Narrating intersections of gender and dwarfism in everyday spaces

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Dwarfs, midgets, even freaks, are among the terms that have been used to label little people. Feminist theorists have argued that discursive identities of women prevent any meaningful essentialised analysis of their experiences. Similarly, disability researchers have argued against generalising the experiences of disabled individuals. This paper explores the intersection of gender and dwarfism through the narratives of four women who are little people. Findings suggest that the ways women, who are little people, negotiate public spaces are affected by discourses of gender, disability and common conceptions of what is physically normal. Furthermore, these discourses have material implications in the everyday lives of these women. A brief historical overview of dwarfism is followed by narratives that describe experiences in public spaces, perceptions of height related to age and capability, gendered spaces and sexual stereotypes, uncomfortable spaces, violations of personal space and transportation. This paper provides a partial perspective on how discourses of dwarfism are manifest in social spaces and the built environment. Despite these significant commonalities that little people shared with other disabled people, there are socio-spatial experiences that appear to be unique to people with dwarfism.

Nains, les nains, monstres égaux, sont parmi les termes qui ont été utilisés pour étiqueter petits gens. Petits gens sont des individus qui pour les raisons génétiques ou hormonales grandissent à une hauteur de moins de huit pouces de quatre pieds. Les théoriciens féministes ont discuté ces identités discursives de femmes empêchent toute analyse de l’essentialized significative de leurs expériences. De la même façon, les chercheurs de l’invalidité ont discuté contre généraliser les expériences d’individus infirmes. Ce papier explore l’intersection de genre et nanisme à travers les narrations de quatre femmes qui sont de petits gens. Les conclusions suggèrent que les femmes de chemins qui sont de petits gens négocient les espaces publics sont affectés par discours de genre, invalidité, et conceptions communes de ce qui est physiquement normal. En outre, ces discours ont des implications matérielles dans les vies ordinaires de ces femmes.
Introduction

Feminist researchers have focused attention upon the discursive identities of women in a variety of contexts (Rose 1993, 1999; Valentine 1993; Pratt and Hanson 1994; Moss and Dyck 1996; Longhurst 1997; Blunt and Wills 2000). An important feature of this discussion is the idea that women cannot be essentialised. Feminist theory reminds us that to speak of ‘Woman’ or ‘Man’ in homogeneous terms does not, ultimately, make much sense. Rather, male and female identities and experiences, as Laws (1997) notes, are constructed by the intersection of identities of gender, race, age, class, sexual orientation and able-bodiedness. As Jones, Nast and Roberts (1997, xxviii) note, "In responding to the complex matrix of social relations within which women’s experiences are structured, feminists have been led to examine an ever increasing proliferation of identity positions within the category ‘woman’.

More recently, researchers have examined the intersection of gender and disability identities (Morris 1993; Gilbert 1997). There is an increasing amount of research that describes the socio-spatial experiences of particular women with particular ‘disabilities.’ (Wendell 1996; Chouinard 1999). As with earlier feminist studies that warned of essentialising ‘women’, recent studies have warned against the tendency to generalise the experiences of ‘disabled-women’. As Wendell (1996, 61) reminds us, ‘the term “People with Disabilities” masks all differences but disability. “Disabled women” does not mask gender differences, but does mask differences of race, class, sexual identity, age and difference of disabilities, among others’.

This paper examines the intersections of identities of ‘woman’ and ‘dwarf’. The dialectical relationship between structural and discursive definitions of both identities have material implications. Such implications include eligibility for social welfare, employment opportunities and the physical accessibility of goods and services. Moreover, space plays a fundamental role in creating and sustaining notions of disability and gender. As Dear et al. (1997, 474) observe, ‘Not only is physical space employed as a representation of the social distance placed between able and disabled, but in dialectical fashion it acts to reaffirm and reify the boundaries between them’.

Unlike other biomedical conditions, dwarfishism has only relatively recently been considered a disability. Other historical representations (such as dwarfs as performers or freaks) continue to affect the identity of dwarfishism as a disability. Moreover, dwarfishism often involves more bodily difference than physical limitation. For example, cultural norms, as expressed socially and materially in public spaces, can cause the lived experiences of able-bodied ‘dwarfs’ to be ones of disability. ‘The power of culture alone to construct a disability’, notes Wendell (1996, 44) ‘is revealed when we consider bodily differences—deviations from a society’s conception of a “normal” or acceptable body—that, although they cause little or no functional or physical difficulty for the person who has them, constitute major social disabilities’. In addition, dwarfishism confuses norms regarding adult maturity, capability, physical attractiveness and gender.

By focusing on the experiences of four women, all achondroplastic dwarfs, this paper addresses the particularity of their socio-spatial experiences as ‘dwarf-women’. Through a series of in-depth interviews, the narratives reveal a complex matrix of identities that are played out in their everyday lives. Furthermore, ‘dwarfs’ as discursively produced embodiments reveal and affect the characteristics of particular spaces, reinforcing the idea that bodies cannot be understood outside of places (Longhurst 1997). In this paper, I approach the identities of ‘dwarf’ and ‘woman’ in post-structural terms, acknowledging that there is no essential definition of either term and that each involves relations of power and knowledge (Foucault 1973). I apply a conceptualisation of social space as a product of social relations. In Lefebvre’s terms, ‘it is not a thing among other things, nor a product among other products: rather it subsumes things produced, and encompasses their interrelationships in their coexistence and simultaneity’ (Lefebvre 1991, 73).

First, I provide an abbreviated account of the series of representations that resulted in dwarfishism being viewed as a disability. Such an account reveals the discursive social spaces of ‘dwarfs’ and their relation to spaces for ‘normal’ people. I then provide a brief description of the contemporary medical identity of dwarfishism as a disability. Furthermore, I discuss the ways in which public spaces can be disabling for both able-bodied and
disabled women. Finally, through the narratives of four women, I examine the discursive and material implications of the intersection of gender identity and dwarfism in everyday spaces. The implications of the intersection of gender and dwarfism affect the quality of daily life of the women who were interviewed. Their references to the kind of attention they receive in public spaces, employment opportunities and social and physical mobility are discussed in terms of how dwarfism affects their experiences and identities as women.

