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THE PSYCHOLOGICAL DIMENSIONS OF LIVING WITH BARRIERS: AN ACCESSIBILITY PERSPECTIVE

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Abstract

This study examines the barriers faced by individuals with special needs in education, spatial accessibility, and social life, focusing on how these issues hinder societal integration and create negative psychological effects. Accessibility restrictions not only reduce the quality of life for individuals with special needs but also contribute to social inequalities and psychological challenges such as loss of self-confidence, stress, and isolation. The research emphasizes the multidimensional negative impacts of physical accessibility deficiencies, social prejudices, and discrimination on individuals' lives. Lack of accessibility in education hinders equal learning opportunities for individuals with special needs, resulting in feelings of social exclusion and psychological difficulties. Spatial accessibility problems, such as physical barriers in public spaces, limit independent movement and lead to frustration and a sense of restriction. In social life, stigmatization and prejudices further restrict participation in society, exacerbating loneliness and anxiety. To address these issues, the study suggests promoting the concept of an authentic body, adopting universal design principles, implementing inclusive education policies, and increasing social awareness programs. Removing obstacles in education and social support mechanisms can help individuals overcome physical and psychological challenges beyond their specific needs. Enhancing societal sensitivity and creating supportive environments can enable individuals with special needs to actively participate in society. In conclusion, accessibility must be addressed not only from a physical perspective but also with its psychological and social dimensions. Comprehensive policies are needed to mitigate the multidimensional effects of living with barriers, ensuring a more inclusive and equitable society.

Keywords: Accessibility, Individuals with Special Needs, Psychological Impacts

1. Introduction

Disability is not merely a personal condition but a result of societal structuring (Oliver, 1996). From this perspective, the barriers faced by individuals with disabilities stem not from their impairments but from environmental and social constraints. Accessibility refers to the removal of such barriers across physical, digital, and social domains, ensuring full participation in society. However, national reports (e.g., ASHB, 2021) and global documents (e.g., WHO, 2011) highlight that accessibility deficits persist, limiting the quality of life for people with disabilities.

Beyond its functional implications, accessibility plays a pivotal role in determining one's psychological well-being. Restrictions in the built environment, discriminatory attitudes, and technological inaccessibility contribute to emotional distress, social isolation, and decreased self-worth among individuals with disabilities. These experiences are particularly intensified in environments where policy implementation is inconsistent and public awareness remains low. For example, inaccessible educational platforms, lack of assistive technologies, and exclusion from mainstream societal activities can all reinforce a sense of exclusion and dependency.

Research from various disciplines increasingly emphasizes the interconnectedness between environmental structures and mental health outcomes. Psychological distress in people with disabilities is often associated not with their condition itself, but with societal neglect and the inability to access essential spaces and services (Forster et al., 2023; McLeod, 2023). As such, accessibility should not be viewed as a technical or infrastructural concern alone, but as a critical determinant of autonomy, dignity, and participation.

This article aims to analyze how accessibility problems affect the psychological dimensions of individuals with special needs. Drawing on both national and international research, it provides a multidimensional assessment of the impact of accessibility barriers, spanning educational, spatial, digital, and social contexts. The study also presents holistic recommendations aligned with universal design principles, inclusive policy strategies, and psychosocial support mechanisms to foster a more equitable and mentally healthy society.

This study contributes to the literature by highlighting the intersection between accessibility and psychological experience—an area that remains underexplored in mainstream disability and mental health research. Unlike many prior studies that focus on physical or policy-based aspects of accessibility, this article emphasizes the psychological accessibility indicators that shape individuals' sense of dignity, autonomy, and social belonging. By synthesizing cross-disciplinary findings, the study proposes an expanded framework for understanding how environmental, digital, and attitudinal barriers produce cumulative psychological effects. This multidimensional approach not only informs inclusive policy development but also introduces novel criteria for assessing accessibility from a mental health and identity-based perspective.

2. Theoretical Framework

This study is grounded in several interrelated theoretical models that together offer a comprehensive lens through which to examine the psychological impacts of accessibility barriers for individuals with disabilities.

The primary foundation is the Social Model of Disability, proposed by Michael Oliver (1996), which reframes disability as a consequence of environmental and societal barriers rather than an individual's impairment. According to this model, inaccessible environments, exclusionary practices, and discriminatory attitudes are the true sources of limitation for people with disabilities. This perspective shifts the focus from medical or deficit-based interpretations toward structural and political change.

