Assessing the Ability of the Visually Impaired: Implication For Clinical Counselling

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ABSTRACT
Vision is so much important in humans’ life, Sight is important because it allows us to connect with our surroundings, keeps us safe, and helps maintain the sharpness of our minds. Sight gives us the ability to perceive movement; Sight brings beauty and understanding of the world to us, and also provides awareness of the dangers around us. Many people have different types of visual problems at some point in their lives. Some can no longer see objects far away; others have problems reading small print; some hardly see anything; while others are totally blind. However, the visually impaired excel in the following areas: More competence in listening, high speed in typing, presence of mind, and freedom from presuppositions. Challenges of the Visually Impaired: can be broadly categories into two, which are external and personal challenges; external challenges deals with societal attitude towards the visually impaired, for instance parents negligence, stigmatization, government failure to care for the visually impaired, such as failure to provide equipment and technology to improve the state of the visually impaired. While the personal are: Visually impaired finds it difficult to communicate easily, Visual impairment causes mental disorder, Social disintegration is usually found among the visually impaired. Mobility is one of the major challenges of the visually impaired. The visually impaired as cited earlier with regards to communication and mental health suffer from some psycho-social trauma. Many social clues take the form of body language and therefore requires vision in order to be understood so may be only partially or not at all accessible to the visually impaired. Visually impaired children often face problems of social integration. Although they may have a great desire to belong to a group, they may have fears about how to go about it. This shift from fairly norm to peer group norm can be very difficult, and pressure to ‘normal’ can further inhibit this integration, so much so that partially sighted children may start to deny their impairment altogether. The counsellor must be empathic to the situation. The visually impaired need counseling, and a lot of it. But the kind we need is more in the realm of education than psychology.

Keywords: Visually impaired, clinical counselling, children, listening

INTRODUCTION
Vision gives you most of your awareness of the world around you. Hearing and touch are also important, but most of the awareness comes from vision. The human senses are our contact to the environment. Humans have five senses: sight, taste, smell, hearing, and touch. By far the most important sense is sight. We perceive up to 80% of all impressions by means of our sight (Zeiss, 2017). And if other senses such as taste or smell stop working, it is the sight (the eyes) that best protects us from danger.

The eyes are the windows to the body, is an expression that is often used to describe the deep connection one feels when looking into another’s eyes. However, like windows, the eyes work both ways. They are not only important in seeing into other person, but they are also vital in
how we view the world around us. Sight is important because it allows us to connect with our surroundings, keeps us safe, and helps maintain the sharpness of our minds (Zesis, 2017). Sight gives us the ability to perceive movement. Sight is important because it brings beauty and understanding of the world to us. It also keeps us safe and provides awareness of the dangers around us. A person who can see a car coming knows to stay on the side walk so that he or she will not be hit and ultimately injured. In fact, sight is arguably the most important sense for safety and self-preservation. Protecting your eyes and your sight is highly important so that you may avoid harm.

Eye health is important at all stages of life no matter what age. It is a fact that the health of our eyes does change over time, and when one or more parts of the eye or brain that are needed to process images become diseased or damaged, severe or total loss of vision can occur and that gives birth to visual impairment. Many people have different types of visual problem at some point in their lives. Some can no longer see objects far away; others have problems reading small print; some hardly see anything; while others are totally blind. The most common causes of visual impairment which are: Refractive error, Cataract, Glaucoma, Trachoma, Childhood blindness, Age related macular degeneration, Corneal opacification, Diabetic retinopathy.

**Visual Impairment**

Visual impairment, also known as vision impairment or vision loss, is a decreased ability to see to a degree that causes problems not fixable by usual means, such as glasses. Some also include those who have a decreased ability to see because they do not have access to glasses or contact lenses. Visual impairment presents difficulties with normal daily activities such as driving, reading, socializing, and walking.

According to Okeke (2001), the visually impaired are those people who have difficulty in seeing which necessitates the use of special educational methods or adaptation to materials and who needs to use special aids equipment for learning. Visually impaired, therefore, refers to one who has a significant loss or damage which makes him or her to function more as a blind person than as a sighted child. The consequences affect not only the individual but also the family and the community (Bakare, 2011). Visual impairment can limit people's ability to perform everyday tasks and can affect their quality of life and ability to interact with the surrounding world. Blindness, the most severe form of visual impairment, can reduce people's ability to perform daily tasks, and move about unaided.