Geographers such as Dear et al. (1997) write that the naming process of disabilities, an inherently social act, is a significant influence on the response to physical or mental disability. Peters (1999, 103) observes that 'worldwide, people with disabilities experience invasion of their disability identity through the practices of labeling and hegemonic language usage detrimental to their images'. As with any 'disability', the terminology used to define and describe dwarfism is a sensitive matter. Any term used carries culturally based references that can, in very immediate ways, affect the quality of life for 'disabled' individuals in ways both social and physical.

A variety of terms are used in reference to human and mythological dwarfs. Most common are 'dwarf' and 'midget'. While 'dwarf' is generally accepted in medical terminology, it is not the preferred term of the participants in this research. The women in these interviews agree that 'dwarf' emphasises and essentialises their short stature. Nor do they like to be referred to as 'midgets'. One participant told me that using 'midget' to refer to little people is similar to using the word 'nigger' in reference to people of African descent. She observes: 'Black folks don’t like the “n” word… (dwarf) would be similar to that, to a degree… it’s… used in a bad way'. The women agreed that 'little people' is rather a matter-of-fact term that neither limits nor stigmatises them. They feel that 'little' is an accurate description of their bodies and 'people' emphasises the characteristics they have in common with other adults of all heights. In respect for the preferences of the participants, I will henceforth refer to 'dwarfs' as 'little people'. Also, in reference to the distinctions between and implications of words such as 'handicapped' and 'disabled', I also take the cue from the participants. As little people experience physical conditions ranging from few functional challenges to considerable physical limitations, the participants of this study were comfortable with the use of 'disability' because it can refer to both physical and social conditions. It was noted by several women that a little person may embrace or reject the term 'disability' depending upon the circumstances. For example, one woman noted that parking spaces intended for 'disabled' people are sometimes used unnecessarily by able-bodied little people. She also noted that such accommodations can make a significant difference for little people who have difficulty walking.

**Historical Representations of Dwarfism**

As Thomson (1996, 1) observes, 'By its very presence, the exceptional body seems to compel explanation, inspire representation and incite regulation'. Among other 'disabilities' dwarfism, as a discursive identity, has a unique and ambiguous history with roots in mythology, the modification of anomalous bodies through enfrakment, and the pathologising of body differences. It is important to remember that the social history of little people is very incomplete. For example, the oldest records are of those little people who were kept by royalty and elite segments of societies. However, we know very little about the everyday lives of other little people not employed as servants or entertainers.

Among the earliest records of little people are those of ancient Egyptian and Greek culture. It appears that at least some little people were sub(servient members of royal entourages. Similarly, in early modern Europe, little people were kept as pets in palatial households and 'dressed fancily, fed well, smothered with indelicate kisses and passed from lap to lap in amusement or offered to a powerful patron as a gift' (Tuan 1998, 129). In European royal courts, little people were among the group of 'fools' who would entertain and advise rulers. By the late seventeenth century, little people who worked as 'dwarfs' and other 'fools' were less frequently supported by the courts. As a result many took to the stage to make a living (Tietze-Conrat 1957). By this time, the Enlightenment had become a dominant social force which sought to disenchant the world and, hence, any positive associations of little people with dwarf
gods or folkloric characters were discredited (Sloterdijk 1987).

The commodification of physical anomalies was in full force by the second half of the nineteenth century. In 1840, P. T. Barnum opened the American Museum in New York City. For the museum, he hired gypsies, fat boys, giants and 'dwarfs' (Bogdan 1988). In 1884, Ringling Brothers Barnum and Bailey Circus opened a lucrative touring sideshow that brought 'entertaining human oddities', including 'dwarfs' to customers outside of urban areas. Such exhibitions 'united and validated the disparate throng positioned as viewers' (Thomson 1996, 10). In a heterogeneous American society of the nineteenth century, a diverse population could be assured, at least in terms of height, that they were not freaks (Thomson 1996).

In addition to the entertainment industry of the nineteenth century, 'scientific' discourses were influential in representing little people to the average-height public. During the Victorian Era, as science became the dominant mode of explanation, the positive and mystical social constructions of dwarfism gave way to the medicalisation and diagnosis of physical difference (Moneymaker 1982). Thomson (1996, 3) describes the change in perception of anomalous bodies in modern Western society as 'wonder becomes error'.

In order for little people and others with anomalous bodies to be viewed as physical errors, some standard of 'normal' needed to be fixed. The application of statistics in the early nineteenth century contributed significantly to the conceptualisation of normal. For example, while statistics were used earlier in Europe in the promotion of state policy, Bisset Hawkins described medical statistics in 1829 as 'the application of numbers to illustrate the natural history of health and disease'. (cited in Davis 1997, 11). The French statistician Adolphe Quetelet (1796–1847) contributed greatly to the notion of statistical norm. Borrowing the 'law of error' from astronomy in which a star is located by determining the mean location of a series of sightings, Quetelet applied a similar statistical method to the distribution of human features such as height and weight. Davis (1997, 11) notes that 'with bourgeois hegemony comes scientific justification for moderation and middle-class ideology. The average man, the body of the man in the middle, becomes the exemplar of the middle way of life'.

As scientific discourse framed social perceptions of the 'normal' body, such discourses were also expressed in the built environment. One of the leading proponents of modernism, Le Corbusier, expressed the normal human body in a diagram he drew in 1925 called the Modular. He designed the Modular as a device which utilised the proportions of the (able) body to enable the architect to create the built spaces, as Le Corbusier argued, '...to tie buildings back to the scale of the human being'. (quoted in Imrie 1998, 137). The scale of the 'normal' human body was expressed in the Modular as a standing, muscular, strong male, six feet in height (Imrie 1998). Following the idea of 'form follows function', the standardised ideal body of the Modular gained widespread acceptance in the modern architectural movement. The legacy of such standardisation is evident in contemporary buildings where door knobs are usually placed at a particular and uniform height and doors produced at weights for people of average height to negotiate. Also, the distance between stairs and the standardisation of furniture size are, in many cases, designed for a body similar to Corbusier's ideal. Hence, little people, in addition to people who are exceptionally tall or exceptionally rotund, negotiate environments that are not scaled to their bodies. Therefore, people whose bodies do not conform to a narrow range of variation from the 'normal' body may find their size to be the basis of disability.

