

Fall 2001

Marketplace Experiences of Individuals with Visual Impairments: Beyond the Americans with Disabilities Act

Stacey Menzel Baker

Debra Lynn Stephens
University of Portland, stephens@up.edu

Ronald Paul Hill

Follow this and additional works at: http://pilotscholars.up.edu/bus_facpubs



Part of the [Business Commons](#)

Citation: Pilot Scholars Version (Modified MLA Style)

Baker, Stacey Menzel; Stephens, Debra Lynn; and Hill, Ronald Paul, "Marketplace Experiences of Individuals with Visual Impairments: Beyond the Americans with Disabilities Act" (2001). *Business Faculty Publications and Presentations*. 3.
http://pilotscholars.up.edu/bus_facpubs/3

This Article is brought to you for free and open access by the Pamplin School of Business at Pilot Scholars. It has been accepted for inclusion in Business Faculty Publications and Presentations by an authorized administrator of Pilot Scholars. For more information, please contact library@up.edu.

Marketplace Experiences of Consumers with Visual Impairments: Beyond the Americans with Disabilities Act

Stacey Menzel Baker, Debra Lynn Stephens, and
Ronald Paul Hill

The authors explore how consumers with a variety of visual impairments handle day-to-day interactions with service providers, products, and services. Interviews with 21 people with visual impairments reveal that there are considerable individual differences in adaptation strategies, including the degree of independence desired and achieved. Interview themes are explicated by means of a conceptual model of the contexts and interplay of dependence and independence in the lives of people with visual impairments. The model suggests that independence and dependence are not mere opposites on a single dimension; rather, they are domain-specific and complex and are determined by both environmental factors and personal characteristics. It further suggests that some forms of dependency may be as adaptive for many people as is the striving for independence by others. The authors conclude with a discussion of implications for the Americans with Disabilities Act and marketing practice as well as the larger area of consumer vulnerability.

"I can't believe you actually go out at night," declared a college chum. "If I had night blindness, I'd stay home and become a hermit." "If I felt that way, I would truly have a disability," I retorted.

—G. Greenberg

The marketing field has a long tradition of examining the struggles of various subpopulations, often referred to as "disadvantaged" or "vulnerable." For example, the publication of *The Disadvantaged Consumer* by Alan R. Andreasen (1975) was a catalyst for a generation of scholars to examine the constraints and restrictions on impoverished consumers. Much of this research has focused directly on the exchange process, suggesting that people who are poor face circumstances that prohibit them from meeting essential consumer needs as middle-class consumers do (see Alwitt and Donley 1997; Hill, Ramp, and Silver 1998).

Over the years, such monikers as "disadvantaged" and "vulnerable" have been applied to an increasing number of other people who may experience difficulties associated with their role as consumers. Consider the special issue of *Journal of Public Policy & Marketing* dedicated to the topic of vulnerability. Subpopulations examined and defined as vulnerable include women (Blair and Hyatt 1995; Burton, Netemeyer, and Lichtenstein 1995), children (Laczniak, Muehling, and Carlson 1995), African Americans and His-

panics (Bristor, Lee, and Hunt 1995; Peñaloza 1995), and residents of rural communities (Franzak, Smith, and Desch 1995; Scammon, Li, and Williams 1995). In addition, states of mind, such as grieving the loss of a loved one (Gentry et al. 1995), and states of the body, such as addiction (Hirschman and McGriff 1995), also are included.

Surprisingly little attention, however, has been dedicated to consumer vulnerability associated with mental and physical disabilities (for an exception, see Kaufman-Scarborough 1999), even though the U.S. Census Bureau estimates that 54 million Americans (or 20% of the population) have some disabling condition (McNeil 1997). These people are limited in significant ways that impair their daily activities and consumer behavior. Such impairments include mental, mobility, and speech limitations; deafness; and visual impairments, the last of which is the focal disability in this study.

People with vision of 20/200 or less in both eyes with correction and/or peripheral vision of less than 20 degrees in diameter compared with the normal visual field of 180 degrees are considered legally blind (Cleary 1989). An estimated 8.3 million U.S. citizens over the age of 15 years (approximately 4 in 100) have a functional limitation in seeing, which means that they experience difficulty reading ordinary newsprint even when wearing corrective eyewear. Of these, approximately 1.5 million (7 in 1000) are identified as having a severe functional limitation, and they are unable to distinguish letters and words in ordinary newsprint at all (U.S. Census Bureau 1999).

In addition, approximately one in three persons ages 65 years and older has a vision-reducing eye disease, most commonly macular degeneration, glaucoma, cataract, or diabetic retinopathy (Quillen 1999). On the basis of the results of a 1991 federal survey, the American Foundation for the Blind projected that six million older Americans, excluding those in nursing homes, will have a severe visual impairment by 2030 (Orr 1998). Such disabilities necessi-

STACEY MENZEL BAKER is Assistant Professor of Marketing, College of Business Administration, Bowling Green State University. DEBRA LYNN STEPHENS is Associate Professor of Marketing, and RONALD PAUL HILL is The Reverend John B. Delaunay, C.S.C., Professor of Social Responsibility, Dr. Robert B. Pamplin Jr. School of Business Administration, University of Portland. The authors thank the informants for providing many valuable insights and Mary Galligan for facilitating the project. The first author acknowledges the feedback and support of Jim Gentry.

tate extensive and skilled usage of other senses to learn about and interact with the environment.

A visual impairment that "substantially limits one or more of the major life activities" is considered a disability as defined by the 1990 Americans with Disabilities Act (ADA). The ADA provides for access to public transportation, public facilities and services, and telecommunications, requiring the accommodation of people with a wide variety of disabilities (Fersh and Thomas 1993; Stephens and Bergman 1995). Title III of the act affects marketers most specifically, because it legislates access to establishments such as hotels, theaters, stadiums, grocery stores, shopping centers, pharmacies, hospitals, and restaurants. It requires marketers to make existing buildings (when modified) as well as newly constructed ones accessible to people with disabilities. If the necessary modifications to buildings are not easily accomplishable and require substantial structural change that would affect the nature of the operation, marketers must make alternative delivery arrangements.

Title III prohibits the imposition of "eligibility criteria" that prevent people with disabilities from participating in the "full and equal enjoyment of the goods, services, privileges, and advantages of any public place" unless the criteria are necessary for provision of the goods and services offered (Equal Employment Opportunity Commission and U.S. Department of Justice 1991, III-41). For example, restaurants are required to allow access to both a person with a visual impairment and his or her guide dog, if one is in use (Fersh and Thomas 1993). Banks are required to accept more than one form of identification, because people with severe visual impairments or many other disabilities cannot obtain a driver's license (Feddis 1992). In short, marketers are required to accommodate people with disabilities.

