set within non-disabled space'. Indeed, work on embodiment and the body has emerged offering some interesting ways of viewing disability as neither solely 'individual' nor 'social' (Hall, 1999) and draws on social theory such as Merleau-Ponty's phenomenology (C. Allen, 2004a) or Bourdieu's habitus (Edwards and Imrie, 2003; C. Allen, 2004b) to focus attention on the way in which people's lived experiences and structural conditions are intertwined.

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<sup>1</sup> A key article promoting debate on medical geography and the need for conceptual reform has been provided by Kearns (1993, 1994, see also responses to this article by Mayer and Meade, 1994; Dorn and Laws, 1994). This is not to say that quantitative research medical geography has become outdated (refer to discussion article by Mayer and Meade, 1994 and studies such as Schaerström, 1999).

### **3. DISABILITY, URBAN PLANNING AND SOCIAL POLICY**

Although policies for urban planning and social equality are interconnected, we discuss issues related to ‘the disabling city’ and ‘disability and social policy’ separately. In our brief discussion of the disabling city our concern is to point at the outcome of undifferentiated thinking about users of the city by urban planners and the development of physical barriers. In the part on policy we want to express that although policy has been developed specifically with the aim to enable disabled people to participate in ‘normal’ life to a greater extent, such policies, at least in the Netherlands, still label disabled people as ‘second class citizens’ (van Houten and Jacobs, 2005).

#### **3.1. The Disabling City**

Urban designers, i.e. architects, planners and local authorities, have long prioritised the needs and demands of able-bodied (and male, and white, and heterosexual, and average aged etc.) users of the city. This has resulted in ‘design apartheid’, whereby space is arranged in such a way that it imposes constraints, i.e. social and physical barriers, in the everyday geographies of ‘minority groups’ (see Kitchin, 1999; Sibley, 1995; 2001). These groups are effectively locked out and marginalised from urban/public spaces, marking them as Other and their bodies as deviant.

Disabled people experience, far more than other minority groups, limitations to their spatial use and orientation through the built environment. As Kitchin (1999, p. 48) pointed out, cities are dominated by ‘concerns for aesthetics and form’, neglecting accessibility of places through poor public transport networks and limiting accessibility of buildings through thoughtless design. Imrie (2001, p. 234) has suggested that the lack of presence of disabilities in architectural education and training as well as a response to ‘profit signals and opportunities’ by property developers, who view accessible, ‘modified’ infrastructure as non-profit, has endorsed the needs of ‘ordinary bodies’. Emerging practices thus code the city to ‘secure the needs of productive bodies, leaving the rest exposed to social and environmental risk’ (Gleeson in Imrie, 2001, p. 234). In addition, disabled people have been explicitly marginalised through a system of segregated schools, employment (training) and use of facilities (such as separate, locked toilets or separate seating areas in theatres). Such societal arrangements suggest to both the able-bodied and disabled population that disability necessitates ‘specialised and segregated facilities’ (Kitchin, 1999, p. 49), thus naturalising and (re)producing the disabled (body) as less valid. The resulting perception, and popular stereotypes, of disabled people and their bodies has become so

entrenched in people's everyday lives and the way in which they self-identify that, according to Freire (in Kitchin, 1999, p. 49) 'this dominant ideology is largely invisible to the oppressed group because their perceptions of themselves are submerged in the reality of oppression'. Urban design then has contributed significantly to solidifying social differences and injustice (see e.g. Gleeson 1997; Imrie *et al.*, 1996; Imrie, 2001). The naturalisation of the disabled body as less valid has reappeared in social policy as well.

