



## Psycho- Social Adjustments and Rehabilitation of The Blind

Sudhir Bhagotra, Ashok K Sharma, Bhavna Raina

### Introduction

Blindness is a devastating physical condition with deep emotional and economic implications. The consequences affect not only the individual but also the family and the community. The loss of vision after illness or trauma causes major changes in lifestyle, habits of the blind person which may result in problems in psychological adjustments. (1)

WHO has proposed the following definition for blindness :A physical, psychiatric, intellectual or sensory impairment, whether temporary or permanent, provided that it lasts for a significant period or time, that limits the capacity to perform one or more essential activities of daily life and which can be caused or aggravated by economic and social environment.

WHO has classified defective vision into various grades which are as follows. (2)

Category-Visual Impairment	Best Corrected Visual Acuity
0 Normal	6/6 to 6/18 i.e. can see 6/18 or better.
1 Visual Impairment	<6/18 to 6/60 i.e. cannot see 6/18 but can see 6/60.
2 Severe Visual Impairment	<6/60 to 3/60 i.e cannot see 6/60 but can see 3/60.
3 Blind	<3/60 to 1/60 i.e. can't see 3/60 but can see 1/60.
4 Blind	<1/60 to only PL i.e. can't see 3/60, can see light.
5 Blind	No light perception i.e. cannot see light
undetermined or unspecified	
Field < 10° but > 5° around central fixation	Grade 3 and .
Field < 5° around central fixation	Grade 4 irrespective of visual acuity.

Applying the above WHO criteria, for blindness, approx. 45 million people in the world are estimated to be blind and another 135 million visually disabled. Developing countries bear the burden of having more than 90% of all the blind and visually disabled people in the world.

Major causes of blindness based on WHO reports are: -

Cataract	43%
Glaucoma	15%
Trachoma	11%
Vitamin A Deficiency	6%
Oncercerciasis	1%
Other Causes*	24%

(\*Diabetic retinopathy, Macular degeneration, Optic neuropathy)

Various problems that blind people face. (3)

**1. Problems in orientation & mobility:** Blindness imposes restriction on the ability to move about and control over self and the environment in relation to it. Thus the inability in going out alone makes a blind person feel lonely and isolated. As a result, psychologically he develops a feeling of great fear while going out alone.

**2. Problems in social contact:** Sighted people are often embarrassed when they first meet a blind person because they are confronted with the question of whether or not to shake hands with a blind person as he is unable to see his extended hand. Blind people are thus, aware of the embarrassment and clumsiness which their presence inspires in sighted people. Deliberate attempts by sighted people to delete all references to vision from their conversation and show over sympathetic attitude towards blind people may further deteriorate the situation which might lead to blind people avoiding much social contact and result in a feeling of isolation from society.

**3. Problems in conversation:** Facial expressions and body attitudes often give important cues to sighted indicating sarcasm, worry, humor and other emotions. The blind people lose the perception of these subtleties and fail to develop the ability to use them in their speech. As a result of this certain blandness in speech develops. They also fail to sense the visual cues which tell whose turn is it to speak. Because of this the conversation may be marked with unintentional interruptions or embarrassingly long pauses.

**4. Blindisms:** Blindisms are those repetitive, compulsive or involuntary tics and mannerisms which affect the congenitally blind more frequently. These include a variety of rolling or blinking movements of the eyes, facial tics, and rhythmic, rocking movements of the head or the whole body which are in general repellent to the sighted.

From the Post Graduate Department of Ophthalmology, Govt. Medical College, Jammu

Correspondence to : Dr. Ashok Sharma, Lecturar, Post Graduate Department of Ophthalmology, Govt. Medical College, Jammu (J&K).



5. **Psychological problems in blind:** Blind people may suffer from various psychological problems because of their disability which include:

- Denial or non-acceptance of the disability
- Resentment or a feeling of bitterness about having become a victim of the disease
- Feeling of inferiority in comparison to healthy people or feeling of low self-esteem
- Anxiety and depression

**ADAPTATION STRATEGIES**

There are certain adaptation strategies that a visually impaired person adopts. These include six positive strategies and five negative strategies.

**Six positive adaptation strategies include:**

**Acceptance:** Acceptance involves acknowledging the disability i.e. ignoring its limitations and emphasizing its possibilities. The person reevaluates those aspects of life that were important before the disability and discovers new values and interests that are not influenced by the condition.

