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Livable Communities Throughout the Life Course

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Abstract

What constitutes truly livable communities for people who are blind or visually impaired (B/VI)? Proponents of a social model of disability have identified the source of disablement in the environment; yet, methodologies that systematically document and are able to measure environmental factors have been challenging to develop. This research continues that of other scholars, which locates the experience of blindness in the physical and social environment and cultural milieu: we are particularly interested in how individuals who are B/VI in the United States achieve full cultural citizenship through 'accessible' communities. What makes somewhere 'livable' varies according to one's needs, as well as by geographic region, size of the community, and perhaps most importantly, through major phases in the life course. Using a participatory action paradigm, data were analyzed according to life stages, considering what is important for students, mid-life adults, and seniors. The findings identify criteria that people who are B/VI in the United States use to rate livable communities.

Framing the issue

What constitutes truly livable communities for people who are blind or visually impaired? Proponents of a social model of disability have identified the source of disablement in the environment, describing various ways in which aspects of the environment have served to limit and oppress people with disabilities. Yet, methodologies that systematically document and are able to measure environmental factors have been challenging to develop. This research continues that of other

scholars, working in the qualitative mode (e.g., Scott 1969, Oliver 1990, Michalko 1998, Kleege 1999, Kudlick 2001), and the quantitative mode (e.g., Grey et al. 2002, Bowman et al. 2002, Horner-Johnson et al. 2002, Kinne et al. 2002). That body of research asks how certain structures and practices enable or disable the process of full cultural citizenship (Rapp and Ginsburg 2001, Das and Addlakha 2001). Our research is particularly interested in how individuals who are blind or visually impaired (B/VI) in the United States achieve cultural citizenship through accessible communities.

What makes one's community 'livable' will vary according to preferences for geographic region, climate, and population size and density (rural, urban, suburban), but most importantly, by needs that change through major phases of the life course. We explored those variations using data collected through means described below, and analyzed using a 'life stages' approach. We considered the priorities expressed by youth or their parents, 'working age' adults, and elderly people. This project furthers the process of documenting the impact of the environment on the construction of disability by identifying criteria that people in the United States use to rate livable communities. It highlights the role of agency in creating enabling environments.

Demographic background

Blindness in the USA is rare. The National Center for Health Statistics' Disability Supplement to the 1994-95 Health Interview Survey (HIS-D), estimated there were 6.4 million persons living in communities (i.e., non-institutionalized) who reported 'serious difficulty reading ordinary print, even with glasses'. Within that group, 1.1 million people reported they were legally blind. This population differs from the sighted population in its 'life stage' distribution, as measured by age. Specifically, according to HIS-D: less than 5% of the B/VI population are under 18 years (compared to 30% of the sighted population). Conversely, nearly 40% of the B/VI population are elderly, compared to a very small minority (less than 10%) of the sighted public.

By contrast to the age distributions, gender and race distributions are more similar in the blind and sighted populations. However, indicators of socioeconomic status reveal important differences. Individuals who are B/VI are much less often employed, even in the usual working ages; have lower educational attainment; and are much more likely to be in poverty. People who are B/VI are more likely to live alone than are their sighted age counterparts (especially in the working-ages), and are more likely to be 'widowed, divorced, separated' (regardless of age). People who are B/VI do not differ greatly from other persons with severe impairments in these social and economic respects. As we know, financial resources and 'human capital' (both social and cultural) strongly affect people's options and choices for community participation.

Methodology

Guiding principle

We need to make explicit our values relevant to this project. First and foremost, we are committed to the principle of achieving community integration. From the start we realized that the project could be misinterpreted, or even misused, in ways which run counter to that commitment. That would occur if the project were seen as urging people who are B/VI to move to a limited set of places. Another threat to that principle occurs when respondents express support for services that segregate them, for example, apartment buildings for blind persons, or expanded para-transit. Obviously we must report data as we find them, but we do accept the responsibility of 'advocacy research' to state the intended objectives of the research. These goals are sustained by working in a Participatory Action Research (PAR) mode.

The 'action' aspect of PAR aims to promote advocacy for features that enhance community livability, and to report these features and efforts. This project will also announce 'winning' communities, as an annual event.

Besides the aim of advocating for more access where people already live, the project's secondary aim addresses information needs, geared to life stages, of persons contemplating moving to, or visiting, areas they are unfamiliar with. Indeed, the project began, in part, as a response to requests from people considering a residential move related to finding work, attending college, entering retirement, and the like; they sought research on places found desirable by people who are B/VI.