Obioha & Stella (2015) stated that visual impairment can be classified under partial sight, low vision, blindness and error of refraction.

**Partial Sight:** Individuals with partial sight have visual activity that falls between 20/70 and 20/200 in the better eye with correction. Those with partial sight though have some kind of defective vision, may read and write prints and move about in their environment without difficulty.

**Low Vision:** Individuals with low vision have visual impairment that is not so severe that they cannot read print of some kind. Those with low vision can read large prints and need magnified lens or eyeglasses for reading and writing and easy movement.

**Blindness:** Blindness could be described under legal (medical) and educational definitions, legally (medically) a person is described as being blind if he has a visual activity 20/200 or less with correctly glass.

**Error of Refraction:** These are the common visual problems found among school children and adults. Small changes in the shape and the size of the eye ball and cornea lead to visual defects known as the error of refraction. These errors result in distorted or poor vision or blurred vision. The common types of errors of refraction are myopia (short sight), hypermetropia or hyperopia (long sight) and astigmatism (blurred vision).
Abilities of the visually impaired

Mobility and independence are significant issues for those who are visually impaired. While visually impaired people can, and do live productive lives, as well as receive full education, there are still some areas where greater independence could be achieved (Carcieri, Morris, & Perry, 2009). Kirchner & Peterson (1996) stated that blind and low vision individuals are successfully employed at every occupational level, for example, as scientists, engineers, secretaries, and teachers, managers of businesses, labourers, and household workers. The visually impaired believe that people should not discriminate between them and sighted persons regarding different areas of work like emolument and occupational opportunities, except perhaps where texts are given to them for translation. However, the visually impaired excel in the following areas: More competence in listening, high speed in typing, presence of mind, and freedom from presuppositions (Yahia & Kazem, 2015).

I. **More competence in listening:** It is common knowledge that most people poor in vision try to utilize their auditory senses so that their ears do what their eyes are unable to do (Yahia & Kazem, 2015). Thus, we can say that people who suffer from visual deficiencies possess a better listening ability. Higher listening ability can be very helpful for visually impaired translators. It can help them to read their documents with their screen-readers more rapidly, and therefore to translate the text more quickly and deliver it to the client earlier than a sighted person. The area in which listening plays a very significant role is oral translation. Visually impaired translators can use their stronger listening competencies to surpass sighted translators, particularly in the case of oral translation.

II. **High speed in typing:** Visually impaired individuals usually type faster than others (Yahia & Kazem, 2015). This is so because they spend no time finding the button which they’re going to press on the keyboard. They keep in their mind the location of each key and the arrangement of buttons on the keyboard. Sighted people use their eyesight to find a button on the keyboard. This would decrease the speed of their typing.

III. **Better Presence of Mind:** Visually impaired persons practice to keep more information in their minds since they are not able to see the texts (Yahia & Kazem, 2015). However, visually impaired persons, due to their conditions, try to keep large amounts of the source text’s information in their minds. This would contribute to them translating more rapidly. Such a capacity is more helpful in oral translation where the information received is temporary and disappears as soon as it is spoken. Higher presence of mind can help the visually impaired persons to translate faster than sighted persons.

IV. **Freedom from Presuppositions:** A sighted person may start discussion with a variety of backgrounds in mind. These backgrounds may include different pictures, locations, scenes, people, and other phenomena that have been seen in life. These visual elements may affect his explanations. It may create particular attitudes in his mind which may cause him to explain in a particular manner. A visually impaired is free from such presuppositions and his explanations or renditions are usually free of encumbrances.