Dwarfism and Medical Discourse

In terms of modern Western medicine, a common contemporary definition of a 'dwarf' is a person who for genetic or hormonal reasons grows to a height of less than four feet eight inches. There are more than 200 types of dwarfism, one of which occurs in approximately 1 in 10,000 births regardless of 'race', 'ethnicity' or nationality (Ablon 1984). The discourse of the medical establishment is extremely influential in shaping attitudes towards dwarfism because it uncritically focuses upon biological difference as deformity and disablement. These definitions are part of the discourse of the medical establishment which explains dwarfism and other disabilities as medical conditions to be 'treated' (Butler and Bowlby 1997). Yet such a discourse is problematic when one considers conditions such as deafness and...
blindness which often are not medically ‘treated’. While medical approaches to dwarfism have traditionally assumed that dwarfism was untreatable, advances in medical technology have made possible treatments to increase the height of little people. For example, there are surgical procedures that can ‘treat’ the condition of ‘dwarf’ stature with the repeated breaking, extension and healing of leg bones. The people I interviewed during this research, all members of the organisation Little People of America (LPA), agreed that LPA openly discourages little people from undergoing such procedures. One of the main reasons, I was told, is that limb-lengthening surgeries reinforce the notion that there is something wrong with being a little person. As one woman I interviewed explained:

There’s a big controversy in our group about whether it should be done. When it first came out, it was something new. There wasn’t a lot of information about it until our group, LPA, [came out and said], “You’re short and you shouldn’t try to change it”. But some people felt if they could just get a couple more inches that their life would be a lot more manageable.

Challenging the medical model, feminist and disability theorists have opposed the practice of categorisation based upon biological difference such as gender or body difference. In addition to generalising the range of human variation, such categorisations become the foundation of social inequalities. Instead of focusing upon biological difference as the cause of disability, theorists argue that broad political and economic structures in society are in themselves obstacles for women and disabled individuals. In the case of women, patriarchy as a social structure has constrained the opportunities of women. For disabled persons, the ongoing challenges presented by the institutionalisation of physical ‘normality’ are evidenced, for example, in the practical inaccessibility of some university campuses (Chouinard 1999). However, this argument has been criticised for overlooking the embodied experience of particular individuals with particular disabilities. ‘Acknowledging the role of embodied experience of impairment plays in the lives of disabled people’, observe Butler and Bowlby (1997, 413), ‘does not necessarily mean the need to return to models based on the view that disability is caused by individual impairment’.

As Wendell (1997, 264) notes, ‘there is no definitive answer to the question: Who is physically disabled?’ Yet there are prevalent attitudes towards disability in general and also to particular disabilities. Compared to other disabilities, dwarfism remains one of the least accepted. For example, in a cross cultural comparison of acceptance hierarchies, Westbrook et al. (cited in Dear et al. 1997, 469) found that dwarfism ranked 15 on a scale of 20 where 20 was the least acceptable of listed physical and mental disabilities.

Whether or not little people consider themselves disabled, dwarfism is among the disabilities acknowledged under the Americans with Disabilities Act of 1990 (ADA). This designation has material benefits for little people in terms of access to public spaces. Ramps, lower ATM machines and convenient parking spaces are among the benefits that make activities in public spaces more accommodating. However, while little people often take advantage of accommodations for more commonly seen wheelchair bound people, sometimes such accommodations are problematic. Participants in the larger research project told me, for example, that the faucets on bathroom sinks designed for wheelchair users are often unreachable for little people. Moreover, the label ‘disabled’ can be disabling in itself. While little people take care of their families, pursue a wide range of occupations and go about the business of everyday life in ways that conform to notions of normality, reactions to them as handicapped or disabled are amplified by the added stigma of dwarfism being perceived historically as ‘freakish’. For example, Ablon (1988) found that although a teenaged little person may successfully negotiate the physical challenges of working at a fast food restaurant, he or she may be relegated to positions where they do not face the public. The implicit message is that their physical appearance is at odds with the image that the corporation is trying to project to the public.

**Women with Dwarfism: An Intersection of Discursive Identities**

Recent research has examined the ways in which gender identities intersect with other structures of inequality such as heterosexism and racism in shaping the socio-spatial environment (Valentine
Such intersections have revealed the particularity of experiences that cannot be explained simply in terms of one social characteristic or another. Similarly, researchers have found that the intersection of gender and disability identities reveals the ways in which the identities reinforce or are at odds with each other (Chouinard 1999; Dyck 1999; Valentine 1999).

As Morris (1993, 88) notes, ‘a key part of being a woman in our society is dependency and passivity, yet this, too, is a key part of the social experience of physical impairment’. Several of the women with whom I spoke noted that if they are seen having difficulty accomplishing a simple task because of their height, such a perception reinforces both traditional perceptions of women’s limitations and common attitudes towards physical disability. Also, the perception of little people as petite and childlike can reinforce demeaning ideals of femininity. These women also relayed experiences where they are viewed as personifying ‘cute’ and ‘girlish’ femininity even though some are well into their middle age and find such perceptions insulting. Furthermore, women may be perceived as occupying an inferior social position because of their biological ‘nature’ as both women and as little people (Butler and Bowlby 1997).

