

**Navigating Income Assistance:
An Ethnography of PWD (Persons With Disabilities)
Applications**

by

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The author, whose name appears on the title page of this work, has obtained, for the research described in this work, either:

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Abstract

This participatory ethnography examines the experiences of four women and one of their male partners living in British Columbia who have navigated applications for Income Assistance for Persons with Disabilities (PWD). I was inspired to do this research after hearing of the complexities of PWD applications while working in social justice organizations. Research methods included co-created ethnographic conversations, participant observation, and document analysis. Influenced by partial, positioned feminist epistemologies and the research participants' analyses, findings are connected to literature from anthropology and critical disability studies. Research participants endured and critiqued the dominating neoliberal ideology of Income Assistance through skilled agentive negotiations of ableist bureaucratic processes; however, these experiences also impacted their sense of self and their relationships to their disabilities and other people in consequential ways. This thesis closes by discussing participants' suggestions for providing service not dominated by neoliberal ideology and that could be more effectively navigated by claimants.

Keywords: Income Assistance for Persons with Disabilities, PWD, participatory ethnography, bureaucracy, ableism.

Dedication

This thesis is dedicated to Julie, Tara, Erin, Poppy, and Nigel. Thank you for skill and courage.

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If possible, this thesis would have six authors. Erin, Tara, Poppy, Nigel and Julie who spoke with me for this project also thought with me and helped with the writing of this document in many ways.

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List of Acronyms

Term	Initial components of the term (examples are below)
BC	British Columbia
BCCPWD	BC Coalition of People with Disabilities
MSDSI	Ministry of Social Development and Social Innovation
PWD	Income assistance for Persons with Disabilities
PPMB	Income assistance for Persons with Persistent Multiple Barriers
SFU	Simon Fraser University

Chapter 1.

Introduction

In the introduction to her shared volume co-authored with Liisa Malkki, *Improvising Theory: Process and Temporality in Ethnographic Fieldwork*, Allaine Cerwonka writes that “a grasp of what we seek to understand is always mediated by the positionality of the inquirer, without which the information would be meaningless, uninterpreted, ‘uncooked’” (2007:26). My experiences working with people who experience disabilities and poverty have contributed the inspiration for this project and have shaped its design and activities.

Between 2007 and 2012 I witnessed the impacts of economic insecurity while working for a non-profit in Downtown East Side Vancouver. Most of the people who accessed services there were receiving income assistance. Getting by on income assistance amounts, volunteer stipends and extra earnings was hard work. Access to increased supports was therefore highly sought after. The income assistance categories “Persons With Disabilities” (PWD) and “Persons with Persistent Multiple Barriers” (PPMB) include more monetary assistance per month and at least a 2-year term before eligibility is reviewed. The increased income and security that PWD and PPMB assistance provided made the successful negotiation of the applications a cause for celebration. However, people's experiences of relief at successful re-designation were often contradicted by the persistent sense of personal vulnerability and poverty that endured even after successful applications. Unsuccessful applications brought disappointment, fear of continued scarcity and fatigue at the thought of another harrowing application experience in the future. Hearing peoples' stories of navigating these applications: the Ministry appointments, rejections, doctor's letters, waiting, fears of rejection, and sometimes celebration, inspired my interest in this area of research.

My experiences working in social justice organizations and with people with disabilities revealed that the people who experience bureaucratic power have valuable perspectives on how this power operates. This project also seeks to highlight people's skilled navigations of the difficulties of receiving assistance. The experiences of the people I spoke with for this project highlight that hard work and skill are required in order to gain support. That support however is inadequate, and so material scarcity and the precarity of living with little persists even after people navigate these bureaucratic processes. In speaking with people for this project I am reminded of my reasons for working in social justice organizations to begin with, people in need of assistance must endure much in order to receive it, however that endurance is not a passive process but one of skill, agency, and ability. But why is it that gaining assistance requires navigating these barriers? In the chapters that follow I map out the various and intersecting forces that form these barriers to gaining assistance.

Ethnographic Methodology

Ethnographic research has the potential to produce deep, contextually situated knowledge about social life through varied and ever-expanding methods (Mason 2002:55). This knowledge, produced through a co-creative process between researcher and participants (White & Strohm 2014) is made explicit in participatory projects as people are directly consulted about the social worlds under study and the ideas that are generated. Participatory ethnographic methods also have particular political and epistemological potential in research with people who experience disabilities and other barriers. Lykes and Hershberg (2007) note the potential for participatory methodologies to mitigate power imbalances in research relationships. These authors also note that shared knowledge generation respects the analytic capacities of research populations. In *Nothing About us Without Us*, Charlton (1998) details how people with disabilities have been excluded from controlling their own lives and from socially valued roles in communities. To explicate Charlton's point, Poppy, who participated in this research, described how she might have been able to continue working if she could set her hours around her pain, or complete some work from home. Thus the structure of her workplace contributed to her need for PWD, removing her from a valuable job and adequate funds

to support herself. Participatory ethnographic methods allow this project to generate knowledge on PWD and PPMB designations from the particularities of research participants' lived experiences (Cushing 2008, Klotz 2004). These experiences can then confront the political and fiscal considerations that are centered in Ministry literature and service provision.

Hoag notes the similarities between the workings of bureaucracy and scientific objectivism, as both employ "a gaze from nowhere and everywhere at once" (2011:82). This work is informed by critical feminist theories on the constructed nature of social life and partial, positioned epistemological perspectives (Haraway 1988, Harding 1998, Harding & Norberg 2005). This theoretical position informs my choice to engage in participatory ethnographic research for its potential to generate knowledge on specific, lived experiences of individuals while respecting the contributions of these participants. Researching individual experiences, stories and perspectives through ethnographic methodology has contributed to knowledge about broader social phenomena (Culhane 2003, Robertson & Culhane 2005, Todeschi 2001, Wendell 1996). Further, ethnographic and feminist research that focuses on individual experience has provided knowledge on particular, situated realms and has contributed to broader conceptions and mobilizations of the idea of disability (Frank 2000, Klotz 2001, Ingstad & Whyte 1995). Qualitative research also connects disability to gender and race scholarship and other marginalized subject identities (Dossa 2009, Frank 2000, Murphy 1995, Wendell 1996). Silver writes that attention to the experiences of the 'client' or individual receiving service contributes information on the navigation of power relationships and on the system as a whole (Silver 2010).

My main approach to understanding disability in this thesis is through a social constructivist lens (Murphy 1995, Wendell 1996). This locates disability in the relationship between an individual's particular capacities and the structuring of the environment they live in. Disability is therefore not an individualized deficit or deviation from a norm but an encounter between their particular self and the environment. By envisioning each person's abilities as different than any other's social constructivism eliminates the dichotomy of "normal" ability and disability. However this dichotomy persists in the language we use to discuss disability. Dis(not)able contains a comparison to a monolithic understanding of "able." Other terms, "differently abled" for example,

attempt to avoid reinforcing this dichotomy by noting that all people have abilities. However this also differentiates people from a norm – they are the ones who are different, as opposed to everyone being different from one another (Brown 2013, Wendell 1989). Person first language: “people with disabilities”, proposes to foreground the personhood of individuals it describes. However, Tanya Titchkosky (2001) has written that person first language locates disability with the individual, returning to an understanding of disability as a medicalized, individual deficiency instead of a social construction. The adjective “disabled” risks labelling people, which person first language tries to avoid, but it does place the disabling factor outside the person (Titchkosky 2001). Advocates and academics who align experiences of disability with social justice movements conceive of disability as an identity, connecting it to the social, cultural, and political processes that work to disable (Campbell 2012, Titchkosky 2001, Titchkosky 2012, Wendell 1989). Speaking about disability as an *element* of someone’s identity (however not the entirety of their identity) allows us to recognize the various ways that cultural and political processes discriminate against people with disabilities. I do not propose to solve the debates around language but recognize that I am using terminology that is contested, imperfect, and risks othering people who experience disability. However not using the imperfect language available to me diminishes the experiences of the people who participated in this project by ignoring their desire to discuss their experiences of disability. The research participants describe their own experiences using the term disability and worked hard to have those identities recognized by the province through the PWD application. The language I use is based in their own descriptions of themselves.

However social constructivist understandings of disability have not paid adequate attention to the body and particular embodiments of disability (Povinelli 2011:106). Titchkosky and Michalko (2012) argue that to de-problematize disability more attention must be paid to the experiences of people with disabilities. Throughout this research the people I spoke with talked in detail about their disabilities and how their experiences were impacted by these details. Much of the work in this thesis pays serious attention to these stories and how people made sense of their experiences in light of their disabilities. However, this also results in me, as an able-bodied researcher, spending time discussing other people’s subjective experiences of limitation, pain and

discrimination. I do not want to create a narrow view of the people in this project but I also do not want to minimize the difficulties that people went through – not as a result of their having disabilities – but because of interactions between the *details* of their disabilities and the systems and institutions they encounter. One example of these interactions is found in Jay's & Fitzgerald's (2012) examination of the embodiment of occupational overuse syndrome within the workplace. This particular syndrome separates the employee from the routines and productivity of the workplace. The women's experiences in this project demonstrate that particular embodiments of disability inform encounters in bureaucratic contexts as well.

Ethnographic research with individuals clearly lends insight into areas of life where power and subjectivity are central concerns. In this project I focus the ethnographic lens on bureaucratic encounters with the Ministry of Social Development and Social Innovation. Incorporating participatory methods, I have centralized the research participants analyses in the project. Focusing on the details of participants' experiences and their authority to make meaning from these experiences harnesses the power of participatory ethnographic research to counter the ideal of a unified and dislocated vision of knowledge.

Detailed Research Procedures

Ethnography builds knowledge through a co-constructive process between researcher and participant. Cerwonka and Malkki (2007) write about the improvisational relationship between methods and the field. Having an array of possible methods to draw on allows ethnographers to best respond to research demands when they emerge, adapting the research to the field. In this way ethnographic methodology is theory, as one builds knowledge by responding to interactions, relationships, and events while the research is occurring. This perspective emerged in this research in many ways. For example, I had assumed that community centres would provide relevant opportunities for participant observation but they were not important to the people I eventually spoke with. Through conversations with research participants other locations like food banks and doctor's offices emerged as more relevant to their application experiences. Focussing on

places that the people I spoke with identified as important is an example of how this co-constructed ethnographic research involved participatory research methodology. While community centres offering assistance with forms and appointments may have been incorporated into others' experiences of applying, I chose to centre my research activities on the specific experiences of the people I spoke with. I could then discuss my observations from these locations with participants and we could analyse them explicitly. I brought my observations back to participants to build analyses together and worked with them closely in parsing the transcriptions from our conversations. This process of shared analysis and input on the direction of the research embodies participatory methodology, which builds knowledge from the analyses of people with lived experience with the research topic.

At times this process of shared input on research activities and analyses revealed my privileges as an "able" researcher. For example I would often ask people if they wanted to join me on my outings for participant observation or to community meetings. When I suggested this to Erin she became visibly anxious and explained that the prospect of the social anxiety those activities might produce was enough to make her anxious at the mention of them. I did not consider the restrictions on people's mobility that anxiety can produce, even after having spoken with Erin about how inventive she must get to avoid crowds when taking public transit. These interactions demonstrate how my positionality as an "able" person contributed to both my suggestions for the direction that the research might take and my understanding of what was possible for Erin to participate in.

Operating with an understanding of ethnographic knowledge as a co-construction between researcher and participant, recruiting participants was a vital component of this project. I initially planned to advertise this project to potential participants in two ways: by posting flyers in community agencies providing support to income assistance recipients and people with disabilities; and secondly through the Facebook page for the BC Coalition of People with Disabilities (BCCPWD)¹. I heard from 6 people via email who were interested in participating or requested more information. Ultimately I met with four

¹ The BC Coalition of People With Disabilities advocates for individuals navigating government and other social supports. They have since changed their name to Disability Alliance.

women who had applied for PPMB and PWD: Tara, Erin, Poppy, and Julie and Poppy's partner Nigel, who assisted with her application.

I met with Erin and Tara in Early November 2013 and connected with Julie, Poppy, and Nigel in January 2014. I initially met with each participant for between 1 and 2.5 hours. I explained my interest in the topic and my past experiences hearing stories about PWD applications. We had unstructured discussions and so the conversations connected at times to experiences with housing, employment, Employment Insurance, doctors, friends, family, strangers, mobility, politics, and more. After these initial meetings I visited some of the organizations and offices the participants discussed, read through Ministry publications and policies, and attended poverty and disability related meetings and consultations. All the people I met with for this project learned of my research from the BCCPWD Facebook post. Participants also mentioned the Coalition's publications and advocates among their supports. However no one I spoke with accessed the other agencies I had advertised through and so I did not conduct any research activities there. I conducted participant observation at places that participants singled out: Ministry offices in New Westminster, Surrey, Vancouver, and on Vancouver Island; food banks in Surrey, Langley, and on Vancouver Island; and Work BC offices.

After transcribing our initial conversations I set up meetings with Erin, Tara and Poppy to discuss their transcripts, clarify anything that may have been unclear and get their input on the research up to that point. Julie reviewed the transcript of our conversation by email. News articles, media releases from the Ministry, and information from advocacy groups were incorporated into the research as well. I attended meetings of Vancouver-based anti-poverty groups, visited advocacy offices, websites and read publications. I searched news articles on income assistance and press releases from the Ministry of Social Development and Social Innovation. Information from these sources is incorporated throughout to illustrate or elaborate on the information from conversations with participants.

I did not seek to gain a representative sample of people who apply for PWD in my recruitment strategies as the epistemological strengths of a partial, positioned perspective lie not in generalizability but in specificity. As a result this project is focused on the experiences of the women and man I spoke with. This thesis does not explore

how people who are racialized, aboriginal, or who were not born in Canada experience PWD applications. Dossa (2009:45) suggests that the ethnocentric nature of service provision in Canada excludes racialized or immigrant people from accessing services. My recruitment strategy contributed to these exclusions by recruiting through service agencies. The time I could dedicate to the project was also limited by my own desire to complete my Master's program, and my need to earn the funds for the project.

In addition to the limits created by the exclusionary structure of service provision and my own limited capacity, the eligibility restrictions for PWD assistance also created limitations. Income Assistance is only available to people who can demonstrate that they are authorized by the Federal Government to be in Canada (<http://www.eia.gov.bc.ca/publicat/VOL1/Part3/3-3.htm#17>). Therefore people who are living in British Columbia without this recognition can not apply for Income Assistance. The experiences of people with disabilities living on reserves in BC are also not explored in this thesis. Aboriginal people living on a reserve apply for assistance through the First Nations Social Development Society. Income Assistance for people with disabilities living on reserve is still called PWD but is administered through Aboriginal Affairs and Northern Development Canada, a branch of the Federal Government (BC Coalition of People With Disabilities 2014).

On Income Assistance

While this research project was designed to examine the experiences of people who have applied for PWD and PPMB. Only one woman I spoke with had received PPMB assistance before she was approved for PWD. However we did not focus on her experiences with PPMB as much as her experiences with PWD. I discuss all three assistance categories in this section to give context on the categories of assistance that are created for people in financial need, however this document focuses on the participants' experiences the processes surrounding applications for PWD and their interactions with the Ministry in this context.

At the same time I was becoming interested in PWD application journeys, income assistance was experiencing significant changes. The global recession that began in 2008 resulted in increased labour and income insecurity and galvanized conversations on fiscal conservation at all levels including in government service provision. In British Columbia these broader conversations informed a restructuring of income assistance provision and employment supports. The Canada-British Columbia Labour Market Agreement provided federal funding to the BC provincial government to provide assistance “to benefit any or all of (a) unemployed individuals who are determined to be non-Employment Insurance clients, including (...) social assistance recipients (...); persons with disabilities.” (http://www.esdc.gc.ca/eng/jobs/training_agreements/lma/bc_agreement.shtml#vop).

Income assistance is managed provincially by the Ministry of Social Development and Social Innovation² (MSDSI or the Ministry). Assistance is disbursed differently according to how the individual receiving assistance is designated. There are three separate designations: Regular Assistance, Assistance for Persons with Persistent Multiple Barriers (PPMB) and assistance for Persons With Disabilities (PWD). PPMB and PWD offer more financial support per month and earnings exemptions – if the individual receiving assistance earns money (up to a maximum of \$500 for individuals receiving PPMB, and up to \$800 for individuals receiving PWD each month) – they will not have their income assistance amounts reduced. PPMB recipients do not have to look for work while they are receiving PPMB assistance but do have Employment Plans that detail the activities the individual must undertake to increase their ‘employability’. PWD recipients have access to employment supports and training but unlike PPMB, once a PWD designation has been granted financial assistance is not dependent on their participation in employability activities.

² Formerly called the Ministry of Housing and Social Development, which in turn was formerly called the Ministry of Employment and Income Assistance

Table 1 Assistance Categories and Amounts

Assistance Designation	Notes on Eligibility	Designation Time Limit	Support amount	Shelter allowance	Total monthly amount	Earnings Exemption
Regular Assistance	Resident of BC No outstanding warrants Social Insurance Number Financial need	As of 2012 there is no official time limit on regular assistance. Eligibility may be reviewed annually	\$235	\$375	\$610	\$200
Persons with Persistent Multiple Barriers (PPMB)	Must have received regular assistance for 12 of the prior 15 months	Eligibility is re-assessed after 2 years without a guarantee of approval	\$282.92	\$375	\$657.92	\$500
Persons With Disabilities (PWD)		Indefinite	\$531.92	\$375	\$906.92	\$800

Table 1: This table represents the demographics of the participants in this project. The amounts change when people receiving assistance are classified within a 'household'³.
 (<http://www.sdsi.gov.bc.ca/mhr/ia.htm>; <http://www.sdsi.gov.bc.ca/mhr/da.htm>)

Table 1 shows the difference in assistance amounts across designations. PPMB and PWD designations include more money per month than regular assistance. The direct financial support for PWD recipients is higher than PPMB or Regular Assistance clients. PWD status also provides more ancillary benefits and price reductions than PPMB and does not have a well defined time limit. PPMB is viewed by the Ministry as a temporary designation that offers individuals more supports while they address their

³ Individuals within a household are presumed to share living expenses and so are given less per person for both the support amount and the housing amount than individuals.

barriers to employment, the individual is presumed capable of becoming employed and hence of no longer needing financial assistance. PWD is the main financial support for all British Columbians who experience disabilities the Ministry deems severe enough to preclude them from participating in the labour market (and have less than \$5000 in assets). As the majority of my research was on experiences with the PWD designation I will now focus on the details of accessing that service.

Applying for income assistance of all kinds involves first completing and submitting an initial online assessment, within the assessment there is a checkbox that indicates the applicant wants to apply for PWD designation. An Employment Assistance Worker from the Ministry will then contact the applicant to set up an appointment in one of the Ministry offices. The applicant is given a paper application form⁴ and given two months to complete it in its entirety and submit it to the Ministry by mail. The application has three main sections: section one is to be completed by the applicant and is listed as optional; section two is to be completed by the applicant's medical doctor; section three is to be completed by an assessor⁵. Sections two and three are not optional. Once the application is submitted it is evaluated by the Health Assistance Branch of the Ministry who then informs the applicant by mail whether their application has been approved or rejected.

