



Understanding the vulnerability of blind consumers: adaptation in the marketplace, personal traits and coping strategies

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ABSTRACT

The purpose of this article is to examine the vulnerability perceived by blind consumers in the marketplace. By analysing the narratives of 16 people that have acquired blindness, we develop an understanding of the internal and external factors that affect their degree of vulnerability and identify their coping strategies. Data analysis consisted of content interpretation and a search for the meaning of the particular experiences, events and states reported by the respondents. Results show how emotional well-being, consumption-facilitating social support, acceptance, autonomy and perceptions about marketplace difficulties all relate to coping mechanisms.

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Introduction

It is estimated that worldwide approximately 285 million people are visually impaired and of which 39 million are blind (World Health Organization, 2014).¹ Consumer activities, in particular shopping, demand more time and effort for visually impaired people because the marketplace environment is apparently unprepared to meet their needs and reduce their stress (Crews & Campbell, 2004). Visually impaired consumers' limited access to market opportunities (Baker, Stephens, & Hill, 2001) and lack of social support (Bruce, Harrow, & Obolenskaya, 2007) may cause them to experience both vulnerability and social exclusion.

Despite the large number of people with visual impairment or blindness, there are not many academic studies on their vulnerability in the marketplace; moreover, visually impaired people's situation and difficulties in the consumer environment are scarcely reported in the media. 'The marketing literature on vulnerability often overlooks people with significant chronic or progressive disability although many people live with these challenges' (Pavia & Mason, 2014, p. 1). These consumers also seem invisible both to market and to product and service developers (Mason & Pavia, 2006), thus creating the need to discuss visually impaired people's issues in the

marketing context to increase awareness among researchers, marketers, governments and representatives of consumer rights.

Academic researchers have studied consumer vulnerability and provided definitions, possible causes and resolution factors (e.g. Anastasiou & Kauffman, 2013; Baker, Gentry, & Rittenburg, 2005; Elms & Tinson, 2012; Meekosha, 2004; Pavia & Mason, 2014). The research on consumer vulnerability has presumably progressed enough to enable a more thorough understanding of one of its pillars. Given that this study aims to provide relevant material to use in projects that actually help improve consumers' conditions and well-being, we seek a greater understanding of factors that may help consumers create coping strategies. According to Özçağlar-Toulouse and Burroughs (2014), it is important for researchers from transformative consumer research (TCR), an initiative to which this study belongs, to participate in the development of programmes that transform research results into actual and positive differences in consumers' lives. Therefore, this study aims to analyse the vulnerability perceived by blind consumers, identifying mitigating or aggravating factors and consumers' coping strategies in the marketplace environment.

Within the marketing field, previous studies worked with samples of individuals with varying levels of visual impairment (from colour-deficient vision to those who are totally blind). The objectives of these studies were: to explore how visually impaired consumers experience marketplace interactions (Baker, 2006; Baker et al., 2001) and perceive markets as online public places (Kaufman-Scarborough & Childers, 2009); to examine factors influencing marketplace engagement (ME) (Balabanis, Mitchell, Bruce, & Riefler, 2012); to understand these consumers' preferences for restaurant service attributes (Faria, Silva, & Ferreira, 2012) and to examine accessible advertising among colour-deficient consumers (Kaufman-Scarborough, 2001). Other studies examined visually impaired individuals mainly from a clinical and psychological perspective (see, e.g. Bergeron & Wanet-Defalque, 2013; Bruce et al., 2007; Hayeems, Geller, Finkelstein, & Faden, 2005; Matsunaka, Inoue, & Miyata, 2002).

In this particular study, we talked to 16 people who had undergone the sight loss process, that is they were not blind from birth. Fourteen of our informants are totally blind and the other two have 5% visual acuity. Because our informants have an acquired blindness, they were able to distinguish between difficult shopping situations before and after their sight loss, which provides this research with accounts that have been little reported in previous studies. We believe it is important to give a voice to visually impaired consumers in order to further work within the area of consumer vulnerability, based on the unique perspectives regarding the marketplace interactions of these consumers, which are notably different from those who have normal eyesight.

Our findings allow for advances to be made with the conceptual models that currently exist with regard to the consumption vulnerability of the visually impaired. Balabanis et al. (2012) proposed a theoretical stress-coping model to understand how visually impaired consumers cope with ME. In this article, we provide elements that expand their model and thus help deliver a more comprehensive explanation for (dis)engagement in consumption-related activities. Specifically, we present an array of coping behaviours reported by our informants and discuss associations with individual and environmental characteristics. Baker et al. (2001) developed a conceptual framework to explain how independence

(understood in terms of self-care – the possibility of a person looking after themselves and their home without assistance from other people – autonomous decision making and financial freedom) and dependency (understood as reliance on another person for assistance in meeting recognised needs) by people with disabilities are manifested in the marketplace. Their framework emphasises the complex, domain-specific and sometimes complementary nature of these constructs, as well as variations in how people adapt to vision impairment or loss. Our findings are greatly in line with the Baker et al. (2001) model, and we believe it can be furthered by emphasising one's personal sense of self: an individual's vulnerability in the marketplace is not only environmentally constructed, but also personally constructed. The way in which an individual understands and deals with their deficiency we call their mental scheme; this behaviour results in more or less assertive responses in the consumption environment.

Hopefully, the results of this study will contribute to the development of programmes that led to improved quality of life and well-being for visually impaired consumers. The following sections of this study are organised as follows: a review of the literature on consumer vulnerability and consumer coping; a description of the methodological procedures; an analysis of information collected from our informants and a discussion comprising theoretical and managerial implications, followed by some ideas for future research.