In order to understand the social constraints placed upon women, Longhurst (1997) notes that bodies cannot be understood without consideration of particular places. Wendell (1997, 266) notes that ‘in the split between public and private worlds, women (and children) have been relegated to the private, and so have the disabled, the sick and the old’. For disabled women, public spaces have been disabling spaces in terms of gender and also, as Imrie (1998, 129) notes, because they project ‘able-bodied values which legitimize oppressive and discriminatory practices against disabled people…’. Moreover, feminist researchers have revealed (able-bodied) women’s unease in and fear of public spaces. Women’s anxieties in public spaces are rooted in their constrained ability to assert a socially recognised undeniable right to occupy public spaces (Rose 1999). Such constraints appear to be compounded when women are disabled. For example, during one of the interviews, one woman shared a frightening story of when she was chased down a street by a group of teenagers with seemingly violent intentions. She told me that the vulnerability she felt both as a woman and as a little person varied depending upon the place:

I mean I’ve been chased by kids! You have to walk in our skin to realise the amount of grief we get. It maybe a little different in (name of city omitted)—it’s very diverse, so I don’t get as much attention. But if I am anywhere in the middle of the country I do get a lot more (harassment). In New York, Berkeley, San Francisco—you’re not going to get it as much.

These women told of surprised reactions to their activities in public spaces, a result, in part, of the conception that both women and the disabled belong in private spaces. In addition, because of the legacy of the enfreakment of little people in public consciousness, these women described situations in which their presence was met as an entertaining anomaly. Simply by her presence in public space, a woman who is a little person may be perceived as a socio-cultural artefact from the era of circus sideshows (Grosz 1995).

Conceptual Approach to the Interviews

In order to better understand the socio-spatial experiences of women who are little people, in-depth interviews were chosen as the best method for gathering information. Furthermore, given the complexity of identities of ‘woman’ and ‘dwarf’, my theoretical approach draws upon post-structural sensitivities to discourses of power and knowledge (Weedon 1999).

In addition to applying a post-structural analytical framework, I also draw upon the conceptualisation of social space forwarded by Henri Lefebvre (1991). Particularly useful is Lefebvre’s dialectic relation between representations of space and spaces of representation. The former are spaces conceived to impose a particular social order. They are spaces that are signified, occupied and utilised as a result of symbolic meaning (Chanan 1998). In contrast, but simultaneously, spaces of representation are spaces as they are directly lived. Unlike attempts at universality through representations of spaces, spaces of representation involve a less formal, more localised form of geographically contingent knowledge (Stewart 1995). The stories the women told me in the
interviews revealed a complex interplay between both types of spaces.

My interviews with these little women covered a broad range of topics. As there was (and still is) much for me to understand about dwarfism, I found that an in-depth and open-ended interview format provided detailed and nuanced information not available with other methods. While transcribing the interviews, I identified a number of prominent socio-spatial themes and organised the analysis around these themes. Each of the following themes addresses recurring references to these women's experiences and their feelings in a variety of public spaces. Also, I am aware that my positionality as a male of average height shapes my ability to understand what these women were saying. However, despite whatever limitations my positionality might impose, I am confident that the following narratives and analysis reveal socio-spatial aspects of gender and dwarfism not previously addressed in depth.

The women I interviewed were initially contacted through an Internet dwarfism listserver used by people affiliated with the organisation Little People of America. Because these women reside in cities across the United States, interviews were conducted by telephone, between the months of November 2000 and March 2001. These interviews are part of a larger research project that included face-to-face interviews, an Internet survey and several participant observations at gatherings of little people. The participants' names have been changed to protect their confidentiality.

Of the people I interviewed during the larger project, Jackie, Amy, Tess and Jen are similar in several ways. Each of them, in medical terms, is an achondroplastic dwarf. The most common type of dwarfism, achondroplasia is caused by a genetic mutation resulting in short limbs, a normally proportioned torso and a slightly larger head. Each woman is 'white', and lives in a major urban area in the United States. Jackie is four feet two inches tall, 27 years old, married and works as a teacher. Amy is four feet six inches tall, 39 years old, single and works for a firm as a production planner. Tess is four feet tall, 36 years old, single and works as an 'administrator'. Jen is four feet two inches tall, 49 years old, single and works as a 'senior resource analyst'. The following narratives are the result of the hour-long interviews I had with each of the women.

Discussion

Encounters in public places

Dimendberg (1998) notes that public spaces begin with the individual bodies that are already spatially positioned and marked by differences of gender, race and class. Little people are conspicuous—they can never 'pass' for being of average height. The ways in which disabled people are located socio-spatially happens through what Dear et al. (1997) term partitioning. For example, the ability to create and sustain differences spatially depends on conceptual and material boundaries. Furthermore, Dear et al. (1997, 457) write that 'anxiety is associated with those moments when the proximity of difference threatens a boundary transgression at any scale, and aversion to difference may generate boundary maintenance, that is, an act of keeping others “in their place”'. Spatial partitioning is thus both an outcome of and integral to the constitution of the social difference called dwarfism. Even today, hostile or curious responses to little people in public spaces may result from the perception of them not belonging in the spaces of everyday life of many other adults. As Thomson (1996) observes, the freak shows of the nineteenth century reassured the patrons that they weren't freaks. Some of the hostile reactions little people receive in public space may be related to such traditional social boundary maintenance.

As Butler and Bowlby (1997, 419) write, 'In public space people feel themselves particularly open to the gaze of others, to be to some degree “on display”'. These four women recalled the daily stares of people drawn to their unusual appearances. Such encounters often intensify their experiences in public spaces, though the attention is not always hostile. Amy conveys an experience when she is in public spaces, not alone, but as part of a group of little people:

I just have gotten pretty much positive feedback from people. I don't know, you just see a twinkle in their eye—like [they think] you're really cute 'cause you're little. And I've gotten other positive responses—like when we [little people] go out in a group for dinner or out in a group dancing…We used to go to games and stuff. People who saw us, I think we got good responses from. I do think they
think of us as kind of special in that way, in being cute or being special.