**Trust:** Trust involves accepting social support from others, but may also be a religious belief or a philosophy of life that gives comfort and hope. There is also a strong reliance on health care and medical advances to find a cure.

**Positive avoidance:** Positive avoidance is the ability to focus attention away from the problematic and frightening aspects of disability, a way of dissipating anxiety & grief. This includes listening to music, meeting people, taking a walk etc. and thus living each day and getting optimal pleasure at each moment.

**Minimization:** This involves viewing the disability in relativistic terms and thinking other people are worse off; so that it seems less serious.(4)

**Independence:** Independence means taking personal responsibility for maintaining a good quality of life and viewing difficulties as challenges to be mastered. (5)

**Control:** Control involves controlling and compensating for the loss of function such as by obtaining technical aids. It involves informing

oneself about one’s disability and being attentive to symptoms that may develop so that one can control their effects. To plan & to be prepared to resolve the problems that may occur is the characteristic of this theme. It is also known as problem focusing coping. (6)

**Five negative adaptation strategies include:**

**Denial:** Denial means not acknowledging the disability. It may be expressed as an unrealistic hope for a cure and as such take the form of daydreaming and fantasies.

**Resentment:** Resentment is a feeling of bitterness about having become a victim of the disease. The person resents that he or she can no longer do all the things that he or she used to do.

**Shame:** Shame is the feeling of inferiority in comparison to healthy people. The person feels ashamed of being different from what he or she used to be.

**Isolation:** Isolation involves the feeling of being an outsider, of being misunderstood by others. As a result, the person avoids socializing.

**Helplessness:** Helplessness is the feeling of self-pity and of not being able to cope.

**Rehabilitation of the Blind**

Rehabilitation is defined as the combined and coordinated use of medical, social, educational and vocational means for training and retraining the individual to highest possible level of functional ability. (7).A blind person needs following types of rehabilitation.

1. Medical Rehabilitation
2. Training & Psychosocial Rehabilitation
3. Educational Rehabilitation
4. Vocational Rehabilitation

**Medical Rehabilitation:** This includes early identification of the visually impaired people and timely management which can be either medical or surgical management.

- Timely detection & early medical and surgical management of glaucoma to prevent its further progression & preserve residual visual status.



- Cataract extraction with IOL implantation.
- Vitamin A supplements to prevent visual impairment in children etc.

Low Vision Aids form an important part of medical rehabilitation of visually impaired people so that they can benefit from their residual useful vision.

**They are of two types, optical & non-optical**

**Optical type:** Handheld and standing magnifying devices, High plus reading lenses, Microscopic lenses, Telescopic lenses, Projection devices etc.

**Non-optical type:** Large print books, Type writers, Typoscopes, Special illumination devices, Talking books etc.

**Training & Psychosocial Rehabilitation (8):** Mobility training, Training in daily living skills, Social support to the blind

**Mobility Training:**

Mobility training with the help of a long cane: Long cane in our set-up is still believed to be a great companion of a visually impaired person. It can help a blind person in finding surfaces of different textures and thus he can use certain clues and landmarks while using cane for his independent travel.

Mobility with the help of a sighted person who can offer his elbow to the blind person so that he can hold it and move ahead.

Mobility by using electronic devices like sonic guides, laser canes etc.

Mobility with the help of guide dogs.

Visually impaired individual needs to have a good and efficient training in the use of his remaining senses so that he acquires some amount of independence in his mobility. Loss of sight is to be compensated by sense of touch, hearing and smell. These sensory stimuli called as clues enable a visually impaired person to orient himself better to the environment and instill a greater level of confidence in him regarding his mobility.

**Training in daily living skills:** Efficient use of daily living skills for every visually impaired person for his day to day living are necessary. These are known

as basic 'Survival Skills' and depend upon the ability in sensory training as well as mobility of the person. Some common daily living skills are eating, dressing, using toilet, shaving, cleaning place, taking medicines, maintaining body hygiene etc. Severe visual deficit occurring later in life significantly impairs spatial imagery abilities to a greater extent than in case of congenital blindness. (9)

**Social support to the blind:** Forms the most important aspect of social support extended to a blind person. After the family comes the role of friends and relatives and the community as a whole. Social support to the blind includes: Accepting them as a useful part of society. Encouraging them to participate in social functions. Providing them proper guidance and advice. Giving them physical assistance by sharing their tasks. Helping them regain their self-esteem and relieving them of their attitude of self-pity etc.