Consumer vulnerability

We examine the vulnerability of blind consumers based on values and beliefs that led to identification of the respondents' experiences and perspectives. In this study, consumer vulnerability is understood as

[...] a state of powerlessness that arises from an imbalance in marketplace interactions or from the consumption of marketing messages and products. It occurs when control is not in an individual's hands, creating a dependence on external factors (e.g., marketers) to create fairness in the marketplace. The actual vulnerability arises from the interaction of individual states, individual characteristics, and external conditions within a context where consumption goals may be hindered and the experience affects personal and social perceptions of self. (Baker et al., 2005, p. 134)

According to Baker et al. (2005), consumer vulnerability may be experienced by anyone because of events which can occur at any stage of their life, including disease, limited income, job loss and natural disasters. The authors define consumer vulnerability as a condition, not a status, and explain that although some groups of people are more prone to vulnerability, such people are not always vulnerable. They suggest that vulnerability is closely linked to identity and transformation because the self-concept of consumers is in jeopardy when they experience vulnerability. Consumer contexts that cause individuals to feel vulnerable affect not only their perceived social competence and acceptance but also their safety and future prospects. Commuri and Ekici (2008) argue that if we sort groups of individuals into classes that are more or less likely to experience a similar set of conditions, then marketing professionals and public policy

makers have the potential to influence the experience of vulnerability, rather than merely responding to it.

Consumer vulnerability has been investigated from different perspectives. Hunter-Jones (2010), for example explores the construct when studying tourism consumption by caregivers of the elderly and cancer patients. Walsh, Mitchell, Kilian, and Miller (2010) studied consumers' cognitive vulnerability when evaluating product similarities, while Piacentini, Hibbert, and Hogg (2014) studied the consumption vulnerability experienced by people leaving care in their transition to independent living. Elms and Tinson (2012) argue that actual vulnerability is enhanced by difficulties in shopping, significantly affecting the person's ability to shop properly, which generates exclusion, isolation and stigma (even if only temporarily), affecting self-image and the perception of belonging. Anastasiou and Kauffman (2013) complement that line of argument by proposing that constraints on individuals with disabilities result from their social contexts. Pavia and Mason (2014) also focus on the situations that cause people to experience vulnerability and study a group of vulnerable consumers as defined by a condition considered unlikely to disappear, including people with mental or physical disabilities. These authors introduce a model that assesses two vulnerability dimensions according to their underlying situations, which may be classified as remediable or non-remediable, changeable or static. Accordingly, our study seeks to understand the coping strategies of individuals who experience vulnerability as a non-remediable, static condition.

Consumer vulnerability and coping

People experiencing vulnerability are not passive individuals; on the contrary, they use cognitive, emotional and behavioural strategies to manage their situations (Heckhausen & Schulz, 1995). So-called coping strategies are related to the effects of stress vulnerability: individuals may become either more vulnerable or more resistant to their situations depending on the quality and availability of their strategies (Antoniazzi, Dell'Aglio, & Bandeira, 1998).

A stress situation is contextual, changes with time and involves interaction between the individual and the environment. Folkman (2010) argues that coping strategies refer to personal thoughts or behaviours for managing the internal or external demands caused by stressful events and may be classified as problem-focused, emotion-focused or meaning-focused. Problem-focused coping operates to change a stress-generating situation; emotion-focused coping is defined as an effort to regulate the emotional state associated with a stressful event; and meaning-focused coping is associated with values and beliefs, including the review of personal goals and priorities.

Coping strategies are crucial for the well-being of consumers with chronic diseases, according to Pavia and Mason (2004), who also discuss the beneficial role of consumption for one's self-image and argue that consumption facilitates the coping processes of individuals in transition. In other words, consumption increases self-power. How people manage marketplace challenges and their success in coping affect their self-image and their perception of how others see them. Balabanis et al. (2012) find that, for visually impaired consumers, increases in individual well-being are associated with increased ME

and that the stress level perceived by these individuals on the consumer environment depends on their coping styles.

Meekosha (2004) argues that individuals with functional limitations experience social limitations because the environment and society discriminate against them. Social factors may increase their sense of vulnerability and facilitate coping by individuals confronted by adverse or stressful situations, depending on their context, situation and region. For example, accessibility in the consumer environment is a global problem (Baker, Stephens, & Hill, 2002) and logistical elements of the marketplace are not necessarily developed for people with disabilities (Baker & Kaufman-Scarborough, 2001). Such environments tend to limit, segregate and even oppress individuals whose abilities are considered to be different (Mazurik, Desjardins, de Grosbois, Poldma, & Gelech, 2014), in addition to representing risks to their safety (Dos Santos & De Carvalho, 2012).

Consumer vulnerability, visual impairment and coping

Participation within the context of consumption is different for disabled people and for their family members, which may imply sense of isolation or non-normality for these individuals or groups (Baker et al., 2005). Crews and Campbell (2004) associated vision loss with increases in depression and family stress and indicated that these people are twice as likely to experience depression or anxiety than individuals without sensory problems. A study by Horowitz and Reinhardt (2000) also indicated that approximately one-third of older adults with visual impairment live with depressive symptoms, which partly happens because, unlike other age-related physical impairments, loss of sight may be associated with a state of complete dependency and helplessness.

The time taken to adapt to visual impairment varies from person to person. These people go through some typical stages that are related to their physical and psychological preparedness to engage with the marketplace and the more time they have to adapt to the situation and to develop their adaptation mechanisms the more probable it is that they will be able to re-engage with the marketplace (Hayeems et al., 2005). Another factor that has an impact on consumer adjustment is acceptance of their disability. Baker et al. (2002) identified that some consumers, those who had the greatest difficulty in accepting the reality of their loss of sight, were inclined to carry on as if they had no disability and ended up not seeking out the tools that could help them adapt. The amount of support coming from family and friends may also help the visually impaired person adapt to doing things themselves with the help of others or to having things done for them by others (Matsunaka et al., 2002).

