

The ‘Blind Area’ of the city: Drawing shopping-boundaries for people with vision impairments

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Abstract. The paper examines how the streets’ infrastructure of X city, in Lithuania, and several elements of the legacy of a former dependency to the Soviet Union determine ‘no go’ areas in the city and shape the ‘map’ of the private market, inhabited by people with vision impairments and blind people.

Keywords. The ‘Blind Area’, city, vision impairment, customers, private market, accessibility

Introduction

The United Nations Convention on the Rights of Persons with Disabilities [1] recognises access to ‘buildings, roads, transportation and other indoor and outdoor facilities’ (Article 9.1a), as well as access to consumer goods and services in the private sector (Article 9.2b), as essential for full participation in society. This paper examines how the streets’ infrastructure of X city, in Lithuania, and several elements of the legacy of a former dependency to the Soviet Union determine the ‘no go’ areas in the city and shape the ‘map’ of the private market, inhabited by people with vision impairments and blind people.

1. The ‘Blind Area’ and shopping-boundaries in the city

Under the regime of the Soviet Union, where the planned economy dominated, people with vision impairments were accommodated in the neighbourhoods, close to factories and other ‘suitable’ workplaces. This determined not only the distribution of the labour force but also architectural and design decisions in a particular part of the city, better known as the ‘Blind Area’. The resumption of independence in the 1990s reshaped not only the political situation but also the rationale of the market and the economy. Despite these changes, the majority of people with vision impairments stayed in the same neighbourhoods. On the one hand, interaction with a city and especially with the providers of private goods and services changed, as more choice became available. On the other hand, the relationship remained the same, as, in new legislation, accessibility

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is not yet recognized as an important element in city planning. The paper draws on qualitative data from a larger study, addressing a 'chain' of accessible shopping, but focuses on urban design dimensions determining people's freedom, interactions in the city and customer experiences in the market. No research exists as to how blind people and people with vision impairments in X city engage with the space of the city and the private market and how principles of universal design could provide more guidance in seeking equal participation in the market and citizenship in society.

Space in the city is not only architectural and design decisions in urban spaces, land use or transport infrastructure. It holds emotional, social and symbolic meaning to people [2-4]. Similarly, shopping is about more than the acquisition of new possessions. It is a process, enabling people to exercise choice and control [5, 6], engage with different social networks and communities [7, 8] and may be a form of leisure activity [9] as well as shaping customer identity [10, 11]. However, the dominant orientation towards non-disabled citizens, and the need to develop urban design at the lowest possible price, diminishes people's freedom in the city, reducing their choice and control regarding where to purchase, socialise, and work [12, 13]. However, actions of resilience and individual coping practices also challenge the experience of exclusion, dependency and vulnerability in the city and the market.

The paper addresses shopping in the 'Blind Area' related experiences and puts the main emphasis on two questions: first, 'How does the 'Blind Area' shape customer experiences of people with vision impairments and their engagement with the private market?', and second, 'How do developed strategies of resistance affect people's shopping experiences and the boundaries of the inhabited private market?'

2. Methods

The research methods combine mystery shopping with individual interviews, to stimulate experiences and observe them as they unfold, rather than narrating them solely after the event. Mystery shopping is a form of participant observation where the researcher interacts with the research participants being observed and stems from the field of cultural anthropology [14]. Despite existing similarities, because of its structure and systematic approach, mystery shopping differs from original subject/s observation in anthropology studies [15] and has become a mainstream market research technique [14]. The adoption of the mystery shopping method in this research enabled not only the identification of different factors in the service delivery process and their effect on natural conditions [16], to test whether consumers are treated equally or are discriminated against [17, 18] but also the addressing of discrepancy between real and reported behavior [19]. It also revealed shopping-journey related elements such as the route, itineraries and urban design decisions, which contradict universal design principles and serve as a measure of exclusion.

Semi-structured interviews followed the mystery shopping. This phenomenological approach allowed identifying meanings that people ascribe to the shopping process and outcomes [20]. It also captured participants' perceptions and opinions about their experiences en route to the shops [21], and revealed more detailed responses and clarifications of the reasons and motives behind the decisions of the chosen routes and itineraries to different retail outlets.

Prior to the mystery shopping, individual meetings with each of the research participants were organised. People were informed about the purpose of the study,

process and ethical considerations; informed consent was gained before the activity. Since the aim of the visit to the shop was to have it as natural as it is in participants' everyday lives, all the informants were asked to act as they would usually act. Respectively, while some of them travelled to the shop individually, others were accompanied by informal assistants such as family members, partners or friends. Two of the research participants asked the researcher's assistance in performing acts such as crossing the street, taking steps, getting on and off the pavements. The choice of the shop, travel route, speed and time depended on people's preferences and personal decisions. The majority of mystery shoppers preferred to participate in the research in the first part of the day. The main motivations behind this preference were the light and lower density of pedestrians than in the afternoon or the evening. Participants, living in the discussed area of the city, in total visited three shops.