The stages outlined above represent an idealized and emotionally sanitized understanding of the PWD application. They are detailed here for reference and to understand the Ministry's handling of applications after they are submitted.⁶ Project participants described in detail the delays, confusions and obfuscations they experienced that counteract this vision of the process. Ministry publications, procedures and infrastructure also display underlying and outright influences that effect the delivery of services.

⁴ The individuals I spoke to were given paper forms however the application process is increasingly moving online.

⁵ An assessor is a health professional that belongs to a one of a pre-determined list of professions. The applicant's medical doctor can also act as an assessor and fill out section three.

⁶ Or the Ministry's advertised handling of this information. This project deals with PWD applicants experiences of the application and not the Ministry employees.

For example, in a pamphlet from the Ministry of Social Development and Social Innovation titled “Your Responsibilities and Rights” (Ministry of Social Development and Social Innovation 2013) applying for income assistance is briefly outlined alongside point form lists of applicants’ responsibilities and rights (in that order). The pamphlet focuses more on the employment supports that are managed by the Ministry than the financial support provided by income assistance. The introductory preamble to this document outlines the flexibility and range of the province’s employment support services and the goal of self sufficiency through employment as the motivating principle of its service provision, “Personal responsibility and active participation are the key principles of BC Employment and Assistance” (Ministry of Social Development and Social Innovation 2013). Reflected in this language is the expectation and desire for income assistance recipients to cease receiving assistance and begin (again) to care for themselves by participating in the labour market. The confidence in employment as a solution to financial need resonates throughout the Ministry’s literature, practices and policies including their most recent re-branding, which now characterizes the financial support offered to British Columbians deemed eligible as Employment and Assistance as opposed to the past characterization of income assistance. The centrality of the individual as the solution to their own need through finding gainful employment reflects both neo-liberal assertions that the market can provide for all social needs (Adams 2013, Povinelli 2011) and the intrusion of this market logic into government service provision (Adams 2013). After lauding the Ministry’s employment services and reinforcing the expectation that individuals will prioritize employment the pamphlet reads, “assistance is also available to those in need who are not expected to gain independence through employment” (Ministry of Social Development and Social Innovation 2013). Assistance outside of the guiding force of the labour market is addressed at the end of the preamble, as an ‘also’.

The responsibilities of the government are also briefly addressed in this document, it explains they are responsible for protecting government money, “(t)he Government of British Columbia is responsible for ensuring that assistance is provided only to people who are eligible” (Ministry of Social Development and Social Innovation 2013). The prose then devolves back into asserting the role of the individual in this process. The Ministry’s role is depicted as a trampoline meant to bounce people back

into the labour market through employment-oriented supports and programming. The small nod to people who are not expected to look for work or support themselves only through employment includes people receiving income assistance for People with Disabilities as well as many on Regular Assistance and designated as PPMB. In *Living on Welfare in BC* Seth Klein and Jane Pulkingham (2008) describe the experiences of individuals living on Regular Assistance who were designated “Expected to Work” or ETW. One of the conclusions of this study was that many of these individuals could not find or keep employment (even with the Ministry supports), or had significant health problems that precluded them from employment, or had other disabling factors. Many of the individuals from this same study had been rejected from either PPMB or PWD designations, sometimes multiple times suggesting that the ‘also’ applies to more people than those who receive PWD assistance (Klein & Pulkingham 2008).

The list of rights of the individual applying for income assistance also echoes the Ministry’s priorities. The list is circumscribed by the notions of eligibility and information. One such right reads, “To be informed of your responsibilities to apply for and receive other sources of assistance,” (Ministry of Social Development and Social Innovation 2013) suggesting that individuals will be given information on how to find support elsewhere but that they are also ‘responsible’ for doing so. The phrasing of this list of rights highlights the uneven power relationship people needing assistance enter into with the state. When the Ministry is setting the eligibility criteria and determining who is eligible the idea of applicant rights become very narrowly defined. Project participants were aware of the Ministry’s underlying ideas about providing and withholding income assistance. They were apparent in the low assistance amounts and the high workloads needed in order to access them and in the details of Ministry service provision. In the following chapters I discuss participants’ narratives of their experiences, the sense they make of them, and their activities and ingenuities in navigating and enduring the rigors of receiving assistance.

Participant Profiles

All the project participants were given the choice to keep their identities confidential in whole or in part. Each participant chose the names I use for them in this thesis. Other identifying information has been obscured as well. Participants were given

the opportunity to read the thesis and identify which information they wanted augmented to best protect their identities. The profiles that follow attempt to depict the uniqueness of the people I spoke with and provide some contextual information without compromising their confidentiality.

Julie

I met Julie at a fast food restaurant in her smallish community on Vancouver Island. The restaurant was loud with kids, the beeping of food service machines, and the whirr of the nearby hand dryers in the bathrooms. Julie – a petite middle aged woman wearing a rain jacket with soft, short, brown hair and a round, open face – was already sitting in a booth near the window when I arrived early. We said how nice it was to meet one another, I set up my recorder and explained that I was interested in whatever she may want to tell me about her PWD application experience, it was an open project so I was interested to hear whatever she felt would be relevant. Julie then asked what kind of information I was looking for. Sensing that I hadn't given her enough information I talked more about why I wanted to study PWD, and how I came to the topic after working in social services and hearing how hard people worked to complete these applications. She expressed empathy for the stories I had heard, the process was long and frustrating for her as well. Julie had waited 17 weeks from submitting her application to receiving word that it had been approved. In her emails to me she cited this as a motivating factor for speaking with me about PWD. In the following excerpt from the transcript of our first conversation Julie notes that the literature online estimated 12 weeks of waiting:

Julie: And um so I understand probably what you were hearing as well. Frustrations mostly. That would be my issue would be the frustration... um and the long wait. Um they tell you it was up to 12 weeks, probably was the longest point that they said you would wait. I waited over 17 weeks.

Katie: Wow.

Julie: I mean I never wanted to go this route to start with, I had no other recourse. I couldn't find work and when I was working I was taking pain medications to the point where now that I'm not on any I realize how bad I was just to get through. So I understand what those people's frustrations were and especially having to go through the process.

When reviewing this document Julie emphasized again that she never planned on applying for income assistance, that it wasn't a desirable option for her. Julie has a child and grandchild. She mentioned her experience as a single mother as a primer in the determination and patience needed to navigate the various assistance bureaucracies she has encountered. Julie had knowledge of organizations that provided assistance for people with disabilities and had briefly received income assistance in the past and so was skilled at navigating income assistance and other local services. Listening to Julie, these experiences surfaced at times as weary and saddened concerns for her daughter and other young people in the community and also as wry and insightful critiques of the social and institutional traps poor people inhabit. Toward the end of our conversation we discussed ethnographic versus "hard" science research. Julie's background was in the later and she told of her experiences exploring chemical reactions and figuring out common formulas. She also related following various social causes online, connecting campaigns against social injustice to environmental movements, and seeing potential in initiatives that link the two, citing Idle No More as an example.

Tara

Both times we met, Tara spoke with great passion about her encounters with personal injustice and institutional indifference. In our emails she described her self as "a self proclaimed advocate" and when we spoke she demonstrated a skill for articulately identifying examples of contradictions between the Ministry's aims and practices.

Tara explained that her disabling conditions include severe Crohn's colitis, arthritis, fibromyalgia, depression and anxiety. When she was in her late teens Tara had worked at what she called her "first really good job" before increasing absences due to illness were used by her employer as cause for dismissal. Since that time she had brief jobs and volunteer positions, relied on friends, diminished her living expenses as much as possible and received a small amount of support (amidst much criticism) from her family. She had also received regular income assistance, and PPMB assistance before being re-designated for PWD.

Tara wears her hair short, dresses in black and neon clothing, and wears a star medallion around her neck. The last time we met, her mailbox in her apartment building

had been vandalized. She had been sent a letter with her medical marijuana supplier's return address mistakenly printed on it, and other tenants were breaking in to try and steal her medicine. Tara described this as her latest fight, trying to keep a medical therapy that had brought her pain relief and eased her insomnia even while keeping her out of affordable housing programs and inspiring threats from her slum lords. This is the latest in a series of storms that Tara has weathered for herself and for others. Throughout our meetings Tara emphasized the importance of following the rules and knowing her rights particularly when powerful institutions break or bend their own rules at the expense of the rights of individuals. Tara repeatedly told me she was raised to contribute, not to freeload and often levied this insult against herself when describing how her chronic health problems precluded her from working, volunteering (in any official capacity), going to university, or sometimes simply leaving the house. However, Tara also described being very active in organized social movements and in her relationships, helping friends clean their places or access support.

Erin

Erin was the first person I met for this project and she was very forgiving of my novice skill set. When I reassured her that she could refuse to answer any questions I asked, she responded that she wanted to make sure I had everything I needed. Erin described her disabilities in this way,

Erin: So the first thing is, when I was 17 I was diagnosed with depression and social anxiety disorder, those are my disabilities. Um, later on it was changed to bi-polar 1 disorder and anxiety disorder not otherwise specified.

She worked most recently as building manager at the apartment building where she shared a suite with her mother. She returned to this job with accommodations after gaining PWD assistance and still worked there upon our last meeting. Erin grew up in Burnaby explaining that as a kid she would frequent the community centre where we met, recounting a story about sneaking into an event in the ground level where we ended our conversation.

Erin is very articulate and well spoken, a skill she explained was hard won by treating her severe social anxiety. She has a wide smile and laughs easily even in the

midst of explaining painful experiences. Erin taught herself web design and knew much about the Ministry's online resources. Erin is also highly educated on psychiatry and mental health advocacy, staying current with medical journals and diagnostic practices. She discussed recent news stories that cited mental illness in relationship to violent behaviour. Separating the relationship between illness and actions Erin criticized the media for their stigmatizing depictions of mental health.

Poppy & Nigel

I first met Poppy and Nigel after they had submitted Poppy's application for PWD but before they had heard whether it had been approved. They seemed optimistic, nervous and weary all at once. Poppy is petite and gentle in her movements and sardonic and indignant describing her experiences. At times her voice would shake with emotion – both pain and anger – her hands flashing open and striking downward to punctuate her statements. Nigel is exuberant, effusive and caring. At times Poppy and Nigel would expand on the feelings of each other, at other times they would cut in with a joke or temper a story with explanations.

Both Poppy and Nigel worried about others who might go through the application alone or with less support. In spite of having a good knowledge of the Ministry's work – Poppy works for a company that uses the same software system as the Ministry of Social Development and Social innovation – Poppy was incredulous about how inflexible the Ministry was in regard to her limitations. She has fibromyalgia, social anxiety, chronic fatigue, and endometriosis. Poppy and Nigel described her conditions as follows,

Nigel: You know what that's actually something that... part of the problem for her is that she has this really complex constellation of issues, and some people that apply for that, they have very serious issues but they're very straight forward, you know 'these are the three things that are happening here and I can give you the ten ways that they impact me' but they're pretty clear like 'I can't get up' and you know 'my legs are gone'... I'm making something up but for her like to explain how they interrelate, and how they built up to a disability...

Poppy: ... and they flow...

Nigel: ... it takes some explanation. Not because we're waffling or bullshitting but because it's complex and difficult to understand.

In addition to many other impacts, this “constellation of issues” impacts Poppy’s mobility and causes her significant discomfort. Nigel also described his own limitations,

Nigel: (...) I have my own set of barriers, like I have really bad OCD, ADHD, I’ve got a number of anxiety issues myself, obviously because I’ve got OCD, and I’ve got other, I’ve got a sleep disorder which impairs my cognitive functions. So ... um ... we both kind of like, trying to like, crawl through this thing together, like going over the ... over no man’s land. It was really difficult. Luckily she has a good memory for dates and deadlines, which I have absolutely no capacity to do so she would be the one to remember when we have to send things in to who and I would be the one doing all the things with her. She would dictate some things to me and then I would make some assumptions and then have her read it back when she had some more energy, so it was a very long and arduous process just to get through the PWD application itself.

As Nigel describes, they completed the application together; Nigel’s education in law and Poppy’s knowledge of Ministry processes informed their work but they still found the experience harrowing.

Places

Sarah Pink (2008) discusses how ethnographic relationships shape the places they inhabit and these places impact the research as well. This research was not bound to any one geographic area or site. However various Ministry offices, and offices of service providers’ offered opportunities for participant observation and the conversations that research participants and I had were informed by the locations where we met. I asked each woman to suggest locations for us to meet that would be comfortable and accessible. Meeting people in places they felt comfortable accessing meant forming ethnographic relationships in a variety of places. What follows is an exploration of how these different locations informed the conversations which form the bedrock of this thesis.

Approaching Poppy’s apartment I walked past blocks of low-rise buildings with wide front lawns and garden beds, counting down the addresses until I reached her front door. I checked my phone for the buzzer number and felt a nerve twinge in my gut – a questioning impulse at the threshold of unfamiliar territory – I was walking into a

stranger's home, someone who I trusted because of their interest in the project but about whom I knew little else. I punched in the code and the system rang. A man's voice came on the line and I asked for Poppy...

The mall in the afternoon saw more seniors than teenagers, mothers with young children, mall employees with wallets in hand heading to pick up a coffee or sandwich. Arriving early I killed time in a clothing store at the opposite end of the mall to the coffee shop where Tara and I were to meet. Circling the store I flipped labels looking for prices until it was time to leave. Reciting the name of the coffee shop as I walked down the mall I paused when I saw a young woman in a neon green sweat shirt, the item of clothing Tara had told me she would be wearing. Is this who I'm meeting? What do I do? It's 30 minutes before the time we set to meet and we're at the opposite end of the mall. Did she see me come out of the store? Will she think I've been shopping? Is that inappropriate? Deciding that even if this was Tara I should head to the coffee shop and wait (what if she's running errands before our meeting) I consider my fear that my impulse to browse in a clothing store before meeting a research participant is somehow frivolous behaviour for an ethnographer. Waiting for Tara to arrive, I notice that very few of the seniors or moms or shop workers in the mall corridors are purchasing anything, they chat and stroll and look through the shop windows but like Tara and I, appear to be doing more than shop at this mall...

... Seated on a chair in Poppy's bedroom I listen to her and Nigel map out their PWD application, the phone calls to the Ministry, doctor's offices, the hours spent writing, the hours spent waiting. With Poppy sitting upright, the covers over her lap and Nigel lounging across the foot of the bed it feels at various times like a living room or a beach blanket as well as a bedroom. Looking at my notebook and recorder on their bed between us I consider both the intimacy of the setting – their batik bedspread before me and laundry basket behind, cat periodically pacing in the hallway outside the door – and the reason for my invitation there: her bed is the only place Poppy feels comfortable enough, physically, to talk.

...I see a woman in a green sweat shirt walking down the corridor towards the coffee shop – not the same woman I saw earlier – she stops in front of the Lottery BC store front, pulls a ticket from her wallet and cashes it. I puzzle over how to ask whether

this is Tara while she gives her order to the woman behind the counter at the café and sits at a different table. We were both early and perhaps she didn't see the bright yellow scarf I told her I would be wearing. I had wanted to offer to buy her a coffee, in appreciation for meeting me and with knowledge of how little PWD recipients receive. For similar reasons I was relieved it wasn't actually Tara who had seen me 'shopping' earlier.

Poppy's bedroom contrasts with the mall where I met Tara and settings for other conversations I had for this project (a McDonald's restaurant, a community centre, and a different mall) and anchors an intersection where geographical place, personal economy and social interaction meet. Over email I suggested community centres or coffee shops to participants as examples of suitable spots. Choosing to meet in monetized settings highlights how the daily lives of my participants, and the activities of this research project are mediated by money. My anxieties over appearing to Tara to be spending money at the mall and my discomfort at the threshold of Poppy's apartment highlight common boundaries of public and private space and comfortable, or 'safe' social interactions.

Erin suggested meeting at a community centre in Burnaby. In the days before I dropped by to see if there was a spare room or quiet area where we would be able to talk undisturbed. The building houses a library, childcare spaces and fitness facilities as well as multiple 'flex' rooms which were empty and quiet when I visited. I inquired with the staff whether any of their rooms could be booked in advance and was informed that one could but a Spanish language class would be using it at the time I requested. I left, satisfied that one of the other rooms or seating areas would no doubt be available. On the date we were set to meet however Erin and I walked into the building to the cacophony of children playing in the daycare, and people milling and talking in the foyer. When we settled into a corner of the hallway away from the noise at the middle of the building we were able to talk for fifteen minutes or so before a group of women began setting up the room across from us for an Alzheimer's support group social event complete with piano, vocals and bag pipes! After moving downstairs next to the squash courts to finish our conversation we both found the situation quite funny. I felt responsible for suggesting that community centres might offer a safely public, quiet place to meet one on one without being part of a Spanish study group or singing Alzheimer's party. This space was obviously used for activities that didn't charge money

but didn't suit our purposes as well as the coffee shops, mall corridors, and restaurants had in other instances. We both agreed that the next time we met it would be easier to meet in the nearby mall.

In this chapter I have established my inspiration for undertaking this research, the theoretical underpinnings to my approach and the participatory ethnographic methodology that guided my activities and interpretations of the project. I also provide some relevant contextual information on the services offered by the Ministry of Social Development and Social Innovation, and changes to income assistance that have impacted the experience of receiving service. This chapter also introduces Erin, Tara, Julie, Poppy and Nigel, the participants in this project, and briefly discusses the places where the project activities took place. In the following chapters I explore how research participants endured and critiqued the dominating neoliberal ideology of Income Assistance through skilled agentive negotiations of ableist bureaucratic processes; however, these experiences also impacted their sense of self and their relationships to their disabilities and other people in consequential ways. This thesis closes by discussing participants' suggestions for providing service not dominated by neoliberal ideology and that could be more effectively navigated by claimants.

Overview of the Following Chapters

Chapter 2 – Regulations and Industries

In this chapter I explore people's stories of encountering Ministry regulations and the practices of various industries related to PWD assistance. I conclude that the burden of completing PWD applications is placed on applicants. The process surrounding the applications intersect with the regulations and restrictions of industries like medical professions and advocacy and aid groups, at times increasing the difficulty of meeting the applications' demands. Beyond the period of completing the application, these restrictions extend into people's lives while waiting for approval and receiving PWD assistance. I also explore how participants' called upon particular embodiments of their disabilities to illustrate the incompatibility between their corporeal or mental-emotional

states and the structuring of service provision in the Ministry and related industries.

Chapter 3 – Neoliberal Ideology and Fraud

Flowing from the discussion of the layers of regulations in Chapter 2, this chapter discusses the underlying assumptions that drive Ministry regulations. Ideas about involvement in employment and the capacity for employment to provide for people's needs shape how service is delivered and who qualifies for service. These ideas align with neoliberal understandings of independence, responsibility, and self sufficiency based on market logic. As participants encounter the policies and expectations arising from this underlying ideology they often find it incompatible, unattainable, or impossible. However due to the Ministry's power to approve or deny applications participants must deal with Ministry understandings of independence, self-sufficiency, and responsibility and attempt to meet them in order to gain and keep assistance. Participants critiqued the Ministry's expectations of independence as impossible in light of their economic realities and the ableist nature of the employment landscape; they also discuss their own understandings of independence. In this chapter I explore the Ministry's preoccupation with fraud detection and prevention and how this related to the neoliberal ideology underlying Ministry service provision.