Etic and emic perspectives

The project did not begin as life course research; that is, it was not designed around gathering oral histories or asking about triggering events in life history narratives. However, we assumed that life stage plays an important role in what constitutes 'accessibility' and how people perceive whether their community is 'livable'. From that perspective we address some major themes of this symposium: What can be gained by applying generational analysis to our data? What factors shape lived experience of disability across the lifespan?

There are at least two ways to look at the effect of life stage in our data. The first, what anthropologists call the etic view, takes an outsider or in this case, researcher's perspective. The second examines the emic point of view, questioning how disabled people themselves understand their lives in terms of life stage. We use both approaches here. First, we present data on livability criteria according to our classification of respondents' age-related social roles: the data express environmental features found important across the life course, and also, within phases in the life course trajectory. Second, we discuss people's interpretation of

'life stage' as an important variable. Our data indicate that adults, across the lifespan, agree that life stage is an important organizing schema around which they orient their lives and make major life decisions. We conclude with implications for life course theory, as it relates to people with disabilities more generally.

Sample

The data we collected from summer to late fall 2002 are not representative of the B/VI population in the country as a whole (see 'Demographic Background'). This research was exploratory, serving as the 'pilot' for a planned ongoing project; the data come from individuals relatively easily accessible to researchers, including workers in the field of blindness services, activists in consumer groups, users of online listservs, and the like.

We tried to reflect diversity, paying particular attention to geographic regions (West, Midwest, Northeast, and South, as defined by the Census Bureau), different sized communities (urban/metropolitan versus small town/rural), severity of impairment, type of mobility aid used (long cane, guide dog, or neither), race/ethnicity, gender and life stage. We know the sample is biased towards higher educational and economic status, and under-represents youth.

In the future, we will aim for more representation of people who are multiply-impaired, and people who are least likely to be connected to traditional blindness systems because they live in rural areas, or because they are newly-blinded, and are less likely to be sophisticated technology users. We will also seek greater ethnic and racial diversity. Our sample is 43% male and 57% female. Just over 60% of the sample was composed of individuals of 'working age'; older adults or seniors represent slightly over one-quarter of our sample; students and parents of blind children constitute the rest.

Advisory Committee and Focus Groups

In keeping with PAR, a national advisory committee of 17 individuals is helping determine the direction of the research and dissemination of results. All but one adviser is B/VI, or the parent of a young blind child or children.

The research design itself elicited voices of individuals and shaped the data collection instruments. The initial phase used focus groups, organized by life stage, and informal interviews, as qualitative approaches to learn about the types of criteria and ways of thinking about them that people use. From those discussions we drafted an initial standardized survey, using both open-ended and structured answer opportunities. We conducted surveys online, by email, or by phone with 200 participants, gathering their views on criteria of community livability, and good and bad examples of what makes a community livable. For more detail about the methodology, please visit: <http://www.afb.org/livability.asp>.

Environmental features across the life course

Criteria for livability

According to respondents, the following represent the types of criteria considered to make a community 'livable':

- Community Integration/General Sense of Acceptance (e.g. sense of tolerance towards diversity);
- Getting Around (e.g. availability of public transit, pedestrian-friendliness or 'walkability', access to airports, trains, and other intra-city transport);
- Safety (e.g. low crime rates, minimal automobile traffic, few dangerous intersections);
- Employment (e.g. availability of jobs at various skill levels);
- Education/Arts/Recreation (e.g. formal and informal continuing education, theater and movies with described audio, accessible sports arenas);
- Cost of Living/Housing (e.g. affordable homes and apartments);
- Access to Services/Necessities of Daily Living (e.g. blindness services, government offices for people with disabilities, medical care, veterinarians, grocery stores, post offices in close proximity).

These criteria are discussed in greater detail below, although we have limited the discussion to features which rated as more critical to respondents, particularly highlighting ways in which they interacted and impacted the life course.

Transportation

By far the most important environmental criterion, regardless of life stage, had to do with mobility access, or 'getting around.' Transportation was rated the number one, most important feature affecting livability, and that priority held true across the lifespan. Slightly more than half of all respondents rated it as the most important factor, and another quarter rated it as second most important. The nearest competitors were 'affordable housing' and 'jobs' (each received only 10%). The overpowering dominance of transportation as a criterion of livability obscured differences in other factors that may have varied among life stage groups.