Inherent in this public policy as well as most research on vulnerable subpopulations is the belief that people experience a deficit because of their disability, income, race, sex, age, location, or some other characteristic. For example, the ADA (p. 4) specifically notes that "historically, society has tended to isolate and segregate individuals with disabilities, and, despite some improvements, such forms of discrimination against individuals with disabilities continue to be a serious and pervasive social problem." In other words, the legislation acknowledges that this population is at a disadvantage in many public situations. Sometimes this problem is manifested in the way in which the marketplace responds to them; other times it is caused by consumers themselves. Regardless, the deficiency of people with disabilities becomes a defining attribute of their consumer existence.

A developing body of literature, however, provides a different viewpoint. For example, Hill and Stamey (1990) reveal that homeless consumers have extensive coping strategies that enable them to overcome their poverty and meet their consumption needs. More recently, Lee, Ozanne, and Hill (1999) examined the resource deficits and strengths of poor women living in Appalachia, and these authors' work demonstrates consumers' ability to transcend disadvantage through a concentration on and utilization of resource strengths.

This research perspective parallels scholarship on disabilities, especially as they are associated with aging (Baltes 1996). Conceptualizing strategies as independence/func-

tioning and dependence/lack of functioning, this literature emphasizes the desire among the disabled to make decisions for themselves as autonomously as possible (Cott and Monique 1999; George 1991). Therefore, the purpose of our research is to examine the dependency/independence constructs with the visually disabled in a marketing context following the enactment of the ADA. This purpose is consistent with the spirit of the ADA (p. 5), which notes that "the Nation's proper goals regarding individuals with disabilities are to assume equality of opportunity, full participation, independent living, and economic self-sufficiency for such individuals." Thus, the goal of the ADA is to improve independence for people with disabilities through accommodation of perceived resource deficits rather than strengths. However, the generic nature of this perceived deficit as a one-size-fits-all is bound to fail given heterogeneity among this consumer subpopulation. In addition, it fails to consider differences within this population of perceived levels of independence and dependence. This research begins to fill that gap.

In the next section, we explain the existential-phenomenological approach that guided this study. We discuss themes and the conceptual framework of dependency/independence using informants' accounts to exemplify points of view. The article concludes with a discussion of implications for the ADA and marketing practice as well as the larger area of consumer vulnerability.

Research Approach

This investigation involved collecting and examining individual accounts of marketplace experiences of the disabled so that respondents' voices could be heard in the policy debate. Thus, our research was guided by an existential-phenomenological philosophy (e.g., Thompson, Locander, and Pollio 1989; Valle and King 1978). This approach focuses on developing an understanding of the lived experiences of informants from their perspective.

Textual Data Collection

The first author generated textual data through two primary methods: interviews and a diary of reactions and experiences. Twenty-one people with varying levels of visual impairments were interviewed regarding their interactions with store/service personnel and the retail environment. The first informant, Karen, was a former student of the researcher and now works as a counselor at a state agency for people with visual impairments. Karen was a key informant who, after the initial interview, was told of the objectives of the study, helped reformulate the interview protocol, and served as a contact for the majority of the informants. Therefore, most of the informants were her friends; friends of friends; colleagues; or, in the latter part of the study, clients.

A diary of observations and general interpretations of each informant's experiences supplemented the interview data. The majority of the diary detailed observations made while the first author observed work at a state agency for people with visual impairments. The researcher observed daily activities of the agency and served as a driver, and occasionally a reader, for an agency counselor. In addition,

Table 1. Profile of Informants

Name	Sex	Age	Description
Denise ^a	Female	20s	Single, student, losing sight for 10 years, low vision, uses a guide dog
Karen	Female	30s	Married, rehabilitation counselor for the visually impaired, blind from diabetes approximately 8 years, interviewed twice, former student, no vision
Alice*	Female	30s	Married, telephone operator, lost sight 10+ years ago, no vision
Linda	Female	30s	Married with children, law student, blind since birth
Lucille**	Female	30s	Married with children, out-of-home sales, homemaker, losing sight, low vision
Arlene***	Female	30s	Married, expecting a child, runs a convenience store in an office building, blind 10+ years, no vision
Hal	Male	30s	Married with children, tenured social sciences professor, lost sight 15+ years ago, no vision
Myra ^a	Female	30s	Recently divorced, has children, unemployed, just began losing sight, low vision
Len*	Male	40s	Married, vendor, lost sight 13 years ago, no vision
Jim**	Male	40s	Married with children, vendor, slowly losing sight over last several years, low vision
Sam***	Male	40s	Married, rehabilitation counselor for the visually impaired, lost sight 20+ years ago, no vision
Ken	Male	50s	Married with child, tenured social sciences professor, blind since birth, no vision, uses a guide dog
Ben	Male	50s	Married, rehabilitation counselor for the visually impaired, lost sight 15+ years ago, no vision
Carla ^a	Female	50s	Married with grown children, co-owner of a restaurant, losing sight for 3 years, low vision
Elsie ^a	Female	60s	Widow, homemaker, losing sight for 5 years, low vision
Violet ^a	Female	70s	Widow with children and grandchildren, homemaker, losing sight for 5+ years, low vision
Naomi ^a	Female	70s	Widow with children and grandchildren, retired cosmetic salesperson, losing sight for 10 years, low vision
Bonnie ^a	Female	70s	Widow with children, losing sight for 10+ years, low vision
Lila ^a	Female	70s	Widow, retired, losing sight for 15+ years, low vision
Ruth ^a	Female	80s	Widow, retired encyclopedia sales representative, losing sight for 10 years, low vision

^a Denotes an agency client.

Notes: Asterisks denote married couples.

informants were observed in shopping, restaurant, and fast-food experiences. This diary was primarily used to aid in the interpretation of the data and to ensure that the interpretation was not affected by the sighted researchers projecting onto the data what that experience must be like.

Before each interview, the informant was told that the purpose of the study was to gain an understanding of his or her service and consumption experiences. The interviews were conducted in informants' homes or offices and, on average, lasted one hour. Twenty-one people from two states participated in this study—six were men, three of whom had spouses with visual impairments; the spouses also agreed to be interviewed. Because of time constraints (e.g., both spouses work), these informants asked to be interviewed as couples. The nine informants contacted through the state agency were interviewed in the presence of their counselors, as required by the agency. The interviews were tape-recorded and transcribed verbatim.