Chapter 4 – Networks of Support

In Chapter 4 I explore the role that people's relationships play in completing applications and helping people survive on assistance. I find that a tension exists between the expectation of independence that was discussed in chapter 3 and the complexities of the application process and paucity of assistance amounts. Participants navigated the application for and receipt of assistance through their relationships, and forged new connections in the process. However, participation in these networks of support cannot be characterized as dependency, as the relationships participants discussed were nuanced, variable and reciprocal. The importance of the advocacy efforts of the BC Coalition of People with Disabilities (the Coalition) in participants' applications is discussed through a review of the Coalition's publications for applicants and the strategies the Coalition suggests for gaining assistance. This chapter includes a discussion of the various ways participants' communicated their disabilities. They

discuss being compelled to communicate their experiences in particular ways within the application and in Ministry settings versus the way they communicate about themselves in our conversations and in other areas of their lives.

Chapter 5 – Senses of Self and Deservedness

This chapter details the impacts that receiving and applying for assistance had on participants' senses of self. The impacts of receiving assistance were various and serious for the people I spoke with. Completing the application process was stressful, as was waiting for communication from the Ministry. Participants describe rejections, reapplications, discrimination, and living without enough money or resources. Participants describe doubting their symptoms and whether they deserve assistance. Serious impacts to people's health and sense of self are explored and theorized in relation to my inspiration for doing this research.

Chapter 6 – Imagining a better way

In the final chapter I explore the participants' suggestions and imaginings of better ways of providing assistance, and better realities for themselves. People I spoke with discussed the expectations they brought to the application process, the sense they made of their experiences and how their experiences impacted these ideas. We also discussed the improvements that could be made to assistance processes and what might happen if assistance were not based on cost efficiency or the ideal that employment will provide for everyone's needs. Participants apply the expertise they gained from navigating Ministry processes in order to imagine better experiences for others.

Chapter 2. Regulations and Industries

Arriving in the lobby for the South Vancouver Ministry office I enter one of the elevator cars, press the button for the third floor, and nothing happens. The doors close but the car doesn't move, the button doesn't light up. When the doors re-open a man is waiting in the lobby, surprised to see me, he gets in too and we puzzle over what to do. He remarks that the lunch-hour office closure ended 30 minutes ago... maybe the elevator's broken? After trying the stairwell and finding only a locked fire door, we shrug, he goes outside to sit and wait and I mill in the lobby, calculating my next move. I'm there to check out the Ministry office's waiting room – curious about a poster on the Ministry's rights and client rights, etc. that Poppy had mentioned– but now I'm unsure whether to wait or come back the next day... I could go for a walk and come back in an hour?

A young woman comes into the lobby, sharply dressed in business attire, her bank teller plastic name tag pinned to her blouse. She hurriedly tries the elevator and I comment that it's not working. We discuss the same scenarios I had previously with the man before she takes out her phone. She explains to me that you'll get through faster if call Inquiry BC and ask for a specific Ministry office instead of waiting for someone to get to you on the 1-800 line. She tries calling the office we're trying to get to three floors above us. An automated message tells her it will be a 20 minute wait. She tries the Surrey branch (being careful to ask for the South Surrey branch because – as she explains – the Newton office is the busiest of all of them, “you wait for 6 hours there versus 4 hours at this one”), the automated message says it's a 30 minute wait there. She tries the Maple Ridge office: 30 minute wait – which she explains actually means an hour. She tells me in frustration that her lunch hour is running out and if she doesn't submit her paystubs she won't get her cheque for the next month, but part of her lunch hour coincides with the Ministry's office closure and when she finishes her shift the office will have closed for the day.

While we're talking someone gets off one of the elevator cars. We hop in and push the third floor button. It lights up and I wonder aloud whether I should go get the man who is waiting outside. The doors start to close and the bank teller remarks that this way there will be one fewer person ahead of us in line.

The Ministry office looks like the customs line at an airport and a walk-in clinic, except there's a computer lab jutting out to one side. The room is lined with plastic chairs, a security guard stands by the fire door, a few people are waiting in the chairs or at the computers, two women sit behind Plexiglas windows, there is a wall of sparsely filled brochure holders and some posters and bulletin boards on the walls. On a column in the middle of the room hangs a 'take-a-number' dispenser. The bank teller pulls two numbers and hands me one. I thank her and sit down. She stands in the middle of the room, swaying from foot to foot, waiting to be called and tells me,

"Did you know that Work BC will pay for your work clothes if you're working 20 hours a week or less and welfare covers it for full-time but if you're in between you don't get anything?"

She's working 25 hours a week so she had to pay for all her 'professional' clothes herself. Which, she explains, wouldn't matter so much if she was working at a bank in Surrey where she lives but in Vancouver, it matters.

The young man has arrived off the elevator and grumbles about having to wait. I feel guilty and try to think of a reason where I could give him my number. I'm only here to check out the office after all. I realize now that I have nothing planned to ask the woman behind the Plexiglas when it's my turn.

The bank teller's number is called and I get up to look at the poster Poppy mentioned. I take out my phone to snap a couple pictures, and think about what to ask the Plexiglas woman. The security guard chats with two older South Asian men about openings at his company. The bank teller finishes up and moves toward the elevator, when she remembers to tell the women behind the glass that one of the elevators is still turned off. One woman laughs sheepishly as she gets up to turn it on and jokes, "whoops, no wonder it's so quiet". The teller remarks in a scolding tone that there are people waiting downstairs. The security guard says good-bye to her and gives the back of her an up and down look as she gets on the elevator.

My number is called. I've decided to ask the workers about income reporting – which I'd been unsure about. Is the only way to report your income to come in person? The woman answers me politely that you can mail it in as well, no you can't fax or email anything in though they're working on having more on-line options, yes someone else can drop it off for you. I thank her and leave her desk. I've been there only about 30 minutes but the waiting room is now half full and the young man hasn't been called up yet. I get on the now operational elevator car and leave the office.

Prior to starting this project I had witnessed PWD re-designations as a celebratory event. For the women I had worked with the re-designation meant hard won security, recognition and money that contrasted with the stress and scarcity of living on regular assistance. However as the field note excerpt above demonstrates receiving PWD assistance also involves hard-work, time, and expertise. Applying for and receiving assistance is mediated by explicit regulations and requirements but also by the way that the Ministry structures¹ its service provision. Interactions with the Ministry whether face to face, over the phone, or by letter are controlled through wait times, the physical and social environments in the offices, and the amount and kind of information that is made available.

Erin, Tara, Julie, and Poppy and Nigel all described various stumbling blocks, complications and obfuscations they encountered while completing their applications. The following excerpt from my first conversation with Tara explains how her first two applications were rejected.

Tara: Um, so I started the process of filling out the forms and I did it with 3 doctors, so I did it with my GP², with my rheumatologist and with my gastrologist. And I got it back immediately saying there was too many doctors on it.

¹ In the chapters that follow I refer to the structure of Ministry service provision. Participants revealed through our conversations that elements of that service were important to their experiences. These elements include: limited hours of operation; long wait times on the phone or in offices, both of which operate on a first come first served basis rather than being able to make an appointment; armed security guards at the offices; or speaking to whichever Ministry worker is available rather than a dedicated case worker. The details of how these elements were important to the participants are explored throughout the thesis.

² General Practitioner

Katie: Too many doctors? Okay.

Tara: Too many doctors filled it out you can only have 2.

Katie: Only 2?

Tara: That's what I was told over the phone. 'Cause when I called them and was like whaaaat? They were like you have too many doctors' names on that form and you need to get rid of one and start filling out the process again.

Katie: Start over.

Tara: Start over, fresh new copy. And I'm like okay, so I go get a new copy and I fill it out and I get it back: "No. You don't qualify" and there's no reason on there and I'm asking around. Like, do you realize they actually deny you for spelling errors? And I looked through it again and I'm a really bad speller. Nothing was different than the first time other than 2 doctors and spelling errors. Okay. So now I'm going 'so I am being told by at least 3 doctors that I can not work, I can not go to college because I am in serious duress of being very ill'. And you're saying 'we don't care because you spelled something wrong'.

Katie: So did you have to do it all over again or...

Tara: I had to do it all over again. And this is a span of 2 years. I had to apply 3 times, the third time when I was complaining to some people that were on disability they were like "you need an advocate, go to Newton advocacy".

As Tara's story illustrates, the requirements of the application are complex and not self explanatory to everyone that applies. Navigating the application on her own, Tara assumed that information from more doctors would be better than fewer. The reasons the Ministry gave for her rejections were also left to Tara to interpret on her own. She had to call to learn about the first rejection, and she chalked the second rejection up to spelling errors she had made. Tara's curt characterizations of the Ministry's responses in the excerpt above reflect her perception of the Ministry's role as a gate keeper of resources rather than a support for applicants. Her third application was completed with assistance from Newton Advocacy³. Tara saw this assistance as key to her application being approved and advised anyone else applying for PWD to seek help from an advocate.

³ A now-defunct advocacy organization.

The Ministry deadlines and regulations also interact with other industries, through medical practitioners and service providers, that are tied up in the application process. People encounter regulations and requirements within these industries which differ from but overlap with Ministry regulations and also require time, hard work and know how to navigate.

Erin also had a professional assist with her application. A hospital social worker helped Erin to start her PWD application after a doctor suggested that this income support would help ease Erin's anxiety symptoms.

Erin: Eventually the hospital convinced me that yeah you need to apply and started off with basic social assistance and then I was discharged from the hospital before I'd even gotten the application done and they just instructed me on filling out the online form, we hadn't even gotten through the application, they just cut it off. Okay. And ... um ... that really freaked me out. I was absolutely distraught. Because part of my anxiety is filling out forms.

Katie: Oh my.

Erin: And they were aware of this but the minute you're out of the hospital your social worker there has no connection with you and they don't transfer you to somebody else they just assume that whatever caretaker or whatever care group you're through will transition and take you through it but I didn't have anybody so I had to go it alone. So my mum helped me with the form after hearing the hospital wanted me on disability so I worked on it for 2 months all the while certain I'd be rejected ... but then my doctor filled out that form and he was checking so many boxes I couldn't believe it.

Erin's experience illustrates how helping professionals have knowledge of income assistance procedures and can advocate for their clients yet have their own institutional and professional boundaries adding another layer of regulations for individuals accessing PWD assistance to navigate. Helping professionals like social workers and advocates bring knowledge of Ministry practice and can offer support in crafting a successful application as Tara's experience demonstrates. However the involvement of helping professionals doesn't always alleviate the workload or stress of the PWD application.

One major partner in the PWD application process is the medical industry. The structure of health care provision in BC interacts with the PWD application in many ways. As the previous excerpt from my conversation with Tara demonstrates, a doctor's

assessment⁴ of an applicant's abilities is integrated into the application itself. However the authority of medical doctors and other authorized professions is also woven into the application for and receipt of assistance in other ways. Built into the application is the demand that the applicant have someone from this list of professionals that can speak to their disabilities. This emerged throughout my conversations with participants in the form of empathy for people who don't have family doctors noting how much more difficult the application process would be without good doctors. Each of the women I spoke to had western medical doctors complete section two for them. Poppy relied heavily on the care of her Naturopath and had to work harder to complete the application without her official help but also drew on her chronic pain doctor and general practitioner. The reliance on relationships with medical professionals to assess an individual's disability marries the application process to the bureaucracy of medical care. The work required in accessing these two systems often produced complex or difficult situations for participants. In the following excerpt Poppy and Nigel describe a moment where regulations from the Ministry and the structure of medical care met.

Poppy: Yeah so when you apply for income assistance and your intention is to apply for PWD they request that you get a medical letter.

Katie: Okay.

Poppy: But you don't know that right away. So you like go online and you apply for income assistance and then you just wait for someone to phone you, and you don't know how long it's going to take for them to phone you but once they phone you that's when you get more instructions, so I applied, I talked to my counsellor about the fact that I had taken that step and submitted that application and you know even that was so anxiety provoking that I had to have a friend on Skype you know doing it with me because I couldn't do it by myself I was just so anxious... and um when I finally got the phone call, um she was relatively nice compared to the other people that we talked to, she kind of went through everything that I had submitted and gave me a list of documents that I needed to gather and send to them and one of them was a medical letter. So she said, I've opened your file, you have five days to gather all of these documents together and get them to us...

Nigel: I want to pause here for a second. She said five days...

Poppy: ... She said five business days...

Nigel: ... she didn't say business days she said five days...

⁴ Or other pre-approved professional.

Poppy: ... she did say five days...

Nigel: ... she said five days and...

Poppy: ... and it was like a Tuesday...

Nigel: ... exactly right? And then – she’s going to explain in a sec. why this became so complicated but I was trying to allay her anxiety a bit by finding out exactly what that deadline is, you can’t find it out anywhere! It’s no where on the websites...

Poppy: ... it’s not written down anywhere.

Katie: So she just said...

Nigel: ... it’s not written down anywhere, it’s nowhere at all it’s just verbal, so we don’t know if it’s five business days of five days...

Poppy: ... so I start panicking...

Nigel: ... it’s Tuesday two days disappear on a weekend...

Poppy: ... so I’m like okay...

Nigel: ... so now we’re thinking Friday, it’s due Friday...

Poppy: ... so I have to get it in by Friday to be safe. So I don’t bother calling my doctor’s office because they never answer the phone and they don’t respond to emails and so like trying to call them the day I found out wouldn’t have worked, I wouldn’t have gotten through so I waited until the next day because I have a counselling appointment, I’m going into the chronic illness centre, I’m not there to see my doctor but I’m like, someone in the team should be able to pass this along ... but that ended up being a difficult challenge to get a letter in that short an amount of time like I basically gave them like two or three days to do it. And I got yelled at and reamed out and lectured for inconveniencing them, which is an issue in and of itself but I guess the point I want to make in terms of PWD is that like trying to get a medical letter from a doctor with that amount of detail ... I mean it isn’t even the PWD letter it’s a shorter letter but they still ask for specific criteria...

Katie: Yeah.

Poppy: ... um like to get that within five days like the only reason I was in the office is because I already had an appointment but like sometimes you can’t even make an appointment with your doctor in five days...

Nigel: ... and when you’re really ill you can’t get to your doctor for five days, and some doctors won’t take phone calls for this kind of stuff...

Katie: Most of them won't...

Poppy: ... and some of them charge you for those letters...

Nigel: ... it was just lucky! Like really lucky that she had that appointment for that Wednesday...

Without the letter exempting her Poppy would be required to perform the Ministry's "work search" (in spite of having a job she could return to were she not too ill). Poppy and Nigel's exchange about whether they were given five days or five business days to acquire the exemption letter was tinged with an incredulous tone that the Ministry wasn't more forthright and specific about this tight timeline. Nigel repeatedly told us of his research into Ministry policy and regulations while aiding with Poppy's application and his concern that this deadline wasn't published anywhere mixed with Poppy's "lucky" doctor's appointment demonstrate how in this instance this time sensitive requirement interacts with the way that medical care is structured in BC, and results in negative impacts for participants.

The structure of the medical industry in BC also affected the content of the applications. The information provided in section 2 by the authorized professional is organized into a series of checkboxes and text fields that cover a range of physical, psychological and behavioural items. This pre-made list already constrains the information that is given and the way it is provided (Riles 2006) however the information also may not be a complete picture of the applicant's disability. For example, Poppy sees a variety of health practitioners on a regular basis to address her complex constellation of disabilities but at the time of our first meeting she was still waiting for treatment for some of her symptoms.

Poppy: um... and we didn't really even know the full impact of the endo⁵ until we saw a gynaecologist which was what? Two weeks ago?

Nigel: That's right. So that's not even in our application they don't even know the full set of that ...

Poppy: I mean we described some of the symptoms but we didn't pay anywhere near as much due as it should have had now that I've had a chance to see the

⁵ Endometriosis.

gyne⁶ and she's explained to me how much more of what's going on might have come from there.

Even though Poppy and Nigel took the full two months to complete and submit the application Poppy was still waiting to see a gynaecologist when it was submitted and so her application only represented a partial view of Poppy's medical diagnoses and therefore her limitations. Annelise Riles (2006) explains how the process of forming a document including the time given for doing so shapes the information in that document. Both the work search exemption letter and the partial depiction of Poppy's disabilities on her PWD application demonstrate how the information about a person's disability included in a PWD application is shaped by the application process and the structure of health care provision in BC.

Interactions with the Ministry Beyond the Application

Getting information from the Ministry about the application process and about one's own application is also controlled and limited by the way service is provided. Long wait times in offices and on the phone are well documented by media⁷ and were explicated by the participants in this project. In the following excerpt from our conversation Julie describes the various means of getting in touch with Ministry workers.

Julie: So that was one other frustration that I saw, and have to deal with, and if you have pain you can't sit there and wait, that's the other thing, and you never know how long you're going to be. The phone line – trying to get through to the PWD office – the ones that process the forms are very quick, that's easy to get through, the main office number to get through to the Ministry to speak to a worker is basically non-existent.

Katie: Oh really?

Julie: Because you can phone, I've... my daughter, it cost her \$55 to make a phone call to the Ministry on her cell phone.

Katie: Because she's waiting for so long?

⁶ Gynecologist.

⁷ <http://www.timescolonist.com/news/local/virtually-impossible-to-reach-b-c-income-assistance-office-advocates-1.559293>; <http://www.theglobeandmail.com/news/british-columbia/government-delays-cost-900-people-in-bc-their-entitled-benefits-ombudsperson/article16557928/?cmpid=rss1>; <http://www.vancouversun.com/welfare+payout+computer+slow+working/9886376/story.html>.

Julie: And by the time you speak to somebody, and so for her initial consultation for her when she had to go on because she lost her job, it took her \$55, because the time, she called, the worker called her back, and the interview that's on the phone, it cost her \$55. Um, I have emailed in to the Ministry at least twice complaining that I couldn't get through, I don't have the minutes to sit on hold, and I've sat on hold for oh, I don't know how long, just to be cut off, I've gotten... oh I don't know from all the times that I've been on hold I've maybe gotten through once. Otherwise I have to go into the office and wait.

Katie: Yes.

Julie: Or I've put a note in the box for the worker to get back to me. But then you risk, if you miss their phone call, you're back in that cycle again.

Julie's inventive system of dropping off hand written notes at the Ministry office and waiting for them to call her back represents a creative way of getting around this barriers to accessing information. The bank teller's short circuit around waiting on the phone from the field note excerpt that led off this chapter is another skilled manipulation of the little resources available to people. However participants generally described accessing information as difficult, long periods of waiting outside Ministry offices in the cold or in uncomfortable waiting rooms caused physical discomfort or worsening of symptoms. As Julie described above waiting can also be expensive. Poppy also incurred unexpected costs while she was waiting to hear whether her PWD had been approved. She was receiving regular assistance while waiting for PWD approval which requires the monthly submission of reports indicating that an individual hasn't received any other income. Without the timely submission of these reports assistance cheques won't be sent out. Poppy was too ill to go into the office by public transportation and couldn't afford taxi fare so she mailed in her reports. A number of her reports arrived after the deadline or were lost or misfiled resulting in long hours waiting to speak to Ministry workers on the phone and delayed or skipped payments. She began to send them in by registered mail to ensure they would arrive on time and that she would have a record of their arrival. The cost of paying for registered mail and the long hours spent on the phone exacerbated Poppy's frustration and anxiety. Trying to meet the requirement of filing these reports reflects that receiving assistance, like applying for assistance, is a process requiring time, compliance, flexibility, mobility, and expertise. This chapter demonstrates that participants' experienced Ministry regulations and service provision as controlling, limiting and inflexible. The strictures of Ministry service at times were made more difficult when met with particular embodiments of participants' disabilities.