All this support helps them accept their disability with dignity and makes them socially amicable, psychologically adjustable and educationally sound. There is a well documented robust relationship between disability and depression, findings point to the influence of vision rehabilitation intervention on both physical and psychological functioning, and under score the need for future, controlled research on rehabilitation service models that address mental health issues. (10)

**Educational Rehabilitation:** (11) Educational rehabilitation includes education avenues provided to the visually impaired in the residential blind schools with the facility of Braille system of education. Louis Braille's invention of Braille alphabet system in 1832 provided a tremendous impetus to the education of visually impaired children throughout the world. The first school for the blinds in India was started by Christian Missionaries in 1886 in Amritsar. There are 300 "Special Schools" in India which serve approx. 30000 visually impaired school going children. After gaining primary education from these schools,



these children are placed in regular schools in the general education system. This system of education that is, first Braille from special blind school and then learning from general schools in the presence of regular teachers as well as a resource teacher is known as integrated system of education. It aims at normalizing the life and education of visually impaired children in the least restrictive environment along with sighted children in general schools.

### Various learning devices for the blind people include:

#### Braille, Writing devices, Mathematical devices

• **Braille:** In this, the letters are formed by a combination of raised dots in a cell. Each Braille cell is 6 mm X 3.6 mm in size. The cell consists of six dots that can be arranged in 63 combinations or characters.

• **Writing devices:** Braille slates are used for writing Braille. While writing, the child has to punch dots downwards from right to left and then turn the paper and read from left to right by feeling upward impressions of dots. Stylus is used for punching the dots in Braille cells. Braille type writers are also used where in the typing gives direct upward impression of dots.

• **Mathematical devices:** Blind Children can also learn mathematics by using devices such as Abacus and Taylor frame for doing calculations in arithmetic. Geometrical devices are used to understand shapes.

**Vocational Rehabilitation:** Vocational rehabilitation aims at helping the blind people earn their livelihood and live as useful citizens. They are taught simple occupations like candle making, chalk making, book binding, chair canning etc. They are also taught to work as telephone operators.

Rehabilitation intervention can affect coping patterns over time and that direction and magnitude of such an effect may depend on the type of rehabilitation received. (12)

**Employment:** Educated blind can seek employment in all government jobs where there is reservation for the visually impaired. (11) Telephone booths are being frequently allotted to the blind by the government. 17 voluntary rehabilitation centers set-up by the Ministry of labour and Employment, assess the disabled, give them some training and try to place them in suitable employment. The Ministry of rural development has reserved 3% vacancies for the disabled in the integrated rural development programme as well as in all other poverty alleviation programmes

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Adjustment is often personalized and depends on nature and quality of prevailing psychosocial support and rehabilitation opportunities. This study was aimed at identifying the pattern of psychosocial adjustment in a group of relatively secluded and under-reached totally blind people in Ilorin, thus sensitizing eye doctors to psychosocial morbidity and care in the blind. Materials And Methods: A cross-sectional descriptive study using 20-item Self-Reporting Questionnaire (SRQ) and a pro forma designed by the authors to assess the psychosocial problems and risk factors in some blind people in Il...Â Conclusion: Most of the blind had no access to formal education or rehabilitation system, which may have contributed to their maladjustment in the domains identified. Social Work or Psychology or Sociology or Nursing or Home Science or Occupational Therapy or any Graduate with Behavioural & Social Sciences as one of the major subjects of study and has secured not less than 50% of aggregate marks in the final examination excluding marks in languages. Any graduate with M.B.B.S. degree from a recognized Indian University or its equivalent. In case of SC, ST and Category I candidates, marks secured shall not be less than 40% of the aggregate marks. V Selection Procedure: Candidates will be selected for admission as per the general guidelines provided by the The study concluded that blind children do experience mild level psycho social problems and there is a negative correlation between psychosocial problems and coping strategies. Acknowledgements : My heartfelt thanks to Dr. (Mrs.) Asha P Shetty, Mr. Praveen Bagali, management and faculty of KPBNl, my batch mates, my seniors and the blind children who participated in this study.Â Bhagotra S, Sharma AK, Riana B. Psychosocial adjustments and rehabilitation of the blind. Social Medicine 2008 Jan; 10(1). [6].