### **3.2. Disability and Policy**

Largely through the work of political activism, several countries have begun to implement legislation to create more equal living conditions for disabled people. The United Nations formulated documents such as the 'World Programme of Action Concerning Disabled Persons' (United Nations, 2003-04b) and the 'Standard Rules on the Equalisation of Opportunities for Persons with Disabilities' (United Nations, 2003-04a) addressing areas such as accessibility, employment, family life, culture, and recreation. Neither of these documents is legally binding and both represent merely a 'strong moral and political commitment of governments' (United Nations, 2003-04a, no page), serving largely as instruments for policy-making. The most extensive, legal initiative is perhaps the Americans with Disabilities Act (ADA) of 1990 (United States Department of Justice, 2005). In the Americans with Disabilities Act, the US government acknowledges discrimination against and marginalisation of people with disabilities regarding, among other areas, employment, housing, transportation, recreation, health services, and access to public services without legal recourse to redress such discrimination. The ADA lays out a set of standards addressing the above areas and thus provide a legal framework for disabled people to claim equal access and use of public facilities and services.

In comparison, the Netherlands has a less comprehensive and stringent legal framework. The Dutch National Action Plan is largely concerned with the labour market and outlines support mechanisms for the reintegration of people with disabilities into the paid labour force. Interestingly, though, in spite of a policy framework that claims to create equal opportunities for disabled people (since 2003), van Houten and Jacobs (2005), point out that such policies have achieved little in terms of empowerment. This is largely because they are

[...] shaped according to a male, middle-class, western and able-bodied way of living. [The] language of activity, productivity and capacity does not leave much room for bodies that require care, for needs and vulnerabilities or rather for differences between people in their abilities, activities and needs (van Houten and Jacobs, 2005, p. 645).

National groups such as *Chronisch Zieken en Gehandicapten Raad Nederland* (CG Council) (Council of Chronically Ill and Disabled People) and the *Federatie Slechtienden- en Blindenbelang* (FSB) ('Federation for the Blind and Visually Impaired', our translation) have been able to promote the interest of disabled people through campaigns (such as the Extraordinary Safe Award by the FSB), information and publications addressing accessibility of public space, for example. In addition, FSB has developed materials drawing attention to specific urban design issues (see e.g. [www.sb-belang.nl](http://www.sb-belang.nl) for Dutch brochures on improving accessibility to public space in general and buildings in particular, and improving public transportation). At the local level, the city of Groningen has installed the *Adviesraad Gehandicaptenbeleid* ('Advisory Board for Disability Policies', our translation) which monitors ongoing community policy and planning and advises the city council on shortcomings. However, in their analysis of Dutch policy, i.e. access to social rights and benefits, they emphasise that people with disabilities need to prove 'extreme incapacity' (van Houten and Jacobs, 2005, p. 645) which categorise them as 'deficient'. Van Houten and Jacobs thus argue that disabled people are implicitly labeled as 'second-class citizens' since measures are intended to fit disabled people into existing structures, practices and routines (such concerns are voiced elsewhere, too, see Imrie *et al.*, 1996; Gleeson, 1997).

#### 4. THIS STUDY

This paper seeks to explore the everyday experiences of one group of disabled people, namely those with visual impairments, specifically blind people. The data for this article were drawn from a study with 9 blind people living in Groningen (see table 1 for brief overview). Initially, an exploratory interview was held with a key informant, a board member of the *Nederlandse Vereniging voor Blinden en Slechtienden* (NVBS) ('Dutch Organisation for Blind and Visually Impaired People', our translation), in order to discuss (1) possibilities of approaching respondents through the organisation; and (2) explore research questions within a predetermined theoretical framework. Respondents were then recruited by referral from previous respondents (snowballing). Respondents suggested people who they thought would be interested in participating in the study and, at times, contacted them personally prior to the researcher. Regrettably, there were few possibilities to recruit respondents who were not a part of a network such as the NVBS. Many ways appropriate for recruiting sighted respondents were not suitable in this case (e.g. placing newspaper ads, or hanging up notices in key places around town). Since all of the respondents were

members of the NVBS it must be assumed that our data are biased and exclude the views and experiences of blind people who are perhaps less active or involved in policy issues.