There is a strong association between socio-economic status and utilization of public transit: public transit riders tend to be poorer, and without transportation, access to economic, as well as social and cultural, opportunities that exist become unavailable. Other disability scholars, although referring primarily to wheelchair users, have identified the connection between access to geographic mobility and social mobility (see, Langan 2000). A similar cultural point could be argued. That is, transportation barriers become a mechanism through which to ascribe social attributes: blind people are seen as lazy, or one of the

numerous other stereotypes, because it often takes longer to take public transit and service is unreliable. Kim, who now works in New York City, described it this way:

> Special transportation is not my preference. Wherever I have found mainstream transportation to be accessible, getting around is relatively convenient and hassle-free. Where it isn't convenient, everyone understands the inconveniences; the people with visual impairments aren't viewed as lazy because we're late, we were just late because everyone was late if there was a water main break.

Although transportation was reported as crucial across the life course, it affects people in various life stages differently. Notably, for young adults, learning to drive is a rite of passage (Rosenblum 2000, Rosenblum and Corn 2001). Being unable to drive imposes burdens not shared by the rest of the population, for whom 'borrowing the car' is tantamount to freedom. Participants spoke about the difficulties they faced asserting their independence, or trying to date while being chauffeured by their parents, among other scenarios.

Similarly, at the other end of the age continuum, older adults spoke of the difficulty of not being able to drive anymore (see also Corn and Rosenblum 2002, Rosenblum and Corn 2002a, 2002b). Older adults face increased mobility barriers not shared by youth, such as the timing of street lights, since they walk more slowly now. Mark from Maryland, who was in his mid-50s, told us:

> As you get older, you don't like to challenge the environment as much. I used to go out late, even if I had to take bus home late at night... and now I take paratransit a lot more.

'Walkability'

One subset of 'getting around' which was mentioned frequently is the pedestrian-friendliness or 'walkability' of a given community (we use this term, as it was one generated by research participants. However, many of the features that comprise this criterion are applicable to people with a variety of impairments, including those who use wheelchairs, reflecting the serious concern that this population, as non-drivers, share). In nearly all cases where this was discussed the presence of sidewalks, and particularly those that were well maintained and free from obstructions, were what determined whether somewhere was 'walkable.' Additionally, an absence of heavy automobile traffic and having somewhere to walk to were important. For example, particularly in larger cities without convenient public transport, participants spoke about 'food security' issues, about not living within walking distance of a full, well-stocked grocery (see Fisher 1999). Because 'walkability' rated so highly as a feature of livability, it is an area that

we plan to give greater attention in the future.

Socio-economic factors

Other environmental features - in particular economic factors (such as affordable housing, the availability of jobs, or years spent in the workforce) and safety - also emerged as important regardless of life stage. Our sample highlighted the connection between socio-economic conditions and access to public transportation. Many said they were 'forced' to live in downtown areas, where housing and general cost of living were more expensive, because mass transit tends to be concentrated in cities. Several talked about this as a constraint, saying they would prefer to live in the country, close to nature with more space (and less crime), but concluded that was not a realistic option because of cost and distance from public transportation; instead they complained about the crowds, traffic congestion, pollution, and noise (some of which are not just inconveniences, but pose tangible hazards).

Sam, a working age male from New Hampshire, described his ideal neighborhood as one that contained a mixed pricing of homes, '...I do not want to live in the lower socio-economic scale just because I ride the bus.' Many people reiterated this concern over the relationship between access to transit and cost of living. Natalie, a working age woman in Massachusetts said,

> Blindness does affect the decision on where to live independently. Needing to live where transportation services are available means housing is generally more expensive. I would prefer to live in a more rural setting, but without transportation, that is not a realistic option, especially since employment opportunities tend to be more available in urban areas.

Steve, another working age adult in Virginia told us, 'Affordable housing near transportation is hard to find... If you want to live in a town home near the metro, you will pay $370,000, as you get further out the price drops [to] $60,000'.

Again, this is an issue that was important to individuals regardless of age, but which showed distinct differences in the way that individuals are affected at different stages in life.

More about the importance of housing for the older adult population is discussed below. As for the younger population, they may be more likely to move somewhere 'accessible' in order to improve their educational opportunities and employment prospects. Maria from Arizona explained,

> Because I'm a student, I'd be interested in what kinds of colleges or universities are available...in a community that is not high crime, and because I'm on a fixed income, I'd worry about the cost of living.

Safety

As just indicated, concern about safety was also associated with cost. Participants repeatedly observed that they could not afford housing in neighborhoods where there was transit, and in which they felt safe.