Complementing this is Ryff's Psychological Well-being Theory (1989), which identifies six dimensions of mental well-being: autonomy, environmental mastery, personal growth, positive relations, purpose in life, and self-acceptance. Accessibility directly affects several of these domains. For example, a lack of autonomy may stem from inaccessible transportation or educational institutions; reduced environmental mastery may arise from difficulties navigating physical or digital spaces.

Additionally, Self-Determination Theory (Deci & Ryan, 2000) provides a motivational framework that highlights the importance of autonomy, competence, and relatedness in achieving psychological growth and well-being. Accessibility is a precondition for satisfying these basic psychological needs. For instance, inaccessible workplaces may erode competence and reduce one's sense of contribution and relatedness.

Stigma Theory, originally formulated by Erving Goffman (1963), further helps explain how social labeling, stereotypes, and marginalization contribute to internalized shame and psychological distress. People with invisible disabilities, in particular, may experience "courtesy stigma" or misrecognition, which compounds their psychological vulnerability.

Recent literature also emphasizes the role of identity formation and social categorization (Lid & Solvang, 2016; McLeod, 2023) in shaping how individuals perceive themselves in relation to their accessibility environment. Identity is not only constructed internally but also negotiated through the social and spatial contexts in which individuals operate.

Together, these theoretical perspectives form a robust framework for analyzing the interplay between accessibility and psychological outcomes. By integrating structural, relational, and motivational components, this framework provides the analytical depth required to explore both the visible and invisible impacts of inaccessibility.

3. Methodology

This study adopts a qualitative research design using descriptive content analysis to explore the psychological effects of accessibility barriers on individuals with disabilities. This methodology is appropriate for identifying, categorizing, and interpreting patterns and themes within existing literature, especially where empirical data are heterogeneous or limited across contexts.

3.1 Research Design and Rationale

Descriptive content analysis allows for a systematic review of both conceptual and empirical studies, drawing insights from multidisciplinary fields such as psychology, urban studies, disability studies, education, and public health. The design was selected to facilitate thematic synthesis across diverse study types, including theoretical models, case studies, survey-based reports, and systematic reviews.

3.2 Sampling Strategy

A purposive sampling strategy was employed to select literature that directly addresses the psychological dimensions of accessibility for individuals with disabilities. Inclusion criteria included:

- Peer-reviewed journal articles published between 2010 and 2024
- Studies focusing on accessibility (physical, digital, educational, and social)
- Papers analyzing psychological well-being, mental health, or identity in relation to accessibility
- Both international and Turkey-specific studies

Databases and Sources

The following databases and platforms were systematically searched: Web of Science, Scopus, PubMed, ERIC, and Google Scholar. To ensure relevance and quality, sources were filtered by peer-reviewed status and citation metrics when available.

3.3 Data Selection and Coding Process

Over 60 documents were initially retrieved. After abstract screening and full-text review, 8

peer-reviewed studies were selected that met all criteria and offered high relevance to the psychological and accessibility domains. These studies were coded using an open coding technique to identify recurring psychological themes such as:

- Emotional well-being (e.g., anxiety, loneliness, frustration)
- Cognitive and motivational dimensions (e.g., autonomy, competence, agency)
- Social participation and stigma (e.g., exclusion, discrimination, identity conflict)

3.4 Sample Literature Overview

The final sample of 8 studies includes a blend of international and Turkish publications, covering various dimensions of accessibility and their psychological implications. Table 1 provides an overview of the selected studies:

Table 1: Literature Sample Overview

No	Author(s)	Year	Title	Region	Accessibility Focus	Psychological Dimension
1	Forster et al.	2023	Built Environment Accessibility and Disability	Norway	Built environment	Well-being among older adults
2	Bellia & Corsini	2024	Disability and Life Satisfaction: The Role of Accessibility	Europe (general)	General accessibility & infrastructure	Life satisfaction
3	McLeod	2023	Invisible Disabilities and Inequality	USA	Attitudinal & social accessibility	Inequality, stigma, mental health
4	Lid & Solvang	2016	(Dis)ability and the Experience of Accessibility in the Urban	Norway	Urban environment	Identity and spatial perception
5	De Brito Prado et al.	2023	Emerging Themes for Digital Accessibility in Education	Brazil	Digital & educational accessibility	Equity in learning, stigma
6	Rios et al.	2016	Conducting Accessible Research	USA	Access to research & services	Inclusion, autonomy, trust
7	Ağızıtemiz et al.	2021	Perceived Social Support and Psychological Well- Being in Individuals with Visual Impairments	Turkey	Social accessibility (visual impairment)	Social support, loneliness, psychological well-being
8	Mamatoğlu & Kaya	2018	Accessibility in the History of Disability: Principles and Approaches	Turkey	Historical & psychosocial accessibility	Body image, autonomy, psychological agency

This sample ensures a balanced and multidisciplinary perspective, grounding the study in both global frameworks and context-specific realities from Turkey. The thematic patterns drawn

from these sources provide the analytical basis for the findings presented in the next section.

4. Findings

The analysis of the eight selected peer-reviewed studies revealed four major thematic categories related to the psychological impacts of accessibility on individuals with disabilities: (1) Emotional and Mental Health Outcomes, (2) Autonomy and Environmental Mastery, (3) Identity, Stigma, and Social Belonging, and (4) Structural and Institutional Exclusion. These themes were consistently present across both international and Turkish contexts, although the intensity and nature of their manifestation varied according to local infrastructural and cultural factors.

Table 2: Summary of Findings from Selected Studies

Author(s)	Year	Accessibility Focus	Psychological Findings
Forster et al.	2023	Built Environment	Poor accessibility linked to reduced well-being, increased loneliness in older adults.
Bellia & Corsini	2024	General Infrastructure	Life satisfaction improves with better access to public spaces and services.
McLeod	2023	Attitudinal/Social	Invisible disabilities suffer from stigma and inequality, leading to isolation.
Lid & Solvang	2016	Urban Environment	Exclusionary design shapes negative identity perception and social marginalization.
De Brito Prado et al.	2023	Digital/Educational Accessibility	Barriers in digital education systems cause inequity and psychological stress.
Rios et al.	2016	Research and Service Design	e Lack of accessible research practices undermines autonomy and trust.
Ağızıtemiz et al.	2021	Perceived Social Support	Psychological well-being, loneliness
Mamatoğlu & Kaya	2018	Historical and psychosocia accessibility	l Body image, autonomy, identity

4.1 Emotional and Mental Health Outcomes

Studies such as Forster et al. (2023) and Bellia and Corsini (2024) demonstrate that poor accessibility—particularly in the built environment—correlates with increased levels of psychological distress, including anxiety, loneliness, and frustration. Older adults and individuals with physical disabilities reported reduced quality of life and lower psychological well-being when access to public spaces, healthcare services, or transportation was limited. Additionally, Ağızıtemiz et al. (2021) found that perceived social support plays a mediating role in emotional outcomes among individuals with visual impairments. Low levels of social support were associated with heightened loneliness and diminished psychological well-being, emphasizing that emotional health is shaped not only by physical accessibility but also by the quality of interpersonal and social environments.

4.2 Autonomy and Environmental Mastery

Several studies emphasized that limited accessibility impairs individuals' sense of control over their environment. Rios et al. (2016), for instance, noted how inaccessible public services and

research practices restrict independent living and reduce functional autonomy. Supporting this, Mamatoğlu and Kaya (2018) examined how historical attitudes toward disability and bodily difference have shaped the modern understanding of autonomy. Their study argues that accessibility must be reframed beyond physical structures to include a person's right to exercise agency over their body and environment—autonomy that is often undermined by entrenched societal norms and institutional oversight.

4.3 Identity, Stigma, and Social Belonging

A strong pattern emerged linking accessibility challenges to disruptions in social identity and belonging. McLeod (2023) and Lid and Solvang (2016) highlighted how attitudinal barriers—such as societal stigma toward invisible or less "visibly" disabled individuals—lead to social withdrawal, internalized shame, and identity conflict. These psychological impacts were most prominent in urban settings where spatial design often signals exclusion.

Similarly, Mamatoğlu and Kaya (2018) underscored that stigmatization is not merely interpersonal but historically embedded, with disability constructed as a deviation from the normative body. This framing contributes to fragmented self-concepts and hinders the development of a cohesive identity among people with disabilities.