Embodiments of Disability

The previous section illustrated how PWD application processes and the demands of receiving assistance are often difficult to understand or complete. Also discussed were the regulations of various other industries and how they layer into people's experiences of receiving and applying for assistance. In "Spaces of Encounter: Public Bureaucracy and the Making of Client Identities," Lauren Silver (2010) discusses how structures of service provision and moments within those structures frame how clients and workers interact and the service that is delivered. Similarly, Carol Estes (2004) outlines how proposed changes to the social service system in America would have disproportionately negative effects for women, women of colour, and women of low socio-economic means. The research participants' encounters with Ministry regulations and service provision resonate with these studies. For the women I spoke with these structures and demands were construed through the various embodiments of their disabilities but also triggered or exasperated various symptoms tied to these disabilities.

At my first meeting with Poppy and Nigel they described their experience going into the South Vancouver Ministry office.

Poppy: ... also when I finally got my appointment, they didn't take me to an office and I didn't get to sit down, they walked me over to a corner of the waiting room and that's where I was 'assessed'. That's where all my personal documents were splayed out...

Katie: Really?

Poppy: ... and everything was discussed in the open.

Katie: So this was in November when you first went in?

Poppy: Yeah.

Katie: Okay.

Poppy: Also while we were waiting I started feeling really nauseous and sick and there's like no bathroom, no nothing there and so like, Nigel asks you know "can my partner have a glass of water?" and they said "no, we don't do that." And he said well you know she's really sick you know she's feeling nauseous and she's having trouble can she please have a glass of water? And they kind of look over the giant desk through the like Plexiglas window, the like, bullet-proof whatever, and I'm like, hunched on the ground like, holding my stomach and my head and

they're like, "oh yeah, we can get you some water" and they give me like a little plastic cup of water. Oh, like, how accommodating of you.

Katie: (Laughs)

Poppy: And I'm standing right next to this poster about the Ministry's responsibilities to its clients, and the client's responsibilities to the Ministry and there's all this stuff about being accommodating to people with disabilities and language barriers and stuff and I'm like, this is all so very helpful to someone with a disability and an illness, you know to drag them all the way from their home when I could sign things and fax them back in or like scan them and email them back over. Like I know the data base they work with because I worked with it too, like it's totally possible to do that.

Katie: Mmm hmm.

Poppy: They like, don't offer to do any of this stuff over the phone, then they won't book appointments so I have to go and stand there when I'm ill, I can't have someone go in my stead, we asked for that and they're like 'no it has to be you, you have to come.' Um... and then when I get there, there's no appointment, I have to wait forever, and they won't even give me a cup of water? I'm like, yeah, thanks, you're making me feel so welcome and supported and I'm so glad that you're amazingly accommodating. Like I find it really an alienating place to be if I was in better health let alone being as sick as I am.

Poppy's physical discomfort waiting in the office was not unusual for her. While we were talking in her bedroom she shifted and winced, propped up on a medley of pillows. It was clear after she described various experiences of pain caused by her Fibromyalgia and chronic fatigue symptoms that routine physical tasks – running for the bus, putting plates away in a cupboard, sitting in straight-backed chairs – caused her pain. Poppy had managed to schedule an appointment at the South Vancouver Ministry office for her most recent visit after explaining to one of the workers on the 1-800 line that her disability precluded long periods of sitting or standing. However when she arrived at the office the workers there weren't informed of the arrangement and Poppy and Nigel had to wait. In addition to Poppy's physical disabilities she experiences anxiety, depression and panic attacks. Stress triggers her emotional and psychological symptoms as does the pain from her physical symptoms. Poppy described having anxiety symptoms while on the phone with Ministry workers. On one of these calls she got so upset the worker threatened to hang up the phone if Poppy could not calm down. This exacerbated Poppy's anxiety due to the prospect of having to delay her claim, spend time waiting on hold, and explain her concerns again to a new worker. Anxiety caused by the stakes and demands of the application process also impacted Poppy's

ability to work on the application. Poppy and Nigel describe how they worked through this impairment,

Poppy: ... but you just get used to dealing with it and then you kind of ... um... forget how bad it is or you kind of dismiss it or shrug it off. Yeah, I mean it's even true with some of the cognitive stuff, like I was like, "I don't really have any cognitive issues" and he was like, "well, think about when you have a panic attack, you can't even communicate with me," like, I would have to like take my phone out and text things because I couldn't even talk ... or if it's like certain topics I can't even...

Nigel: Well there was one night, the first night we were filling it out and you were like, "yeah I don't know about the cognitive stuff" ... "think about the fact that I'm sitting here typing this for you. Like you can't even do that and you have to take breaks like every hour or two." She's like "... oh yeah ..." like that's pretty bad!

Stress while filling out the application was not unique to Poppy and Nigel. Erin described paralyzing anxiety at the threshold of submitting her online application.

Erin: I... social anxiety – I have a lot of it and forms, I have not been able to fill out applications and forms that require information that could actually effect something for a very long time so um my mum had to stand behind me while I was crying while filling out the form and press the submit button for me when I wouldn't. So that's how that worked. Um it was not pleasant at all I was absolutely rattled with anxiety. I can't even put into words ... I ... I really can't it was the most dreadful experience for me ever um ... I went through a fire and this was worse. (Laughs)

Erin's anxiety – worsened by the stakes involved in being denied – physically prevented her from submitting the application. Erin's mother supports her in this crucial moment by reaching over Erin and hitting submit for her.

The requirements of the application process described in this section demonstrate an incompatibility between the Ministry's model of service provision and certain of the participants' disabilities. Interactions on the phone triggered Poppy's anxiety and risked a delay to her claim should the Ministry worker hang up on her. Her anxiety interfered with her ability to fill out the form herself or communicate easily with Nigel, prolonging the application process. The Ministry's inflexible model of first come first served service triggered Poppy's physical symptoms while at the office causing her to crouch in pain. In the image I conjure from Poppy and Nigel's story about asking for water the Ministry employee peers over her desk through the Plexiglas barrier to see

Poppy kneeling on the ground asking for help, a visual representation of a structural power imbalance.

As critical disability theorists (Wendell 1996, Hughes 2012, Stainton & McDonagh 2001) have detailed, many structures and processes are designed without the experiences of people with disabilities in mind. The PWD application similarly interacts negatively with the particularities of some participants' disabilities. The inflexibility of the Ministry's requirements and the structure of their service provision was negatively incompatible with Poppy and Erin's anxiety and with Poppy's physical limitations. Layered on top of this incompatibility was the time limited nature of the application process and the demands of participants' own financial needs. Hence participants endured situations and interactions that triggered or exacerbated their disabilities rather than risking or delaying their claims for assistance by objecting to the rigors of the process or rejecting the demands placed on them.

Chapter 3. Neoliberal Ideology and Fraud

The previous chapter discussed the variety of difficulties participants encountered during the PWD application process and when they received assistance. These difficulties illustrate how various Ministry regulations and requirements form a structure of service provision which interlocks with characteristics of related industries that also cast the individual applicant as responsible for their own experience. Completing the application emerges as the responsibility of individual applicants, responsibility for meeting the demands of receiving assistance are similarly placed on the individual. Participants described the amount of work they did throughout the application process and the inflexibility of the Ministry and other organizations they encountered.

Policies and procedures are informed by their ideological underpinnings (Rioux & Valentine 2006). The requirements and regulations as well as the writings and policies surrounding access to PWD support are based on a neo-liberal understanding of the individual as self-sufficient and responsible for their own well being. This understanding is revealed through the participants' experiences of strict regulations and reporting requirements, eligibility criteria, and through the language the Ministry uses to describe their services. Framing access to these services as contingent on the right behaviour of the participants reflects the responsabilization characteristic of neoliberal organizations (Rose 1999). In "Sweden's National Pension System as Political Technology," Anette Nyqvist (2011) spoke with individual citizens about their impressions of a recent change in the national pension system that moved the responsibility for managing pensions from the state to individuals. Nyqvist (2011) found that people had a variety of responses to the change from critique to internalization and endorsement; people also extended the ideas of self sufficiency and responsibility from the pension change into their own relationships with money and work.

At times participants were critical of their encounters with neoliberalism. For example when Tara objected to being sent to work readiness programs that would

become obsolete once her PWD was approved. However at times participants themselves endorsed the values of self sufficiency and independence. Successes in these areas were often attributed to the benefits offered by PWD assistance. Running throughout these neoliberal expectations placed upon the participants is another hallmark of neoliberalism – market logic and cost effectiveness. These financial motivations collide with the presumptions of self sufficiency, independence, and responsibility in the Ministry’s preoccupation with fraud prevention and detection. The Ministry depicts itself as the guardian of public funds. The application procedures, and the strictures of receiving assistance reflect this explicitly and implicitly by integrating means for disclosing and uncovering ineligibility.⁸

Self sufficiency

Julie: They don’t, well I think they’re told to not give out anything your... they don’t ... you have to do your homework. If you’re allowed to get something for something, you need to know that information yourself, they will not voluntarily tell you.

Participants encountered the neoliberal ideals of self sufficiency and responsibility through the regulations and requirements of the application process and through face to face encounters with Ministry workers. In the excerpt above Julie summarizes her fight to get funding for an urgent move from a city she could no longer afford. Similar to the application process for PWD, accessing Ministry supports beyond the default monthly stipend requires screening for eligibility and – depending on the support being offered – verification from outside authorities. Self sufficiency masks the unequal field on which individuals operate, for the research participants experiences of disability and material scarcity interact with systems and structures built on the presumption of ability and access to resources impacting their efforts to provide for themselves and access supports. Arnardottir (2011) explains this through the contrast between equal opportunities and equal outcomes; for people who experience disabilities,

⁸ The Ministry also dedicates resources to fraud detection and prevention.

barriers to opportunity are so pervasive and particular that they stymie the possibility for equality through self sufficiency alone. Arnardottir (2011) suggests that creating equal outcomes requires focus on the system within which people operate not only the people themselves. Julie's conclusion that income assistance recipients must 'do their homework' encapsulates the individual's need to work to access supports as well as the Ministry's expectation that recipients be self reliant, 'responsible for themselves,' and for their finances. In addition to promoting an ideal self these practices further the goal of fiscal conservancy and impose strictures designed to verify need and prevent fraud.

Independence

Another aspect of the neoliberal expectations placed on individuals receiving PWD assistance is independence, meaning that people do not need any assistance to support themselves or navigate assistance processes, that they are competent in supporting themselves and advocating for themselves, and finally that they are a unique individual who can be assessed and supported as such. These assumptions are witnessed through another of Julie's interactions with the Ministry when she was attempting to access extra funding to pay for her utilities. The utility bill she produced as evidence of the cost was rejected because at the time she was living in shared housing and in spite of the address on the account matching the residence being subsidized by the Ministry, the utilities account was under Julie's room mate's name. In this example bureaucratic exactitude and the verification of need uphold the expectation of independence when it is impossible. Julie's shared living situation was a response to the limited funding she received from the Ministry but it did not meet the standards for extra support because they rely on verifications that presume independence. Julie stated at another time the fallacy of these "extra" supports,

Julie: Even the rental, you know because they give you extra money for PWD but the extra goes on your rent, because the rent that they give you still isn't enough because they give you \$375? So it doesn't make a difference if they give you more with PWD, because you still have to make up that difference with your rent. So the

amounts that they give are still not the greatest but as long as you can work a little bit it helps. And for the people that can't work they're struggling. I mean here, you can't find a one bedroom, you'd be lucky to get a one bedroom, with utilities for oh probably, \$680, \$700.

When the basic amounts that people receive are unrealistically low, offering extra money for example in the PWD designation, or for utilities, or emergencies still places them below an amount that could provide for adequate housing and resources. The most recent Low Income Cut-Off figures from Statistics Canada are from 2013 (Statistics Canada 2014). They indicate that the annual PWD amount (\$10,877.04) fall below the Low Income Cut-Off line for even the most affordable population size (\$12,935) (Statistics Canada 2014). Based off of the population sizes of the municipalities where participants lived this number increases from between \$2000 to \$7000. These figures are reinforced by publications from community advocacy organizations like the Disability without Poverty Network (2012) who add that high housing costs and health care related expenses add to the financial deficit for people who receive PWD.

While participants critiqued the presumptions of independence for at times causing a delay or denial of support, they did not reject independence in its entirety. Tara spoke often of desiring to "contribute" and lamented that she relied so much on friends and other supports. Tara recounted various attempts to work in both paid and volunteer positions as examples of her contributions. However she also described active participation in her personal relationships, helping a friend clean her apartment, standing up to corrupt landlords on her own behalf and for the benefit of other tenants, and joining community groups. These kinds of contributions do not lead to the kind of financial remuneration that would preclude the need for Ministry assistance and so were not foregrounded in Tara's experiences with the Ministry.

Erin as well found increased independence to be one of the key benefits of accessing Ministry supports,

Erin: Um when I first started on income assistance I didn't have a bank account at all I just had a sub account under my mother's. and it wasn't until I got approved for disability that I went and got a bank account because it would be pointless to be paying banking fees if I wasn't going to have an income to pay it with (laughs). So once I finally got the, my first disability cheque I went out and opened up a bank

account all of my own and that made me feel so much more independent, which is another big thing is that – for me – the disability cheque really opened up the doors to independence. I had been relying on my mum. A lot. I lived with her, she paid for my food she paid the full rent she paid all the bills, and that brought on a lot of guilt and so getting the disability cheque has meant more independence, I pay half of all of the bills and actually in the middle of this month I'm moving into my own place.

Katie: Oh great.

Erin: It's my first ever.

Katie: Oh great.

Erin: And the only reason that I can afford it is because I have a job that goes along with it.

Katie: Oh right

Erin: Yeah but part of the reason I'm taking this over BC Housing is that I would have to move away from where my doctors are in order to get into BC Housing. There's not many in my city and many won't accept pets and I have a cat and I can not give up my cat. She to me is kind of like a therapy cat. She um when I'm crying she's always there. She likes to sit on my chest and drool into my hair. So I need my cat and she needs me and that would have meant moving to Burnaby, places like that after the 2 years of waiting because it can take forever to get into BC Housing. Um thankfully a place opened up in our building at the same time I submitted the documents and so now I'm going to be paying \$550 for a bachelor suite and I get to stay within a block and a half of my doctor's so that's awesome. And having my own place is a real big step towards independence. Paying all of my own bills, deciding what I want versus what my mother wants me to want. Reduced guilt when she's having financial difficulties um not feeling like such a burden. So that's another way that persons with disabilities kind of opened things up for me because I wasn't making enough even when I had the job before to be able to live on my own. Funny enough. With the job combined with the persons with disabilities I'm, I'm making \$600 more than I was before.

Erin had previously explained that she worked as a building manager in the apartment building where she lives with her mother. After the breakdown that resulted in her hospitalization and application for PWD her employer, having learned of her disability, offered her the job when it became vacant again with accommodations to make it more suitable to her abilities. With the income from her job and disability benefits Erin had more income than when she was working in the position initially.

The Ministry's transit supports also contributed to Erin's independence and wellness as she explains,

Erin: ... being on disability had helped me to improve a lot um the annual bus pass made it so that I could work on being able to ride on public transit again, there was a time when I couldn't. I couldn't even walk towards the sky train station I could only go a block and a half from home. (...) And now I can catch it to Rupert station but I can't catch it in the other direction. So from Lougheed to Rupert station I'm okay. Trying to go in the other direction where the sky train is often busier I'm not. And the stations in the other direction they're less open and airy and you feel less cramped in with people so I struggle with going in that direction and I can't go beyond Rupert, and the sky train has to be empty and things like that so I'm improving but it took the bus pass to be able to do that because part of it was you had to go one stop and wait there and then go back and so you'd be spending the \$2.25⁹ each time you did this. Once a day every day, that's expensive. (...) Laughs. For just, for just therapy and that's a big part of my therapy so the annual bus pass made a big difference.

Erin is describing a therapeutic manipulation of the tides of commuter traffic on the Skytrain system. However in manoeuvring the routes according to the traffic flow and her mental states she would need to take breaks or wait for traffic to die down, exhausting the time limit of the fare. Prior to gaining PWD assistance these fares would add up and the practice became economically prohibitive. In this instance the economics of the transit infrastructure – a built environment that has been demonstrably unfriendly to people with disabilities (Hui 2014, Pablo 2014) – interacted with Erin's disabilities in such a way as to make that particular therapeutic practice inaccessible to her. With the benefit of the annual bus pass Erin can travel on the Skytrain for therapy or transportation without consideration of economic cost. However, when we first met she explained that travelling in heavy traffic can still trigger her anxiety (punctuating this explanation with a little shake of the Ativan bottle in her purse).

Erin's plans and goals for her life fit with the Ministry's vision for supporting people on PWD. She has had extra employment, was using the Ministry supports to address her barriers to employment and was making good use of the supports they offer beyond income, like the bus pass. Erin's motivation to gain independence can not be discounted. However, as she explains her experience of increasing independence is contingent on her unusually low rent, an employer who augmented her responsibilities upon hearing of her limitations, and a supportive mother in addition to her access to PWD assistance. At our most recent meeting Erin had not been able to continue with her job as building manager. Describing these changes she said that while she is more than

⁹ At the time of writing a one-zone fare had increased to \$2.75.

capable of doing the job her abilities fluctuate with her conditions. Erin spoke about wellness as a transient state. She concluded that independence, though highly desirable to her, would require the extra money she had from employment. To maintain independence she would need a job that allowed her to be absent when she was unwell.

Responsibility for your own well being

Connected to the precepts of individualism and self sufficiency is the ideal that as a result of receiving assistance individuals are responsible to the Ministry but above that that individuals are responsible for their own well-being.

Poppy had been receiving regular assistance while waiting to hear whether her PWD application was accepted. She was expected to submit reports stating she had not been receiving any other financial assistance. Being confined to bed most of the time Poppy had difficulty submitting these reports in person and relied on various other methods for submitting the form each month. She had Nigel drop one off; however, Nigel was working a full-time job at the time and dropping them off during business hours was not feasible for him. Poppy sent one through regular mail, that one didn't arrive on time and Poppy's assistance wasn't deposited that month. In order to replicate the certainty of dropping off her report in person Poppy began mailing them through registered mail. I have already discussed the financial cost of this solution however getting to the post office also took a physical and psychological toll. Even with these extra measures one month her assistance didn't arrive because the report was lost at the Ministry office even after it had been accepted and signed for. With each of these steps and missteps Poppy spent time and effort navigating the demand for reports and attempting to iron out the delays and mistakes that her methods resulted in. Due to her physical limitations and the structuring of the reporting requirement which places the work of submitting reports and the penalties for not doing so with assistance recipients Poppy had to spend both time, money, and incur physical strain to meet these requirements. In the examples above the idea that recipients are responsible for the continuation of their support alleviates the work the Ministry must do to monitor its own requirements for people and increases the amount of work recipients must do to continue to be eligible for funds.