In Table 1 we provide a brief description of the informants, whose names have been changed to preserve their anonymity. They are diverse in age, ranging from mid 20s to late 80s, and occupation, including college professors, homemakers, rehabilitation counselors, computer programmers, and vendors. Most use a cane for mobility purposes, and two use a guide dog. Informants' leisure activities include snorkeling, jogging, watching movies, surfing the Web, playing the piano, collecting, playing with their companion dogs, listening to books on tape, and tandem biking. Eight of the informants belong to the National Federation for the Blind, a consumer group whose primary philosophy

encourages people with visual impairments to exercise autonomy, self-reliance, and assertiveness in seeking assistance when it is needed.

All informants were classifiable as legally blind; however, the informants were diverse in their visual capabilities. The sampling of participants was motivated by a desire to reach people of various ages and at various levels of visual impairment (e.g., length of time being blind). Twelve informants have low vision capabilities, in that they can make out shapes and/or have light perception, and several can read normal-sized print with significant magnification. Nine informants are blind, meaning they have no vision or light perception.

Consistent with interviewing techniques discussed by Thompson, Locander, and Pollio (1989) and Weiss (1994), dialogue unfolded around topics that informants embraced. Each interview began with a grand tour question that encouraged the informant to tell a little about him- or herself (McCracken 1988). Next the interviewer shifted the focus to marketplace experiences by asking the informant to remember a particularly positive or negative experience in retail or service settings. Probes regarding a variety of settings (e.g., restaurants, hotels, banks, hair salons/barbers, transportation services, medical providers, discount stores, department stores) and different kinds of affective states (e.g., comfortable/uncomfortable, stressful/relaxing, positive/negative) were used to stimulate the recounting of specific experiences and discourage abstractions (Thompson and Haytko 1997).

Textual Data Analysis

Consistent with Thompson's (1997) recommendations, interpretation of the data involved using a hermeneutic framework that proceeded sequentially through two stages. The first stage required reading and rereading all materials associated with a particular informant until a complete understanding of her or his marketplace experiences as a disabled person was gleaned. A synopsis of this understanding was developed by means of excerpts from the interview and diary. The second stage is intertextual in nature and involved a search for patterns and differences across informants' reactions to the marketplace (e.g., Hill 1991; Moustakas 1994; Spiggle 1994; Spradley 1979). As noted previously, the research stream in public policy and marketing involving vulnerable consumers informed our perspective of this phenomenon. In addition, the binary relationship between independence and dependency provided a useful thematic paradigm within which to frame informants' marketplace narratives (Thompson 1997). Our findings are presented subsequently, embedded within the literature on disabilities related to these constructs.

Consumers' Accounts of Marketplace Experiences

The Significance of Independence

Although total self-sufficiency is nearly impossible to achieve, Americans value it and may cling fast to it. As a result, they may deeply fear physical or mental impairments, precisely because these impairments are often considered synonymous with a reduced ability to provide self-care, which would necessitate dependency on others for one's well-being, if not survival. Current conceptualizations of how people with disabilities function in daily life, however, recognize that the degree of independence is determined not only by the impairment and the person's response to it but also by environmental factors (Gignac and Cott 1998; Marshall et al. 1995). Moreover, traditional definitions that cast independence and dependency as opposites have been called into question (George 1991; Wilkin 1987).

Although there are many ways to define independence, most definitions contain references to autonomy and self-reliance. Sixsmith (1986) finds in a qualitative study of aging that people think of independence in terms of three dimensions: (1) the ability to care for self and home without assistance, (2) the capacity to make decisions without assistance, and (3) economic independence and freedom from obligations to others. This set of distinctions mirrors those found in several recent studies of high school and college students' concepts of adulthood; the most significant markers cited were people's responsibility for themselves and their own actions, autonomous decision making, and financial independence (e.g., Arnett 1998). These are individualistic concepts—responsibility to or for others was not mentioned, autonomous decisions are made without reliance on others, and financial independence again refers to people's ability to pay for their own basic consumer needs, including rent, car-related expenses, food, and other necessities.

People who are blind may function independently in several of these capacities. Karen, who is blind and works as a counselor for people with visual impairments, observes that

the misconception of blindness as completely incapacitating makes vision loss very difficult for some clients:

A lot of times when a person loses their sight, all of a sudden the world is over, their life is over, because they're like, I can't do anything anymore. Well, no, they just need to rely on their other senses and find different ways to do it. You can see the oven rack, but a person losing their sight has to rely on other senses. So instead of seeing it, they're feeling it. So they are getting a hot pad and feeling it, pulling the rack out, placing a cookie sheet on the rack. So you're just using your sense of touch. You're still completing the same goal and task; you're just doing it in a different way.

Violet describes ways she learned to alter her home environment so as to retain her independence in performing domestic chores:

I had good training from ... my first counselor. And she came out, and it was when I was just losing [my sight]; and she put the ... buttons on the ... thermostat, so you can feel them, you know, to turn it, and on my stove and on my microwave, and all those things [so] that you can do it by touch, you know; and then we made cookies, and she showed me how to clean up afterwards and get it nicely cleaned up.

In addition, for self-care, blind men can learn to shave by feel, and similarly blind women can learn to apply makeup and style their hair as adroitly as sighted persons do. Clothing can be identified by many tactile cues, including fabric, buttons, ties, collars, shape, and so forth. Many blind people can detect some colors, and for those who cannot, ways of identifying colors range from Braille labels to buttons or safety pins on collars to tags that are trimmed into unique shapes. Foods in packaging that is difficult to identify may be distinguished by a labeling system or by location.

Independence in Marketplace Decisions

Autonomy in making the final purchase decision is not necessarily diminished by reduced vision. Our informants use a variety of alternative sources that help them gather information in decision-making situations. Service providers, such as personal shoppers or purchase pals, may be called on for assistance in retrieving information. In addition, information may be acquired through memories of past experiences (e.g., eating habits); listening to advertisements on the radio or television; or having a family member, friend, or paid reader skim advertisements from the newspaper. Auditory versions of many news and marketing sources also are available online.

Another common information-gathering technique used in service encounters is to go through an orientation and mobility training session in which, for example, consumers with visual impairments visit a mall and have assistance in figuring out the layout and developing awareness of environmental cues. When they acquire some familiarity, the consumers may prefer to shop alone. Ben, who does not often need to go through such training sessions, describes how he orients himself in a store:

First of all, I've found that you keep track of where the opening was you came through. I'm pretty good with the left/right—keeping track of the direction. And I go by sound, and because there is a visual landscape to keep yourself oriented, there is also an auditory one that's there all the time. And of course the per-

son that's all auditory in nature will recognize that after they become comfortable travelling blind. It is something you learn. Some people can do this better than others, like some people deal with the visual landscape better than others do. And again, if you really start frequenting [the store] enough so that you remember from one time to the next, you start building a map that gets bigger and bigger from one time to the next.