Safety was a feature that we had anticipated would be more prominent among older adults than the other age groups, but we did not find great differences by age; the inter-relationship between public transit, socioeconomic conditions, and safety, overrode such age-related distinctions.

Older adults were indeed concerned about safety. Jesse, a male in his mid-fifties explained,

> Don't put yourself in a neighborhood that isn't very safe, or you'll get more than you bargain for, and that's true especially for people who are blind... and because of the unemployment or underemployment of blind people, they are probably forced not to live in the best neighborhoods. If they haven't worked much, what choice do they have?

But younger adults, whether as students or as parents, also expressed concerns over safety.

> A good community for me is a safe one. Where your kids can play in the park and you do not have to worry about drugs being around or kidnappings. A bad community would include poor school systems and high crime rates...

explained Jacqui, a female, college-aged student and parent in Texas. In talking about safety, participants also referred to pedestrian safety not just violent crime (fear of being hit by fast moving cars, having long enough time to get across the crosswalks, and clear walkways). Pedro, an older adult living in southern California, described places that were 'safe' as:

> places to go, without unexpected drop-offs, breaks or obstructions in the sidewalk, a home where you're comfortable and you feel safe, and a neighborhood where you are not afraid to go out at night ...and that's an issue of economics, what you can afford.

Given that this population is much more likely to be unemployed, at all ages, and to have spent less time in the workforce than the average USA citizen, these issues become paramount.

Environmental features specific to certain stages in the life course

While the previous section dealt primarily with concerns across generational boundaries, we focus next on features which resonate more strongly with one life stage group than another.

Childhood

The majority of literature examining the impact of the environment on children, considers developmental issues associated with play environments, citing a host of developmental delays in children that can result from 'restricted access to information' (see, Lang 2000 for a review). While our data were not strongly representative of the needs of young children, we can contribute additional environmental features that were important for this life stage.

First, quality schools (including available assistive technology, experience dealing with blind students, and specialized instructors) and the role of parents and blind peers were regarded as significant. Moreover, schools and specialized services had to exist on accessible transit routes, so that blind parents could be involved in their children's education. Gary, a father from New Hampshire, pointed out the need for accessible information about a child's education (e.g., report cards, PTA announcements) in order to fully participate. Other parents explained that they sacrificed living on accessible transit routes in order to live in better neighborhoods with better schools for their kids.

We gathered some data from older children, so-called 'transition age' youth, whose needs are increasingly being addressed in the literature (see, Wolffe et al. 2000; McBroom 1995). Our project picked up particular concerns about employment (i.e., 'needing to go where there are jobs') in addition to the importance of quality educational opportunities. We hypothesize that the immediate and overarching needs of living somewhere affordable, with accessible transit, and good educational and employment opportunities dominated (see above), and that other concerns specific to this age group, such as social opportunities and recreation, may have been masked.

'Working age adults'

Not surprisingly, the availability of jobs appeared an important issue for the 'working age' population. More working age adults than seniors considered it to be the 'second most important' environmental feature. Future research should pay close attention to the categorization of 'working age adults'.

We had concerns about labeling this age group on two counts. First, due to high rates of unemployment, individuals in the adult population of, say 25-55 years old (Federal studies about blindness tend to group working age adults according to these ages), are often classified as 'out of the labor force', thus making the category ambiguous at best. Second, the later life transition - of 'working age adult' to senior citizen - poses additional ambiguities, because so many people who experience vision loss later in life may take an early retirement due to disability, and because citizens, disabled and not, are living longer, healthier lives, and

remaining in the workforce longer.

From a theoretical standpoint, linear models of life course trajectory, with traditional, distinct 'three stage' life stages may be overly simplistic and/or problematic (see Corker 2001).

Furthermore, the label of 'working age adult' reflects a cultural bias, and the ambiguity surrounding it is reflected in the USA federal/state service delivery system. For example, Title VII Chapter 2 of the Rehabilitation Act authorizes funding for non-vocational rehabilitative services for 'elderly' blind individuals; it defines its lower age boundary for eligibility as 55 years (usually considered well within 'working age'). Conversely, Title I of the same legislation, which funds the vocational rehabilitation program, has no upper age limit for eligibility, and individuals (though not many) in their 70s or older do receive vocational services.