Challenges of the Visually Impaired

Challenges of the visually impaired can be broadly categories into two, which are external and personal challenges; external challenges deals with societal attitude towards the visually impaired, for instance parents negligence, stigmatization, government failure to care for the visually impaired, such as failure to provide equipment and technology to improve the state of the visually impaired. While the personal are:

1. Visually impaired finds it difficult to communicate easily.
2. Visual impairment causes mental disorder.
3. Social disintegration is usually found among the visually impaired.
4. Mobility is one of the major challenges of the visually impaired.
1. Visually impaired finds it difficult to communicate easily
   There is a misconception about the visually impaired, people believed that they are equally or more adapt in language skills than their normally sighted peers (Fraiberg, 1977 in Gunaratne, 2016). In reality, severe and early impairment are likely to affect the language development of the visually impaired children, because they have limited access to the environment and the verbal feedback from people around them. They have problems in visual references and have reduced integration of information from their parents. Recent studies have found out that the language of visually impaired is more self-oriented and that the word meanings are more limited than for normal sighted children (Anderson et al, 1984 in Gunaratne, 2016). Our vision makes us to perceive objects in their totality and in context. But the visually impaired sees in part and with the limited information build up an image of components. The awareness of the relationship between objects occurs later. Based on this the visually impaired may follow alternative paths of language development. This delay can complicate the process of making links between early language and the surrounding world even further.

2. Visually impairment causes mental disorder
   Since the visually impairment alters their perceptions of the environment, their behaviour deviates from the normal. Several studies have reported a high incidence of psychiatric disorder (Jan et al, 1977 in Gunaratne, 2016s). They may wrongly labelled ‘autistic’ because, their representational play also develops much later than normal. Furthermore, some young visually impaired pronoun reversal as is found in autism. This is quite common with the visually impaired. They can be easily depressed, because they are not quite familiar with a lot of things around them.

3. Social disintegration is usually found among the visually impaired.
   The visually impaired don’t socialised easily, they tend to isolate themselves, and they find it difficult to go to places, because they have this low self-esteem. They feel that they are not fit to mingle with the normal people and the environment, and so they keep to themselves and feel left out.

4. Mobility is one of the major challenges of the visually impaired.
   One of the serious effects of visual impairment is the limitation in the ability to move about freely and safely. Ability to move about gives personal independence. It also enables a person to explore his environment and interact with others and objects in his environment (Obioha & Stella, 2015). Consequently, individuals with severe visual impairment suffer serious limitations and set back in movement and interacting with their environments, social relationship with others is also affected due to restriction in movement.
   To rehabilitate those with blindness, mobility training and basic orientation skills become necessary to enable them move about and explore their environment. Mobility involves training in independent travelling, movement in unfamiliar surroundings, crossing busy roads, shopping in business and market areas, climbing ascending and descending upstairs.
   The visually impaired have the right to the same educational opportunities as their fully sighted peers. Students with visual impairment have unique educational needs which are most effectively met using a team-approach of professionals, parents and students. In order to meet their unique needs, students must have specialized services, books and materials in appropriate quantity (including braille), as well as specialized equipment and technology to assure equal access to the core and specialized curricula, and to enable them to most effectively compete with their peers in school.

Assessing the ability of the visually impaired
   The abilities of the visually impaired can be assessed through intelligence test; intelligence test is a test that is used to find out children with learning disabilities and to shape the educational choices of students entering college.
Intelligence tests are psychological tests that are designed to measure a variety of mental functions, such as reasoning, comprehension and judgment. Intelligence tests have been used to find children with learning disabilities and to shape the educational choices of students entering college (Ogwo, 2011). Intelligence tests are among the oldest devices and are likely the most frequently used category of tests in the evaluation of exceptional children, especially in the cases of mental retardation, learning disabilities, and intellectual giftedness. The most widely used individually administered intelligence scales for the visually impaired are:

1. Haptic intelligence test for visually impaired and blind.
2. Wechsler Intelligence Scale for Children (WISC)
3. Stanford-Ohwaki-Koh's block design scale test
4. The Blind Learning Aptitude Test (BLAT) and others (IQ Test Labs, 2017)

1. **Haptic intelligence test for visually impaired and blind**

   The Haptic intelligence test is a performance-based intelligence measure for visually impaired and blind adults and can be completed in up to an hour and a half. It is a tactile performance test and was designed to be used with, or independently of, the verbal scale of the WAIS. It can therefore be used as a replacement of the performance subtests of the WAIS for people who have no usable vision.