We have identified two conceptual models to explain how visually impaired consumers engage in the marketplace. One of them, based on data collected in the United Kingdom from 675 blind and low vision people, was proposed by Balabanis et al. (2012); they state that ME of visually impaired consumers can be explained by a set of external resources (number of friends and relatives and the quality of the support received), impairment characteristics (duration and severity of impairment) and internal resources (subjective well-being – SWB). They report evidence that the extent of social support from friends increases visually impaired consumers' ME; the perceived quality of support has a direct positive effect on visually impaired consumers' ME; increases in SWB are

associated with greater visually impaired consumers' ME and the length of time they have been visually impaired will positively contribute to their ME.

Baker et al. (2001) developed a conceptual framework to explain how independence and dependency by people with disabilities are manifested in the marketplace. As outlined by those authors, disabled consumers' response to the marketplace in terms of independence and dependency is affected by a variety of environmental factors, including physical, logistical and interpersonal ones, perceived adaptation skills, and by a person's perceived costs associated with asking for and using assistance (this can be understood as a trade-off between personal time and effort versus the emotional and social costs of asking others for assistance).

In the present study, we adopt the consumer vulnerability conceptual model of Baker et al. (2005, p. 135) as a frame of reference. In line with this model's components, the internal factors we mention include individual characteristics (biophysical and psychosocial) and individual states (grief, mood, motivation, transitions and others) and the external factors we mention include discrimination, repression, stigmatisation, distribution of resources and physical and logistical elements. These internal and external factors are identified in the reports of those participating in this study and analysed in the Findings section. We then use our own findings to build on the Balabanis et al. (2012) and Baker et al. (2001) models.

Methodology

In line with the approach adopted by Baker et al. (2001) and Baker (2006), we analyse the marketplace interactions of our informants based on their unique perspectives. We follow the interpretative phenomenological analysis (IPA) approach. According to Smith and Osborn (2007, p. 53), the purpose of IPA is to 'explore in detail how participants are making sense of their personal and social world, and the main currency for an IPA study is the meanings particular experiences, events and states hold for participants'. Such a method requires a flexible data collection instrument. As recommended by several authors (e.g. Baum, 1995; Smith, 1996), semi-structured interviews were conducted to develop an understanding of participants and their reality, based on the participants' perceptions. The interviews were individual, thus enabling a situation in which each interviewee could feel comfortable talking about personal matters, including his or her emotions and grieving process following sight loss. Researcher and participant were able to engage in a dialogue during which the initial questions were modified in the light of the replies of the participant, thus allowing the researcher to examine aspects that emerged from the reports more carefully.

One characteristic required of the respondents was that they have an acquired blindness. This filter enabled us to talk to people who could both understand aspects of the marketplace that increase their vulnerability because of their disability and distinguish between difficult shopping situations before and after their sight loss. Two participants, identified in this study as Dora and Danilo, have 5% visual acuity, and the other 14 respondents are totally blind. The causes of the blindness of the participants varied and are described in Table 1.

The Dorina Nowill Foundation (*Fundação Dorina Nowill*), an institution for the blind, was chosen as a partner in this study because of its recognition in Brazil and its history,

Table 1. List of respondents.

Pseudonym	Gender	Age	Interview length (minutes)	Marital status	Education level	Profession	Household income level ¹	Age impaired	Cause of acquired blindness
Alexandre	Male	26	88	Married	Incomplete higher education	Proofreader of Braille publications	Medium	Age 13	Cataracts
Alice	Female	35	66	Married	Enrolled in higher education	Proofreader of Braille publications	Medium	Age 24	Retinal detachment
Amanda	Female	15	46	Single	Enrolled in secondary education	Secondary education student	Medium	Age 3	Congenital glaucoma
Beto	Male	22	55	Single	Enrolled in higher education	Customer service assistant	Medium	Age 9	Congenital glaucoma
Carlos	Male	67	45	Married	Complete higher education	Insurance broker/retired engineer	High	Age 49	Retinal detachment
Daniilo	Male	24	75	Single	Complete higher education	Engineer	High	Age 21	Retinal detachment
Denis	Male	40	50	Married	Incomplete primary education	Retired marketing assistant	Low	Age 37	Untreated diabetes
Diego	Male	27	75	Single	Incomplete secondary education	Retired hospital attendant	Low	Age 25	Congenital glaucoma
Dora	Female	44	55	Married	Incomplete higher education	Therapist/craftswoman	High	Age 42	Intracranial arteriovenous malformation
Eduardo	Male	34	58	Married	Complete higher education	Proofreader of Braille publications	Medium	Age 13	Congenital glaucoma
Gabriel	Male	38	69	Divorced	Complete secondary education	Massage therapist/retired taxi driver	Medium	Age 36	Injury by firearm
Guilherme	Male	60	92	Divorced	Complete secondary education	Advertising entrepreneur/consultant	High	Age 46	Von Hippel-Lindau disease
Ivan	Male	48	62	Married	Complete higher education	Retired engineer	High	Age 45	Retinal detachment
João	Male	56	79	Married	Complete higher education	Retired economist	Medium	Age 48	Retinal detachment
Leonardo	Male	36	65	Married	Complete primary education	Massage therapist/retired taxi driver	Medium	Age 22	Retinal detachment
Raquel	Female	50	55	Married	Complete higher education	Social worker	High	Age 29	Retinitis pigmentosa

¹Household income level takes as its reference the following amounts in USD per person per month (the currency exchange rate was USD1.00 to BRL2.40 as of September 2014, when the data collection period ended): 'low', up to USD 200; 'medium', from USD 200 to USD 500 and 'high', above USD 500. In 2010, roughly two-thirds of the population in the city of São Paulo had a household income level less than USD 500 (IBGE – Brazilian Institute of Geography and Statistics, 2010).