Market logic

In addition to being imbued with the neoliberal ideals of independence and self sufficiency Ministry services are run according to the market logic characteristics of cost effectiveness and fiscal conservancy. Financial assistance is distributed as a set amount that changes only when evidence of additional cost is produced. The shelter allowance for instance is not provided automatically but only after proof of housing costs are submitted. As Julie experienced first hand, funds for utilities bills follow the same guidelines. In addition to reserving funds in this manner, the Ministry attempts to decrease the number of recipients by encouraging PWD recipients to access other supports. Both Poppy and Tara discussed how after they received PWD designation they were told to apply for Canadian Pension Plan benefits for people with disabilities. Poppy, who has a long work history found that it would be more beneficial economically to switch to Pension Plan payments but was still in the process of applying at the time of writing. When a Ministry worker told Tara she should apply for CPP Tara replied that she had already applied for the Canadian Pension Plan Disability Benefit prior to gaining PWD status however she had not worked for long enough before becoming ill and so was ineligible for CPP. The Ministry worker replied that she should still apply to which Tara replied that she would not bother with the process again however if the worker wanted to go through the motions of submitting an application for her she was welcome to. The suggestion that Poppy and Tara both apply for CPP in spite of Tara's previous rejection for being ineligible suggests that this process is promoted when it is beneficial to the Ministry but not the recipient. This prioritization of the Ministry's financial interests over the wellbeing of the recipients was obvious to all the participants who at times spelled out the fractured logic of low assistance amounts, restrictive reporting requirements and burdens of proof they had to endure.

Prioritizing financial conservation in social services over care for people and their well being has been critiqued by feminist scholars as discriminatory and ineffectual (Estes 2004, Noddings 2002). Speaking in reference to patchy prescription drug coverage, inadequate housing and low assistance amounts for basic needs like food and clothing Tara expertly deconstructed how these scarcities don't make fiscal sense in the wide view of governmental costs.

Tara: So any ways my friend takes me to the grocery store and he buys me \$200 worth of food. And now my fridge is packed. And now I feel confident, I'm not scared that I'm going to collapse somewhere from malnutrition. I'm sleeping better because I have food, my Crohn's is doing really good because I have food. You know I'm costing the government less when I'm healthier, isn't that the whole idea?

Beyond the personal experiences of these difficulties participants engaged in deeper critiques of the Ministry's practices. Poppy, Julie, and Tara critiqued the lack of earnings exemptions for people receiving regular assistance and PPMB comparable to the levels for people receiving PWD, pointing out that if the assistance amounts themselves aren't enough to subsist on how would clawing back assistance amounts when other earnings appear help provide for people any better? At times participants asserted that in spite of turning to PWD support when they needed assistance the provision of income assistance isn't about supporting people, families or communities but about saving money. Cost effectiveness in Ministry service provision over shadows the value of material, social and emotional security for the participants. Elizabeth Povinelli (2011) writes that neoliberalism colonizes the field of value by only allowing value to be determined in economic terms whereas value without economic dimensions is to be "attacked and rooted out" (Povinelli 2011:22).

Fraud

Like the ideals of independence and self sufficiency a vein of fraud suspicions runs through Ministry services. Ministry procedures and writings emphasize the work they do preventing and resolving fraudulent uses of their services. Protecting government funds from misuse is central to the Ministry's idea of its role in the assistance relationship¹⁰. Fraud suspicions embody a combination of market logic and the ideals of independence and self sufficiency. If income assistance recipients are able to earn income they are able to support themselves, hence hidden income is hidden capacity to work.

¹⁰ See "On Income Assistance" in the Introduction.

Participants navigated the safeguards against fraud which included investigations into their personal finances. At one time Tara applied for student loan funding (for books and tuition) to go to University and was kicked off of income assistance. In spite of the fact that the loan did not include funds for living expenses on top of tuition she was kicked off of income assistance. Without income assistance support and due to the physical difficulties of getting to school Tara stopped attending. Erin was reported for fraud by a malicious neighbour after a falling out over the neighbour's eviction. The Ministry contacted Erin for information on her personal finances, which she provided; that was the last she heard of the matter. Although the Ministry ostensibly found no fraud, being under scrutiny and the lack of closure to the matter triggered Erin's anxiety.

Erin: So I can only assume that they found nothing. That ... they shouldn't find anything but I can only assume that there was no problem. But I really wished they had contacted me so that I didn't spend three months worrying because I spent 3 months going "oh my goodness what about the car payment." My mum she was out of town and she couldn't pay for her car bill that she has to pay every month and so I had to pay it until she got back into town. Okay. And she paid me back but that shows on my finances. What if I get in trouble for that? And so I spent 3 months freaking out. (laughs) And after 3 months I started going "okay... nothing." But that was a really big problem for me for them to not contact me and I was too scared to contact them myself because I'm looking like a bad person and I don't want to look any worse by contacting these people so (sigh). So there you go.

Erin's experience demonstrates the demands placed on the recipients of income assistance to comply with Ministry regulations intended to prevent and cease fraud but also the internalization of that scrutiny. Erin's worries over her payment on her mother's car and her reluctance to make herself 'look worse' by inquiring about the status of the investigation demonstrate how suspected misuse of funds governs individual relationships to money and the use of their money. Erin later described the experience of facing Ministry scrutiny in person at the offices as "feeling like a criminal".

Beyond encountering suspicions of fraud from the Ministry, participants scrutinized themselves and others for eligibility, extra earnings, and seemingly "appropriate" behaviour while receiving assistance. As seen in the last excerpt Erin began worrying over what the Ministry might find in her finances even though she knew she wasn't engaging in any prohibited activities. Poppy experienced this internalization of scrutiny by questioning her own symptoms – if it were that difficult to prove her disability then maybe she just was not disabled enough to qualify for PWD? Participants

also levied accusations of fraud against other people. Tara, Erin and Julie explained that they knew people were “taking advantage” of the system, “cheating the system,” and so on. At one point Tara explained other recipients’ behaviour as fraudulent while at the same time admonished herself for doing so,

Tara: Well I have had to force it to work for me I’ve had to fight tooth and nail to get into the programs, to have access to the options you know I mean I have listened to workers lie through their teeth. I have watched them say no to people that aren’t abusing the system and say yes to people that are and it’s so confusing I mean like there are prostitute women at the welfare office wearing Gucci and gold and piercings galore on their frickin’ ipods, ipads and they’re like “you didn’t give me all my money where is it?” And you know her frickin’ like her protection’s outside in the fuckin’ Rolls Royce or something and then there’s two little old ladies crying and sobbing in the corner because they have no money for food. And then she gets her money and these little old ladies leave with nothing. And it’s like this is wrong, this is so wrong. I mean granted I don’t know what’s going on for those other women who clearly look like they’re fine... that’s me judging again but you can’t help it when you see like a sparkled out chick and a little old lady in rags, it’s like what the fuck? And then there’s all the women in there with their kids, with no dads or multiple dads with multiple kids, I’m like oh my god, I’m so glad I’m not that. I couldn’t imagine being in this system with a mouth to feed. It scares me you know?

Referencing other women’s “sparkled-out” appearance and possessions in contrast to “a little old lady in rags” Tara is both expressing the frustration of her own financial scarcity in the face of what appears to be extravagant spending and expressing ideas about proper behaviour and financial discipline for people receiving assistance (Hyatt 2011, Nyqvist 2011). By including the reference to women with children from different fathers Tara’s explanation also references the harmful stereotypes of ‘welfare queens’ that were mobilized by conservative politicians in the United States to personify welfare recipients as undisciplined, irresponsible, and un-deservedly reliant on public funds (Hyatt 2011). Literature has shown this stereotype to be an inaccurate representation of the realities mothers on welfare experience and a furtherance of economically and socially conservative motivations for restricting and policing social service provision (Hyatt 2011). However Tara’s depiction of women who support themselves and their children with income assistance also serves as an unimaginable reality for herself. In this sense Tara centers her own struggle in her depictions of people she characterizes as “abusing the system”. Tara recognizes that judging others as affluent by the way they appear isn’t an accurate depiction of their reality and catches herself doing so only to turn her attention to another of her perceptions she doesn’t want

for herself – motherhood. Earlier in the conversation Tara had described interactions with other women receiving assistance who suggested she have children to receive more monthly income. Tara explained these suggestions as reprehensible as she does in the excerpt above and underscored the seriousness of her perspective by explaining that she'd considered having her “tubes tied” to prevent the possibility of having children. While this perspective on other women receiving assistance furthers the idea that there is a right way to raise children (Schepper-Hughes 1992) and that the responsibility for care and financing of a child's life is in the hands of their family (read: mother) it also demonstrates that Tara sees this as a non-option in her life. Her material circumstances and her experiences of disability combined with the way the social role of a mother is constructed in our society led Tara to believe it is not an option for her and that if she were to consider it she would be harming her children and other income assistance recipients by taking income assistance support for them.

In a meeting I attended of a local advocacy group for citizens concerned about poverty that meets monthly in Vancouver the concept of fraud surfaced in the conversations about income assistance. My initial reaction was a tightening in my chest: weary resistance to hearing again about how people are living high on the government's money and ‘well would we be advocating for *all* people on welfare?’ I tried to fight through my discomfort so I could pay attention to what was being said and how it was being phrased. The group's facilitator listened to the questions in full and responded that there is indeed fraud at every level of the financial scale. However she went on to cite tax evasion and loopholes for corporations that would keep much higher amounts of money out of public use than income assistance fraud would. As she referenced the activities of higher earning citizens and organizations in concert with income assistance recipients, the tone of the conversations changed. Now, ‘welfare-fraud’ seemed a less credible explanation for low assistance rates.

My discomfort at hearing welfare fraud being brought up at a meeting designed to address poverty, and Tara's anger at other income assistance recipients have something in common. They are emotional reactions to the depiction of wide-spread material suffering as a result of the actions of unscrupulous individual recipients. By suggesting that fraud is a hindrance to adequate service provision the idea of fraud works to legitimize tight controls on government money and casts the problem as one

that is caused by income assistance recipients committing fraud. This keeps eyes off how the system is designed and funded.

Particularities of Participants' Disabilities

Critiques of the neoliberal ideology espoused within the application process and the demands of receiving assistance can be read through the particularities of each participant's experiences of disability. Accessing the Ministry in person or on the phone is already made difficult by long wait times designed to maximize the use of employees' time and decrease overhead costs. For all the participants this difficulty was exacerbated by mobility limitations, travel distances and transit inaccessibility, wait times that were made unbearable due to chronic pain or other physical limitations, triggers to anxiety and depression, and more.

Poppy and Nigel repeatedly confronted expectations of independence and self sufficiency and the drive to deny applicants in order to shrink expenditures by having to explain their relationship to Ministry workers.

Poppy: ... I was sort of preliminarily assessed over the phone and they basically said all you need to do is sign the stuff we've already assessed you. They re-assessed me and like they picked over things like, Nigel is my partner, boyfriend, partner, person...

Katie: Mmm hmmm.

Poppy: Um... but we don't have a domestic partnership, he's moved in to take care of me because I can't take care of myself but like, we don't co-habitate, he's kind of more like a room mate who helps take care of me. And they kept saying oh...

Nigel: ... we don't share any assets or any of that other crap right...

Poppy: ... yeah we don't. Like the only reason he's here is because I'm too sick to take care of myself. He moved in after I got sick and started having problems, um but before that we were living separately and quite happy to be that way, we didn't have intentions to move in together or anything like that. But as soon as she sees, 'oh this person is your partner and they're living with you, I see that you've marked off that you're single' and I'm like "yes, we don't have a domestic partnership he's not like, he's not my common-law, we're not married, we don't have intentions of any of that stuff, he's helping me because I'm sick" and they're like, "well we're

going to have to reassess you as a partnership because..." and I'm like, "but you don't understand, he's not a domestic partner, he's a caregiver!"

After explaining this in the assessment interview Poppy again had to explain hers and Nigel's relationship to a Ministry worker over the phone.

Poppy: Yeah. So yeah, we called back and uh she was the worst person I've had to deal with at income assistance. So like, I'm a fairly polite person, I did everything they asked me to do and I was just trying to get some help. You know I'm not trying to like, rip anyone off and I'm not trying to like, screw anyone over, I'm just really struggling and asking for help and so you know she goes through the whole thing all over again and um she just was like, really rude to me and um you know was just really suspicious of me, um she went through the whole, "Your partner answered the phone so, that means you have a partner, we have to re-assess you." So we had to go through that whole thing again, and she made me say repeatedly that I'm a single person, or that I'm claiming to be a single person, like she didn't believe me at all, and I was like, "I don't know how else to explain this to you. Like, we're not married, we don't have a domestic partnership, we're not common-law, he is helping take care of me because I am sick. And when I'm not sick I will live on my own and he will live on his own."

Katie: Mmm Hmmm.

Poppy: And to me that's like, not, like we don't share assets, we don't like, I'm still struggling with my own finances...

Katie: Mmm Hmm.

Poppy: And so she finally believed me but you could tell she was like, 'I can't get her to confess so I'm going to have to like, write down what she says or whatever.' And I'm like, at this point my anxiety is like, up here [raises her hand], I'm like panicking, I'm like crying, my voice is like shaking on the phone and I'm like I'm so sick and I have like the prospect of some unpleasant treatments ahead of me and all I want is for somebody to say like, it's okay, you don't have to worry about this part anymore. This part is over. And she's like ... you know I just was panicking and feeling like judged and like mistrusted for applying for a service that is supposed to be a right for every British Columbian.

The excerpts above illustrate how Poppy's physical and mental-emotional limitations precluded her from navigating the application process alone and how her relationship with Nigel enabled her to meet the requirements that she show up to the Ministry office in person, complete the applications, communicate about her application, etc. However their relationship was viewed as a potential source of economic support by Ministry workers and interrogating their arrangement triggered Poppy emotionally. As she explains her reaction to this phone conversation Poppy's anxiety symptoms become

wrapped into the other symptoms of her illnesses. The anxiety from the phone call becomes wrapped up with her “complex constellation of issues.” Poppy’s story explicates how accessing PWD can be punitive, demanding, and unaccommodating of people’s disabilities. Participants extended these critiques further by deconstructing the ideals of independence and self sufficiency as inadequate when seen through the lenses of their experiences of disability. Beyond the PWD applications and strictures of assistance, employment was often a site of friction for people I spoke with. The market-oriented expectations of performance standards and efficiency were incompatible with the realities of participants’ disabilities. Tara described leaving her part time job at Zellers after her manager encouraged her to quit following an incident where Tara collapsed outside the store. Previously customers had also contacted management with concerns for her well-being, saying she didn’t look well and suggesting she be given a break. The manager’s suggestion that the job was not good for Tara enforced an ableist image of the ideal employee through concern for Tara’s wellbeing (Yang 2010). After Julie was laid off from her most recent full-time position her employers had a conversation with her about the impact her well-being had on her presence in the office, suggesting Julie had low self-esteem. Julie described this conversation in a confused and hurt manner as it was not phrased as an explanation of her dismissal.

Julie: (...) Getting that confidence up was really hard, there were times when I was doing really well and with my last job I thought I was doing really good, that was the other thing I was told, I was told I had low self esteem. And I thought, well I’ve come a long way but I didn’t think I was that bad. Just because I’m an introvert and I don’t like to speak in front of crowds and stuff, they were kind of holding that against me as being low self esteem, well maybe it is a little bit but I notice people with lots of confidence that can’t speak in front of people, that’s just the way we are.

Julie had been medicating her chronic pain so she could attend work. In decoding this exchange during our conversation she called herself shy and introverted suggesting some internalization had grown out of this exchange with her former bosses. Charelton (1998) writes that an internalized sense of inferiority is an effect of the marginalization and oppression of people with disabilities. Julie and Tara’s experiences demonstrate how beyond the application for and receipt of PWD assistance the specificities of their disabilities were incompatible with neoliberal expectations that employees be productive and responsible for their well-being.

Research participants' experiences and interpretations of PWD assistance reveal the ministry's expectations of independence, self-sufficiency, and responsibility for one's self. The market based logic driving Ministry service is also present in participants' stories. Tied to this market logic is the Ministry's faith in the labour market to provide for everyone's needs. Robert Wilton (2006) argues that employment increasingly emphasizes speed and productivity, which he argues further excludes people with disabilities, increasing their material insecurity. From implementing practices that increase efficiency and productivity (Wilton 2006:142-143), to the overall decline in wages and opportunities (Wilton 2006:136-137), Wilton outlines the trends that increase the inaccessibility of the labour market for people with disabilities.

Lastly, enforcing the ideals of independence, self-sufficiency and responsibility for one's self creates suspicion and presumptions of fraud, which surface throughout the application process and threaten participants' continued security. These forces are not limited to the PWD application process. And as participants' discussed they are uniquely troublesome due to certain particularities of their disabilities. The cost efficient service delivery aggravates Poppy's symptoms, the fraud suspicions trigger anxieties, the faith in the labour market is contradictory to the seriousness of impairment that is necessary for applicants to qualify for PWD support to begin with. Participants actively endured the rigours of applications and services. Navigating these barriers requires and develops skill in bureaucratic processes. In addition to individual endurance and skill, participants drew on their existing networks and made new connections for support.

Chapter 4. Networks of Support

In spite of the Ministry's emphasis throughout the PWD process on the individual's responsibility to complete the application and subsist on their own, each woman I spoke to described the importance of support from their extended networks¹ in meeting the demands of the application process. The roles of these networks in each participant's experience are not uniform, including the level of involvement of medical professionals. They are also not static. Each woman related changes in these relationships during and connected to their application experiences. Erin's relationship with her employer changed as her symptoms changed and as a result of her own agentive management of her wellness. Each person is the chief force in completing their applications and navigating the Ministry's requirements. The work and skill developed in the process was apparent in their reflections on their experiences and advice for other applicants. However participants all suggested that completing the various demands of the application process without support from outside of themselves was inadvisable, even unthinkable to some. In order to discuss what each participant saw as crucial elements of their experiences I asked each person what advice they would give someone else who was going through the application process. Each woman referenced the help they received from outside themselves as key – in their estimation – to their application being successful. People relied on various friends, relatives and professionals and supports from their extended networks to complete the logistical and emotional work of filling out the application forms and going through PWD processes. Before, during, and after their experiences of applying for PWD participants also drew on these networks to endure the work involved in living with very little material supports.

Help from advocates, doctors, and assessors was explicitly referenced as essential in gaining PWD assistance. As was discussed in chapter 3, having an

¹ By extended networks I mean those people personally close to the participants as well as the helping professionals integrated into the process like medical doctors, assessors and helping professionals brought into the process by the participants or their contacts.

established relationship with a medical doctor² is key in completing the application and – in the estimation of the participants – to being approved for PWD. Poppy, Nigel, and I imagined the difficulties people would face starting the application process without a doctor to speak to their disabilities. Tara and Erin both stated that in their late teens and early twenties they relied on walk-in clinics and only later developed more intensive relationships with medical professionals. For Tara her symptoms interfered with her employment long before these relationships were established. Julie stated that she had brought up the option of applying for disability supports with her doctor when their relationship was still new; however, her doctor was not supportive. Julie continued to work with chronic pain and other impairments. Julie advised that future applicants find a good doctor and a good assessor. She knew her assessor prior to the application process and explained that he communicated with her doctor to ensure that certain information was included in the doctor’s section. When discussing her experience in the context of advice for other applicants Julie explained that she had to wait two months for her assessor’s portion to be completed and attributed this delay to the lack of support for applicants stating, “... I would just love to see the process be... made easier. We need more advocates, we need more assessors.” Julie’s statement reflects that people benefit from support from other people and increased resources (advocacy expertise, additional people’s time, and assistance) to accomplish the work involved in navigating the application process.