4.4 Structural and Institutional Exclusion

De Brito Prado et al. (2023) emphasized that digital and institutional inaccessibility—such as non-inclusive educational platforms—undermines equal participation and fosters long-term psychological stress. Barriers in these systems diminish self-confidence and reduce individuals' motivation to engage in academic or professional life. Moreover, studies like Ağızıtemiz et al. (2021) demonstrate that institutional systems lacking social sensitivity (e.g., rigid support structures, inadequate peer integration mechanisms) deepen psychological vulnerabilities, particularly when individuals are left to navigate these systems without adequate support networks.

Taken together, the findings demonstrate that accessibility plays a foundational role in shaping psychological well-being among individuals with disabilities. Rather than serving merely as a logistical or architectural consideration, accessibility deeply influences emotional resilience, social inclusion, and identity formation. The convergence of evidence from diverse contexts highlights an urgent need for multifaceted accessibility strategies that address not only physical infrastructure but also digital barriers, societal attitudes, and institutional practices. It shapes not only the physical ability to navigate one's environment, but also influences emotional resilience, social integration, and identity development. These results justify the need for integrated accessibility strategies that encompass not only infrastructure, but also digital equity, attitudinal change, and inclusive public policy.

5. Discussion

The findings of this study confirm and expand upon existing theoretical and empirical literature that positions accessibility as a critical determinant of psychological outcomes for individuals with disabilities. Rather than being peripheral to mental health research, accessibility—defined in terms of infrastructure, technology, education, and social attitudes—emerges as a key factor in shaping emotional resilience, individual autonomy, and social connectedness.

The convergence of results across both Turkish and international contexts reinforces the universality of accessibility-related psychological challenges. For instance, the presence of built environment barriers (Forster et al., 2023) was repeatedly associated with heightened levels of psychological distress and decreased environmental mastery. These findings reflect theoretical perspectives such as Ryff's model, particularly regarding the loss of autonomy and perceived

control. Similarly, Self-Determination Theory (Deci & Ryan, 2000) is echoed in the observed reduction in competence and relatedness when individuals are systematically excluded from public and professional life.

Another major point of convergence lies in the psychosocial impact of stigma and invisibility. McLeod (2023) and Lid & Solvang (2016) provided compelling evidence of how identity disruption, internalized stigma, and urban exclusion undermine self-acceptance and belonging. This aligns with Goffman's (1963) stigma theory, in which labeling and marginalization n the Turkish context, Ağızıtemiz et al. (2021) illustrate the psychological costs of inaccessible support networks among individuals with visual impairments, demonstrating how lower perceived social support is associated with increased loneliness and reduced psychological well-being. Similarly, Mamatoğlu and Kaya (2018) link historical patterns of exclusion and disability-related stigma to disruptions in body image, autonomy, and psychological identity. These insights broaden the understanding of accessibility from being solely spatial to also symbolic and experiential. Such structural and sociocultural barriers contribute to sustained psychological stress and inhibit socioeconomic mobility, indicating the urgent need for institutional reform.

Comparative evidence from countries such as Norway and Canada—where universal design and inclusive infrastructure have been more widely adopted—suggests that cultural and policylevel changes can significantly mitigate these effects (Forster et al., 2023; Lid & Solvang, 2016).

Despite these convergences, the current literature still reveals important blind spots. Few studies incorporate intersectional perspectives, such as how gender, age, or socio-economic status might compound the psychological impacts of inaccessibility. Additionally, there is a lack of longitudinal data that can assess the cumulative effects of exclusion over time. Future studies should seek to integrate mixed methods approaches to capture the nuanced, evolving nature of psychological vulnerability caused by prolonged inaccessibility.

Moreover, Turkey's national disability action plans may benefit from embedding intersectional and mental health-focused accessibility metrics. For instance, the inclusion of psychosocial risk indicators in accessibility audits or urban planning regulations could improve both detection and response to emerging needs. Integrating accessibility with mental health support services—such as school counselors, workplace well-being programs, and telehealth platforms—would also help bridge systemic gaps.