Table 1. Respondents

Respondent	Gender	Age	Blind at	Paid Employment	Use of mobility aids
David	Male	41	Birth	Tele-work	Cane
Marie	Female	60	40	None	Dog
Anna	Female	65	40	None	Cane
Paul	Male	31	Birth	Tele-work	Cane
Peter	Male	65	45	None	Cane
Nina	Female	69	66	None	Cane
Bart	Male	61	53	None	Dog
Martin	Male	41	Birth	Tele-work	Dog
Hans	Male	65	30	None	Cane

All interviews were held at the respondents’ homes in order to not further inconvenience the respondent by having to travel to possibly awkward (public) places for the purpose of being interviewed. This enabled the researcher to collate further data on how respondents adapt their homes through layout, domestic décor and ‘conspicuous consumption’ (Valentine, 2001, p. 74) through personal observation. The topics that were explored in the interviews included: orientation in space; obstacles in space; mobility; learning routes; significant places (home, workplace, shops etc.); resources/aids; reactions of others; identities.

Since the respondents’ experiences were central to the study, the researcher allowed the interview to be ‘taken over’ by the respondent if the respondent felt particular issues were vital to her/his everyday geographies. Questions prepared in advance were, therefore, not asked in exactly the same way and order in every interview, nor were they necessarily all asked. As a result, experiences regarding (their orientation in) public places (including accessibility, the use of mobility aids) were prioritised by the respondents and are dominant in this research compared with those in the workplace or, to a lesser degree, at home. The resulting focus on what the respondents *themselves* experience as important in their everyday geographies is undoubtedly an advantage of this method. At the same time, information that is perhaps equally vital to understanding issues that better fit or add to conceptual frameworks already developed in geographical and disability research remain under-explored.

## 5. ORIENTATION STRATEGIES

The respondents to this research rely on their sense of touch, their hearing and their smell to orient themselves in public space. The signals they receive via these senses are used to compose a mental map of their direct environment, as is the case with sighted people. Familiar aspects are included in the mental maps and become important for the respondents' everyday geographies whilst unfamiliar terrain remains absent. It is important to note that blind people rely on orientation points included in their mental maps to a greater extent than most sighted people. Respondents explained how they learnt routes to the supermarket or from the bus stop into the city centre using these orientation points. Anna's description outlines the 'choreography' that helps her find her way:

In order to not get lost among the cars [in the parking lot], I turn right [and walk] along the flat, along the staircase and then there is a garage door, those metal doors. And then there is a little wall, I tap against it, then there is a drainage pipe. And then there is another garage door and a little wall without a drainage pipe. Once I pass that, I make a quarter turn and I am exactly opposite the [parking lot] exit (Anna, 65 years, blind from age 40, uses a cane).

The respondents use 'natural' and artificial markers to orient themselves in public space. Natural markers have not been specifically created for blind people and include trees, shrubs, grass, or concrete. Artificial markers are meant to assist blind people, for example, in crossing the road and include rubber tiles, ribbed tiles or sound tiles. Such tiles signify a safe route or a stop. A further aid for blind people is the use of clicking sounds at traffic lights, or braille at bus stops. The city council is responsible for recording the need for such markers, placing them and replacing them when moved due to construction, for example. Respondents also included situational sounds and smells as an important source of information in orienting themselves. Situational sounds can give blind people a notion of the size or height of a room, or where certain objects are located in a room. Together with information obtained from smells, situational sounds, almost give a blind person a 'threedimensional' image of a place on their mental maps. Paul explains:

When you tap near the bus stop, you don't even touch the bus shelter, but you hear the sound of the bus shelter. When you tap on the floor and you hear the resonance from the bus shelter, well then you know there's a bus stop. It's a unique sound [...] Smells such as the cigar shop across the street, or the pizza place on the corner. There is a delicatessen shop on the opposite side of the street, well you can really smell that just like the vegetable shop that's over there. Those are all things I use for orientation (Paul, 31 years, blind from birth, uses a cane).

Such clues from the direct environment are not sufficient, though, for blind people to move through public space easily. In particular the assumption by planners that city-centre-users are able-bodied and sighted can cause confusion



since much information is visual. In order to gather additional, visual information, many respondents make use of aids for mobility such as guide dogs or canes. Guide dogs avoid obstacles and find orientation points in their environment whilst preventing direct contact with an object by the blind person. Martin describes:

You have to get through the surrounding noises – am I on the sidewalk, am I on the street, am I in a shopping mall – to find you way [with a guide dog]. That's what you have to pay attention to instead of: is there a bench on the left or a post on the right. That becomes insignificant (Martin, 41 years, blind from birth, has a guide dog).