tradition and service quality. The Foundation, which is based in São Paulo, helped recruit participants with the desired characteristics for the research and all those interviewed had already had or still have some type of professional social support from this foundation, like rehabilitation training or psychological help. This foundation offers free treatment to people with visual impairment according to their needs and provides conditions for their development and social inclusion. It also publishes accessible Braille, audio and digital books and distributes them without charge both to visually impaired people and to approximately 2500 schools, associations, libraries and organisations that serve them throughout Brazil (<http://www.fundacaodorina.org.br/>). Since its inception in 1946, the institution has provided assistance for more than 17,000 people, published more than 1600 audio books and made available approximately 900 digital titles in an accessible format. Currently, the monthly flow of visually impaired people through the Foundation is approximately 1000. Out of the nearly 200 million people living in Brazil, more than six million report having great difficulties in seeing, and approximately 506,000 claim to be blind (IBGE – Instituto Brasileiro de Geografia e Estatística [Brazilian Institute of Geography and Statistics], 2010). It is not possible (neither is it the purpose of this research) to infer the occurrence frequency of the characteristics identified among our informants on the general population of blind people. We adopt an ideographic mode of inquiry as opposed to the nomothetic approach. The theoretical contribution of this research consists in increasing the depth of knowledge about the consumption experiences of blind people so as to provide material to build strategies for new academic investigations or for marketplace intervention that will contribute to increasing the quality of life of these people.

The questions used in our interview schedule were prepared by the authors, a psychologist with years of experience in clinically treating blind people and two consumer behaviour and consumer vulnerability researchers. Four specialists working in the field of visual disability – one psychologist, two social workers and one non-governmental organisation director – participated in this procedure. This set of questions guided, rather than dictated, the interviews. During the interviews, informants were asked to think about their experiences when shopping before losing their sight and after losing it and also about their more recent consumption experiences, and to discuss examples of positive and negative consumption experiences, reactions, emotions felt during these experiences and factors that helped them consume with a greater feeling of well-being and with better results. The interviewees were given the opportunity to talk about their consumption experiences in their own words. Participants were also asked to recount a little of their story, what their life was like before their disability, how they lost their sight, what their first consumption difficulties were and the factors that most helped them face up to such situations.

Data analysis focused on content interpretation and a search for the meaning of the experiences, events and states reported by the respondents. Table 1 outlines the 16 people interviewed and their socio-demographic characteristics. Pseudonyms were used to preserve the participants' identities. The individual, in-person interviews were conducted from July to September 2014, each lasting on average 65 minutes. Each interview was recorded (audio) and transcribed for subsequent content analysis.

The study was carried out in the city of São Paulo and the interviews were conducted in Portuguese, the native language of all those interviewed and of the researchers. Dion, Sabri, and Guillard (2014) draw attention to the fact that when two languages do not have precise equivalents for each other's idiomatic expressions, the work of translation is a challenge. The translations of the *vignettes* presented in this document relied on help from two native speakers of English who have lived for more than 20 years in the city where the study was undertaken. The sole objective of these translations was to communicate the findings of this study to a wider audience and they had no influence on the analysis process of the transcribed content. The transcriptions of the interviews in Portuguese are available from the authors.

Findings

Based on the narratives of our participants, we analysed their perceived vulnerability and identified internal and external mitigating or aggravating factors and the participants' coping strategies in the marketplace environment. We organised this section into three parts, on the basis of increased well-being, autonomy and acceptance of the disability. Fewer coping strategies were reported by Dora and João, who also expressed great emotional vulnerability; following this are the accounts of Danilo, Denis, Guilherme and Ivan, who explained that they feel less vulnerable in terms of consumption as they have come to grips with their disability and accepted it; and finally, the perceptions of marketplace difficulties from Alexandre, Alice, Amanda, Belo, Eduardo, Gabriel and Raquel, who proved to have greater emotional well-being and autonomy.

Dora and João

The respondents who proved to have the weakest consumer-coping strategies were Dora and João; both stated that they assigned all shopping tasks to their spouses. Some of the emotional difficulties they exhibited included failure to accept their disability, decreased self-esteem, symptoms of depression and anxiety and prejudice regarding their own disability. A case that exemplifies this is that of Dora who, when she was 41, started having difficulties in seeing due to an intracranial arteriovenous malformation that affected her sight. In 2 years Dora's visual acuity went from 45% to just 5%, an experience she has had difficulty dealing with.

At the time of the interview, the 44-year-old Dora was experiencing symptoms of severe depression and did not accept her disability. She shows vulnerability and resistance to consumption and is very attached to past experiences in her life. Her discourse on the external factors of consumer coping is laden with difficulties arising from internal sources. Resistance to autonomous consumption behaviour is shown in some excerpts from her interview, including the following:

I always liked going shopping alone, staring at things, window shopping. I used to go to stores almost every day. Today I go to the shopping centre and it's torture for me because I can no longer see the shop windows or the clothes. Now, if I need to buy something, my husband goes with me and he's my eyes. I don't like shopping anymore. (Dora, 44)

At the time of the interview João had lost his sight 8 years previously and, like Dora, was attached to past experiences and did not accept his disability. He was a professional photographer and losing his sight represented a loss of pleasure in admiring the results of his work. A characteristic that became evident during the interview was how resistant to consumption he became after losing his sight.

