JETIR.ORG ISSN: 2349-5162 | ESTD Year : 2014 | Monthly Issue JURNAL OF EMERGING TECHNOLOGIES AND INNOVATIVE RESEARCH (JETIR)

An International Scholarly Open Access, Peer-reviewed, Refereed Journal

The Role of Rehabilitation Psychology in Visual Impairment: Promoting Adjustment, Independence and Quality of Life

Nargis¹, Ayushi Patiyal², Anmol Varma³

Assistant Professor^{1,2,3}

Visual Impairment Department¹, Learning Disability Department², Psychology Department³

Vision Institute of Applied Studies, Haryana, India^{1,2,3}

Abstract: The role of a rehabilitation psychologist in working with individuals who have visual impairments is crucial in addressing the multifaceted challenges they encounter. This abstract explores the significance of the rehabilitation psychologist's role in providing support, guidance, and interventions tailored to the unique needs of visually impaired individuals.

Rehabilitation psychologists play a vital role in assisting visually impaired individuals in adapting to their condition and maximizing their independence and quality of life. Through comprehensive assessments, rehabilitation psychologists evaluate the impact of visual impairment on various aspects of functioning, including psychological, emotional, cognitive, and social domains. They collaborate closely with clients to develop personalized treatment plans that address their specific needs and goals.

Interventions provided by rehabilitation psychologists may include cognitive-behavioral therapy to address emotional and psychological issues related to visual impairment, skills training to enhance adaptive functioning, and social skills training to improve social integration and participation in daily activities. Additionally, rehabilitation psychologists advocate for the rights and needs of visually impaired individuals, promoting accessibility, equal opportunities, and social inclusion.

Overall, the role of the rehabilitation psychologist is instrumental in empowering visually impaired individuals to overcome barriers, achieve their full potential, and lead fulfilling lives within their communities.

Keywords: Visual Impairment, Rehabilitation Psychology, Adjustment, Independence, Challenges

Rehabilitation Psychology

The biopsychosocial model serves as the foundation for rehabilitation, taking into account the social, psychological, and physical facets of illness and recovery. The study and application of psychological concepts on behalf of individuals who are disabled as a result of disease or accident is known as rehabilitation psychology. Rehabilitation psychologists diagnose and treat cognitive, emotional, and functional problems as well as assist individuals in overcoming obstacles that prevent them from engaging in daily activities. They frequently work

in teams. The main objective of rehabilitation psychologists' work, research, and advocacy is to promote the independence and opportunities of individuals with impairments.

One of the primary goals of rehabilitation psychology is to assist individuals in adapting to their disabilities and maximizing their independence and quality of life. This often involves working collaboratively with other healthcare professionals, such as physicians, physical therapists, occupational therapists, and social workers, to develop comprehensive treatment plans tailored to the individual's specific needs and goals.

Rehabilitation psychologists utilize a variety of assessment techniques to evaluate the impact of disability on an individual's functioning and to identify areas of strength and areas in need of improvement. These assessments may include standardized tests, interviews, observations, and self-report measures to gain a comprehensive understanding of the individual's psychological, emotional, cognitive, and social functioning.

Once assessments are completed, rehabilitation psychologists work with clients to develop and implement interventions aimed at addressing their unique needs and goals. These interventions may include cognitive-behavioral therapy to address emotional and psychological issues, skills training to improve adaptive functioning, and social skills training to enhance social integration and participation in community activities.

Furthermore, rehabilitation psychologists play a crucial role in advocating for the rights and needs of individuals with disabilities, promoting social inclusion, and working to reduce stigma and discrimination. By advocating for accessible environments, equal opportunities, and supportive policies and programs, rehabilitation psychologists strive to create a more inclusive society where individuals with disabilities can fully participate and thrive.

rehabilitation psychology is a vital field that addresses the complex needs of individuals with disabilities and promotes their independence, well-being, and social inclusion. Through comprehensive assessment, tailored interventions, and advocacy efforts, rehabilitation psychologists help individuals overcome barriers and achieve their full potential, enhancing their quality of life and contributing to a more equitable and inclusive society.

Visual Impairment

Visual impairment, also known as vision impairment, is a medical definition primarily measured based on an individual's better eye visual acuity; in the absence of treatment such as correctable eyewear, assistive devices, and medical treatment– visual impairment may cause the individual difficulties with normal daily tasks including reading and walking.

Vision impairment can happen at any age. Some conditions might result in vision problems for only a short time, but most vision conditions in children stay the same throughout life. Other conditions get worse over time, resulting in poorer vision or blindness as children get older.

What is low vision?

Low vision is when your child can't see all the things they should be able to see for their age. Your child might have low-to-no vision, blurred vision or loss of side vision. Or they might not be able to see some colours – this is called colour blindness.