The same orientation points that dogs avoid are used by blind people with a cane which serves to avoid collision with obstacles. In terms of gathering information for their sense of place, both aids can be an advantage and a disadvantage. Guide dogs do help blind people get around more easily and blind people may have a larger radius of movement but this does not necessarily enhance their mental maps since they have less physical contact with their environment. Similarly, whilst canes provide direct contact with obstacles and therefore give blind people a better image of what their environment 'looks like', the use of a cane may decrease mobility since users can get frustrated by encountering too many obstacles. Depending on what, if any, aids blind people use, their mental maps and everyday experiences of the city can differ significantly.

## **6. NEGOTIATING PUBLIC SPACE**

The previous section illustrated that blind people require reliable and predictable structures to move through space in a confident and uneventful way. It follows that the routes that blind people take are impacted by the presence of other users who may temporarily or permanently modify certain places making them less predictable and safe to use for blind people.

The interviews suggest that the well-functioning public transportation system serve respondents well in getting to and from places that are at larger distances. Groningen's transportation policy has broken down some barriers to accessing the city centre and its suburbs for our respondents, as it has done for many other 'able-bodied' users. However, due to the effort it requires to learn routes and the need for such routes to remain relatively unchanged for the period of learning them, some respondents are hesitant for example when entering neighbourhoods they are unfamiliar with. The city therefore offers alternative and individualised means of transportation to enhance mobility. Rather than taking the bus and walking from

the bus stop, disabled people can make use of so-called ‘shared taxis’ than can be called for personalised routes and are subsidised. Martin describes the impact this means of transportation has had on expanding his action radius:

You see, when I need to get to Beijum or Lewenborg, then I don’t know the way. That’s why I am really happy with the ‘shared taxi’. If I need to go to where I just don’t know the way, then I call the taxi. I have absolutely no desire to waste my energy on something I only do occasionally [...] I don’t even want to know the way there, because I’m not really using it much, so it really isn’t much use to learn a route there (Martin, 41 years, blind from birth, has a dog).

Although many respondents to this research themselves felt they could move around relatively independently, they did not experience the city centre as particularly inclusive. The council’s city developments play a significant part in the experiences of our respondents who emphasise that the market square, the situation of bus stops and the overwhelming presence of bicycles impose the greatest hindrance to their movement. The examples below illustrate that there are places in the city centre that either have too little or too much information for blind people which can result in spatial confusion. Martin and Paul illustrate:

The market square remains an annoying obstacle, of course [...] Because there is this big empty space in the middle. When you cross it, you sometimes end up where you don’t mean to be. That is just a little complicated (Martin, 41 years, blind from birth, has a dog).

As noted above, a number of examples given by the respondents are in direct reference to the dominance of buses and bicycles in the city centre. Nevertheless, confusion does not arise merely from the presence of buses and bicycles but from inattentiveness of their users (or drivers), as Paul and Anna convey:

Bikes are such a nuisance because they just appear all over the place. It is not the case that bikes are always parked in the one spot, they are just parked anywhere. You see, if they were all parked in a certain spot, it wouldn’t be a problem, you’d know (Paul, 31 years, blind from birth).

The busses [in the city centre] always stop behind each other. So [normally] bus number one is in front and another behind it, the one I need to catch. [But sometimes] another bus arrives first and my bus drives around it. Then it’s gone. For me that is always very annoying, you always have to ask people (Anna, 65 years old, blind from age 40, uses a cane).

Lack of awareness by other users of the city centre can turn familiar territory into a strange place. Construction sites that are not sufficiently marked or advertising boards placed on the sidewalk by shop owners can be unexpected and dangerous:

In a few cases, there are guiding lines but we do notice that when there is construction, when things are repaired, that these markers are temporarily removed and never replaced [...] Once they dug a big hole in front of the supermarket. It was just construction but no one had bothered to secure the site. So I fell in the hole. Yes, that was pretty scary! (David, male, 41 years, blind from birth).