In total 28 people with mobility, vision, and hearing impairments and learning difficulties participated in this study. For the purpose of the paper, the results are extracted from 7 mystery shopping outings and interviews with blind people and with people who had different range of vision impairments. Some of the participants had multiple impairments. The informants were aged between 18 and 65+ years old, 4 of them were females and 3 males. All the participants lived in X city in Lithuania, in the local community. One participant lived alone, while the rest lived with partners, other family members or friends. Since the study was underpinned by the social model of disability, medical diagnoses and impairment-related peculiarities were not in the interest of the researcher.

3. Summary of research findings

Research data demonstrate that the interaction of people with vision impairments living in the 'Blind Area' is shaped around the pedestrian underpass. While the centre of blind and visually impaired people and the school for pupils with vision impairments are located on the opposite sides of the pedestrian underpass and almost face each other, the accommodation of the informants living in this area is situated mainly around these two public objects. Although it would be misleading to state that all of the activities of the participants are performed within the area, research data demonstrate that working age and older age people prefer to purchase everyday-life related goods from the suppliers located around the pedestrian underpass. The narratives of the participants suggest that grocery and IT shopping is done from the aforementioned suppliers. For instance, Rolandas said:

'I do not go to all these big shopping malls. What will I do there? For instance, when I go to or from work, in street Y there are few kiosks, so there I buy meat, milk, raw meat, and prepared food. I do not have any problems there. And it is very easy to reach the place as it is on my way home. Here, in this shop [the shop is located in front of the centre of blind and visually impaired people] I can buy everything that I need for my computer' (Rolandas, male, blind, age 41-64).

A similar account was shared by Ramune, who noted that the products used for everyday cooking or cleaning are supplied by 'local' businesses, and only 'special' items are stocked in further locations:

'I go somewhere else only if I need something special that I cannot find here. For instance, when I need cleaning supplies that I like, I take a bus and go there' (Ramune, female, vision impairment, age 18-40).

Respectively, while the average duration of the trip to the retail outlets of those participants who do not live in the 'Blind Area' took between fifteen and thirty-five minutes, participants who live in the area usually reached the shop in three to seven minutes.

Not only articles' possession but also service provision possibilities are circumscribed by disabling build environments and the location of the pedestrian underpass. All of the participants noted that the service of banks and shoemakers that they use are located in between the entrances to the pedestrian underpass. As the informant commented on his choice to have his shoes fixed in the neighbourhood:

'Maybe the price is not the best, but it is the most convenient place and I can go there without any major advance planning' (Juožas, male, blind, age 41-64).

The businesses located in the area recognize this group of customers, and the potential for more profits. Specifically, the bank, located next to one of the entrances to the pedestrian underpass, is one of few banks in the country that have installed accessible ATM and offer personal assistance service when customers with vision impairment attend. Similarly, although non self-service food shops are an exception rather than a rule in the Lithuanian market, the shop located next to another entrance to the pedestrian underpass offers only such service. Although the supply is relatively limited and prices are higher than in other retail outlets, research participants do visit the shop and purchase the articles. As an example, Rolandas said:

'It is okay for everyday life. Of course, it is more expensive, but for everyday life it is more than enough' (Rolandas, male, blind, 41-64).

While the major reason for such choice is the assistance provided by the nature of the non self-service shop, the location within the 'Blind area' also play an important role. As Juožas said:

'If we need to do a serious shopping, I always go with my daughter. She is the boss on that. But you know... sometimes I don't mind to pay more, if it means that I can go and buy a packet of cigarettes on my own' (Juožas, male, blind, age 41-64).

Even within the 'Blind Area', under particular circumstances, some groups of people with vision impairments, especially older age people, are excluded from participation as customers. For instance, Hilda noted that only in late spring and summer is she able to go shopping alone, as then she can see various build environment barriers better than she can see them in autumn or winter. Sharing her customer experiences during the dark seasons the woman said:

'I give her [the daughter] the list of products that I need and she buys. [...] It is so great that she lives not far away from my home, so I do not need to struggle in the street' (Hilda, female, vision impairment, age 65+).

On the one hand, the company and assistance may provide more security and predictability when interacting in public space. On the other hand, deprived possibilities to manage in the environment alone, create vulnerability experiences and dependency practices. Indeed, participants whose social networks are weak, due to disabling design, find their customer patterns dim.