What is blindness? This is when a child is considered legally blind:

- * They can't see at 6 m what a child with typical vision can see at 60 m.
- * Their field of vision is less than 20° in diameter (a person with typical vision can see 180°).

Causes of vision impairment

Babies might have vision impairment at birth. It can also happen later as a result of disease, injury or a medical condition.

The most common causes of vision impairment are:

- * neurological conditions that affect the parts of the brain that control sight (cortical vision impairment)
- * genetic conditions like albinism and retinitis pigmentosa
- * illnesses that happen to some very premature babies or to babies that have particular problems during birth
- * conditions like paediatric glaucoma or cataracts and cancers like retinoblastoma

* infections with particular viruses during pregnancy – for example, rubella, cytomegalovirus, sexually transmitted infection, toxoplasmosis and so on

- * structural problems with the eyes that limit vision for example -microphthalmia or anophthalmia
- * damage or injury to the eye, to the pathways connecting the eye to the brain, or to the visual centre of the brain.

Early sign and symptoms of visual impairment:

Children who are visually impaired may have eyes that appear normal. There may be some behaviors or eye movements in children that lead you to believe they have vision issues.

By 4-5 weeks of age, most newborns begin to focus on faces and objects. Most babies will begin to smile at familiar individuals and objects by the time they are 6 to 8 weeks old. However, you may observe that a newborn has difficulty performing this if they have vision impairment.

Other indicators that a baby has vision issues include the following:

- * They jerk, wander, or move their eyes rapidly from side to side (nystagmus).
- * Neither your face nor an object is followed by their eyes.
- * They don't appear to look

* They do not follow an object or your face with their eyes. They don't appear to look their loved ones in the eye. When the room's bright light is turned on, their eyes do not react. As opposed of being black, their pupils seem whitish or hazy in pictures. Their eyes may occasionally or constantly turn in the direction of their nose or travel out to the side of their face.

An older kid may exhibit the following behaviors:

- * hold objects close to their face;
- * squint or rub their eyes frequently;
- * turn their head, tilt it, or cover one eye while looking at something closely;
- * become fatigued after staring at anything closely, such as when reading, painting, or playing portable games;
- * Seem clumsy; they may frequently tumble or knock things over.
- * Seem to have crossed or twisted eyes.
- * Seem to see better during the day than at night.

WHO has classified defective vision into various grades which are as follows:

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	
\cdot Field < 10° but > 5° around central fixation Grade 3 and ,	
· Field < 5° around central fixation Grade 4 irrespective of visual acuity.	

Effect of visual impairment

A child's development can be impacted by vision impairment in a variety of ways, some of which you would not anticipate. For instance, your youngster may experience additional difficulties with:

*Playing and interacting with others: your child may be clumsy, unable to read body language, get lost in a crowd, or struggle to make friends

*Learning to read and write while playing – for example, your child might be afraid to touch certain textures or explore areas they can't see.

* Telling the difference between day and night sitting, crawling, and walking – for example, your child might not try to move because they can't see the interesting objects you put out for them.

* Talking – for example, your child might not point to objects, so the people nearby won't name these objects, and your child will miss the chance to learn the names.

Your child's learning and development may progress more slowly than that of other kids in certain areas if they suffer from severe vision loss or are blind. For instance, you may observe that your child is taking longer to learn how to walk, crawl, roll over, or speak.and interact socially with others. It should take time for your child to become proficient at all of these tasks.

Early intervention in cases of visual impairment person:

The greatest approach to assist your child's growth is through early intervention. Early intervention entails counseling, instruction, and additional resources to assist your kid realize their greatest potential.

As part of early intervention, you should be taught how to form strong bonds with your children and engage in activities that promote their growth. Since kids pick up their knowledge from the people who look after them and spend the most of their time with them, regular play, bonding, and communication with you can benefit your child greatly.

Numerous professionals have received specialized training in working with children who have significant visual impairments. These could include occupational therapists, special education teachers, physiotherapists, orthopaedics, mobility and orientation specialists, and counselors. It's beneficial to think of yourself and your child's medical providers as a team. You're more likely to achieve the best results for your child when you combine the knowledge of specialists with your in-depth understanding of your Child.

Role of Rehabilitation Psychologist in Visual Impairment treatment

The ways in which rehabilitation psychology enriches an individual's life and supports their smooth journey towards overcoming problems include:

1. Assessment & Evaluation:

The route to psychological rehabilitation begins with an in-depth assessment and evaluation of the individual's condition. Psychologists collaborate with other healthcare experts, including as physicians, physical therapists, and occupational therapists, to acquire a thorough grasp of the person's issues. This assessment aids in the development of a personalized rehabilitation plan tailored to the individual's specific needs and goals.