It would seem then, that although the respondents' concerns are the result, to some extent, of Groningen's city planning, the city council cannot be held responsible for the inattentive behaviour of its citizens which is an important source of frustration for visually impaired people.

Some respondents explain that they have to be *very explicit* about their disability, or in other words about 'being deficient', to receive the assistance they require. Anna, for example, says:

I know I am close but which shop is it exactly? Often I am right in front of the entrance. And then you ask. Or yes, they would say: 'you are right in front of it'. But for a sighted person 'in front' is completely different than for me. If there's a meter distance, then I am not standing 'in front'. So I really have to [ask]: 'would you show me the door please?' (Anna, 65 years old, blind from age 40, uses a cane).

Whilst Anna encountered confusion about her disability from sighted people, Nina and Bart talk about their own confusion. Nina and Bart can still perceive daylight and therefore do not themselves identify with being blind. Both respondents explain that they are labeled 'blind' *by the outside world*:

I am regarded as blind [...] 'socially blind' [...] That's a term which causes much confusion. It implies that in society, you are blind, you are walking around everybody. From society's point of view, you're simply blind, because you don't recognize anything. But you, yourself, don't want to be (Nina, 69 years old, blind from age 66, uses a cane).

Peter similarly describes a discrepancy between the way in which he views himself compared with the outside world. In his case, the use of a cane signifies to sighted people that Peter cannot see but he, himself feels more ambiguous:

I really had to get used to it [...] it is a hate-love relationship with that cane [...]. Because the cane makes you completely blind to the outside world [...]. The cane is a confusing object [...]. And yet it is a very safe object (Peter, 65 years, blind from age 45, uses a cane).

The above examples emphasise that whilst the respondents require modifications to the built environment as a result of their 'other' bodies, they struggle with being Othered by the able-bodied people. Paul and Martin describe reactions of sighted people they encounter when visiting the city who often approach them as Other:

Blind people are never as directly [...] confronted or spoken to, well yes spoken to, but only in a certain distanced manner (Paul, 31 years, blind from birth, uses a cane).

People are often prying and annoying [...] they are not interested in me, they are interested in me as a novelty (Martin, 41 years, blind from birth, has a dog).

The respondents do not explicitly state that they feel like 'second class citizens', but their responses reveal such underlying concerns. It seems that even when they do not have (full) sight, their experiences imply a resistance to being

labeled 'blind'. Peter clearly notes that he requires his cane for getting around but that he objects to being labeled blind. The objection to being blind is also notable in Nina's and Bart's comments which indicates a preference for 'in-betweenness', a state of uncertainty, rather than 'being' blind. Such reactions are linked directly to encounters with sighted persons and messages from the outside world that value functioning bodies over 'lacking' bodies.

## 7. CONCLUSIONS

This study aimed to provide insights into the everyday negotiations of public space by blind people in the city of Groningen (Netherlands). The respondents emphasised the social dimension of exclusion, i.e. lack of awareness and resulting stereotyping of blind users of the city centre by sighted users. Interestingly and ironically, such negligence seems to be caused largely by the 'invisibility' of blind people in public areas. Considering the fact that the presence and reaction by others sharing the same space as the respondents affects the acquisition of spatial knowledge in a negative way, one may assume that building self-confidence may also become more problematic.

Whilst Groningen was remarkably proactive in implementing its radical transportation plan, it appears rather reactive with regard to issues related to diversity. In 2003, the European Year of People with Disabilities, Groningen was selected as one of the cities to receive a group of European delegates. In that year, the city organised a number of activities to raise awareness of people with disabilities and published a one-off magazine for people with and without disabilities (Gemeente Groningen, no date b). After that, however, there were fewer indications of the city council's concern with creating an inclusive city. Indeed, since the first 'Extraordinary Safe Awards' (*Buiten-Gewoon-Veilig prijs*), launched by the 'Federation for the Blind and Visually Impaired' in 2005, were awarded to cities that had made a distinct effort to modify the built environment in order to increase (safe) mobility of blind and partially sighted people, Groningen has not been amongst its recipients. Aside from such structural modifications, though, it seems that the city is in need of truly public spaces where different people meet, not only in passing but in interaction. As blind people avoid confusing places, sighted people are rarely confronted with possible problems encountered by and everyday experiences of blind people.