All of the participants identified that the main reasons determining their activities within the area are inaccessibility of public city spaces and familiarity with obstacles within the area. With regard to the obstacles in the urban design of the city, the participants mainly referred to elements of inappropriate maintenance of the built

environment, such as crumbled pavements, curbs and similarity of colours of streets and sidewalks. Likewise, a lack of audible traffic lights was mentioned by the majority of the participants. As an example, Ramune, illustrating the accounts of other participants, said:

‘How do I cross the street in general in the city? I look for traffic lights. If there were audible traffic lights it would be much easier. Also, the crossings could be marked. Now they scribble only the sides (flanks) although it would be so much better if they mark them as they used to do it in the past [lengthwise]’ (Ramune, female, vision impairment, age 18-40).

The narrative above is not without some foundation. Specifically, the Rules for Mounting Pedestrian Crosswalks in Lithuania [22] do not specifically refer to the provision of audible traffic lights. In addition, although Rubric IV of the aforementioned rules oblige to consider disabled people’s needs (section 59) and provide basic requirements for mounting pedestrian crossings, the following sections establish that different accessibility-related elements should be set only ‘where there is a flow of disabled people’ (section 61, 62, 65). Respectively, even newly-designed streets and crossings are not fully accessible, as being inaccessible they are not densely visited, hence the ‘a flow of disabled people’ is not sufficiently big to install and provide more accessibility solutions.

Juozas, who has spent his whole life in the area, was more sceptical and noted:

‘You can go there but you will face lots of challenges, you have to have a special navigating system or some kind of special plan or map, but still you can’t be sure that you will not fall into a pit or hit the pillar or face any other obstacles that were not there yesterday’ (Juozas, male, blind, age 41-64).

While the city was associated with different built environment obstacles, the participants’ narratives revealed the dominant resilience practice that enables them to overcome the barriers and deal with the challenges in the built environment of the ‘Blind area’. Specifically, participants tend to use tested and familiar routes to the retail outlets or other destinations. As an example, Hilda said:

‘I have my own summer-way to the shop, to the bus stop and to the centre. I know them by heart, and this is the only reason why I haven’t broken my neck yet’ (Hilda, female, vision impairment, age 65+).

A similar account was shared by Ramune:

‘Wherever I go, I have my itineraries, which are secure and I know that they will not put me in trouble’ (Ramune, female, vision impairment, age 18-40).

In other words, even within the ‘Blind Area’ the participants do not exercise full freedom, choice and control on their way to the retail outlets. Contrary, the learned and public environment inaccessibility pre-determined map dominates novelty and spontaneous choice-based customer decisions. Additionally, while non-disabled customers’ choice of the route depends on directness [23], noise levels and overall pleasantness [24], the main criteria for participants’ decision is accessibility and safety.

4. Conclusions

The narratives of the participants towards the built environment of the city and their experiences within the ‘Blind area’ are broadly illustrative of how urban space ‘locks’ disabled people as customers within particular areas and excludes them from others. Urban space of the city being designed for a fit and able body [25] and the ‘Blind Area’

being shaped with blind people and people with vision impairments in mind, create various forms of marginalization, disadvantage and oppression that also include participation in the private market. This was clearly the experiences of the participants, who, time and again, emphasised the ways in which inaccessibility of the X city and familiarity with the 'Blind Area' shape their customer experiences and engagement with the private market. That is, choosing the retail outlet, routes to it, and possessed articles.

Although individual experiences differ, they share a common pattern of exclusion and marginalization and evidence that inaccessibility and un-usability of the city prevent people from discovering new retail outlets that many others take for granted. For people with vision impairments, therefore, inaccessible spaces potentially become a marker drawing the boundaries for their participation as a customer and preventing them from inhabiting a broader map of the market.

The experiences shared by the participants also point to the dependency practices influenced by barriers and obstacles in public spaces. While some of the participants prefer to negotiate the space independently, some feel more confident when accompanied by peers, family members or other informal assistants. However, individuals, whose social network is limited, experience all sorts of social exclusion, including shopping and customer experiences. This in turn questions the role of national policies and the government's actions towards the implementation of the CRPD [1] and particularly, of articles 9 and 19.

The insights gleaned from the interviews suggest that although not fully accessible and usable, the 'Blind area' provides people with the sense of familiarity, predictability and thus with a higher degree of security, freedom, choice and control in individual actions and customer decisions, than the rest of the X city may offer. In addition, the narratives revealed the participants' awareness about the higher price of goods and services provided in the 'Blind area'. Being deprived from certainty and security as inhabitants of the city, people invest in their safety and security by overpaying to the private market.

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