A growing body of data is beginning to emerge on environmental factors in work settings for adults with impaired vision (see Lang 2000); however, much less is known about other environments for role performance, in part due to the cultural bias reflected in 'working age' language (in contrast to, e.g., 'childbearing age'). Other indicators of 'adult role' status (besides gainful employment), specifically marriage and family, occur with less frequency among people who are B/VI than sighted persons in the USA. However, community features that supported familial roles were not unappreciated in our sample. Melanie, a working age, single adult in North Carolina, defined her city as livable, in part because she could walk to a daycare center, 'I wouldn't need anyone else to pick up the kids, if I ever have any', she said. Tamara, another woman of childbearing age, explained how her blindness had to take a 'backseat' to other familial concerns in a recent move. Further attention should be given to the gendered dimension of the adult life stage in evaluating the way that environmental features support or constrain marriage and parenting options, not just employment.

Other less obvious issues for adults, such as the presence of continuing educational, cultural and recreational opportunities, were important to this age group, as was the amount of community integration or 'general sense of acceptance' (including a sense of tolerance towards diversity, and the presence of other people with disabilities). That these are 'less obvious' reflects the stereotypes that (a) this age group identifies only with the work role, and (b) that people with disabilities are childlike, therefore not needing opportunities to live a full life in parental or other civic roles. But the latter roles were very important to many participants in our project. Janis, a working mother of a multiply disabled child, from Illinois mentioned,

> Creativity. I like a place to have a lot going on. Theatre, music, even the visual arts are important to me despite the fact I can't see. Creative places tend to be more open minded, a quality I look for in a place to

live.

While these issues are not exclusively the purview of adult persons, they featured prominently in the general livability of a community for this age group.

Older Adults/Seniors

Literature dealing with older adults has a tendency to define the 'environment' quite narrowly: dealing primarily with concerns over housing (see Fangmeier 2000 for a review), it focuses on the internal structures of homes (such as grab bars or better lighting) and alternative residences of various types (i.e., nursing homes, assisted living facilities, and increasingly, life-care communities). Some focus has been given to 'total environments' (Cohen and Weisman 1991), addressing many of the non-immediate qualities of community appearing in our discussions above, notably social and organizational aspects, in addition to architectural and medical concerns.

While many of the older adults who participated in our project had also selected transportation as the most important environmental feature, their concerns over housing were not unapparent. And, they showed more interest in housing than did the working age group. This may reflect socio-economic concerns of living on a fixed, retirement income, as well as increasing housing costs across the nation, particularly in urban areas.

Thea, an older adult living in New York, said that she did not know how she was going to manage now that she was losing her vision:

> Assisted living facilities, they charge $3700-4000 dollars for a tiny one room and two meals a day. Why is it so much?! The people who are living there sold homes they bought 20 years ago for $20,000 for $400,000, but those of us with nothing to sell, where do we go?

Cost of retirement housing options will remain a major problem in the USA, as the population ages. The AARP has indicated that many aging adults are remaining in their own homes, despite age-related onset of disability and illness (AARP 1986), probably reflecting inadequate housing options (discussed elsewhere) and an increased choice to remain in one's own home.

Considering the input from older adults, these data serve as a further call for universal design regarding features that make communities livable: concerns of older adults with vision loss and sighted seniors seem to have a lot in common - the need for a 'walkable' community, affordable cost of living, safety, and quality medical care (on bus routes, or with provided shuttle service). Harry, a retired high school teacher from Two Rivers, WI, explained, 'I'd want everything located on one floor -- but that has more to do with my age than my vision'. This was echoed in others' preferences,

including Beverly from West Virginia, 'I prefer a condo, where there isn't a lot of outdoor work. It's getting to be kind of a chore'. Chris from Texas, who was considering relocating, explained, 'I want a pedestrian-friendly community and to live in a neighborhood where I can walk to shopping, so I can remain as independent as possible for as long as possible'.

Older adults may be less likely to move, as a result of vision loss, to a more 'livable' area than are younger individuals. Kate, a retiree from New York told us, 'I live in the same place as when I had my sight, so I know where things are'. Not moving may also maintain the desired social network that was rated very important to seniors. She added,

> I don't really want to move, because I know this neighborhood from when I could see. I know what's on the corner and when I turn left, and I have family and friends nearby, people know me...

Seniors mentioned 'having friends and family nearby' to a greater extent than did working age adults, as an important personal factor in whether they perceived their community as livable. They also mentioned other 'less obvious' features, like the need for cultural activities and fitness opportunities, as did the working age group. Catherine, an 88 year old woman, who has lived in many different places, but keeps returning to New York because she can live independently, said,

> I can go to the movies, and go to museums, and theaters (although I am limited where I can sit). I belong to a health club, and I've been going to the health club for 20 years. I know how to get there, where to get my groceries...