Logistical support from helping professionals is woven into the application requirements. However most participants also discussed relying on their friends and family throughout the process. Friends and family were cited as helping with the emotional work of applying as well as the logistical needs. For example, Poppy and Nigel worked on Poppy’s application intimately and intensively. Nigel’s background in legal studies informed his searches through legislation and on-line literature. Throughout our conversations participants emphasized the emotional and social demands of applying. Their extended networks played various roles in supporting them through the rigors of the process and the demands of their particular disabilities. Erin’s description of sitting in front of her computer screen so paralyzed with anxiety she couldn’t submit her

² All the participants had western medical doctors assist with their applications however other authorized professions are listed on the application as acceptable.

application while her mother stood behind her, ultimately reaching down and pressing 'submit' for her depicts a compact image of the importance her relationship with her mum played in completing her application and managing her symptoms.

Julie explained the incongruous role she saw personal support playing in her application,

Julie: Because you have days where you're really down and you can't even get out of bed or something and it's like, (sighs) you need someone to push you to do things. And sometimes you just have to stay home and rest, so it's like two things there you have to tell yourself to slow down and you need somebody to push you (Laughs).

Julie's description of needing to balance rest with motivation applies to the journey participants described of coming to know their lives with new limitations. The limitations of the body or mind meeting the ablest infrastructure, both built and social were exacerbated by financial scarcity and its resultant material insecurity. Elizabeth Povinelli (2011) describes the work involved in sustaining life and acquiring resources for people who experience poverty in her book *Economies of Abandonment*. She sees this work as a result of not having "things at hand," meaning the ease provided by sufficient resources or material abundance. In conversations with the participants in this research project Povinelli's interpretation applies to the financial scarcity that many PWD recipients experience. This material scarcity is exacerbated by their encounters with unfamiliar limitations and an ablest infrastructure.

Tara: I'm lucky enough that I have an amazing network of support from my friends and I cherish them and I feel very humiliated a lot of the times because I have basically been living off of my friends. I mean I had a friend come over last week, I had gotten the tummy flu that had gone around, and it put me in the hospital, I got better, and then I got it again. And I had no food in my house. I had no ability to cook for myself at that time because I was pukin' and all that stuff and so I had a friend come over and teach me how to make soup. And he took one look in my fridge and said, "where's your food?" And I said, "what you see is what you get" and he immediately called my other friend and said "we need you to come and pick us up and take us to the grocery store", and I said, "I only have \$20 for the rest of the month" and he said "what do you mean you only have \$20, it just started." I had to buy cat food. My cat, which is one of the only things that keeps me sane, I need to feed him. And they're like, "so you're picking your cat over you" and I'm like, "yes and I always will" and he has a kidney stone thing so he needs good food and its expensive. They're like "well why don't you get rid of your cat" I'm like yeah, "why don't you just put a gun to my head now?" You know I'm alone in my apartment, not able to do much of anything and I don't live with any one so no, this

is my companion, this is my therapy cat I mean I've actually had to say to people "this is my therapy cat" just so they'll leave me alone about it. I mean you shouldn't bother... "oh well you shouldn't have that cat if you can't afford to feed yourself, la da da da der" and I'm like, "Dad I know that you have like 6 random cats that you feed around your house but this isn't just a cat you know?" (pause) So any ways my friend takes me to the grocery store and he buys me \$200 worth of food. And now my fridge is packed. And now I feel confident, I'm not scared that I'm going to collapse somewhere from malnutrition. I'm sleeping better because I have food, my Crohn's is doing really good because I have food. You know I'm costing the government less when I'm healthier, isn't that the whole idea?

Tara's story about her friends helping her with food and logistical support demonstrates how relationships can buffer the ill effects of living with little. Tara also references the social isolation she experiences as a result of her disability when she explains that her cat is part of her network of support³. However she also acts as an educator in this story when her friends don't understand the cause of her scarcity and critique her abilities to care for herself. Tara often portrayed explicitly and through her manner of speaking the exhausting effect her experiences of PWD and living with a disability had. In this excerpt the material support for her day to day were being bolstered by her friends but she still had to work to explain her material, corporeal, and social limitations.

The excerpt from my conversation with Tara demonstrates that the roles networks of support play in participant's experiences with disability and PWD are not uncomplicated or wholly supportive. Tara often referenced the lack of support she received from her family and the negative characterizations of disability she had experienced from friends and family, including sloth, dependency, moaning, and malingering. Further, her limited financial resources and unpredictable symptoms had contributed directly to lost friendships.

Tara: (...) I've had many people come and go in my life because they say "I can't really hang out with you because I can't really do much with you because I never know if you're going to be okay." And it's like, "thanks!" (sarcastically)

Katie: Laughs.

Tara: Or like "how are you doing today do you want to maybe go for coffee?" "Well I kind of can't." "Well then I'm not going to really try any more because you're

³ Tara and Erin referred to their cats as therapy cats.

always sick and I never get to see you.” And It’s like ... okay. What am I gonna do if you’re just going to take it as a ‘you’re too sick to hang out so I don’t want you as a friend anymore’ well then I don’t want you as a friend anyway.

Katie: Yeah.

Tara: Or the fact that my friends want to go out and do stuff and they want me to come. “Sorry can’t afford it.” “That’s always your line Tara.” Yep.

At times relationships with friends, family and helping relationships contributed to the conditions that resulted in a participant needing help. Erin’s relationship with her mother was her main support before applying for PWD and during the application process. However this intimacy also worked to trigger Erin’s anxiety,

Erin: (...) the people in the hospital (...) said you gotta do this because your mom’s financial struggles are effecting your mental health. Any time she had the slightest financial difficulty I would spiral in guilt and shame I’d not want her to buy any food for me um... I would avoid spending any money period and I would, I’d just, I’d fall apart and it’s all because of guilt and shame um when you don’t have a job you feel a lot of guilt and shame when somebody else has to provide for you.

Erin’s dependence on her mother helped her cope with her symptoms but also exacerbated them. The hospital staff noticed this relationship and suggested she seek financial support through PWD. A hospital social worker started the application with Erin but when Erin was ready to be discharged that support ceased and she returned home where her main support to complete the application process was her mother.

The variety of roles within participants’ networks of support isn’t unique to their experiences of applying for PWD. As Tara and Erin discuss in the passages above their day to day relationships flow into the application process and likewise the strictures of the applying for and receiving PWD splash back into their day to day. However of all the myriad connections within participants’ networks I wish to focus further on two issues pertaining to these networks of support that surfaced from conversations with participants. The first is the role of institutionalized or professional knowledge in PWD applications and the second is the integration of applicants’ personal networks of support in navigating an application process that emphasizes self sufficiency, individuality and the responsabilization of the individual (Nyqvist 2011, Rose, 1999). Turning to the latter we can see how neoliberal understandings of market logic and individual responsibility pervade Tara’s story about her friends helping her with groceries. Running through this

story is the recurrent swell of responsabilization and market-driven thinking (Nyqvist 2011, Rose, 1999, Povinelli 2011) that PWD applicants must navigate in receiving assistance. Her friends' and father's opinions about Tara's spending habits in relation to her cat suggest the same logic of cost efficiency at work in Ministry procedures. Tara explicates this argument with derision when her statement ends with affected, judgmental mono-syllables, "...oh well you shouldn't have that cat if you can't afford to feed yourself, la da da da der." Tara closes this story with another critique of the incompatibility between the Ministry's promulgation of neoliberal ideals of self sufficiency and responsabilization and the material scarcity that PWD recipients must navigate when she says, "You know I'm costing the government less when I'm healthier, isn't that the whole idea?" In this statement Tara has tapped into an irony of income assistance and of fiscal conservatism. The money saved in keeping assistance amounts low is just spent elsewhere addressing the outcomes of poverty.

Participants' discussions of their networks also demonstrated that having expertise from outside the individual was viewed as important in gaining PWD designations. As I discussed earlier in this chapter participants emphasized the role of medical doctors as foundational to the application process. Tara explained how the advocate she saw for help suggested that Tara not complete section 1 of the application as in the advocate's experience the doctor's section was all that was needed. After her application was rejected Poppy sought help from a friend who worked at the BC Coalition of People With Disabilities (BCCPWD)⁴. Her friend had more experience with PWD applications and saw Poppy successfully through her appeal. She had been rejected because certain information was not in section 2 in spite of it being included in section 1. This suggests that information from medical professionals is considered more authoritative than the information from people with disabilities themselves. Due to my recruitment strategies⁵ all of the participants that I spoke with referred themselves to this project through a Facebook post from the BC Coalition of People With Disabilities. The Coalition's resources therefore became a major part of the document research that participants directed me to. Poppy's friend's assistance represents the work that the Coalition does to support PWD applicants in understanding and completing the

⁴ Now called Disability Alliance.

⁵ See methodology section of chapter 1

application process. Their publications do the work of parsing Ministry language and providing direction to applicants on how to engage with the various elements of the application. This support shapes how participants complete the application process and the information that is included.

Communicating to be Approved

It is necessary for individuals to discuss their limitations and explain their disability throughout the PWD application process. The ways participants communicated their experiences of disability within the application were influenced by the particularities of their disabilities, their networks of support, and their experiences dealing with the Ministry. In attempting to craft a successful application participants stated that they placed great importance on completing section 1. Many of the participants spent the maximum allowable time working on the application before submitting it. The use of the BCCPWD guide and the integral role of authorities outside of the applicant shaped how people communicated their limitations-as-disabilities within their application.

The BCCPWD guide advises applicants on how to approach the application and how to respond to the questions therein. Participants cited this guidance as key to parsing the application's expectations and more specific meanings. The guide's intention is laid out in the introductory section as follows, "Advocates can use this Guide to help their clients qualify for the Persons with Disabilities Benefit (PWD). We have also written this Guide to help people with disabilities who want to apply for this benefit on their own" (BC Coalition of People with Disabilities 2009). Within this statement is the acknowledgement of the central role that outside support plays in many applications through the foregrounding of advocates over people with disabilities. It also acknowledges the intention to help people qualify for the PWD. It is therefore not just an interpretation or explanation of the application. This explicit intention to help is complemented by participants' endorsement of the guide as useful to their application experiences. One way that participants used the guide was in forming their responses to section 1. Participants explained how the guide offered interpretations of the questions in the application and informed the depth of their answers.

Tara explained how receiving assistance also demanded that she communicate her needs in particular ways,

Tara: Yeah or just be very docile and you know just meek (folds body inward, bows head, looks up) so they don't feel like they have to (squares shoulders, faces forward, sets jaw). I've gotten really good at that 'cause it's almost like I have to humble myself in front of whoever I'm asking for help for them to actually have a sensitivity for them to be like "oh I can actually see that you're uncomfortable." Not just be like "help me" (aggressively) but be like "could you please help me" (bashful) you know. It sucks and sometimes I've had friends going "that's disgusting that you have to do that" you know? I'm like if I'm okay doing what I need to do to get through life you should understand that I'm okay with that.

Tara's story and her use of body language to role play the different versions of herself and the Ministry worker's response suggest that she has developed a way to present herself that results in gaining more support and better service. These actions are in response to the expectations of Ministry workers. As Tara explains, 'it sucks... but she's okay doing what she needs to do,' in other words she recognizes that humbling herself is a necessity for accessing supports.

Influence from people, organizations, and documents impacted how participants communicated their disabilities (Shore & Wright 2011). However these influences did not form an unformed mass or fill a void. Participants told stories during our conversations from outside the application process to illustrate how negotiating life with their disability was difficult because of the particularities of their impairment and also because of preconceptions about disability, wellness and capacity.

The discomfort of certain experiences was highlighted in our conversations. Poppy explained how her shoulder blades had lifted off of her rib cage, severely limiting her mobility and causing great pain. Tara told me about how a change in medication had caused rapid weight gain causing her skin to tear. Julie described the amount of time that her therapeutic regimes demanded and the energy that she expended treating her conditions. The corporeal and logistic agonies that participants explained were accompanied by stories of encountering limitations in day to day life. Public transportation was referenced frequently by each participant to illustrate how their conditions were limiting when met with ableist infrastructures. The built environment of public transit systems and the social infrastructure of people's expectations played various and interconnected roles. Tara described many incidences of discrimination

around public transit due to her disability, the following excerpt describes one of these encounters. Prior to this excerpt Tara had explained that she usually sits in the wheelchair accessible seats reserved for people with mobility limitations due to her arthritis.

Tara: I'm sitting in the spot that I usually sit in and there are 2 ladies that come on with strollers, I don't have to move because everyone else moved and flipped them up right, and one of the women is pregnant with her stroller as well so she's got a little one and she's got another one on the way. And I notice this and I think to myself, should I move? But someone else offers her a seat and she's like "no, no, no I'm going to stay with my stroller and so I'm like okay, she's dealt with. So I put my headphones on, I'm listening to my music to have some lady three times my size smack me on the shoulder: "move for the pregnant woman you stupid fucking cow." And I'm "like don't fucking assault me!"

Katie: She actually hit you on the bus?

Tara: She hit me. She went 'whap' on my left shoulder and said "Move. Move for the pregnant lady." And I'm like "don't you fucking assault me, don't you fucking touch me." And she's like "how dare you, how dare you". And I literally, I will show you what I did. (picks her purse up off the floor) I pulled out my purse (pulls out an accessible parking sign to hang on the rear-view mirror of a car) and said "will you leave me alone now bitch?" and put my headphones back on. I had to flash my handicapped parking spot at her just to leave me alone and I could still hear her and 4 other ladies...bickering, insulted saying that I should move and how dare I and that's so disgusting of me to not move for someone... who doesn't want to leave her stroller, which is over there.

These women on the bus didn't recognize Tara's claim to the priority seats. Tara's response to show them her accessible parking permit acts as an authorization of her limitations and access to reserved seating. Poppy also used her ergonomic back support that she brought to work with her to demonstrate to me the adjustments to her day to day life she made in order to perform her job comfortably. Tara's encounter with this public disapproval of her access to supports resonates with other participants' stories. Many occasions called upon the participants to demonstrate or communicate the particularities of their disabilities. In order to do so participants drew on medical diagnoses; external paraphernalia like Tara's parking permit or Erin's Ativan bottle; or comparison to other, more visible disabilities. More than one participant speculated whether PWD would be easier to access for people with more visible disabilities would be treated as more deserving of services from Ministry personnel.

Communicating the particularities of their disabilities was not only a matter of kind but of severity. When Poppy and I met for the second time she was recovering from surgery to address her endometriosis. Poppy explained that in the wake of this surgery she was feeling relief of her symptoms however she could no longer conceive or give birth. Poppy told me that she was not too disappointed by this outcome but knew that her mother would be more concerned. She explained that she had struggled to communicate the level of impairment she experienced to her mother and felt that her mother's responses to her had under appreciated Poppy's experiences. She told her mother about her inability to conceive or give birth as a way of communicating the severity of her conditions in a way that her mother would understand.

These stories suggested that while communicating experiences of disability was not an official requirement solely of the PWD application participants described how they experienced a continual demand to do so in order to navigate their day to day. However the stories of coming to know their limitations through their daily life was not the same as communicating it to the Ministry and would not necessarily result in receiving PWD status. Povinelli writes that in order to gain recognition subjects must present difference in a form that feels like difference but doesn't permit any real difference to confront a normative world (2011:31). Participants' stories of being rejected or being denied assistance when they communicated their disabilities in ways unacceptable to the Ministry's ideas of disability resonates with Povinelli's statement.

Poppy and Tara were both rejected prior to gaining expert assistance (from a friend connected to the BCCPWD and an advocate respectively). Their subsequent approval after submitting amended applications was not due to any new impairment or diagnosis, but from adjusting the information in the applications. Describing the documentation around neonatal care, Heimer (2006) notes that multiple people can find unique agencies in a single document. From this perspective PWD applications can have certain meaning and potential to the applicant, others to an advocate and more meanings to the Ministry. Tara's advocate suggested submitting an application without any information in section 1. Poppy had her doctor complement the original version of section 2 to include information that – in spite of being included in the original version of section 1 – was not considered by the Ministry. The manner in which information is communicated and by whom matters in the decisions of the Ministry and adjusting how

information is communicated can result in applications being made successful. The stories that participants told of coming to know their day to day lives with impairments highlight the interaction between the particularities of the participants' disabilities and their surroundings. However this form of narrating their experiences and the way their experiences were communicated in the applications differ. In the BCCPWD guide, applicants are encouraged to answer the questions as though they are referring to their 'worst day', an acknowledgement that impairments aren't total or consistent.⁶ The information being communicated is also partial. The guide acknowledges how disabling this can be when it reassures its readers, "Most people with disabilities prefer to focus on the things they can do, rather than on the things they cannot do. However, when an applicant fills out the form, they need to think about how their medical condition(s) affects them on their worst days" (BC Coalition of People with Disabilities 2009). Participants described how detailing their limitations was difficult. Poppy and Nigel's combined efforts to complete section 1 demonstrate how identifying and describing Poppy's limitations was a process of discovery and collaboration,

Poppy: Well and that's what I think is so complicated about fibromyalgia is because there's no ... definitive test ... it's hard for me to get perspective on ... like... there's times where I'm like... 'maybe it's not really happening to me' and 'maybe I'm just being a big wuss about things.' And it's really taken people with an outside perspective to say, "no, it really is that bad." Or you know I'll have those moments where I feel better and that's where I really realize how bad it's been...

Katie: Mmm Hmm.

Poppy: ... but you just get used to dealing with it and then you kind of ... um... forget how bad it is or you kind of dismiss it or shrug it off. Yeah, I mean it's even true with some of the cognitive stuff, like I was like, "I don't really have any cognitive issues" and he was like, "well, think about when you have a panic attack, you can't even communicate with me," like, I would have to like take my phone out and text things because I couldn't even talk ... or if it's like certain topics I can't even...

Nigel: Well there was one night, the first night we were filling it out and you were like, "yeah I don't know about the cognitive stuff" ... "think about the fact that I'm

⁶ The guide states, "Remember, to qualify for the PWD benefit, the applicant must need significant help to do daily living activities—from another person, from an assistive device or from an assistance animal" (BC Coalition of People With Disabilities 2009).

sitting here typing this for you. Like you can't even do that and you have to take breaks like every hour or two." She's like "... oh yeah.." like that's pretty bad!

Poppy: Yeah. And I would consider myself to be like a fairly intelligent and educated person so I was like, "I don't have cognitive dysfunction!" And then I was like, 'well think about how hard things were when I was trying to work!' I mean the fact that you know I was getting so upset by clients' stories that I was on the verge of breaking down while they're telling me ... I'm hearing about these people that are homeless or that are struggling to get support and it hits so close to home for me that like, that's part of the reason that I stopped working is because I'm like, too upset by my own situation to be effective in helping these people...