There are opportunities for local governments to help raise awareness of such mechanisms of marginalisation such as the 'International White Cane Day' (15th October) but these are not yet adopted on a large scale. And although the city has begun to address issues related to the (in)accessibility of Groningen for

people with disabilities by organising a symposium in April 2007, important underlying issues such as the impact of inclusion and exclusion on citizenship remained underexplored as did the more mundane, everyday experiences (Gemeente Groningen, no date c). More attention to these everyday experiences would also reveal that there are differences between how people with different disabilities experience the built and social environment in a city and possibly draw the attention of planners to the spaces in between the (built) spaces.

## REFERENCES

- ALLEN, C. (2004a), 'Merleau-Ponty's Phenomenology and the Body-in-Space Encounters of Visual Impaired Children', *Environment and Planning D: Society and Space*, 22 (5), pp. 719–735.
- ALLEN, C. (2004b), 'Bourdieu's Habitus, Social Class and the Spatial Worlds of Visually Impaired Children', *Urban Studies*, 41 (3), pp. 487–506.
- ALLEN, P. (1994), 'Getting Back to Biking', *Geographical*, 66 (6), pp. 46–48.
- BLOEMKOLK, M. and HUIS in't VELD, L. (2001), 'Groningen: Integrated Town Planning and Traffic Policy', <http://www.eaue.de/winuwd/95.htm>
- BRATZEL, S. (1999), 'Conditions of Success in Sustainable Urban Transport Policy – Policy Change in Relatively Successful European Cities', *Transport Reviews*, 19 (2), pp. 177–190.
- CENTRAAL BUREAU STATISTIEK (2007), *Webmagazine. Vijf keer per week op de fiets*, <http://www.cbs.nl/nl-NL/menu/themas/verkeer-vervoer/publicaties/artikelen/archief/2002/2002-1065-wm.htm>
- DORN, M. and LAWS, G. (1994), 'Social Theory, Body Politics and Medical Geography: Extending Kearns's Invitation', *Professional Geographer*, 46 (1), pp. 106–110.
- DUTCH NATIONAL ACTION PLAN (2003), [http://ec.europa.eu/employment\\_social/news/2001/jun/nap\\_incl\\_0305\\_nl\\_en.pdf](http://ec.europa.eu/employment_social/news/2001/jun/nap_incl_0305_nl_en.pdf)
- DYCK, I. (1999), 'Using Qualitative Methods in Medical Geography: Deconstructive Moments in a Subdiscipline?', *Professional Geographer*, 51 (2), pp. 243–253.
- EDWARDS, C. and IMRIE, R. (2003), 'Disabilities and Bodies as Bearers of Value', *Sociology*, 37 (3), pp. 239–256.
- ELLIOTT, S. J. (1999), 'And the Question Shall Determine the Method', *Professional Geographer*, 51 (2), pp. 240–243.
- EUROPEAN COMMISSION (2002), *Definitions of Disability in Europe. A Comparative Analysis*, EC. Directorate General for Employment and Social Affairs, Unit E.4.
- GEMEENTE GRONINGEN (no date a), *Fietsstad Groningen 2002*, <http://www.groningen.nl/functies/pagfunctie.cfm?parameter=945>
- GEMEENTE GRONINGEN (no date b), *Groningen doet mee aan 'Europees Jaar van mensen met een Handicap'*, <http://www.groningen.nl/functies/pagfunctie.cfm?parameter=522&method=display&object=7240>
- GEMEENTE GRONINGEN (no date c), *Symposium 19 April. Kan Groningen beter toegankelijk voor mensen met een handicap?*, <http://gemeente.groningen.nl/functies/pagfunctie.cfm?parameter=2183>
- GLEESON, B. (1997), 'Community Care and Disability: The Limits to Justice', *Progress in Human Geography*, 21 (2), pp. 199–224.