I like cars a lot. I liked to tinker about with them and also the visual part. Everything was linked to the visual part. So losing my sight is terrible for me. (João, 56)

He also showed reduced self-esteem and difficulty in communicating his thoughts, which generates barriers when dealing with others in the consumer environment:

People almost never explain to me what I want to know. I don't know if it's me who doesn't know how to explain exactly what I need. (João, 56)

Under conditions of consumer vulnerability many people seek social support that, once provided, helps them manage their vulnerable condition (Baker et al., 2005) and increases their ME (Balabanis et al., 2012). Positive social support from friends and relatives may also be related to fewer depressive symptoms, greater life satisfaction and better coping with sight loss, according to the study on elderly patients conducted by Reinhardt (2001). João, who showed he had both a great desire for more autonomy and resistance to social support for consumption, also revealed to be highly dissatisfied with his situation:

The biggest obstacle for me is that I don't like asking people for favours, and in my case, unfortunately, I end up having to ask for help because we [blind people] can't do everything; we have to ask someone for help. And I don't like that. It's often complicated buying something because I don't know if the person's going to describe, say, or understand what I want to know. (João, 56)

Dora also expressed dissatisfaction with regard to society's awareness of the barriers to consumption experienced by blind people:

You feel a bit 'foreign' in the consumer environment. People have no idea how to deal with you. This comes from their ignorance, from a lack of information. There are a lot of blind people, but many of them are like prisoners in their own homes. Those who leave the house end up having to get by on their own, and people who don't understand are left wondering what to do. In the media, for example, there's nothing reporting on our needs. (Dora, 44)

Pavia and Mason (2014) point out that a possible cause of this invisibility is that disabled people tend to shop inconspicuously at off-peak hours, thus reducing people's understanding of disability as being a social problem. Responses to disability are characterised by prejudice in an oppressive society, wherein the culture dictates the manner of thinking and behaving, and the attitude adopted by disabled people towards others because of fear of exclusion, stigma and disgust may reinforce the continuity of this prejudice.

Danilo, Denis, Guilherme and Ivan

Danilo, Denis, Guilherme and Ivan showed they had the ability to deal adequately with their internal aspects from emotional, cognitive or behavioural sources, but they still

resisted consumption situations. The impact of internal issues on marketplace problems seemed to be reduced in these cases, given the lower depressive experiences and greater acceptance of their disability, when compared with the cases of Dora and João, although external consumption problems are still often reported. The consumer-coping strategies most cited by these participants were receiving help from people close to them (even when they are dissatisfied with their lack of autonomy) and changing consumption habits.

Guilherme shared some of the adaptations he made in his daily life when he lost his sight, like beginning to use the audio resources of his computer, mobile phone and watch; choosing consumption locations in which he feels he gets better service and frequenting them out of preference; putting his banknotes in order by value in his wallet and using his bank card rather than cash. Even though he liked having his independence, after losing his sight Guilherme also resorted to hiring two carers to assist him with his daily routines. He is divorced, has adult children and spends his days in the company of his carers. On their rest days, he is confronted by emotional difficulties and reports feeling lonelier than when he could see.

I wanted a little more independence. I have a driver, but he has the day off on Sundays. I have to call a taxi when I'm alone. The doorman has to help me go to the restaurant or some place to have an ice cream. Being blind amplifies your loneliness, however adept you might be at doing things. Some blind people are brave as hell. I admire the guys who go out alone with their white stick. They have a lot of skill. I joined the training course on how to use a white stick, but I dropped out halfway through because I had difficulties learning. (Guilherme, 60)

According to the conceptual framework of Baker et al. (2001), the response of visually impaired consumers to the marketplace in terms of independence and dependency is determined by a series of environmental factors that are physical, logistical and interpersonal. Among our participants, there were several reports of unethical behaviour on the part of service providers. This type of situation was reported by Denis:

There are some people who act in bad faith. You ask them if that's such and such a product and they say it is. It's just that when you get home you find out they gave you the wrong product. People think that because you can't see you don't know anything. Once I went to buy some meat and that happened to me. I asked for sirloin steak and they gave me silverside. (Denis, 40)

Denis also experienced some circumstances resulting from prejudice, which resulted in trauma and fear. This fear causes emotional vulnerability, although he is resilient and persists in seeking greater autonomy in his consumption behaviour and in other social situations. Denis lives on the outskirts of Sao Paulo in a low income region. He believes that in places like this people are less polite and not as kind as in better-off regions in the city. People are also less attentive to customers in places of consumption:

People don't pay attention in most shops, especially on the outskirts of the city where I live. It's worse there than here in the neighbourhood. I was attacked in the local street market. A woman punched me in the chest. And if I try and say something, people say that a market's no place for a blind man. They have no respect for disabled people on the outskirts of the city. Here, people are more helpful. I think their level ...they're from a higher social class. Many people in the suburbs don't know what a blind man's stick is for; they think I've got a

problem with my leg. I thought about making a sign, a badge, saying that I'm blind, that I'd wear on the front and on the back. (Denis, 40)

Danilo is sufficiently autonomous to undertake various activities on his own, like going out alone, travelling on public transport and working. Despite losing his sight 3 years before the interview he says that he has been distinguishing himself professionally:

Even with all this difficulty in my work I've been able to distinguish myself and I've become a planning coordinator. Even with all that happened to me I've managed to evolve and grow in my work. (Danilo, 24)

Nevertheless, difficulties in the consumer environment still bother him significantly and reduce his autonomy. He shows dependence on others for shopping, preferring to allow consumption situations to be managed by those accompanying him, instead of trying to resolve them on his own, as he does in other circumstances. According to Baker et al. (2001), although independence may cost the person time and effort, for many the social and emotional costs of asking for assistance may be greater.

I don't like having to have someone tell me how much something costs. If it's someone I know, then that's alright, but having to ask salespeople annoys me. I end up only going shopping when someone goes with me. (Danilo, 24)

Ivan lost his sight when he was 45 and at 48 he says that he independently performs daily activities, including going to medical appointments and getting together with friends, but in consumption situations he reports doing most of his own shopping with the help of his wife or daughter. He reports that consumption situations need to be simplified in order not to lose time. The strategy he adopted to facilitate his own consumption behaviour after losing his sight shows the difficulty he has in coping and his consumption vulnerability:

One of the first things I bought after losing my sight was a pair of trainers. I described what I wanted the model to be like to the sales assistant and got several options. Then, I had to ask for more details about each of them to try and build up a picture in my head of the product. But then I came to the conclusion that it's easier to simplify things, by asking for either all white or all black tennis shoes. You have to simplify things not to waste your time and the salesperson's and also not to make a mistake in what you buy. You need to keep it simple. (Ivan, 48)

Alexandre, Alice, Amanda, Beto, Eduardo, Gabriel and Raquel

Some participants (Alexandre, Alice, Amanda, Beto, Eduardo, Gabriel and Raquel) accept their disability more readily. Furthermore, unlike the cases shown in the previous sections, this group reports no marketplace situations that are highly emotionally charged. The people in this group further rationalise their problems and cite a wide variety of coping strategies when dealing with difficulties imposed by the marketplace. These strategies are classified as follows: a change in consumer habits (such as buying different products and services; choosing their preferred shopping places and visiting them preferentially; shopping online); societal awareness raising (an effort to shape the environment to their needs) and receiving help from other users.