Katie: Mmm Hmm.

Poppy: ...And that in itself is a dysfunction that is a result of anxiety and depression... and I was kind of at first downplaying all of that stuff until he was like, "think about it a little bit more." And kind of giving me an outside perspective. If people were working on it on their own I think they would miss a lot of stuff that an outside person would see...

Poppy and Nigel's conversation demonstrates how completing the application required participants to pull apart their day to day experiences of their limitations and frame them as such. Titchkosky & Michalko (2012) state that the disabled body is conceived of as a problem and not in terms of an identity. James Overboe (2012) states that disability is defined against ability. In light of these theories about disability, participants' difficulties writing about their disabilities and thinking about their limitations can be attributed to the problematic frame being put on their experiences. The effort with which participants did this work contrasts with the ways in which they communicated their disabilities to me in our conversations and to others as explained above. These referential and situational depictions of their disabilities demonstrate the role of culturally constructed notions of 'able' and 'disable' and the social and material structures that are built from these constructions in disabling participants in their day to day lives.

However as Titchkosky and Michalko (2012) note disability is imagined in other ways than a social constructivist perspective and each person's corporeal sensations and emotional reactions are coexistent in the stories participants tell. Closely detailing their limitations and dissecting their experiences into the variety of ways that their impairments were disabling was variously described as triggering, educational, revelatory, and embarrassing. Tara's story about encountering discrimination on the bus demonstrates her anger and hurt at being assaulted. However, Julie stated that

“accepting that I have disabilities, barriers, whatever you want to call them, was probably one of the biggest things I did this year – was accepting.” At times participants struggled to express their experiences of their conditions or impairments and drew on parallels or other similar experiences to communicate to me what it was like. Erin referred to Kay Redfield Jamieson’s (1995) book, *An Unquiet Mind: A Memoir of Moods and Madness* to explicate her experiences of bi-polar disorder. Jamieson is a psychiatrist with bi-polar disorder who describes her experiences of mania, depression and medicated and non-medicated states both subjectively, poetically and from her perspective as a doctor. In the previous excerpt from my conversation with Poppy and Nigel, Poppy notes that outside perspective is useful in determining what to even consider an impairment. She also explains how it was only after a difficult or painful time that she would realize how difficult and painful it was. Erin’s reference to Jamieson’s book and Poppy’s description of perspective demonstrate that participants were continually making sense of their day to day both within their experiences and after.

Living with material scarcity increases the stakes for a successful application and so participants endured the discomfort and uncertainty of the application process and worked to craft successful applications. One means through which they did this was by communicating in a manner recommended or exemplified by people with expertise in medical or other industries parallel to the application process. Documents from these experts also advised ways in which to complete applications. Authoritative or expert knowledge was referenced in my conversations with participants as a way of validating or authorizing what they were saying. Poppy, Nigel, and I discussed Poppy’s experiences waiting to see a gynaecologist for severe endometriosis symptoms. As a result of her doctor’s misdiagnosis of Poppy’s symptoms Poppy had a long wait to see a specialist and so had submitted her PWD application without any information on her gynaecological conditions. They explained how Nigel’s brother was learning techniques for diagnosing “endo⁷” in medical school that were not commonly used by more established medical professionals. Calling on this knowledge served to verify that Poppy’s symptoms were legitimate in the absence of a diagnosis by a gynaecologist and critiques the slow response of the medical establishment by pointing out the fallibility of their methods. Another demonstration of the incorporation of medical authority into the

⁷ Endometriosis.

participants' experiences of PWD can be found in how the participants described their disabilities. Erin used medical terminology in first describing her disabilities and symptoms, "so the first thing is, when I was 17 I was diagnosed with depression and social anxiety disorder, those are my disabilities. Um, later on it was changed to bi-polar 1 disorder and anxiety disorder not otherwise specified." Poppy and Nigel's and Erin's experiences exemplify how communicating about one's disability both within the PWD application and outside of it is influenced by the involvement of medical professionals in the application process.

The strictures of applying for PWD therefore shape how participants communicate their disabilities. In the following section I will explore how communicating in this specific way, examining their experiences in detail, and living with the requirements of receiving assistance have impacted participants' senses of self and other. These same influences make participants' material security precarious.

Chapter 5. Senses of Self and Deservedness

In the preceding chapters I have explored how participants discussed the difficulties they encountered. The experience of filling out the applications required close examination of their lives, speaking about their lack of capacities in detail, and meeting requirements that were often hard for them. These strictures of applying for and receiving assistance operate under neoliberal ideals of independence, self sufficiency, responsabilization and market logic. In spite of having dismantled these ideals as constructed and at times ableist, participants were (continually) compelled to navigate them in order to be deemed eligible for support. Diminishing support and material scarcity propelled participants through the application processes. Participants imagined PWD as a support system that would address their financial precarity. Once within the application process participants came to know the difficulties of applying. However, their lack of financial resources increased their need for support and decreased their power to resist the demands of the application process. The stakes of successfully completing the application outweighed the demands placed upon themselves and decreased their ownership over the story of their disabilities and how they viewed themselves. This chapter is titled *senses of self* to indicate that the people I spoke with had complex and changing relationships to their sense of themselves and others. Experiencing social violence has implications for how people see themselves (Todeschi 2001) as does acquired disability (Murphy 1995). The social violence of living in poverty due to a disability has implications for how people see themselves as well.

One self changing effect of the strictures of the application process was that participants began to doubt their experiences of disability, the severity of their impairments, and their “deservedness” of assistance. I have previously discussed how Poppy began to doubt her experiences while waiting for word on her application, similarly, Erin assumed that PWD wasn’t for her after having read the application as the examples included didn’t fit what she was experiencing.

Erin: (...) Um in 2012 the hospital convinced me that I should apply for disability, prior to that I had gotten a family doctor but I looked at the application and I thought “I’m not really disabled, I mean it’s meant for people with physical disabilities right?” and I’m looking at it and the application looks so physical, there are some mental things but it’s so physical and I was so certain that I’d be rejected that I didn’t even want to try.

Participants’ relationship with their disabilities is shaped by the demands of the application process, and by the way disability is portrayed throughout the application process. Poppy’s doubts about her experiences of pain and limitation were inspired by the prospect of being refused PWD designation after enduring the strictures of the application process. Erin’s inability to see her disabilities in the language of the application informed her initial aversion to applying.

Participants also referenced ‘deservedness’ in other ways not directly connected to the receipt of assistance. In the following passage Julie explains that her current employment is affected by how she views herself and her capacities,

Julie: I work for minimum wage. But it’s partly because I don’t feel I’m up to... I don’t feel I’m worthy of a better rate because I work at a slower pace.

Katie: Oh really? Oh.

Julie: Yeah, I have issues with memory and stuff now so, but you know minimum wage for a lot of people ... I don’t think I could do it without my PWD.

Julie describes her willingness to work for minimum wage in relation to her ‘worth.’ Implying that her productivity is lower than average or lower than it once was or could be and so her compensation should also be lowered. This passage represents a refraction of self worth and compensation through a lens of market logic, such that light shines on Julie’s wage and ability rather than the ableist nature of the market and the constructed nature of neoliberal ideology. However within this undervalued position Julie has found economic support and expectations sufficient for her situation. Julie further addressed her current employment at another point in our conversation highlighting how this arrangement provides flexibility for her to manage her disability,

Julie: I have an employer who’s flexible for me, you know I talked to him and he’s quite good, sometimes he’ll push it and I’ll say, “Can’t do it Sam.” (Laughs) But he’s really good. I’m lucky because in my search for work, finding someone who will accept you with disabilities is another thing.

Julie's employment therefore represents an agentive negotiation of the neoliberal ideals placed on PWD recipients as well as an absorption or incorporation of these ideals into her sense of self. Tara likewise demonstrates these competing social imaginaries (Povinelli 2011:157) when she adamantly defends both her will to contribute and her right to assistance, "I mean no wonder people look at me and go "you're just a free loader," like, not by choice, you want to pay me under the table I'll go clean your kitchen, c'mon help me out here so I'm not taking what you think I don't deserve."

Describing the suspicious and controlling treatment at the Ministry office Tara stated, "You know I'm a person, I have value, just because my body broke before I could really contribute doesn't mean you get to shit on me." In this passage Tara contrasts her experience of disability with 'contributing,' a theme that arose often in our conversations. However, at other times Tara described volunteering with an animal shelter until the demands of the shifts proved incompatible with her disabilities. She could not commit to set times due to the unpredictability of her symptoms and the shelter wanted her to work too frequently which was exhausting. She also described helping a friend clean their apartment which proved physically taxing. Tara tried twice to attend post secondary institutions but the cost and navigating transportation and poor weather made attending too difficult. Tara told these stories with frustration (as is evident in the passage above) and these attempts informed Tara's assessment that she is too broken to 'contribute'. However Tara's assessment also constructs contribution within the margins of market participation, an assessment that is reinforced by the costs of tuition, the operating hours of the animal shelter and the deficit of volunteers that Tara was attempting to address.

Having spoken with Tara I would not assess her as a non-contributing member of society. She is passionately involved in social justice activities and expressed deep concern for people in her life that need assistance. Tara belongs to a grassroots advocacy organization that is driven by community members – and she was active in mobilizing her fellow tenants in a previous apartment building against the discriminatory practices of the building management. She described getting flack from her friends for giving change to pan handlers and critiqued the controlling Ministry treatment of clients,

Tara: (...) I mean they make us stand outside in the line no matter how cold or wet it is, we don't get to stand inside we have to wait outside. The stream of the poor

and disabled waiting just to say “can I have \$20?” Or to say “I moved can I have my deposit so I can do this and that?” And most of the time you don’t get treated like a human you get treated like a nuisance, a bill.

Tara critiques herself for not contributing, reflecting a narrow sense of ‘contribution’ based on participation in the labour market and independence from Ministry services. However her active reciprocity in her network of support, volunteer and advocacy work and the sense of care she espoused for others in need suggests that she makes many contributions.

Tara’s involvement in advocacy and her expressions of concern were not unique in the project. As has been discussed throughout this work participants demonstrated an awareness of the difficulties of the PWD application process and the receipt of assistance at all levels, delving into deeper critiques of the neoliberal bases of the Ministry’s processes and the incompatibility with their disabilities. These analytic insights inspired a sense of care for others experiencing difficulty both within the same circumstances that participants experienced and in various other difficult circumstances. In this sense participants’ awareness and analyses extended beyond their own experiences and changed how they viewed and interacted with others. Participants even extended compassion to Ministry workers, suggesting that working with (sometimes) difficult people and delivering bad news wears on people. Julie suggested that for good service and to care for workers, front-line Ministry workers should be “rotated out”.

In the following transcript excerpt Poppy demonstrates how enduring the rigors of Ministry service changed her perspective,

Poppy: Yeah... I just... part of the reason I really wanted to be a part of your project is because I think it’s so important. I had no idea that this is the experience that some of my clients had or were going through. Especially when they’re confused about, you know which government agencies are which and they think we’re all the same, like, no wonder they hate me when they first come and see me like, they think I have done this to them. I would hate me too if I had done this or was part of an organization that sort of subjects people to this, it’s incredibly demoralizing...

Nigel: And dehumanizing at once.

Poppy: ... and dehumanizing.

Poppy denounces her clients' hypothetical association between herself and the Ministry after the negative experiences she has had. In the passage above Poppy extends her current understanding of what it is like to receive Ministry services to her past experiences, giving credit to her clients in the past for enduring the rigors she now has first hand experience of and viewing herself through their eyes as a member of a Ministry that was so punishing to deal with. Poppy is also re-making these experiences with her current perspectives, extending a first hand understanding to her clients and bringing them into the sense she is making of her contemporary experiences.

The examples above demonstrate some of the impacts that application requirements and the strictures of receiving assistance have on how participants see themselves and their lives. Another bearing that the application procedures had on project participants concerned a more vital sense of their selfhood. Poppy, Erin and Tara each discussed having contemplated suicide in the course of applying for or accessing Ministry services⁸. Julie referenced her concern for the young people around her after news of recent suicides in her community. These stories represent the literal risks to self that participants navigated. Erin experienced suicidal ideations while waiting for a response after submitting her application. Poppy discussed a suicidal episode she experienced while waiting for her doctor's office to complete part of the application. Tara referenced suicide specifically in relation to having to drop out of school but also bound to other episodes of depression and struggle.

In the co-constructive moments of these ethnographic conversations and in engaging in my own process of sense making throughout this research project these references to suicide sparked a visceral reaction for me. An adrenaline surge, tight chest, and amplified senses accompanied an inability to commit to an interpretation of these stories. One could argue that this reaction is because three peoples' experiences with suicide do not have one cause and that it makes many people uncomfortable, hence my reaction. I would agree. One could also explain this reaction by way of my subjectivity as a one-time front-line service worker being sparked into a trained action of risk-assessment branching into immediate intervention or referral. I would also agree with this. However I also view my reactions as an example of what Elizabeth Povinelli

⁸ The participants were referring to past events in these stories.

terms the “trembling of recognition” (2011:79). Povinelli suggests that “trembling” characterizes a cognitive and affective response to a meeting of differing social worlds, understandings, or an instance of social dissonance. She describes her own feeling of trembling when in the company of friends who’s ethical view of how to respond to the suffering of an animal differs from hers such that proceeding in either direction would offend two coexistent ethical standards. “I turn my head away as my body becomes upset, even as I think about the difference between what I think and what they think (...) And I would say in these moments I tremble and my trembling is not in the past tense. I tremble in a durative sense. I continue to feel the shores of liquefaction lapping at my breast each time I am confronted by these competing claims (...)” (2011:83). Povinelli’s description of the physical/ cognitive effect of this trembling of recognition resembles my visceral reaction to my competing internal calls to action at hearing the risks to life that participants experienced.

Povinelli further explains that “the *meaning* of trembling is only secured through a second order interpretive act” (emphasis original) (2011:88). One of the meanings I make of my durative trembling is as a marker of difference in the ethnographic relationship, difference between people and difference across time. When Poppy first discussed her suicidal episode she also said she wasn’t sure at that time whether she wanted it to be included in any writing resulting from the project. Her voice shook and pitched upward as she spoke of her difficulties and Nigel and I for our part softened our faces, and entered into the newly vulnerable atmosphere of risk that this story represented⁹. In that moment I thanked her for telling me. When transcribing, field noting and writing about the encounter I again experienced the durative trembling, a contradiction of having witnessed Poppy tell her story, sensing the import, having many tools to react to and make sense of it but not seeing the primacy or urgency of one over the other. Poppy’s vulnerability and feeling were immediate but the event was long past. To steer away from the course of participatory knowledge generation to assess and intervene or refer Poppy to supports would foreclose the self-analytical potential of the encounter and introduce a power differential relationship of ‘service provider’ and ‘recipient’. It would also change the course of the relationship between Nigel, Poppy and

⁹ When Poppy and I met for the second time I asked her how she felt about my including this story in this thesis. She explained that being farther away from the experience she no longer felt uncertain about having told me or whether I should include it.

I after nearly two hours of conversation about their shared and skilled¹⁰ negotiations of the rigours of the application process, which this suicidal episode is very much entangled with. My reflex to offer support would also only result in a referral to existing medical and counselling services – resources Poppy has been explaining are inadequate to address her needs. To proceed through this story and the space of vulnerability encompassing it as solely an analytic opportunity also surfaced as unthinkable to the aspect of my subjectivity that has training in responding to emotional crisis and the motivation for undertaking the project – that experiences of applying for PWD can be seriously, negatively impactful on people.

¹⁰ Poppy's experience working with Ministry processes and Nigel's research and legal education informed their work with Poppy's application.

Chapter 6. Imagining a Better way

Poppy: I just was panicking and feeling like judged and like mistrusted for applying for a service that is supposed to be a right for every British Columbian.

...

Tara: There should be help out there and there should be people to encourage it, not discourage it.

...

Julie: (...) this is pretty much the biggest time I've ever asked for help, other times I've been on welfare maybe one, two months at a time just because I've needed it in between jobs. But I felt let down by my government. And uh, yeah it's just.... What do you do? I thought the government was supposed to be there to help you in your need.

In the previous section participants demonstrated changes to their senses of self and of others around them. Participants also discussed possibilities beyond what they experienced, prior imagined realities, kinder possibilities, and the danger of their experiences.

Some of these imaginings included ideas about the role of the Ministry and PWD from before their application experiences and how these ideas changed. The excerpts from conversations with Julie, Tara and Poppy above demonstrate these participants' past views of the Ministry through the lenses of their difficult experiences accessing services (Murphy 1995). When we first met Tara explained that she had received regular assistance and PPMB in the past, "(w)ell actually I went on welfare first, then got pushed to multiple barrier, there's like, there's a process, you have to go through all of 'em (...) At least that's what they told me." Tara's explanation that one must receive regular

assistance and PPMB before being designated PWD was expressed in an exasperated, nearly sarcastic tone as she was critical of the Ministry workers' explanations for the necessity of this experience. This does not reflect the policies around assistance categories but could be explained by the time it took Tara to develop a relationship with a family doctor, or the first two PWD applications being rejected or any number of particularities that occur outside of the dictates of policy. In the excerpt above Julie discusses how she had viewed Ministry assistance and the role of government as a form of help. Poppy uses the concept of rights to explain her perspective on Ministry services. These excerpts also communicate that participants have ideas of how Ministry services should function in addition to how they thought they did function. Julie remembered a time when disability assistance was administered by a separate office in the same building as the other income assistance services and an individual would always meet the same case worker as opposed to the current system of queuing to speak with a rotating bank of people. She discussed how in some ways that was preferable: it took less time, there was consistency, and you could build a relationship; the workers were also trained in helping people with disabilities specifically.

The details of the application process and receipt of assistance were also re-imagined by participants. In addition to advocating for more caring services for herself and others Tara proved adept at understanding the market driven logic of many of the Ministry's requirements and would draw on both cost saving and humanitarian reasons for improving services. Discussing Poppy's naturopath, Poppy and Nigel asserted her competency and their satisfaction with her care. They also manoeuvred her assessments into their application by acting as an intermediary between the naturopath and western medicine doctors. Their defence and incorporation of naturopathy can be read as a critique of the application process' reliance on western medical institutions and its attendant understandings of disability and wellness.

Participants' imaginings about the process prior to applying and their difficulties receiving Ministry supports informed the tone of their re-imaginings, shaping their ideas into suggestions and speculations on what assistance processes might look like if it weren't hard on people. When describing the Ministry's interrogations of their relationship, Poppy and Nigel critiqued the assumptions around personal relationships built into Ministry practices. Upon hearing that Poppy and Nigel were partners the

Ministry assumed they shared assets and attempted to include Nigel's income in their assessment of Poppy's eligibility. Poppy explained it this way, "(...) we don't have a typical relationship and they only have certain slots, and any relationship that's outside of that they don't understand and assume that you're trying to scam the system. Yeah, that's what I'm trying to do I'm trying to scam the system for \$600 a month (sarcastically)." Poppy also critiqued the structure of the application, noting that while the physician's section consists of check boxes the applicant's section is to be filled in with prose. Poppy, Erin and Julie each found this difficult to complete as I previously discussed and Poppy suggested that the burden of filling out this section could be ameliorated by changing the format of the application.