The women's narratives suggest that the intensity and range of meanings associated with dwarfism vary across space. This link between specific public spaces and specific constructions of difference is well established in the findings of researchers such as Pratt and Hanson (1994). For example, several of the women noted that the responses they receive in public are related to the socio-economic status or level of education of people. Their experiences suggest that responses to little people are different depending upon the average height people who occupy different public spaces. Jackie feels that people of higher levels of education, in general, have broader perspectives on diversity and that middle class or higher neighborhoods have more such people. The degree to which such perceptions are influenced by particular incidents that might have happened anywhere cannot be known. However, what is significant is that Jackie interprets her socio-spatial environment in these terms. Jackie explains her experiences in various sections of a major city:

Right now I live in (neighborhood A). (Neighborhood A) is an educated, very open area. They're open to anything. (Neighborhood B) is very open. (Neighborhood C) is pretty accepting. And when you go into areas like (neighborhood D)—I won't say they're not accepting—but they're not as respectful. It's more of the staring and the comments and things like that. I've also heard this thing—and I've also had some Hispanic people validate it for me—that for Hispanics and some black people being in contact with a little person is good luck. And, so, when you're in a Hispanic or black area you can get a lot of the "Oh [a little person], how cute!" and that other stuff which is quite frustrating after a while. And when you're walking down the street with your husband, your significant other, whatever it is—[you think], "Can't I just be part of the world and walk down the street like a married couple without comments?"...[Once] I was walking out of a McDonalds and somebody said, "Can I touch you?" And I was like, "Excuse me!"...it was a Hispanic lady and she was like, "for good luck". And I went to extend my hand, but she reached over my whole body and touched my left shoulder—and she was on my right side...and I was just like, "Go away!"

It is notable from Jackie's story that the mythical representations of little people are still active in some parts of society. Jackie describes how her presence as a customer in a restaurant is read by the Hispanic woman as a mystical event, temporarily transforming that space into a place of magic. Several other people I interviewed for this research spoke of the association between little people and mysticism, though they had not had experiences such as the one Jackie describes.

Jackie, Amy, Tess and Jen all enjoy the diversity of urban living. They feel that since "everybody's different" they are able to live without much unwanted attention. Their perception is similar to Sennett's observation that places like Greenwich Village are spaces of differences as well as spaces where difference and indifference coexist (Sennett 1994, 357). While these urbanites enjoy their relative anonymity, two other little people who were raised in small towns told me of the comfort of being known and accepted by the people in their hometowns. Challenging my associations of provincial attitudes with more culturally homogeneous rural areas, the familiarity and regular contact with the same people in such communities year after year can potentially dilute any sense of significant difference that might be attributed to little people.

The accounts of these four women indicate that it is difficult to generalise what responses can be expected from average height people of any particular age. Tess noted that, generally speaking, teenagers are relatively polite. However, parents with young children can cause awkward situations. Sometimes a well-meaning parent will draw their child’s attention to a little person by pointing and saying, “Look!” This overreaction by the parent may contribute to the child’s perception of little people and others with unusual bodies as odd. This sort of reaction influences the child’s socialisation regarding the appearances and behaviours of others. The socialisation of the meaning of differences teaches the lines of distinction that constitute the significant social systems of his or her culture (O’Brien 1999). In other words, the child learns that the difference exhibited by little people is meaningful and worthy of their attention, and, hence, begins the process of conceptual partitioning with its accompanying spatial expectations of boundary maintenance (Dear et al. 1997). On other occasions parents overreact by scolding children.
who have, usually out of curiosity more than hostility, expressed surprise at seeing a little person. Furthermore, the child’s early referents for little people often include fairy tales and films such as *The Wizard of Oz*. Hence, little people in public spaces may blur the boundaries between what is real and what is imaginary in a child’s mind. Unfortunately, the responses of young people to the sight of a little person are not always benign. The women each noted situations they had experienced when unsupervised groups of young people showed hostility and harassed them. Tess recounted being chased by a group of teenagers.

Bogdon (1988, 10) notes, ‘How we view people who are different has less to do with what they are physiologically than with who they are culturally’. The variety of responses to little people in these narratives suggests that representations of little people are both positively or negatively valued, but in ways that misrepresent them. Most important, while the range of probable responses to them is understood by these little people, particular responses in particular situations are unpredictable—thus increasing the stress of everyday life. In contemporary society, the norm emphasises similarity over difference of any kind. Hence, public spaces are, in many respects, a discourse between ‘a group for whom the ideal order is erected, and another which is for the unfitting, the uncontrollable, the incongruous and the ambivalent’ (Sarup 1996).

Perceptions of height, age and capability

In order for perceptions of difference to serve in the ordering of social interaction, people judge who belongs in which categories and in what spaces. As such, dwarfism is a social difference that can confuse interactions in public spaces. For example, Amy, Tess and Jen agree that many average size people associate age with stature. For mature adult little people this can be frustrating and insulting. Tess notes:

> [Little people] are perceived as childlike: they’re perceived as younger than they are. People call us “honey” and “darling” and “sweetie,” people who don’t know us. I’m almost fifty, I’m a little old for “honey” and “sweetie”.

While other disabled persons may be viewed as childlike because of their perceived dependency, dwarfism differs in that it is a condition that constrains adult growth at the point of preteenaged children of average height. Amy adds that because of the association between age and stature little people are often perceived as being less responsible. The perception of irresponsibility contributes to the difficulty that little people sometimes experience as professionals. Although little people can, as Jen notes, ‘get the education, be the doctors, be the lawyers’, their short stature, like physical characteristics of other disabled people, may challenge the public representations of space where those sorts of professionals practice. For example, in a hospital, the stature of the doctor may help to transmit an air of authority and expertise. Similarly, an attorney who is a little person may be perceived as less capable by a jury when presenting a case in court. Amy explains how the perception of capability based upon height can lead to job discrimination:

> Let’s say…two people are going for the same position in a company and it is based on skills. I think the little person knows in the back of their head that the average-sized person is more likely to get the job. Unless the little person has two degrees and has been with the company five times longer, unless they have all these extra things to back them up [they won’t get the job].