In the grocery store, fresh produce may be selected by feel and smell. Although Karen has store employees assist her with grocery shopping, she still prefers to select her own produce:

That's fine if they think a tomato looks good, but I still touch it. I want to feel it and see how firm it is. You know, I want to know because I know when I'm going to eat it. They don't.... I don't need people making all my decisions.

Shopping for clothes is approached similarly, except informants were more likely to ask a friend or family member to accompany them and offer assistance and opinions. In other words, their decision processes were affected by interpersonal influences. Still, the informants generally make the final selection themselves:

I know when my sister was living in town, and it was nice to have her to go shopping with, because she knew the styles I liked, the colors, things like that; but now that my sister is not here, I kind of rely on friends or ... clerks in the store that relay what kind of styles they are and the colors. With all the new-fangled names for colors anymore, you are not exactly sure what the color really is. But, you know, they seem to be pretty good, and they help you try on stuff, and if you don't like it, you put it back. (Alice)

The informants provide many such examples of retaining decision-making authority in situations in which they had requested and were receiving assistance. These occasions illustrate that independence and dependency are not mutually exclusive—they can and often do co-occur, serving adaptive functions for different aspects of the same situation. Thus, although a friend, family member, or clerk provides information and possibly opinions during the decision process, the visually impaired consumer makes the final decision. This is analogous to many decision processes for sighted consumers; the primary difference is that sighted consumers have more direct access to information about products, whereas consumers with severe visual impairments must obtain purely visual information from others.

The Nature of Dependency

Although there is no universally accepted definition of dependency, it is generally acknowledged that it implies a social relationship; that is, a person who is dependent must be dependent on someone. Wilkin (1987, p. 868, italics in original) defines dependency as "a state in which an individual is *reliant* upon other(s) for assistance in meeting *recognised* needs." Reliance on another person does not imply an inability to accomplish a task without assistance, though it includes those cases. Thus, two informants with similar visual impairments may show different levels of dependency in the same situation, as Lucille notes in describing how she and her husband, who also has a visual impairment, approach grocery shopping:

He is one of the most patient people on the face of this earth, and if it takes him two hours he doesn't really care. For me, I would rather go and have somebody help me and get out of there.

Lucille's comment is illustrative of the great variance in disabled people's personal styles and preferences regarding asking for help and accepting it.

Self-Regulated Dependency

According to Baltes (1996), Lucille's style of handling grocery shopping would constitute an example of *self-regulated dependency*, which may promote successful adaptation to impairment. People engage in self-regulated dependency when they are capable of functioning without assistance but seek it to avoid expected difficulties or make more time for enjoyment of other activities. Hal, who is blind and uses a cane for mobility, recounts an experience that illustrates the adaptive value of this type of dependency. He was in an unfamiliar airport awaiting a flight home. A colleague had taken him there and given him an idea of the layout of the gate area:

I said, "Now I know these stairs are in front of me and I need to go to the left to get around them and get to the gate," and [my colleague] said, "That's right." I think I often ask for more help than I need just because it's safer.... If you get lost or injured or something, you end up looking one hundred times worse.

Need-Based Dependency

The term *need-based dependency* refers to situations in which people recognize that they need assistance and receive it. Although rehabilitation services value and teach independence across as many domains as possible (Curtis 1998), voices in the field have commented that this view does not honor differences in valuation of individual autonomy (Harry and Kalyanpur 1997; Thompson and Haytko 1997). Therefore, it is not surprising that informants varied greatly in the degree and kinds of assistance they believed they needed and wanted. For example, Naomi's grocery shopping style is quite different from Linda's, described previously:

I am a widow now. My husband died two years ago. I do have two boys that live here, and I have lots of friends. And I hardly go out unless it is with somebody. Well, it makes me more comfortable to go with somebody.... A couple takes me on Thursdays to their senior center where we eat, and then they help me buy my groceries that afternoon. They are with me. They help me, we go around together, and I have a list; she reads the list and picks out my groceries, and I am the one that pays, though.

Although she feels a need for assistance with chores involving mobility and orientation, Naomi retains the final authority in purchase decisions. Informants who describe similar levels of need for (and comfort with) assistance appear at least as likely to turn to friends and family as to ask service providers for assistance. Myra, for example, speaks with pride and affection about her family's concern for her:

If I need something, my daughter is very protective of me. So if there is something wrong, there is not enough water, or we need some kind of sauce, or whatever, she will locate the waitress, so that when she comes by the table, we will get whatever we need, and my husband is the same way.

Whether a person feels a need for assistance in a given situation depends in large part on a self-assessment of skills. Ben and Karen, both counselors who teach orientation and mobility skills, assess their own respective skills in restaurants quite differently:

Nine times out of ten, I know where the waitresses are because they are always moving. Because they're usually talking and doing stuff. (Ben)

What is nice is that [the servers] let me know when they are passing the table. More times they do this than not, so they know if you need anything. 'Cause when I'm sitting there, I hear people walking by, but I can't distinguish who it is. (Karen)

Given a felt need for assistance, whether a person will ask for it depends on several factors, including the expectation of receiving it, the perceived cost (in social and psychological as well as financial terms), and comfort level with asking for help. Ruth felt a need for help, appeared at ease requesting it, and had positive expectations of receiving solicitous treatment from the employees of a local restaurant she frequented:

Of course I can't read the menu, so they often read the menu for me, and they make a point of remembering that I don't like this and I don't like that.... And [they] lead me to the place where I'm supposed to go.... And they'll take my cane and put it away for me on the back of the seat.

Bonnie, in contrast, believed she needed help grocery shopping but had learned from experience that she could not count on others to follow her list if she did not accompany them:

I prefer going to the grocery store myself, because I have a feeling that you tell them you want a six ounce can of Folgers, or regular buns, and I don't know how they can turn it around.... So somewhere along the line, something gets switched, and I wind up with things I don't want.... In the beginning, I would call up, and I used to depend on people bringing me things, and they would find things they thought [were] better, and it might have been better for them, but it wasn't better for me.