2. **Wechsler Intelligence Scale for Children (WISC)**

   Verbal scale tests are usually the only ones to be administered from the WISC. In cases when the child has little or no useful vision, the WISC performance tests may underestimate the child's true potential. If necessary, performance IQ can be evaluated qualitatively by observing manipulative tasks such as Braille reading.

   Visually impaired children have been shown to score high on digit span, which is regarded as a compensatory skill. Their scores are underestimated in similarities and comprehension, due to the abstract concepts contained in these sections. As with the WAIS, the mean scores of the visually impaired and the sighted are equivalent. There is a range of reasons why tests developed for the sighted population are used with blind or partially sighted learners. Stanford-Ohwaki-Koh's block design scale test

   The Stanford-Ohwaki-Koh's block design scale, developed in 1923, is a modification of the Koh's block design scale. It involves the use of touch in order to differentiate between objects, and takes 1-2 hours to administer. The Stanford-Ohwaki-Koh was normed on a visually handicapped population and results are reported as percentiles and quotient scores. It is a performance IQ measure and one of its sections can also be found in the WAIS-R. However since the WAIS-R is normed in a different way to the Standard-Ohwaki-Koh, scores should not be compared to each other.

3. **The Blind Learning Aptitude Test (BLAT)**

   The Blind Learning Aptitude test is designed for children of all school grades. It was normed on students enrolled in residential schools 30 years ago, and therefore the norming is considered to be inflated. The test consists of raised-line symbols, similar to Braille. There are various behavioral tasks and the main theme is being able to differentiate between symbols and make deductions. Many of the tasks are adaptations of items on the culture fair intelligence test, and Raven's progressive matrices. There have been some issues with the testing materials such as durability and structure. However, the test can be helpful in discovering strengths and weaknesses and can be a useful complement to other tests of intelligence.

**Counselling**

Fundamentally, the concept of educating the visually impaired persons is to make them literate, self-reliant, and useful to the society (Omede, 2009). People with visual impairment like everyone else, pursue a great range of interests and career including the full range of daily activities. The visually impaired individuals have to receive training in various adaptive techniques in order to meet the challenges of daily activities. The adaptive techniques involve the strategies used by the visually impaired to communicate with the sighted world and the means to adapt to independent movement without the use of a sighted
guide. The accomplishment of these techniques depends greatly on the use of assistive technology (Ntukidem & Ashi, 2009).

It is interesting to know that people with visual impairment have the potentials to learn various skills that can make them useful if properly guided by relevant professionals such as guidance and counsellors. With these skills they can live an independent life and be socially inclusive in most aspects.

Counselling is an advice given to individual or group of people to assist them overcomes their social, mental, emotional, physical, vocational, educational and psychological problems (Olukotun, 2003). Counselling is a process whereby a counsellor helps a counsellee in a person to person encounter or face to face encounter to help themselves. This assistance may be educational, social, vocational, recreational and or moral. It is a learning process by which the client is helped by the counsellor to behave in a more rewarding or satisfying manner. The counsellor provide information and reaction which stimulates the client to develop behaviours which enables him deal more effectively with himself and his environment. Counselling is both remedial and preventive oriented. It is worth distinguishing between counselling and psychotherapy. Psychotherapy deals with the treatment by psychological means of problems of an emotional nature in which a trained person deliberately establishes professional relationship with a patient with the aim of removing, modifying or retarding existing symptoms of mediating disturbed patterns of behaviour and of promoting positive personality growth and development. In a broad sense, there are no essential differences between counselling and psychotherapy in the nature of the relationship, in the process, in the methods or techniques, in goals or outcomes.

For convenience however, or for practical or political reasons, counselling refers to work with less seriously disturbed clients or with clients who have rather specific problems with accompanying general personality discussion usually in a non-medical setting, while psychotherapy refers to work with more seriously disturbed client usually in a medical setting.