Jackie likewise describes a situation in which she was applying for a job:

> [Once] I was pretty much hired over the phone to do reception work. [The manager] said, “You need to come down, the person quit who had the job”. [Then when the manager] met me, the job changed, the money changed.

From Jackie’s story, it was not clear the extent to which personality or demeanor played a part in her rejection. Whether or not she was rejected because of her dwarfism, Jackie perceives that she was. It is also significant that her rejection was experienced after the manager viewed her—suggesting that her appearance may have been involved in the manager’s decision. Such a reading of Jackie’s appearance would reinforce findings in social research that managers, when choosing between job candidates with similar skills, select the person most similar to them in
cultural tastes and demeanor (O’Brien 1999). While these situations may be disadvantageous for little people, Amy perceives that experiences of discrimination based upon height actually create a pool of exceptionally capable little people. She notes that because little people, like other disabled individuals, cannot take their acceptance of prospects for success for granted, they are often high achievers:

I think [little people] are way better at their jobs because [they] have to try harder. You have to be better than the average guy to get in, to get people to recognise you as doing an OK job, that you’re competent, that you are capable, that your size has nothing to do with getting the job done.

Social characteristics (such as age and height) define the character of places and those places play a role in maintaining boundaries between social groups. Hence, an unusual intersection of height and age can lead to the appearance of being ‘out of place’. While age is associated with particular places and spaces, unmet expectations for height can disqualify or displace individuals who meet the age criteria, but not the norm for height (Pain et al. 2000). Because of the common expectations of adult height, little peoples’ encounters with children can cause confusion. Adult short stature can disorient the child in terms of determining the social roles of the adult little person because the child is used to ‘looking up’ to adults. Amy and Jackie describe two pleasant encounters with young children perplexed by their stature:

As I’ve gotten older, I’ve had some really nice experiences where kids will say, “Oh look at the little Mommy”. They know I’m older, but they know I’m short so they’re kind of trying to figure it out. [Once] I was in a fabric store with my friend who is shorter than me, and a little girl came up to me and asked if I was her [the friend’s] mommy. She was very nice about it. She was just curious and she was just asking a few questions. She did it in a nice, positive way. She just wanted to know. My friend is actually five years older than me.

Similar to Amy’s chance encounter with the little girl in a fabric store, Jackie reports a similar situation in a chance encounter with a young boy in an elevator:

He says, “Are you a grown up”? And I say, “Yes, I am”. And he’s still looking puzzled. I say, “Are you confused”? He says, “Uh huh”. I say, “Why is that? Is that because we’re the same size”? Then I said, “Everybody’s different”. and he says, “Oh, OK”.

In both of these seemingly ordinary settings, the children had difficulty ‘placing’ themselves in relation to adult little people. However, Jackie described a situation in which she formed a bond with young African-American children in her neighborhood. In this encounter, she appealed to her similarity with them in being perceived as ‘different’ at times. This helped them to ‘place’ her in terms of similarity, rather than difference, despite differences in height and “race”.

I’ve had kids come up to me and say, "Why are you short"? Sometimes I say, "Why are you black"? And I say, "I was born this way, you were born that way. You get problems because you’re black, I get problems because I’m short".

From their stories, these women report situations in which they are perceived as being out of place based upon their stature. While a variety of social characteristics such as age or even extremely tall stature can lead to similar dissonant or ambiguous socio-spatial situations, dwarfism challenges a fundamental manner of differentiation—that of identifying the age group to which a person belongs. In terms of gender, such age distinctions can obscure other expected or assumed gendered social roles such as motherhood.

Gendered spaces and sexual stereotypes

Amy, Tess and Jen suggest that extremely short stature affects men and women differently. Their observations are consistent with Gilbert (1997) who finds that gender intersects with other structures of inequality such as heterosexism, racism and ableism. They also agree that short-statured men have a more difficult time socially and attribute the difficulties to masculine stereotypes. Masculinity is often equated with leadership and physical power. As Jen notes, '[If a man] is tall, he seems stronger'. Tess adds:

From the time a [boy] is very young, he is told, “Oh, what a big boy”. [He] doesn’t want to be a little boy.
And all those size words are directly connoted with power and authority and maturity and grown-upness.

Tess’s comment reinforces the observation of Morris (1993), who finds that being a man and being disabled (a common perception of little people) are two incongruous roles. The women based their opinions on the experiences of men they knew through membership in LPA. While these are the observations of only a few female little people, the notion that it is more difficult for men was reinforced by an interview I conducted with a little man. In that interview, the man spoke of being left out of athletic activities as a boy and the challenges of being accepted as ‘one of the guys’ as a teenager.

Jen indicates that the difficulties that little men have are related to masculine forms of bonding and interaction through activities in gendered spaces. Jen notes, ‘Men seem to do more things with other guys rather than talk. Whereas women...can relate to other women and be more relationally connected’. Amy adds, ‘I think it’s way harder for guys to be shorter because they’ve got the macho-ego thing...the athletic part of it’. In contrast to the stereotypical athleticism and machismo as expressed by ‘normal’ male bodies, Morris (1993, 88) observes that there is a ‘partial congruity between the two roles of being a woman and being disabled, in that both are associated with weakness, passivity and dependency’. In one way, this partial congruity can compound the social disadvantages of being a woman and being disabled. In another, it is possible that a little woman could use her short stature to her advantage, especially in being able to exercise social influence in a way that appears to be unthreatening.

Further addressing gender difference, Tess comments on sexual stereotypes of little people. For example, while women of average height may receive occasional catcalls or sexual comments from anonymous men in public spaces, little women may get comments based on their stature. Tess explains:

[All] women get it, [but] I know a lot of other little women who get it. One of the things we get is, “Oh honey, you’re just the right size”—meaning the right size for a blowjob.