It is important to recognize that this conception of need-based dependency is domain-specific and can and often does co-occur with some form of independence, usually reserving the right to make the final selection decision. Furthermore, this sort of dependency is neither unhealthy nor infantilizing. Ongoing functional and emotional support from a variety of sources can contribute greatly to successful adjustment to vision loss (Kleinschmidt 1996). It is when a person does not want assistance but receives it, or desires it but cannot obtain it, that problems arise.

Imposed Dependency

Gignac and Cott (1998) describe *imposed dependency* as a situation in which assistance is given though it is not needed or desired. Thus, the dependency relationship is forced on a person with a visual impairment. Murphy (1990) observes that because adulthood is so strongly defined in terms of self-reliance and autonomy, a visible disability that causes a reduction in self-reliance may challenge adult status in society at large. This diminishment of status may lead to treatment that is perceived to infantilize the person with the

impairment. One informant, Linda, recounts the following experience when she went to the doctor for a routine exam:

She [the PA or nurse] says, "Here's your gown, and I'll help you get undressed." That kind of made me mad, but I was actually shocked, because if that had happened to someone that can see.... And I said, "Well, excuse me, but I really don't need that. I have two little children at home, and I do that." She got really mad and left, and then when I was ready, I heard her come back and say to the doctor, "This one in here is a real bitch."

Linda believes the nurse had assigned her the status of a childlike dependent, unable to dress or undress properly. When Linda refused to accept that position and asserted her adult status, the nurse became angry, possibly because Linda's position threatened her view of reality—a view that people like Linda are less than fully competent adults.

When presumably well-meaning people attempt to help people with visual impairments, it may be perceived as infantilizing and may even disrupt a visually impaired person's attempts to steer a safe course through the use of other senses:

Lots of times people do what is called the bicycle steer, which is where they come up behind you and grab you by the shoulders and turn you. It throws your kinesthetic sense and your focus totally out of whack when somebody does that. You know, you lose your point of reference instantly, and I am very well-oriented, but even for people who are well-oriented, when that happens [it] can really make it tough, because you have got to stop, listen for the sound cues that you were using in the process of being oriented, and God help you if you weren't paying attention to those just before that happened. (Sam)

Although the motive for such behavior is most likely eagerness to help, it is couched in the assumption that people with visual impairments need the kind of help most adults would impose only on a small child or an adult who is in imminent danger. The underlying rationale may be that a person without appreciable vision (1) cannot navigate safely and/or accurately alone and (2) is not entitled to the respect commonly accorded adults, which would dictate that the potential helper ask the person if he or she would like help.

Another common way people with visual impairments may feel infantilized is when a service provider speaks only to the people accompanying them. Naomi's experience in a restaurant is typical of that described by several informants in a variety of service encounters:

The one that I don't like is when they say, "What does she want?" I just feel degraded. Why don't they talk directly to me? I am a person, and I am there, and I could answer.

One explanation of this behavior is that it is based on the presumption that people with little or no vision possess diminished capabilities in other areas of functioning. Consistent with this perspective, research shows that U.S. citizens often view people with disabilities as damaged in general, unable to pursue activities at the level of their fully functioning peers (Murphy 1990; Phillips 1990). In addition, such disabilities may be unwelcome reminders of human vulnerability to misfortune, which suggests that resulting behaviors may be an expression of disrespect or hostility (Murphy 1990).

Another form of imposed dependency occurs when consumers with visual impairments perceive that a service provider is trying to force them to use an inappropriate "accommodation" because of their disability. Lucille tells of a local restaurateur's practice:

Every time we go in there, she is like, "Oh, the first two booths are reserved for you guys," and that bugs me because ... we can sit anywhere.... You just got these two booths backed up for all the blind people that come in.

There is no a priori reason for this assigned seating arrangement. Linda describes similar situations with department store clerks who want her to use fitting rooms designed for wheelchair users:

Sometimes because it's a handicapped accessible, they want me to use it. Well, I don't want to use it. First of all, it never has a chair, and it's huge.... It's actually less convenient for me. I've got a lot more room to walk around and find out where they might've hung my clothes.

An ill-informed suggestion certainly can be excused, but several informants, when they declined such accommodations, were told that there were no alternatives available when that was not the case. Again, this behavior may suggest a view of a person with visual impairments as less than an adult who is capable of making simple decisions.

Not Independent

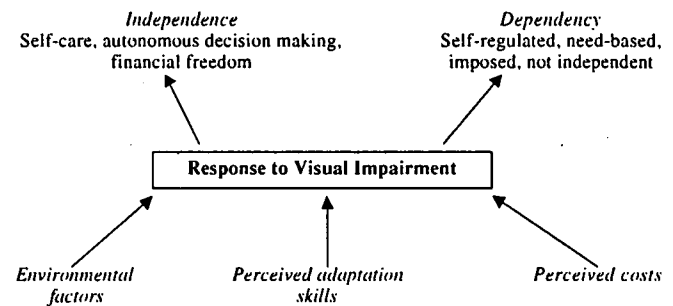
Gignac and Cott (1998) use the term *not independent* to refer to situations in which the person with an impairment needs assistance but does not obtain it, either because it is not available or for other reasons. Wilkin (1987) observes that a person with an impairment may recognize such a need, but society fails to do so. A common experience of people who are legally blind but do not have visible cues such as a cane or guide dog is that when they ask for directions or help reading street signs or bus numbers, they may be refused on the grounds that they are "not blind" (Freeman et al. 1991). In addition, they may be given instructions as though they were fully sighted:

What I used to do was just ask, "Would you please tell me where Aisle C is?" "It's over there," and I guess they figure if they stretch their arm out in that direction, and which way are they pointing, and what are they pointing at? I have learned to voice the words I think, "Excuse me, I am visually impaired, will you please tell me? I can't see you." (Bonnie)

One explanation for the visual directions may be that the director does not recognize that the person is blind. For example, Nancy and Violet still wear eyeglasses, even though they cannot see better with them. Perhaps this is because of the perceived stigma attached to being blind. Previous research has also noted that many people who are legally blind but can pass for sighted elect to do so (Freeman et al. 1991). Although this may have functional costs, making mobility and other tasks more difficult, the emotional costs associated with covert forms of rejection may be greater for these people. Karen, who is blind and does not try to "pass," comments,

I noticed this a lot on campus that when I'd walk by, people would just get real quiet, and then they'd start talking again after you'd passed. But you just get used to it, and I think a lot of it

Figure 1. Marketplace Response by Consumers with Visual Impairments



has to do with teaching, and they are not going to learn unless they know someone.