Raquel lost her sight gradually, although she had the first manifestation of her disability in her infancy. At 29, when she went totally blind, she was already relying on the social support offered by the Dorina Nowill Foundation. This is why she believes it was easier for her to adapt to her blindness. Raquel accepts her disability, has high self-esteem and is assertive in her communication. These personal traits, which were acquired over time, and the strong social support of her family, psychotherapists and social workers provided her with the tools she needed to handle social situations and the problems she faced in consumer environments:

I used to have a hard time dealing with the disability and I avoided social situations. I think the more you adapt to your disability, the easier it becomes for you. People who have lost their sight recently and are still finding it difficult to deal with their visual impairment don't know how to act. They're often aggressive and think other people are obliged to know how to help them and they don't. (Raquel, 50)

She exemplifies how she performs in the consumer market:

I know how to express myself very well, which helps when it comes to consumption. For example, I need to ask someone to take me to the buffet in a self-service restaurant and to tell me what food is available and then put what I choose on my plate. These difficulties are caused by my blindness, but they're issues you can solve with communication and the employee's goodwill. (Raquel, 50)

For patients in specialist institutions, support by way of relationships with the institution's professionals increases their quality of life (Gentry & Goodwin, 1995; Rosenbaum & Smallwood, 2013). Social assistance and psychotherapy were the types of professional social support most cited in this study. Alice reports the benefits of the psychological treatment provided by the Dorina Nowill Foundation to help her accept her disability and provide her with the ability to manage the daily challenges she faces:

I learned in therapy that just because I met someone bad today doesn't mean that I'm going to meet someone bad tomorrow. I don't only meet good people, those who give me their arm and help me cross the street. A lot of people just don't care; they won't offer you any type of help at all. When I was in therapy it became very clear to me that my life wouldn't be easy outside the home and that I'd have to face up to that. Making things easier depends a lot on ourselves, because we're not self-sufficient; we need help from other people and we have to be aware of when this help is needed and when we can do things on our own. (Alice, 35)

Alice lost her sight suddenly and besides professional support, family support was essential when it came to her adapting rapidly. With regard to consumption, the coping strategy Alice adopted was to select her favourite shopping places and visit them out of preference:

Over time, I ended up knowing which shops provided me with the kind of service I like. I learned to identify the stores I like and where I get good service. (Alice, 35)

The interviewees in this group, in comparison with the others, show fewer (no) signs of depression, they accept their disability better, do not show any prejudice with regard to the disability, have higher self-esteem and are less anxious. They were the ones who most reported having coping strategies. Such strategies increase satisfaction in consumption situations, thereby reducing perceived vulnerability. This is primarily due to

the individuals' personal traits and the social support available to them. Sinclair and Wallston (1999) formulated the concept of psychological vulnerability as an indicator of a deficit in personal-coping resources. In this study, the participants who demonstrated less consumption vulnerability were also the ones who reported a greater variety of coping strategies for dealing with the challenges posed by the consumer market.

The external marketplace factors that positively contribute to this coping process are seldom reported. One such case, however, was shared by one of the participants. The case concerns the service provided in a women's clothing store, which was reported by Alice:

I went to a women's clothes shop and I asked my son to call the salesgirl, and she promptly came over. I asked if someone could help me and she herself did. She took me to every corner in the shop. We went up and down stairs and she told me about everything that was available in the shop. I told her what I wanted and she presented me with the fabrics, talked about the colours and models of the clothes and helped me choose. She told me which colours matched my skin tone. She even took me to the cash register. I paid and she accompanied me to the exit. Every time I go to this shop I get the same service, even though there are several salesgirls there. They all offer me the same service. (Alice, 35)

Conversely, consumption is precluded in some situations because of marketplace issues. These cases are more commonly reported than the previous case. Alexandre exemplifies a situation in which support for visually disabled people was not available:

I once went to an art gallery and I couldn't go in. I got there and came straight back because there was no guide. I asked, but unfortunately there wasn't anybody to accompany me. (Alexandre, 26)

Alexandre is accustomed to doing some things on his own and to remain independent he needs a consumption environment that is prepared to welcome him and serve him adequately. The same thing happens with Eduardo. He reported cases in which the available staff's lack of qualification for supporting blind people leads to bad service and consumer dissatisfaction:

When I go to the supermarket I ask the manager to make an employee available to help me, but they're not always qualified to help someone who's disabled. It might be a cleaning person, a cashier, a packer or an employee who sometimes knows less than I do about the products. For example, I'm tired of going to the supermarket and having to explain what soymilk is. Sometimes the employee's education level is so low that he doesn't know what the products are. The other day a boy was helping me and he didn't know what natural yoghurt was. You depend on employees and the fact that the employee's going to be qualified to help you, and that doesn't always happen. (Eduardo, 34)

When visually impaired consumers perceive inequality in marketplace experiences, they may see such experiences as an opportunity to educate others about their actual capabilities (Baker, 2006). Eduardo shares the coping strategy that he has adopted to overcome problems in the consumer environment. He has managed to shop at the grocery store he visits and, with a great deal of patience, he ultimately managed to shop more easily:

If I want something I have to do things bit by bit and that requires a lot of patience. The supermarket I go to is better now than it was before. Today, staff members are able to help me, whereas before I used to get there and have to wait around for a long time. I think my

complaints helped the supermarket change. You need patience because improvements don't happen overnight, but when [I realize] there's really no way that things are going to get better then I stop going to that particular shop. (Eduardo, 34)

Another challenge reported is society's prejudice against visually impaired people. Gabriel remarks as follows:

Instead of asking us what we want, in some restaurants they ask the companion who can see. I tell the person to ask me because I'm the one who's going to answer. I don't know what goes through the minds of these people. When this happens to me I teach the attendant how to deal with us. (Gabriel, 38)

A characteristic that is common to those in this group is the feeling that they are capable of going shopping alone. At the age of 20, Beto took the initiative to live far from his parents in an effort to seek job opportunities. He has good communication skills and easily copes with the difficulties attendants have:

Once I even spoke to the salesperson like this: 'Listen, relax, if you're not comfortable helping me you can call another salesperson, no problem'. I spoke very clearly; I had to be very direct and to the point. (Beto, 22)

Beto's statement reinforces the study by Rimmer, Riley, Wang, and Rauworth (2005), which observed that staff members showed themselves to be uncomfortable or impatient when helping people with mobility disabilities and visual impairment. In Dos Santos and De Carvalho (2012) also, we find that employees are sometimes unprepared to provide adequate services for people with visual impairment.

As a strategy for facilitating consumption some of the respondents declare they prefer e-commerce, although they report accessibility limitations on some websites, as did research by Kaufman-Scarborough and Childers (2009), in which participants reported that the interface between the various types of assistance aids and specific Web technologies could render portions of a Website unusable, ineffective, or unfriendly during the online consumption process. Beto clarifies some of the benefits and obstacles of this channel:

I prefer buying online. I'm a fan, mainly because I can have access to product details and specifications. But I can't use every site. There are rules that regulate accessibility inclusion on the Internet, but some sites seem to ignore them. That's why sometimes when I try and buy from the Internet consumption becomes a little bit complicated. For example, in order to finalize a purchase the other day I needed to select the type of credit card I was going to use, but the site only had icons, with no description of the card. (Beto, 22)

Disabled people also face difficulties caused by non-accessible communication marketing. According to Kaufman-Scarborough (2001), these people are often not considered to be mainstream consumers in research projects that examine marketing mix. In this type of research, sample respondents tend to be recruited on the basis of demographic and lifestyle variations and little attention is given to recruiting disabled participants. When some respondents in our study were asked about how they keep informed about new products or services they said they depend on their network of contacts for obtaining information about launches. Such is the case with both Raquel and Eduardo:

I only find out about new products if someone tells me or if I hear some advertising on TV. (Raquel, 50)

Sometimes a new shop opens and I only find out about it when someone comments upon it, because it's only people who can see who get to see the publicity. I don't know what promotions there are in the supermarket, because the signs and the newspaper are not accessible to us. Another breakdown in communication, and one I see as a very big risk for disabled people, is the fact that they don't put the validity date on packaging in braille. There's a law about including the name and some characteristics of the product in braille, but the law doesn't mention the validity date, which is also very important. (Eduardo, 34)

Amanda is the only teenager we interviewed for this study; despite her age, her experience is worth citing. She has been visually impaired since she was 3 years old; she relies on extensive social support from both her family and specialised professionals. She shows acceptance of her disability and there is no prejudice whatsoever in her statements. Some marketplace difficulties were mentioned, albeit without any negative emotional charge, and sometimes with good humour and naturalness, showing emotional well-being, even in problematic situations caused by external factors – for example, the following situation regarding the lack of information in Braille on food packages:

Once I was preparing my morning cereal. It was very funny. I put the cereal in a bowl and I went to pour the milk out, but it felt weird. It was only then that I realised it was cream in a little package. (Amanda, 15)

A good feeling of well-being and high self-esteem have presumably helped Amanda cope with this situation with ease. The issues reported in her interview are apparently less relevant to Amanda than to the other respondents. This can probably be explained by the fact that she acquired her disability when she was just 3 years old and, according to Botelho, Volpini, and Moura (2003), the early experience of living with vision loss and integration of the fact into the changes that occur in the natural development process help the person become more at ease in reintegrating into life.

Discussion

We have examined the vulnerability perceived by 16 blind consumers. By analysing their narratives, we developed an understanding of the internal and external factors that affect their degree of vulnerability in the marketplace and we also identified their coping strategies. The main internal factors identified in the narratives were emotional well-being, acceptance, self-esteem, symptoms of depression and anxiety, and prejudice regarding their own disability; among the external factors, the most prominently mentioned were consumption facilitating social support, the social context and aspects of the marketplace, such as physical access, the availability of information about products and services in Braille and the quality of service provided by employees. The following coping strategies were present in the narratives: choice of consumption location as being the places they visit out of preference because they perceive the service to be appropriate to their needs; change of choices of products and services in favour of options perceived as simpler; asking for and receiving help from others; using their bank card instead of cash; societal awareness raising; online shopping; and using the technological resources of electronic devices to obtain information and carry out transactions.

By reporting on the different levels of vulnerability perceived by the blind and how, in fact, internal and external factors relate to this vulnerability, our study presents

theoretical and managerial implications that are addressed next, followed by some directions for future research.

Theoretical implications

Our findings enrich the conceptual models of Balabanis et al. (2012) and Baker et al. (2001). These theoretical contributions are discussed next.