For the visually impaired counselling is a means by which parents and families of children with visual impairment are given enlightenment, support, information and encouragement about visual impairment and how to adjust and manage the affected child to realise his potentials. A counsellor is an individual who is specially trained in the scientific process of using psychological principles for assisting individuals in solving their academic, socio-cultural, psycho-motor, vocational, health and emotional problems (Ozofi, 2005). The individual being assisted is the counsellee or client. The primary aim of counselling is to give professional assistance to someone by creating opportunities and suitable environment for the personal, social, educational and vocational growth of the individual which makes him happier and more effective in his or her daily living and decision making skills. It is expected of a guidance counsellor to invite persons with visual impairment who have excelled in the society in a planned setting to discuss and demonstrate his or her achievements which will invariably motivate other special needs children to strive for greatness. Omide (2011) asserted that the participation of people with visual impairment in the educational sector will help them to contribute their quota to the nation’s economy and benefit vital political dividends.

Clinical counselling

Clinical counselling is a branch of clinical psychology that helps people as they navigate emotional or mental health difficulties. Clinical counselling can also be considered part of professional counseling and social work fields; it deals with individual experiencing socio-psychological trauma and serious emotional situations.

Implications of visual impairment and their abilities to clinical counselling

1. The visually impaired as cited earlier with regards to communication and mental health suffer from some psycho-social trauma. Many social clues take the form of body language and therefore requires vision in order to be understood so may be only partially or not at all accessible to the visually impaired (Groenveld, 1993). Congenitally blind children are not aware of the reactions from others to their own body language unless they are specifically taught. Partially sighted children, who have behavioural adaptations to make their sight more functional may, unbeknown
to them, communicate body language that implies feeling that they are not actually experiencing. To the non-professional counsellor, this may be misinterpreted, as a psychotherapy case. Furthermore, some young blind or visually impaired children show pronoun reversal as is found in autism. Autistic type features in the behaviour of totally blind children are quite common. These stereotype movements include flicking hands or fingers, rocking, spinning, body swaying, twirling and tapping as seen in autistic children (Jan et al, 2016).

Counsellors are more likely to misconceive the reactions of visually impaired for psychiatric disorders. Before labelling the child as autistic, the degree to which the behaviour can be minimised or modified must be investigated. It may be an expression of under-stimulation, so providing a stimulating activity may reduce the behaviour. On the other hand the movements may be due to over-stimulation. This is common found in children with cortical visual impairment who resort to repetitive behaviour when the environment becomes too visually complex for them to cope with (Groenveld, 1990). When the environment has been made more visually acceptable for them, if the deviant behaviour is reduced, it is more likely that the cause was the visual impairment rather than a psychiatric disorder. Nevertheless, any deviant behaviour must not be initially assumed to be as a result of the visual impairment alone. Other factors must always be considered such as additional intellectual disabilities, emotional problems and language disorders. These may be compounded by the visual impairment but not be caused by it.

As visually impaired children do not have access to visual modelling and shaping of expected behaviour patterns, a number of their behaviours may be mistakenly diagnosed as pathological. Depression can be wrongly suspected or diagnosed because of misunderstanding of body language. Blind children often have low muscle tone and because they do not need to maintain eye contact for information, sit with their head down. Furthermore a child may misinterpret the meaning for the language and use overly dramatic statements that carry their own personal meaning.

2. Visually impaired children often face problems of social integration. Although they may have a great desire to belong to a group, they may have fears about how to go about it. This shift from fairly norm to peer group norm can be very difficult, and pressure to ‘normal’ can further inhibit this integration, so much so that partially sighted children may start to deny their impairment altogether. The counsellor must be empathic to the situation. An impatient and temperamental counsellor may feel frustrated and delayed in the face of what he has accepted to do.

3. The visually impaired need counseling, and a lot of it. But the kind we need is more in the realm of education than psychology. When you walk around a class of blind kids, you may see one who is sitting there, rocking back and forth. His hands may be flying all over the place or he may be twirling a handkerchief. Maybe his head is shaking side to side. Do you just call the ambulance and commit him to the psychiatric hospital? In an autistic child these are indicative of deep psychological problems. Among the blind they may or may not be. The blind child with a lot of energy, having to sit still, not seeing what other people are doing, may develop these mannerisms without being aware of them. He does not need counseling that will reveal things about his grandmother. He needs for a teacher to say, "Look here, this is not acceptable behavior." Do it gently; do it firmly; do it as often as it is needed. If you have done this for a couple of years without any results, then you know that the problem may be more deep-seated. At least try the educational approach first; It is known to have worked. Very often it is not that the blind are messed up; it is that they do not have enough information.
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