Several other informants recounted cases of being shunted aside or ignored by service providers, presumably because of their impairments. Sam offers such an account:

I had gone up to the counter in a sporting goods store, and I thought I heard movement behind the counter. I needed to ask a question. So I went to the counter and I tapped against it. No response. I said, "Excuse me, is someone there, could you assist me?" Silence. Then from a few feet away, I heard this gentleman's voice. It turned out it was my dentist. He says, "Hi, Sam, it's Dr. _____." So he says, "Are you looking to get some help?" I said, "Yes, I am, actually, I was trying to see if someone was at the counter." And he says, "Ma'am, could you please help this gentleman?" And she says, "Ok, sure."

The foregoing discussion suggests that imposed dependency as well as a failure to obtain assistance when it is needed may be all too common in service encounters of people with severe visual impairments. Although sighted consumers may on occasion complain of overly solicitous or unhelpful sales clerks, informants' accounts, together with additional research (e.g., Murphy 1990; Phillips 1990), point to recurring themes of unacceptable intrusiveness and/or selective avoidance of contact that can be considered hurtful or offensive.

Dependency and Independence

A conceptual framework helps demonstrate how independence and dependency by the disabled are manifested in the marketplace (see Figure 1). This framework was developed from informants' accounts together with several research-based conceptualizations (e.g., Baltes 1996; Sixsmith 1986). It is grounded in an explication of the range of possible adaptations to a disability, described in terms of independence and various forms of dependency in the performance of daily activities. The framework highlights individual differences in responses and demonstrates that dependency and independence are not opposite extremes of a unidimensional construct but rather are complex, domain-specific, and sometimes complementary.

The framework used to interpret informants' accounts highlights several noteworthy findings. First, disabled consumers' response to the marketplace in terms of indepen-

dence and dependency is determined by a variety of environmental factors, including physical, logistical, and interpersonal ones. For example, although some logistical barriers imposed by public environments have been removed by legislation, there are still barriers that limit mobility. Informants reported that public transportation providers had sometimes left them off in the wrong place; for a sighted consumer who can see addresses, not only is this less likely, but the perils of an unfamiliar environment are reduced by vision. Naomi, as well as other informants, overcame this obstacle by having the driver walk her to the door, an adaptive solution.

The research approach used does not permit an assessment of how pervasive inappropriate service-provider behavior is, but among these informants, such behaviors as avoidance, intrusiveness, incorrect accommodations, or unethical behavior were cited frequently. For example, although it is illegal to deny access to public facilities to a person accompanied by a service animal, Ken has been refused access to transportation and hotel accommodations because of his seeing-eye dog:

We wanted to stay at a bed and breakfast in _____ for my tenth wedding anniversary a couple of years ago, but they wouldn't allow us to come because of the dog. It's not very affirming or a very positive experience to be denied something like that because of someone's prejudice or ignorance.... Being denied a cab at the _____ airport with a whole bunch of luggage, and, you know, that erodes self-esteem. Sure you can fight it, you can go to court ... and I do advocate for myself, and I do try to do what I can to exercise my rights, but there is not a lot of reward in that. It still doesn't solve the problem of me having to get from Point A to Point B, at least at that moment. I think having, just in general, diversity and alternative possibilities, people aren't as open to them and as welcoming of them as I would like to see them be. That would certainly apply to the service industry.

Some informants have also experienced unethical behavior on the part of service providers, as Len describes:

I ... went to a liquor store several years ago here in _____. [I] purchased, I think it was a six-pack of beer. I paid the man behind the counter with a twenty. I was like \$3.00 for the six-pack so counting the change back he says, you know, "Three and one is four and one is five, five is ten and ten is twenty with all my change." And the woman in line behind said, "Hey did you give him all ones?" [And he had given me all ones, though he described them as something else.] So you know I got some free beer out of the deal. I probably could have taken him to court. But, at the time, I was a little bit younger and you are just happy to get out with a free six-pack and all your money.

A second noteworthy finding of the model is that perceived adaptation skill and ability influences the response to visual impairment and subsequent independence/dependency. People with enough vision to read at close range and to perceive colors have the option of choosing their clothing, groceries, and other products, as well as using public transportation, without assistance. Indeed, when informants who went about without a cane or dog sought help, service providers refused by saying they were "not blind."

Blind people who have the desire and means may maintain independence from family and friends by using other forms of assistance, such as a cane or a dog for navigating

the external environment; computer technology for reading; or a reader, driver, or personal shopper. Different adaptive strategies are used to achieve the same end result, which in these cases is self-reliance. However, when financial means dwindle along with vision, the balance may inevitably shift toward dependence on family and friends. Because many people regard spouses and children as extensions of the self, using these sources of help may not be regarded as dependency but rather as an entitlement that they would (and perhaps did) fulfill if and when the roles were reversed.

A third noteworthy finding of the model is that the response to visual impairment and the resulting independence/dependency is affected by a person's perceived costs associated with asking for and using assistance. For example, informants still struggling with the reality of their impairment were most likely to attempt to carry on as if they had none. Several who were legally blind but able to read at close range elected to perform daily tasks, such as shopping, reading, and using public transportation, without assistance. Although such independence may cost them in time and effort, for many people, the emotional and social costs of asking for assistance may be considerably greater.

Implications for the ADA and Marketing Practice

The objective of our inquiry was to reveal how people with visual impairments negotiate daily consumption activities since the enactment of the ADA. Across all informants, one central theme is clear: Consumption experiences are important contexts for achieving, displaying, and maintaining an appropriate balance between dependency and independence. The results also demonstrate that marketers both facilitate and impede the creation of this balance, making the exchange process easier as well as more difficult for the visually impaired to navigate.

Although the purpose of ADA legislation is to improve access to and enjoyment of the public arena by the disabled, our findings suggest limited success within the marketing domain for the visually impaired. One problem is that the ADA is focused too generally on a definition of disabilities that is commonly operationalized by marketers as mobility difficulties. As a result, most accommodations are equally generic, providing only the most rudimentary support for a narrow segment of mobility-impaired consumers. In addition, accommodations are designed to remedy perceived deficits among the disabled rather than accentuate perceived strengths that are used to overcome disabilities and increase self-reliance. Finally, because of the high value placed on autonomy in our culture, accommodations support independence rather than recognize the unique blends of independence and dependency that exist across a wide variety of people and circumstances. It may be that in other cultures in which less value is placed on independence, other conceptual frameworks are more appropriate for exploring the marketplace experiences of consumers with visual impairments. That is an empirical question left for further research.