Insulting and exploitative sexual representations of little people are perpetuated by pornography intended for, in most cases, men of average height. Furthermore, such encounters as the one Tess describes suggest that dwarfism and sexuality may intersect in ways that can contribute to the experience of public space by women as somewhat hostile, constraining and even dangerous (Light and Smith 1998).

Uncomfortable spaces

Tess considers herself ‘a powerful person’. Hence, similar to people with other physical disabilities, her most uncomfortable places are those in which she appears most dependent upon others. She notes that ‘at the grocery store it is very hard to reach things—you have to get people to help you all the time’. Tess explains the social implications of everyday spatial practices that are inconvenient or difficult for little people:

If you’re seen having great difficulty doing some very easy task, then you’re going to be considered less than them, less than average size people. You know, if you’re seen having to climb up to a phone booth or whatever—that’s what a child does. So, even though they know you’re an adult, they still marginalise you like a child.

For Jen, some spaces may be uncomfortable on some days, but comfortable on others. Because of the added stress she experiences because of her conspicuousness in public spaces, some days she feels better able to cope with unexpected reactions than others. For her, it depends on her attitude more than the particular qualities of particular spaces. She explains:

I think it depends on the day, to tell you the truth. Sometimes I don’t want to go some place because it may be too crowded. [On that day] I don’t want to have to battle and have to get caught up with the staring. [On other days], if I’m ready for my eternal battle, it’s like, “OK, do I want to wait in the car until the kids pass by and are down the street, so that I don’t have to get out and risk being teased” or do I just say, “OK, deal with it”. I don’t avoid places every single time. I may avoid places on one circumstance but a week later I may go to that place.
Amy explained, with a laugh, that she avoids public swimming pools. She noted emphatically: ‘I definitely do not want to be out there in my swimsuit. I feel very uncomfortable’. The popularity of revealing swimwear causes Amy to feel especially vulnerable as a little woman. Not only is she shorter than most women, but a swimsuit reveals the ways in which her body is different from most women. Achondroplastic dwarfism causes Amy’s legs and arms to be proportionately shorter than those of most women. Jackie mentions crowded nightclubs as very uncomfortable ‘because people don’t see you’. She explains further:

You get bopped a lot. It really stinks because you want to go out and have a good time and you’re dodging elbows. Also, you have to watch out for cigarettes, they’re at your level.

Tess and Jen both expressed discomfort in spaces of entertainment such as movie theaters, rodeos or circuses in which they feel themselves to be part of the audience, yet they are identified with performers on the stage or screen. In this way, they may not possess the social status to clearly maintain the boundary between the audience and the performers, particularly if the performers include little people. The unwanted attention they may experience in such places demonstrates the fluidity, sometimes beyond their control, of their identities of little people. As Turner (1992, 47) writes, ‘There is a growing awareness that the body is fragmented and has many identities, and that the body is no longer secured or located in some fixed space’. Hence, little people might prefer their bodies to fix them in the normative space of an audience, but because of their appearance, they may inadvertently drift between ‘normal’ and entertainment spaces. As O’Brien (1999, 131) notes, ‘Positions of difference provide us with a script for who we’re supposed to be’. In the case of the ‘difference’ of little people, their prescribed script has historically been for a role of entertaining anomaly rather than ‘normal’ adult.

Other public spaces can cause discomfort due to feelings of ‘not fitting in’, especially in commercial spaces. Jackie, for example, mentions shopping malls as ‘disillusioning’. She notes that that consumer culture is body-oriented, idealising particular body types—especially female body types. Sennett (1994) observes that the emphasis on the body-beautiful and body maintenance helps to expand the market for commodities related to the enhancement of individual prestige through bodily display. Jackie notes that clothing stores, for example, can be problematic for her both physically and socially. Reaching items on shelves, writing a check at the cashier, or experiencing the violation of personal space while waiting in line can detract from the enjoyment of shopping. Furthermore, clothing stores, transmit the notion of normal adult height through the display of mannequins of idealised average height, clothing for particular bodies.

 Violations of personal space

Several of the women described situations in which their personal space has been violated. They believe that their short stature leads to diminished personal space in public places. For example, they say that average height people often stand too close and speak over a little person, violating his or her place in line. Tess recalls violations of her personal space in line at the grocery store or the movie theater:

People get very close to me the way they do a child. If you’ve ever seen an adult with a child, not necessarily their child, they don’t allow that [child] their personal space. [The adult] doesn’t care because [they think] the child doesn’t matter. They’ll do the same thing with little people. Whereas they would never get that close to an average-size person.

Another type of personal space violation bothers Jackie and her husband:

Another pet peeve, more so of my husband than me, is when people hold the door open and expect you to walk under their arm. It’s sort of like…disrespect.

What is especially notable from these statements is that in a variety of ways, the personal space allotted to little people by people of average height is different from what is considered normal for average height people.

 Getting around: transportation through public space

While some little people feel they are “able” bodied, others cope with painful and constraining
conditions related to particular forms of dwarfism. Hence, physical discomfort is also a factor in negotiating the spaces of everyday life. For example, one woman I spoke with has Kneist Syndrome, a form of dwarfism that makes walking for long periods of time uncomfortable due to joint and hip problems. Even if a little person is able-bodied, it takes longer for him or her to walk to a place than it does for a person of average height. For this reason, little people must give additional thought to the relationship between time and distance when traveling by foot. When using public transportation, little people face unique situations because of their short stature. Tess explains:

Public transit is difficult in some areas because, for instance, the [subway] ticket [dispenser] is difficult to reach for some people who are short stunted. You can apply and get a DP [disabled person] card and go through the gate, but [little] people want to be able to participate normally. On buses, sometimes the steps are hard for some people who are really short. And planes, I always try to get an [aisle] seat because I can’t climb over anybody. Putting your things in a bin above, you’ve got to get someone to get them down. I don’t carry on much stuff because I can’t stand that. And I just put [my luggage] underneath the seat in front of me.