Another under-reported feature for older adults, that was important, especially considering earlier discussions regarding cost of living concerns and the 'later transition' issue, was employment. Richard, an older adult in Pennsylvania with a professional degree described it:

> It's also important to me to move somewhere where I'm likely to get good work. Although I am at an age where I could, if I chose, could not work, like anybody who wants to work or needs to work, I have to move where the jobs are. Being blind, it's hard to even get a hearing ...because I'm old and disabled...

Further research with larger samples may highlight these, and other differences, by age. We now turn our attention to the emic question.

How normalized is a life stage framework as an organizing schema?

While the social model of disability draws attention away from biomedical characteristics towards an emphasis on the environment, we felt it was important to also inquire about individual or personal factors that might shape one's experience or perception of whether one's community was livable. We asked about socio-demographic variables as well as about impairment (severity, age at onset), and it is here that we begin to see what appear to be surprising results, particularly in relation to life stage.

Given the attention paid in the literature to issues of both social support and social isolation, we found what we might have anticipated: that people rated 'having friends or family nearby' as the single most important personal factor in whether they perceive their community as livable. Interestingly, 'life stage' was roughly tied as the next most important factor (the comparison included: life stage, having friends or family nearby, living alone or on your own, severity of visual impairment, and age at onset of vision loss).

Most surprising, however, when we asked people what their second most important personal factor was, 'life stage' was the most frequently-cited option, cited by about one-quarter of the respondents. Given that our sample included a greater number of working age adults than other age groups, we might have anticipated measures of independence (i.e., 'living alone or on your own') to be ranked higher.

Equally surprisingly, gender was not a major factor. We would have hypothesized that women, more often than men, would have said that life stage was important: instead, men regardless of age, selected life stage as the second most important factor slightly more frequently than did women (30% compared to 20%, respectively). For both genders, the personal factor of greatest importance was overwhelmingly 'friends and family'.

Our hypothesis as to why life course appears so significant, has more to do with life course theory generally than anything specific to disability, let alone vision impairment. For example, we presumed that women (since they have limited reproductive years, and because they do the majority of caretaking for young and old) would be more aware than men of 'life stage', and therefore rate it as more relevant to their lives. Similarly, we presumed that as people age, 'life stage' would become more important to them.

There are several ways to interpret these data. First, it could be entirely true that many people who are B/VI in the USA utilize a life stage framework as an organizing schema around which they conceptualize their lives and make major life decisions. If so, it adds validity to a life course approach as appropriate and useful for understanding disabled people's experience (in so doing, the life stage framework also speaks to the larger question about the extent to which theory generally reflects the average experience of disability).

However, it is conceivable that the finding is a

by-product of our research. In other words, from what we have here, it is not possible to disentangle the separate threads of disability and life course: to what extent is life course showing up as important, because we are asking about disability? By asking about it, we may be highlighting the relationship in their minds. It may also represent sample bias in another way. That is, the people for whom making a residential move, or other livability concerns, were salient at the time of our study were the people who cared to respond to our study; they may be more attuned to life stage transitions, because they are currently going through them.

Life stage might be more important in yet another way: because people with disabilities are fighting for full inclusion, they are more aware or conscious of the way(s) in which they are excluded from mainstream categories and social roles. Those for whom the stereotype of remaining childlike and not graduating into different adult life stages comes more close to fitting are not likely to have been picked up by this study.

Conclusion

Life stage is important because the theory challenges stereotypes of people with disabilities as childlike, or 'stuck' in the child phase of life. Not only is it important to highlight facets of life that show people with disabilities in general, and people who are B/VI in particular, as full adults and as active seniors, but also such a perspective helps clarify the needs these individuals have at various age-related stages in life. It also helps us to examine environmental features central to people's lives in various stages, and to clarify the intersection between the environment and life stage. Life course theory can contribute to understanding the lived experience of disability, and highlights the community as the unit of analysis in that process.

Although the initial findings from this project indicate that individuals who are B/VI orient around a life stage approach, this may be somewhat anomalous. In general, people with disabilities may be missing major markers of life stage: specifically marriage, family, and gainful employment (markers of adulthood through retirement), and the role changes associated with them. Our data may have sample bias, as this set of respondents is more likely to be involved in these roles. Understanding which aspects of the environment enable or disable full cultural citizenship is crucial in lieu of the treatment of people with disabilities as dependent/children. A project such as this can begin to counter that stereotype with empirical questions regarding the life course.

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