One solution to this dilemma lies in a redefinition of disability that includes its many dimensions. Such a characterization would recognize the various types and ranges of mental and physical impairments that may impede access to

the marketplace as well as coping strategies commonly employed by the disabled. This perspective would acknowledge that disabled consumers, such as the informants in this study, face an array of difficulties that are perceived as minor annoyances all the way to major life predicaments. As a result, the one-size-fits-all solution is unlikely to be effective for most disabled consumers.

With this redefinition as a starting point, legislators and marketers can move away from policies and practices that support the extremes of experiencing imposed dependency (support is unwarranted, inappropriate, or undesirable) and being not independent (the legitimate accommodation needs of the disabled are ignored). Instead, consistent with the marketing concept, serving the various disabled subpopulations is driven by a focus on need-based dependency, providing desired support when, where, and how disabled consumers prefer to be accommodated.

For policy and practice to be directed by this perspective, legislators and marketers need to understand this diverse group better. For example, education on the adaptive resources of consumers across types and degree of impairment is a necessary ingredient to a successful exchange relationship. Legislators and marketers should begin their discovery by listening to the voices of those who have the experience of the impairment before public policy is legislated and business practice is designed. As the voices of our informants reveal, it is not a homogeneous subpopulation, as the ADA might suggest.

A revised ADA would educate and communicate the complex issues of dependency and independence to service providers, retailers, and others so that they can interact properly with the disabled in the marketplace. As our model illustrates, a consumer's perception of independence/dependency is based not only on characteristics within the individual (i.e., perceived adaptation skills) but also on environmental factors and social costs of participation. Therefore, such an educational component would enable retailers to begin to understand why marketplace participation is important in the life of a person with a visual impairment. From there, strategies for interaction with the disabled in the marketplace can be developed, and employees can be trained in interaction techniques. For example, waiters and waitresses might be taught an alternative way, other than eye contact, to initiate an interaction, such as standing next to the person and with a slight, nonintrusive tap on the shoulder saying, "How may I help you?"

One important side effect of this increased sensitivity may be an improvement in the willingness of disabled consumers to express their accommodation needs, which would help them achieve a more optimal balance between independence and dependency. Another important effect of this education may be that retailers and service providers will be more knowledgeable about and comfortable with interacting with people with disabilities in the marketplace.

Concluding Remarks

The conceptual model of independence/dependency presented in this article may help illuminate the special conditions under which these variables significantly affect consumer decision making. For example, all consumers may have special needs during transition or loss (see Gentry et al.

1994; McAlexander, Schouten, and Roberts 1993). A cross-country move, a divorce, a child leaving home, the death of a loved one—such circumstances are likely to precipitate feelings of intense isolation and concomitant fear and anxiety. At these times, the illusion of self-sufficiency may crumble, revealing an immediate and painful knowledge of dependency on someone now absent. Only when people examine those feelings squarely, without culturally normative shame or guilt, can they achieve a balance that is personally adaptive and satisfying.

In addition, this paradigm provides a novel approach to how so-called vulnerable groups successfully navigate difficult circumstances, transforming the meanings associated with this label. Thus, the model presented here provides a coherent explanation of why a deficit view of consumers with disabilities is inaccurate and harmful. This finding is consistent with recent research that runs counter to the prevailing belief that defines certain segments of consumers as vulnerable and instead acknowledges the value of their adaptation strategies (Lee, Ozanne, and Hill 1999).

References

- Alwitt, Linda F. and Thomas D. Donley (1997), "Retail Stores in Poor Urban Neighborhoods," *Journal of Consumer Affairs*, 31 (Summer), 139-64.
- Americans with Disabilities Act (1990), Pub. L. #101-336.
- Andreasen, Alan R. (1975), *The Disadvantaged Consumer*. New York: The Free Press.
- Arnett, Jeffrey Jensen (1998), "Learning to Stand Alone: The Contemporary American Transition to Adulthood in Cultural and Historical Context," *Human Development*, 41 (September-December), 295-315.
- Baltes, Margaret M. (1996), *The Many Faces of Dependency in Old Age*. Cambridge, UK: Cambridge University Press.
- Blair, M. Elizabeth and Eva M. Hyatt (1995), "The Marketing of Guns to Women: Factors Influencing Gun-Related Attitudes and Gun Ownership by Women," *Journal of Public Policy & Marketing*, 14 (Spring), 117-27.
- Bristol, Julia M., Renee Gravois Lee, and Michelle R. Hunt (1995), "Race and Ideology: African-American Images in Television Advertising," *Journal of Public Policy & Marketing*, 14 (Spring), 48-59.
- Burton, Scot, Richard G. Netemeyer, and Donald R. Lichtenstein (1995), "Gender Differences for Appearance-Related Attitudes and Behaviors: Implications for Consumer Welfare," *Journal of Public Policy & Marketing*, 14 (Spring), 60-75.
- Cleary, Margaret E. (1989), "Coping with Vision Loss," *Diabetes Forecast*, 42 (July), 42-45.
- Cott, Cheryl A. and Monique A.M. Gignac (1999), "Independence and Dependence for Older Adults with Osteoarthritis or Osteoporosis," *Canadian Journal on Aging*, 18 (1), 1-25.
- Curtis, Rebecca S. (1998), "Values and Valuing in Rehabilitation," *Journal of Rehabilitation*, 64 (January-March), 42-47.
- Equal Employment Opportunity Commission and U.S. Department of Justice (1991), *Americans with Disabilities Act Handbook*. Washington, DC: Government Printing Office.
- Feddiss, N. (1992), "What You Need to Know About the Americans with Disabilities Act," *Bank Marketing*, 24 (January), 34-35.