The conceptual model proposed by Balabanis et al. (2012) states that ME is influenced by external resources, comprising the amount and perceived quality of support received from relatives and friends; impairment characteristics, comprising impairment duration and severity; and internal resources, comprising SWB. The authors indicate two sources of support – relatives and friends. In our opinion, the model would benefit from incorporating support from marketplace players (e.g. the quality of support provided by service staff in retail establishments and the existence of accessible devices), since the physical and interpersonal characteristics of the marketplace interact with individual characteristics and mould consumer engagement. The authors state that ‘to measure coping behaviors in relation to shopping, we identified four types, namely (1) avoidance, (2) avoid although they want to, (3) do it with/by someone else; and (4) do it by him/her self; additionally a mixed strategy (sometimes with help and sometimes without) was considered’ (Balabanis et al., 2012, p. 494). Findings from the present research show that coping behaviours in relation to shopping are a much broader and more complex domain; the individual characteristics and surroundings of the visually impaired need to be better known to understand the different motives that lead them to avoid consumption situations and, when they face them, the quality of the consumption relationship and the resulting well-being experienced by the consumer. In our opinion, such associations between individual and environmental characteristics were underplayed in their model.

The marketplace response model of Baker et al. (2001) for consumers with visual impairment shows three factors having an influence on the response to visual impairment: environmental factors, perceived adaptation skills and perceived costs. Based on the findings of this study, we believe their model can be furthered by emphasising the personal sense of self. We suggest including a new dimension in the model, called the individual’s mental scheme. We use this expression as defined by Beck (1972): it refers to a cognitive structure that filters, codifies and evaluates the stimuli to which the organism is submitted. Based on the matrix of schemes, the individual is able to orient themselves relative to time and space and categorise and interpret experiences in a significant way. This mental scheme shapes the way in which each person perceives and regulates the condition of being visually impaired, by integrating it into their existence in the world. If the mental scheme is structured and organised the person will, in turn, be able to behave in a structured and organised way even when faced with the most adverse situations, because they will have the cognitive and emotional strategies needed for this.

Interpretation of the respondents’ narratives showed that the better the internal resources of individuals, the smaller the effects of problematic situations on their lives, which corroborates the findings of Folkman and Moskowitz (2004). Increased emotional well-being is presumably linked to increased ease in handling social situations, including

consumption related situations, and for people with this profile, consumption-coping strategies are more frequently used and are of the most varied type. Conversely, this study shows that external factors represent obstacles outside the control of the individuals or of their social networks (including family and friends), even for people who are more emotionally stable. We verified that emotional well-being plays a regulating role between the coping needs of individuals under adverse situations and their adaptation or response to stress-inducing conditions, because the internal resources of individuals are linked to greater ease in handling social situations, including consumption-related ones. Some personal traits may be related to this emotional well-being, including age or propensity to depression, but this link should be investigated in further studies.

Finally, our findings are in line with those of Baker et al. (2002) and Matsunaka et al. (2002), who indicated acceptance and the support of family and friends, respectively, as factors that help blind people adapt to the marketplace. We also noted that the time people take to adapt to their visual disability varies from person to person, in line with study by Hayeems et al. (2005).

Managerial implications

Compared to others who have fewer disabilities, marketplace issues, such as a lack of preparedness for receiving blind people, represent more difficult barriers for these individuals to overcome. Blindness is a non-remediable, static condition. In line with the recommendation of Pavia and Mason (2014), we believe the marketplace should provide devices and systems to help consumers meet their needs, because blind individuals experience situations in which they are highly dependent on other people. There also seems much to do in relation to the extent of marketing communication; visually impaired people are often not considered to be mainstream consumers and there is little concern with outlining product and service communication strategies for this group of consumers.

The social conditions in which people live are another piece of key information and may either positively or negatively affect their coping strategies or responses to situations of vulnerability, regardless of whether they are emotionally strong or not. A perception that little has been done for people with disabilities to be able to enjoy greater comfort and well-being in the consumer environment in the city of São Paulo, one of the most developed cities in Brazil, was identified in the interviews. Companies providing goods or services to consumers seem uninterested in providing adequate customer service and an accessible environment for disabled people. This lack of interest may be financial, for example because this population segment is a relatively small and dispersed group of consumers, an issue that should be addressed in future studies.

One issue stands out in the cases analysed: workforce training for some services leaves much to be desired. Thus, the ability to train a person to serve each customer according to his or her needs is questionable when the person does not have the basic skills required for good customer service, including knowledge of a store's products or the ability either to read product labels or do simple arithmetic without difficulty. This problem may be rooted in the Brazilian population's basic education; nevertheless, it is an important managerial issue that may also affect other markets.

Future research

Examination of these issues can be complemented with field observations of blind individuals in the marketplace, which would supplement their own narratives; this type of approach has the potential for enriching studies that aim to deal with the inherent complexities of the consumer vulnerability concept. Future studies also need to try and understand customer service aspects better when dealing with blind consumers, by seeking practical contributions for society, in line with those suggested by transformative service research (TSR), as defined by Anderson et al. (2013), being the intersection between service research and TCR. We also need to better understand up to what point market mechanisms based on the ideology of consumer choice and freedom function: should visually impaired people receive protection, for example, by way of more active public market regulation policies?

It is hoped that by reporting on the characteristics of the marketplace from the point of view of blind consumers, the changes necessary for minimising the difficulties perceived in consumption activities may be more clearly and correctly identified. We believe the results of this study complement and further those already existing in literature and contribute towards the development of both other research projects that aim to understand consumer vulnerability and programmes that led to improved quality of life and well-being for vulnerable consumers.

Note

1. In this article, 'low vision is defined as visual acuity of less than 6/18 but equal to or better than 3/60, or a corresponding visual field loss to less than 20, in the better eye with the best possible correction. Blindness is defined as visual acuity of less than 3/60, or a corresponding visual field loss to less than 10, in the better eye with the best possible correction. Visual impairment includes both low vision and blindness' (World Health Organization, 2007, p. 1). The term totally blind refers to people with no light perception.

Disclosure statement

No potential conflict of interest was reported by the authors.

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