Jackie describes the challenges faced by a little person on a train at rush hour:

Everybody’s packed in the train like sardines… and [nobody] sees you there. [Average-height] people could be leaning on the pole…there could be five people leaning on the pole and all you’re trying to do is hold on to the pole, and they’re using it as a leaning post. And you have to [be careful] because your hand is there and [if you aren’t watching], you could be touching [someone’s] butt.

Little people, like people of average height, often prefer to travel by car. Tess mentioned the freedom offered by their cars. As she put it, cars are ‘equalizers’. One’s height is not an issue when navigating through traffic on city streets or interstate highways. Furthermore, while little people are frequently dependent upon assistance from others, travel by car offers the short-statured driver an increased sense of independence. As Amy explains:

I think [cars are important] because you’re so depend-ent on people for everything. Like at the grocery store if you can’t reach something. When you need help at the movie theater because the person behind the popcorn stand can’t see you—you’re dependent on a lot of people. Dependent on people to fix your clothes because you can’t do it yourself. Dependent on the waiter to push in your chair or help you out of your chair. So I think, in that sense, with driving there’s independence. It’s something you can do on your own.

Hence, for many little people, short stature is not an insurmountable problem when operating an automobile. With a few inexpensive modifications such as pedal extensions and seat cushions, little people of most income levels can use and enjoy their cars for traveling easily and independently in public space. As Butler and Bowlby (1997, 419) note, ‘Public space in the Western city is a place in which we are co-present with strangers, in which we can observe behaviour, dress and comportment of these others without any intense social interaction with them’. Thus, according to Amy, travel by car offers little people the opportunity to experience public space with less scrutiny and less intensity due to responses to their appearance.

The Americans with disabilities act: mixed messages of accommodating spaces

While the women I interviewed discussed a variety of successful personal strategies for negotiating most situations in public spaces, they also spoke of the role that institutions can play in making public spaces more accommodating for people outside the ‘normal’ range of adult stature. These women agreed that the Americans with Disabilities Act of 1990 has increased the accessibility of public spaces for disabled persons, including little people. However, they expressed ambivalence about being labeled as disabled. As Jen observes: ‘We want everything to be accommodating, but with that accommodation [we] may be taking on the [identity] of disability’. Jackie thinks that the effect of ADA is more positive than negative, although she feels that there are abuses of the accommodations by able-bodied little people:
I think there are people who are very capable who milk the system, who take advantage of it in a way. In [the city] you have the handicapped bus fares and train fares. Now I know some little people—short statured people—who are just as capable as the average-size person, [the] typical, healthy average-size person. There's the devil's advocate: hey if you can save a buck, why not?

Although persons in wheelchairs are at approximately the same height as little people, some accommodations are not helpful for little people. For example, Jen describes how modifications for disabled persons in public restrooms can be problematic:

For example, when I go into a bathroom, they may have a handicapped stall, but the toilet is higher than normal! (laughs) And the sink may be further back [so] a wheelchair can get under the sink [but] I can't reach it because the knobs are so far back.

As Butler and Bowlby (1997, 411) note, 'Changing the physical environment is indeed essential to improved access to public space for disabled people but so also is changing the social environment, and in particular, changing social attitudes and behaviour towards disabled people'. Dialectically, changes in the physical environment may help to challenge dominant social constructions of dwarfism. Such increased access may contribute to a (re)construction of dwarfism that is more normative and less constraining.

**Summary and Implications**

The preceding narratives of four women with dwarfism suggest that their everyday lives are affected by intersecting discourses of gender and dwarfism. During the course of daily living they are confronted by the social and material implications of their extremely short stature. Furthermore, their experiences cannot be understood in terms of simply adding dwarfism to gender discourses. Rather, their experiences suggest that dwarfism transforms conventional gender identities and, conversely, that gender transforms general perceptions of dwarfism. As revealed in these women's stories, their reception in public space is influenced by the historical discourses of gender, disability, maturity and, specifically, by a confluence of contradictory historical discourses of dwarfism that cause their bodies often to be viewed negatively as cultural artifacts (Grosz 1995). Moreover, through their narratives, Jackie, Amy, Tess and Jen remind us that they are 'normal' for their genetic or hormonal make-ups. It is the dominant discourses of gender and disability and their expression in the built environment that are, at times, disabling for them.

This research refers to three analytic traditions that are common to geography and feminism: an examination of everyday life, an appreciation of the importance of context and a focus on difference (Hanson 1992, 570). It contributes to the effort towards accessing the particular experiences of disabled people, specifically of women. Furthermore, by drawing upon post-structural theory, we can better understand that intersecting discourses of gender and dwarfism are not merely conceptual, but that they have socio-spatial consequences that are a result of the social relations that produce social spaces. As a disability, dwarfism continues to be an under-researched area outside of a medical context. By drawing upon discursive notions of disability and the importance of identities in the production of social space, this article adds to the initial efforts of geographers to address dwarfism (Kruse 2001, 2002).

At the conclusion of this project I ask myself about the possible outcomes of this research. Certainly participating in research such as this carries certain risks of which disabled persons are aware. At the beginning of my interview with Jackie, she told me that her first response to being interviewed was, ‘Wait a minute’ which caused her to ask me about my motivations. Jackie explains:

> When it’s an average-size person pursuing something and we’ve never heard of them before, it’s like, ‘Who are you and what do you want?’ It’s like, ‘You’re invading our world and what will you turn it into’?

I am aware that the descriptions of experiences shared by the participants do not go unaltered in a project such as this. While I made every effort to be ‘true’ to the participants, there were certainly themes and considerations that I understood better than others. On more than one occasion, when I expressed surprise at a comment during an interview, the participants reminded me that I was of...
average height which limited my capacity to understand what they were saying. From their forthright and detailed accounts, their senses of humor despite the challenges of everyday life, and their patience with me, the women with whom I spoke appeared to understand that positive social change for little people is realised one conversation at a time with people of average height—and that the cumulative effect of such conversations may lead to attitudes and policies that enable little people to live more ‘ordinary’ everyday lives.

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