- Fersh, D. and Thomas, P. (1993), *Complying with the Americans with Disabilities Act*. Westport, CT: Quorum Books.
- Franzak, Frank J., Thomas J. Smith, and Christopher E. Desch (1995), "Marketing Cancer Care to Rural Residents," *Journal of Public Policy & Marketing*, 14 (Spring), 76-82.
- Freeman, Roger D., Emily Goetz, D. Patricia Richards, and Maryke Groenveld (1991), "Defiers of Negative Prediction: A 14-Year Follow-Up Study of Legally Blind Children," *Journal of Visual Impairment and Blindness*, 85 (November), 365-70.
- Gentry, James W., Patricia F. Kennedy, Katherine Paul, and Ronald Paul Hill (1995), "The Vulnerability of Those Grieving the Death of a Loved One: Implications for Public Policy," *Journal of Public Policy & Marketing*, 13 (2), 128-42.
- George, Steve (1991), "Measures of Dependency: Their Use in Assessing the Need for Residential Care for the Elderly," *Journal of Public Health Medicine*, 13 (3), 178-81.
- Gignac, Monique A.M. and Cheryl Cott (1998), "A Conceptual Model of Independence and Dependence for Adults with Chronic Physical Illness and Disability," *Social Science Medicine*, 47 (6), 739-53.
- Greenberg, G. (1995), "Among Friends," *Houston Chronicle*, (February 5), Lifestyle section, 1.
- Harry, Beth and Maya Kalyanpur (1997), "A Posture of Reciprocity: A Practical Approach to Collaboration Between Professionals and Parents of Culturally Diverse Backgrounds," *Journal of Child and Family Studies*, 6 (December), 487-509.
- Hill, Ronald Paul (1991), "Homeless Women, Special Possessions, and the Meaning of 'Home': An Ethnographic Case Study," *Journal of Consumer Research*, 18 (December), 298-310.
- , David L. Ramp, and Linda Silver (1998), "The Rent-to-Own Industry and Pricing Disclosure Tactics," *Journal of Public Policy & Marketing*, 17 (Spring), 3-10.
- and Mark Stamey (1990), "The Homeless in America: An Examination of Possessions and Consumption Behaviors," *Journal of Consumer Research*, 17 (December), 303-21.
- Hirschman, Elizabeth C. and Joyce A. McGriff (1995), "Recovering Addicts' Responses to the Cinematic Portrayal of Drug and Alcohol Addiction," *Journal of Public Policy & Marketing*, 14 (Spring), 95-107.
- Kaufman-Scarborough, Carol (1999), "Reasonable Access for Mobility-Disabled Persons Is More Than Widening the Door," *Journal of Retailing*, 75 (4), 479-508.
- Kleinschmidt, Julia J. (1996), "An Orientation to Vision Loss Program: Meeting the Needs of Newly Visually Impaired Older Adults," *The Gerontologist*, 36 (August), 534-38.
- Lacznia, Russell N., Darrel D. Muehling, and Les Carlson (1995), "Mothers' Attitudes Toward 900-Number Advertising Directed at Children," *Journal of Public Policy & Marketing*, 14 (Spring), 108-16.
- Lee, Renee Gravois, Julie L. Ozanne, and Ronald Paul Hill (1999), "Improving Service Encounters Through Response Sensitivity: The Case of Health Care Delivery in Appalachia," *Journal of Public Policy & Marketing*, 18 (Fall), 230-48.
- Marshall, Victor W., Julie A. McMullin, Peri J. Ballantyne, Joanne F. Daciuk, and Blossom T. Wigdor (1995), *Contributions to Independence over the Adult Life Course*. Toronto, Canada: Centre for Studies of Aging, University of Ontario.
- McAlexander, James H., John W. Schouten, and Scott D. Roberts (1993), "Consumer Behavior and Divorce," *Research in Consumer Behavior*, 6, 153-84.
- McCracken, Grant (1988), *The Long Interview*. Newbury Park, CA: Sage Publications.
- McNeil, John M. (1997), *Household Economic Studies, Current Population Reports, Americans with Disabilities: 1994-95*. Washington, DC: U.S. Census Bureau, (accessed September 4, 2001) [available at www.census.gov/prod/3/97pubs/p70-61.pdf].
- Moustakas, Clark (1994), *Phenomenological Research Methods*. Thousand Oaks, CA: Sage Publications.
- Murphy, Robert (1990), *The Body Silent*. New York: W.W. Norton & Company.
- Orr, Alberta L. (1998), *Issues in Aging and Vision: A Curriculum for University Programs and In-Service Training*. New York: AFB Press.
- Peñaloza, Lisa (1995), "Immigrant Consumers: Marketing and Public Policy Considerations in the Global Economy," *Journal of Public Policy & Marketing*, 14 (Spring), 83-94.
- Phillips, Marilyn J. (1990), "Damaged Goods: Oral Narratives of the Experience of Disability in American Culture," *Social Science Medicine*, 30 (8), 849-57.
- Quillen, David A. (1999), "Common Causes of Vision Loss in Elderly Patients," *American Family Physician*, 60 (July 1), 99.
- Scammon, Debra L., Lawrence B. Li, and Scott D. Williams (1995), "Increasing the Supply of Providers for the Medically Underserved: Marketing and Public Policy Issues," *Journal of Public Policy & Marketing*, 14 (Spring), 35-47.
- Sixsmith, Andrew J. (1986), "Independence and Home in Later Life," in *Dependency and Interdependency in Old Age: Theoretical Perspectives and Policy Alternatives*, Chris Phillipson, Miriam Bernard, and Patricia Strang, eds. London: Croom Helm, 338-47.
- Spiggle, Susan (1994), "Analysis and Interpretation of Qualitative Data in Consumer Research," *Journal of Consumer Research*, 21 (December), 491-503.
- Spradley, James P. (1979), *The Ethnographic Interview*. New York: Holt, Rinehart and Winston.
- Stephens, Debra Lynn and Karyn Bergman (1995), "The Americans with Disabilities Act: A Mandate for Marketers," *Journal of Public Policy & Marketing*, 14 (Spring), 164-68.
- Thompson, Craig J. (1997), "Interpreting Consumers: A Hermeneutical Framework for Deriving Marketing Insights from the Texts of Consumers' Consumption Stories," *Journal of Marketing Research*, 34 (November), 438-55.
- and Diana L. Haytko (1997), "Speaking of Fashion: Consumers' Uses of Fashion Discourses and the Appropriation of Countervailing Cultural Meanings," *Journal of Consumer Research*, 24 (June), 14-42.
- , William B. Locander, and Howard R. Pollio (1989), "Putting Consumer Experience Back into Consumer Research: The Philosophy and Method of Existential-Phenomenology," *Journal of Consumer Research*, 16 (September), 133-46.
- U.S. Census Bureau (1999), *Americans with Disabilities: 1994-95*. Washington, DC: U.S. Census Bureau, (accessed September 4, 2001) [available at www.census.gov/hhes/www/disable/sipp/disab9495/abc9495.html].
- Valle, Ronald and Mark King (1978), "An Introduction to Existential-Phenomenological Thought in Psychology," in *Existential-Phenomenological Alternatives for Psychology*, Ronald Valle and Mark King, eds. New York: Oxford University Press, 6-17.
- Weiss, Robert S. (1994), *Learning from Strangers: The Art and Method of Qualitative Interview Studies*. New York: The Free Press.
- Wilkin, David (1987), "Conceptual Problems in Dependency Research," *Social Science Medicine*, 24 (10), 857-73.