Beyond synthesizing existing literature, this study offers an academically significant contribution by reframing accessibility as a multidimensional factor influencing psychological experience. While previous research often isolates physical infrastructure or legal frameworks, this article bridges psychological theory and accessibility discourse—thereby enriching both fields. By emphasizing psychological indicators—such as autonomy, social identity, and perceived belonging—the study lays the groundwork for developing more nuanced assessment tools and policy frameworks. This integrative perspective aligns with contemporary calls in disability studies and mental health research for intersectional and experience-centered methodologies. As such, the findings of this study serve as a conceptual stepping stone for future empirical research, program development, and cross-sectoral collaboration aimed at promoting inclusive and psychologically supportive environments for individuals with disabilities.

6. Conclusion

This study explored the psychological dimensions of accessibility barriers faced by individuals with disabilities across various domains including the built environment, digital platforms,

educational settings, and employment structures. By synthesizing data from peer-reviewed international and national literature, the research illuminated how inaccessibility contributes to a wide array of psychosocial challenges—ranging from emotional distress and reduced autonomy to identity conflict and socioeconomic exclusion.

The findings underscore the multifaceted role accessibility plays in in shaping emotional, cognitive, and social psychological outcomes. It is not merely a physical or technical concern, but a foundational determinant of human dignity, self-efficacy, and social participation. The convergence of results across diverse contexts reaffirms that psychological harm does not originate solely from impairments, but from systemic neglect and the failure to remove environmental and attitudinal barriers.

This conclusion reinforces the need for accessibility to be viewed not in isolation, but as an integrated public concern. Mental health professionals, urban planners, educators, digital designers, and policymakers must collaborate to ensure that the environments we build—both physical and symbolic—are inclusive, participatory, and empowering. Only through such interdisciplinary and intersectional approaches can we foster a society where individuals with disabilities are not merely accommodated, but fully supported in achieving psychological well-being and life satisfaction.

7. Recommendations

Based on the analysis presented in this study, the following recommendations are proposed to enhance accessibility and mitigate its psychological burdens:

- 1. Integrate Universal Design Principles Across Sectors: Mandate the adoption of universal design standards in infrastructure, education, digital services, and transportation to facilitate inclusive environments.
- **2.** Expand Accessibility Audits to Include Psychosocial Indicators: Move beyond physical assessments and incorporate psychological metrics—such as perceptions of dignity, autonomy, and participation—into accessibility evaluations.
- 3. Promote Public Awareness and Anti-Stigma Campaigns: Launch sustained media and educational initiatives that challenge stereotypes and promote the social inclusion of individuals with both visible and invisible disabilities.
- **4. Develop Cross-Sectoral Accessibility Policies:** Foster collaboration between urban planners, mental health professionals, policymakers, and disability advocates to ensure consistent and holistic implementation of accessibility strategies.
- **5. Support Inclusive Digital Transformation:** Ensure digital platforms (e.g., education portals, e-health services) adhere to international accessibility standards such as WCAG 2.1, and provide training for inclusive digital content development.
- **6. Encourage Participatory Policy Development:** Actively involve individuals with disabilities in decision-making processes to ensure that accessibility reforms reflect lived experiences and diverse needs.
- 7. Invest in Longitudinal and Intersectional Research: Fund interdisciplinary studies that examine the cumulative and varied psychological effects of inaccessibility across disability types, gender, age, and socioeconomic status.

These recommendations are intended to guide policy, practice, and research toward a more equitable and psychologically supportive future for individuals with disabilities.

8. Limitations and Future Research

This study is subject to several limitations that should be acknowledged. First, although the literature review incorporated international and national sources, the sample size was relatively limited to eight studies that specifically addressed psychological outcomes related to accessibility. This may have restricted the diversity of perspectives and cultural contexts represented.

Second, the cross-sectional nature of the data used in the included studies prevents a comprehensive understanding of long-term psychological impacts. Longitudinal research is needed to explore how sustained inaccessibility affects mental health outcomes over time.

Third, the analysis did not explicitly account for intersectionality in most of the included studies. Variables such as gender, ethnicity, socioeconomic background, and type of disability were often treated homogenously, limiting insight into the differential experiences of diverse subgroups.

Finally, while this review provided a theoretical synthesis, it did not involve original empirical data collection. Future research should include primary data, particularly qualitative interviews or ethnographic methods, to capture lived experiences in more nuanced and context-sensitive ways.

Addressing these limitations in future research can significantly enhance our understanding of how accessibility affects psychological well-being and can inform more targeted, inclusive interventions and policies.

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