Participants' comments about changes to the structure of the application reflect their experiences of Ministry services as ableist. Suggestions were made for changes that would be more manageable for their particular disabilities. Among these suggestions was reinstating a case-worker system for service provision, a suggestion echoed by community groups. In an article titled "The Aggression of Welfare" published June 18th 2013 on vicnews.com, author Danielle Pope wrote,

Kelly Newhook, executive director of Together Against Poverty Society (TAPS) sees cases like Crosby's every day. She says the Ministry's move away from case workers has been detrimental and that the environment, hours of waiting in line, and having to ask security guards permission to go to the bathroom causes a lot of stress – especially for people with disabilities. (Pope 2013)

Communicating disability through the application and in other matters of receiving assistance was also subject to critique; participants imagined alternative ways of making their disabilities known or understood. In the following excerpt Nigel and Poppy imagine having someone witness Poppy's symptoms and impairments as opposed to communicating them through the form.

Nigel: (To Poppy) And the funny thing is you know if you have somebody... I know this is impossible, that you could never actually do this but if you could just have somebody stay with you for three days you wouldn't have to write any reports, nothing at all. Just have somebody here for three days, they go back, be like, "yeah she's really sick..."

Katie: (Laughs)

Nigel: "... give her the stuff 'cause there's no way she can friggin' work."

Katie: Right.

Nigel: I don't know...

Poppy: Yeah I mean I 'd love to have them like, come in and see when I have like a full body migraine and I'm like, vomiting from the pain. Or I can't eat all day and I have to take a cab to my naturopath that's like a block and a half away because I can't even walk that far...

Katie: Yeah.

Poppy: ...Or like, seeing me...

Nigel: Which she can't afford. She can't afford the cab ride, she has to take it she has no choice!

Katie: Right, right.

Poppy: Or like, seeing the things that I take with me when I try and go somewhere, like I've gotta bring all my medication and I gotta bring an extra pillow to sit on and I have to bring a heating pad, and there was a while there where I was bringing a tennis ball to like mash into knots in my back... like, you know... or like looking at how much ergonomic equipment I need, just to function. Not even to feel amazing, just to do my job with the pain at a threshold where I can do it...

Katie: Yeah.

Poppy: ... um or you know to see me on days when he's got to like carry me to the bathroom. Or like, feed me or days where I like eat completely lying down. Like, peristalsis is amazing! (Laughs)

Katie & Nigel: (Laugh)

Poppy: ... Like the fact that I can swallow without sitting up! Honestly it was like, 'thank Christ because I can't even sit up right now! (Laughs)

Katie & Nigel: (Laugh)

Poppy: ...Yeah. It's like, just come and watch that for a day and let's not even worry about the application! Like it's ...

Katie: Yeah.

Poppy: ... it's tough.

Nigel: Yeah you know we're being silly a little... and I understand the need for metrics and the need for consistency but it's going overboard and...

Poppy: It seems excessive...

Nigel: ... it seems excessive and I feel it's excessive because they're trying to exclude...

Poppy and Nigel suggest that witnessing Poppy's impairments would leave no doubt to her need for support. Witnessing involves a connection between a person and an event that goes beyond viewing or in this case reading about the event (Das 2007, Dave 2014). Poppy and Nigel's suggestion that spending time with Poppy would better communicate her need for assistance invokes the lack of this connection in the application process. Tara expressed a similar idea when she responded to her friends' suggestions that she go to the food bank for support.

Tara: (...) I mean half the time I'm just like, "I have no food can someone just have me over for dinner?" And they're like "do you want to have some of this?" And they're like taking their food out of their cupboard and I'm like, "uuuhh please?" and they're like, "stop beating yourself up about it Tara!" one of them even said "why don't you go to the food bank" and I just looked at him like, really? Even you?

Katie: (Laughs)

Tara: How about this, you come with me to the food bank, just come on and realize the mentality of the workers, the quality of the "food products" and the fact that it's right down by the methadone clinic. (...) I try not to talk about it with other people. Because they seem to have this mentality that I'm exaggerating and I'm actually not which is the scary part.

Katie: Right, yeah.

Tara: I mean the last time I went to the food bank I actually took a picture of the food. And tweeted it and said "what would you do?" And most of my friends said "what was that?" And I said that's the food you get from the food bank. And I'm supposed to live off of it for 14 days. 14? That's not even 6 days. I mean honestly.

In taking a picture of the goods from the Food Bank and suggesting her friends come with her to see what the support is like, Tara is suggesting that her friends witness the realities of receiving assistance. Poppy and Tara both suggest that the realities of an individual's impairment or of managing PWD assistance are best communicated through observation. Experiencing them will make them resonate more or be more intelligible.

Julie also described how her political attitudes changed over time as a result of experiencing hardship,

Julie: When I was younger, (...) my parents were conservative and I was conservative.

Katie: Yeah.

Julie: Yeah, and have I changed since then, it didn't take me long after, when I got out on my own, ended up being a single parent to start changing my ways. And seeing what's out there and how people lived, that's where the empathy comes from... so...

That Julie's experiences of struggle changed her outlook on politics reflects what Tara and Poppy were discussing. The experience of need or hardship impacts not only the self but peoples' visions of how the world works. Julie astutely applied this lens to a positive experience she had with a Ministry worker, of whom she said, "Single parent though. I wonder if that makes a difference in the attitude. (...) She knew what the tough times were like, I bet that makes a big difference."

Participants also drew on other experiences of receiving support in order to demonstrate that receiving services didn't need to be a difficult experience. Tara described visiting the Langley food bank and discussed why she liked their model of service,

Tara: Where in Langley, the food bank in Langley, I miss them so much. It was run by a church, I'm not even Christian. I'm clearly not even Christian (points to her pentagram necklace) and there's a cafeteria where you can get a free meal every day. A free coffee or drink, a free desert with your meal. There was a free clothing store in the back. But when you go to their food bank they have a person who walks with you and a basket and they have it set up like a little store and they go "you can pick 2 or 3 items off of this shelf, one item off of this shelf," like they're very specific. You get to literally feel like you're shopping and you're picking. They have birthday cakes for you or your kid they have a Christmas hamper for you and the kids where you get to pick a gift for yourself and your kids. They're like "how are you, how was your day?" They have someone on hand if you need someone to talk to or someone to pray with. You go in there and go "I just need someone to sit with me and talk with me" they're like. (claps) "alright let's go!" you don't get that here in Surrey it's like, here's your bag of salt and shit.

Tara praises both the sense of increased agency for people accessing the services and the interpersonal care and availability. Tara had previously criticized her

local Surrey food bank for being impersonal; handing out non-nutritious, insufficient goods; and not having options for specific dietary requirements. Tara's appraisal of the Langley food bank's service model has implications for her descriptions of Ministry services as uncaring and inflexible and controlling of bodies, conduct, and information. Her appraisal also reflects again the integration of parallel services in the receipt of assistance to ameliorate the inadequate assistance amounts. As Poppy states earlier in this section, \$600 each month¹ isn't enough to subsist on and so Tara's assessment of the particulars of service delivery in food banks can be read as a critique of the low levels of assistance for PWD recipients. Tara also discussed how people accessing the Surrey food bank would work around the inflexible service.

Tara: And I call them and I'm like, I'm pretty much a vegetarian to protect my Crohn's, um do you guys have like more... real food? And they're like "well we can put you on this special list for vegetarians" and I'm like "oh okay well what do you get on that?" "Oh well we just make sure there's no meat in it."

Katie: Right so that's like the only restriction they...

Tara: So basically you take out the can of tuna? I like tuna. I want tuna, I just don't want soups full of things I can't ingest... One of the things that happens at the food bank every day it's open is that people go in and you see people in this little nook, trading food that they can eat. Or you just see food left on the side because someone can't carry it or someone can't eat it.

Katie: So they leave it for other people.

Tara: Yeah, or they take it back and go, 'here' (...)

Tara's description of people trading food, leaving items for each other or returning them to the food bank staff demonstrate the agentive power people have to negotiate within the strictures of receiving assistance. Tara's assessment that the Langley food bank's model of service was better did not limit her or the other people at the Surrey food bank from advocating for themselves and manoeuvring within the resources that were available to them.

¹ Outside of the amount given for housing.

The poor amount of funding for PWD recipients is integral to how the people I spoke with experience the applications and life with PWD assistance. Just as the particularities of people's disabilities are foundational in the formation of opinions and experiences, material scarcity and its inhibition of social agency are similarly integral to these experiences. The influence of scarce resources and the threat of living with even less appears in participants' imaginings of alternative realities for PWD assistance. These alternatives therefore are not always positive. Fear of losing support and the stresses of managing with very little are evident throughout my conversations with participants. Tara's repeated assertions when describing experiences of prejudice that she wants to contribute suggest that she internalizes the negative image of herself as a non-contributing person but resists it by asserting her inability to do as she wants. Erin expressed worries over losing assistance in this way,

Erin: (...) I'm very limited in what I can do and I still struggle with being on disability and feeling like a fraud for being on it because I'm not "really" disabled I mean it's just a mental illness and I mean that it's kind of perpetuated in society that a disability is physical and so when you have a mental disability you feel kind left out from everyone else, you feel disconnected from the disabled community you don't feel understood by the disabled community you definitely don't feel understood by others and combined with mental health stigma you, you just don't feel that you belong and that you're deserving and so it's very difficult for me to be on it and I'm constantly afraid that I'm going to be stripped of it. Yeah I mean what if I get too better?

Katie: Yeah

Erin: What if suddenly to somebody else I look like I'm better but I'm not because it's not physical, they can't see it. And thus far everybody's been understanding, that's my own stigma caused by the way that I was brought up to believe that disability is physical. Nobody has ever judged me for being on it but that judgment is there in my head so that's a constant struggle.

This excerpt demonstrates again how the application has informed Erin's understanding of her disability. Erin describes the fear of appearing too well and her worry that because her disability isn't visible or readily apparent her assistance might be at risk. The marginalization of mental health disabilities in the form (and in broader conversations) contribute to this worry. However it is important to note that Erin also fears losing her assistance. Erin's and her mother's financial needs and the attendant aggravation to Erin's conditions inspired her application for PWD. Once on PWD Erin

fears that any changes she experiences or the appearance of improvement may suggest she no longer 'deserves' to receive PWD assistance.

Lastly, participants imagined (briefly) what a better reality would look like – what their lives would look like if they received enough money to live and be well. However these imaginings were tethered to their daily lives by the stresses of receiving assistance and living on little. In describing her experiences with health coverage, Tara explained that navigating the exclusions, deductibles and changes to coverage was difficult and left much of the costs of health care to the patients themselves, summarizing her views as "(...) so when you see a person that's disabled walking around and their teeth are falling out – it's not their fault." Julie described the connection between money, health and housing, stating that her disabilities were easier to manage and her impairments lessened when she found secure affordable housing. Julie had experienced periodic bouts of homelessness, living with her daughter and grandson in a cramped suite, living in her car, and being forced out of housing for not having paid rent. This history of insecure inadequate housing complicates the relationship between disability and income. That Julie's health improved when she could afford appropriate housing suggests that living with little was a contributing factor to Julie's disabilities. Julie identified the importance of adequate housing for others stating that the affordable housing available in her community was full and so people spend beyond their rental assistance amounts cutting into their money for food, worsening their health on another level.

Poppy and Nigel very briefly imagined what it would be like if PWD assistance was an adequate amount of money,

Poppy: It just feels like you're being tortured, for nothing, like it's a pittance that they give you.

Nigel: Yeah. It would be nothing if it was like \$5000 a month that they give you or something, like a real salary...

Poppy: Yeah if it was a pot of gold!

Katie: Yeah, like 'here's enough money to get better!'

Nigel: ...Yeah exactly, like pay for all your treatments and save up enough so that when you get better you can take like three or four months worth of vacation and like, properly like heal up and come back refreshed, you know that kind of jazz but yeah it's nothing! They give you essentially nothing you know? She's in a situation where she has to be close to her care givers. She can't go out into Surrey or something and get a, pay lower rent, it's difficult for her to have room mates because of her condition...

Poppy: Who wants to live with me other than that guy? Like...

Nigel: Nobody would... some people would say like through the application process like, "why don't you move?" And it's like, "how, when and where?" Like, that's just impossible. So just getting, taking rent out of the equation and allowing you that so you can get closer to that \$900 or \$600 amount...

Nigel suggests that the application process would seem more appropriate if the assistance amounts were higher. Poppy and Nigel and I imagined what would be possible with the \$5000 amount he threw out. The prospect did not last long in the conversation however before market logic driven responsabilization rationales re-entered the frame when Nigel addressed suggestions that Poppy move to lower her expenses. The cost of housing weighs down the conversation and grounds it in the stress of living with little. This excerpt demonstrates what Julie was saying as well, that adequate housing and housing costs contribute to people's experiences of disability and PWD assistance. In a previous excerpt in this section Poppy suggests that if people could see what her day to day looked like they would better understand her need for assistance stating, "or I can't eat all day and I have to take a cab to my naturopath that's like a block and a half away because I can't even walk that far..." In this case the cost of travel is necessitated by the particularities of Poppy's disability but also by the structure of health care provision, the lack of accessible, affordable alternatives to travel and the pressure of living with little that determines the magnitude of this cost.

The excerpts above exemplify the capacity for participants to re-imagine their experiences of PWD through their own understandings of their disabilities. However surrounding these re-imaginings and woven throughout them are the pressures of living with little, the limitations of an ableist environment, the lenses of individual experience, and the particularities of each woman's disabilities. The application for and receipt of PWD assistance is not the sole locus of these pressures as participants' experiences with transit, prejudice, health care, and more demonstrate. However, PWD processes

magnify these pressures because the stakes of being approved for PWD are very high. The changes to sense of self and others that participants experienced are also visible in these imaginings. Erin demonstrates that her fears for becoming too well are based on a Ministry definition of wellness and are tied to the assistance she receives. Keeping PWD assistance therefore also appears as a pressure on participants, impacting how they see themselves, their disabilities, and how they navigate their day to day.

As I was discussing the potential end stages for this project with Julie I suggested some possible outcomes for wider dissemination beyond this thesis and she replied as follows,

Julie: I think just getting... you know... the way it is out to the public so they understand. That's another thing is just breaking down those barriers, you know some people think that because you're on disability you're a low life and you just live off the government, well you know a lot of people work too, they forget that people have paid taxes all their life too, that's another thing, a lot of people older than me are on, helped build this country.

A wider scale reimagining of PWD and of other income assistance recipients can be seen in this project as well. That prejudices about welfare are harmful but also that they are entangled with larger ideas that limit and harm, neoliberal market logic and responsabilization rationales that countermand critical or structural understandings of disability and poverty. The application for and receipt of PWD refracts peoples' visions of themselves and their lives through these lenses and participants' visions for the future, worries, dreams both realistic and – as Nigel described, “silly” – are cast in the light of these forces.

Chapter 7. Conclusion

My meetings with Erin, Tara, Julie, Poppy, and Nigel form the foundations for this project. The chapters in this thesis were organized around the stories that were told in these meetings and the sense that we all made of our conversations, in keeping with a participatory ethnographic methodology. While our conversations were wide reaching the focus of this thesis is the application for and receipt of PWD (and to a minor extent PPMB). In order to stay connected to the participants' experiences and analyses, and due to the limitations of time and funds, this thesis is limited to the subjective experiences of the five people I spoke with. Future directions for this research would examine the experiences of aboriginal or racialized and immigrant people through a critical, social constructivist perspective on disability and poverty. Following from participants' expressions of empathy and connection to the experiences of people working in Ministry offices, future participatory research on the interactions between Ministry workers and income assistance recipients would be fruitful.

Stories of navigating the application for PWD involved contact with the Ministry of Social Development and Social Innovation, medical professionals, advocacy groups, and assistance organizations. The interactions between these various industries looked different for each participant. At times Ministry regulations and the organization of these other, related industries overlapped to create work or delays for the people I spoke with. Participants told of learning to navigate these various interactions to fulfill the rigors of the application for and receipt of income assistance. Participants also told of day-to-day interactions with other people, transit, civic infrastructure and employment. These day to day interactions were brought into our conversations as other examples of friction for the participants.

The underlying ideologies that drive Ministry service emerged in participants' stories. Emphasis on employment and the capacity for employment to provide for people's needs shapes how service is delivered and who qualifies for service. These

ideas align with neoliberal understandings of independence, and self sufficiency. Participants engaged with these underlying ideas as incompatible, unattainable, or impossible. However participants placed their own values on independence, and contributing through employment and other means. The ideals built into the PWD application are coupled with the power of the Ministry to approve or deny applications and so participants were compelled to deal with these ideas as the Ministry envisions them. Navigating these processes involved the agentic exhibition and development of skill.

Erin, Tara, Julie, and Poppy were supported by their relationships both with individuals and organizations in completing the hard work of the application process. They were also active in these dynamic relationships, extending their expertise at having navigated the application process to others around them. The help of the BC Coalition of People With Disabilities' guide to the application was cited as useful in parsing the language and offering help on gaining approval. Gaining approval was contingent on communicating disabilities in a manner acceptable to the Ministry, however participants also communicated their experiences in different ways in our conversations. In telling of their experiences, participants were also telling of their disabilities. At times these disabilities were the subject of conversation, when explaining a diagnosis or a symptom. At other times they were indistinguishable from the experience, details of specific impairments interacting with specific situations making the experience what it was.

Driving applications for income assistance is the presence of need. This makes the stakes of each application high. Erin, Tara, Julie, Poppy and Nigel have illustrated that the rigors of applying for and receiving PWD is difficult and impacts their material well-being, their sense of self and others. Part of the sense that people made of their experiences involved assessments of Ministry service delivery and suggestions for how to do better. Participants apply the expertise they gained from navigating Ministry processes in order to imagine better experiences for others.

I drew primarily on my conversations with Erin, Tara, Julie, Poppy, and Nigel in laying out the ideas in this thesis. As such not all of the research questions I began with have been given equal attention. In addition, new ideas, questions and directions have arisen. Further investigating the Ministry's continued changes toward employment

readiness and away from a focus on income would speak to my last question on broader social events that inform income assistance. Recently the Ministry changed the name they use for income assistance to “Employment and Assistance” further foregrounding their faith in the employment landscape. Alternative service models or policy visions for income assistance are often proposed (Disability Without Poverty Network 2012, <https://www.policyalternatives.ca/publications/commentary/poverty-reduction-plan-bc>, <http://raisetherates.org/about/our-goals/>). The practical, detailed barriers that participants encountered in accessing services demonstrate the value in involving people that receive services in the delivery of those services. It is ironic that this is a radical idea when discussing government service.

I appreciate immensely the contributions of each person I spoke with and I respect the hard work and skill with which they navigated the demands of these applications. Our conversations were unstructured and flowed easily through Ministry processes and related events. Speaking about these experiences was not always easy, swells of anger or incredulity at remembered injustices arose in most conversations. The details of how people persevered through the rigors of Ministry assistance accompanied these difficult moments. The expertise that Julie, Poppy, Nigel, Tara and Erin have gained by this active endurance makes their words important assets for others who must navigate Ministry assistance.

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