- GLEESON, B. (2001), 'Disability and the Open City', *Urban Studies*, 38 (2), pp. 251–265.
- GOLLEDGE, R. G. (2005), 'Reflections on Procedures for Learning Environments Without the Use of Sight', *Journal of Geography*, 104 (3), pp. 95–103.
- HALL, E. (1999), 'Workspaces: Refiguring the Disability-Employment Debate', [in:] BUTLER, R. and PARR, H. (eds), *Mind and Body Spaces. Geographies of Illness, Impairment and Disability*, London: Routledge, pp. 138–154.
- HANSEN, N. and PHILO, C. (2007), 'The Normality of Doing Things Differently: Bodies, Spaces and Disability Geography', *Tidjschrift voor Economische en Sociale Geografie*, 98, pp. 493–506.
- IMRIE, R., PINCH, S. and BOYLE, M. (1996), 'Identities, Citizenship and Power in the Cities', *Urban Studies*, 33 (8), pp. 1255–1261.
- IMRIE, R. (2001), 'Barried and Bounded Places and the Spatialities of Disability', *Urban Studies*, 38 (2), pp. 231–237.
- KEARNS, R. A. (1993), 'Place and Health: Towards a Reformed Medical Geography', *Professional Geographer*, 45 (2), pp. 139–147.
- KEARNS, R. A. (1994), 'Putting Health and Health Care into Place: An Invitation Accepted and Declined', *Professional Geographer*, 46 (1), pp. 111–115.
- KITCHIN, R. (1999), 'Creating and Awareness of Others. Highlighting the Role of Space and Place', *Geography*, 84 (1), pp. 45–54.
- KITCHIN, R. M., JACOBSON, R. D., GOLLEDGE, R. G. and BLADES, M. (1998), 'Belfast Without Sight: Exploring Geographies of Blindness', *Irish Geography*, 31 (1), pp. 34–46.
- MAYER, J. D., MEADE, M. S. (1993), 'A Reformed Medical Geography Reconsidered', *Professional Geographer*, 46 (1), pp. 103–106.
- MOSS, P. (1997), 'Negotiating Spaces in Home Environments: Older Women Living with Arthritis', *Social Science and Medicine*, 45 (1), pp. 23–33.
- NICHOLSON-LORD, D. (1993), *The Independent*, 12th June.
- PARK, D. C., RADFORD, J. P. and VICKERS, M. H. (1998), 'Disability Studies in Human Geography', *Progress in Human Geography*, 22 (2), pp. 208–233.
- SIBLEY, D. (1995), *Geographies of Exclusion: Society and Difference in the West*, London: Routledge.
- SIBLEY, D. (2001), 'The Binary City', *Urban Studies*, 38 (2), pp. 239–250.
- SCHAERSTRÖM, A. (1999), 'Apparent and Actual Disease Landscapes – Some Reflections on the Geographical Definitions of Health and Disease', *Geografiska Annaler*, 81B (4), pp. 235–242.
- TSUBOHARA, S. and VOOGD, H. (2004), 'Planning Fundamental Urban Traffic Changes: Experiences with the Groningen Traffic Circulation Plan', [in:] BREBBIA, C. A. and WADHWA, L. C. (eds), *Urban Transport X – Urban Transport and the Environment in the 21st Century*, WIT Press: Southampton/Boston, pp. 287–296.
- WORLD HEALTH ORGANISATION (2003), *WHO Definition of Health*, <http://www.who.int/about/definition/en/>
- UNITED NATIONS (2003-04a), *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*, <http://www.un.org/esa/socdev/enable/diswre00.htm>
- UNITED NATIONS (2003-04b), *World Programme of Action Concerning Disabled Persons*, <http://www.un.org/esa/socdev/enable/diswpa00.htm>
- UNITED STATES DEPARTMENT OF JUSTICE (2005), *Americans with Disabilities Act of 1990*, <http://www.usdoj.gov/crt/ada/pubs/ada.txt>
- VALENTINE, G. (2001), *Social Geographies: Society and Space*, Harlow: Longman.
- VAN HOUTEN, D. and JACOBS, G. (2005), 'The Empowerment of Marginals: Strategic Paradoxes', *Disability and Society*, 20 (6), pp. 641–654.