2. Emotional support and coping strategies:

One of the most important components of rehabilitation psychology is offering emotional support to patients and their families. Coping with a handicap or chronic illness can be emotionally taxing. Rehabilitation psychologists help individuals improve their mental health during rehabilitation by guiding them through the sadness, anger, and frustration that commonly accompany such life-changing events. They teach coping skills and provide a secure environment for people to vent their emotions and worries.

3. Creating Realistic Goals:

Rehabilitation psychologists help their clients develop realistic and attainable goals. These objectives can range from restoring physical mobility to boosting cognitive abilities or even facilitating emotional healing and rehabilitation. Setting these goals not only provides folks a sense of purpose but also keeps them on track their growth and applaud their accomplishments, no matter how small they appear.

4. Behavioral Intervention:

Behavioral interventions are an essential component of psychological support in rehabilitation. Psychologists utilize evidence-based strategies to help people change their behaviors and learn new abilities. For example, someone recuperating from a spinal cord injury may receive rigorous physical therapy and learn adaptive ways to regain motor functions. Individuals with cognitive impairments can also work on memory and problem-solving skills through cognitive-behavioral psychology therapy to recover.

5. Building Resilience:

Resilience is the ability to recover from misfortune and grow stronger in the face of difficulty. Psychologists play an important role in rehabilitation by assisting individuals in developing resilience. They emphasize the value of a positive attitude, self-compassion, and a solid support network. Individuals are better equipped to navigate the challenges of recovery by cultivating psychological resilience.

6. Enhancing quality of life:

Finally, the purpose of rehabilitation psychology is to improve someone's quality of life. This includes not only correcting physical or cognitive impairments, but also encouraging social integration and engagement in

meaningful activities. Psychologists offer techniques to assist people reengage with their communities, pursue hobbies, and build a sense of purpose outside their impairment.

7. Support for Caregivers:

Rehabilitation psychology understands that the challenges of disability or chronic illness can affect caregivers and family members. Psychologists advise and guide caregivers in managing the emotional and practical aspects of caregiving. This support is critical for sustaining a healthy family dynamic and the well-being of all parties involved.

8. Increasing Advocacy and Social Inclusion:

Rehabilitation psychologists frequently take on advocacy roles to promote social inclusion and fair opportunity for people with impairments. They collaborate with organizations, policymakers, and communities to increase awareness of the needs and rights of people with disabilities. This campaigning may result in good changes in legislation, accessibility, and societal attitudes toward disability.

9. Evidence-Based Practices:

Rehabilitation psychology is founded on evidence-based practice. The most effective rehabilitation psychologists use research and clinical expertise to influence their interventions and recommendations. This evidence-based approach ensures that clients receive the most effective and scientifically proven rehabilitation therapies and techniques.

Challenges faced by Visual Impaired person

Visual impairment presents numerous challenges for individuals living in India, impacting various aspects of their daily lives. Here are five significant challenges faced by visually impaired individuals in India, supported by references:

- Limited Access to Education: Visually impaired individuals often encounter barriers to accessing quality education in India. The lack of inclusive educational infrastructure, including accessible textbooks, specialized learning materials, and trained educators, hampers their academic advancement.
- Employment Discrimination: Securing employment opportunities remains a significant challenge for visually impaired individuals in India due to prevalent discrimination and limited access to job accommodations and assistive technologies. This leads to higher rates of unemployment and underemployment among the visually impaired population.
- Limited Access to Healthcare: Visually impaired individuals face obstacles in accessing healthcare services in India, including difficulty navigating healthcare facilities, lack of accessible information, and inadequate provision of assistive technologies for medical consultations and treatments.
- Transportation Barriers: Navigating transportation systems poses considerable challenges for visually impaired individuals in India due to inadequate infrastructure, lack of accessibility features in public transportation, and reliance on informal transportation methods, which often result in safety concerns and mobility restrictions

Social Stigma and Isolation: Visually impaired individuals frequently encounter social stigma, misconceptions, and prejudice in Indian society, leading to social exclusion, isolation, and limited participation in community activities and social gatherings.

Adjustment done by person with Visual Impairment

Visually challenged individuals develop specific adaption tactics. These tactics compromised of favorable and unfavorable adaptation techniques.

Favorable techniques comprise of :

• Acceptance:

Acceptance means embracing and stressing the possibilities of a condition, rather than focusing on its limitations. The individual reassesses their pre-disability values and interests, and develops new ones that are unaffected by the disease.

• Trust:

Trust includes acceptance, social support, religious beliefs, or a philosophy of life that provides comfort and hope. There is a high reliance on healthcare and medical advancements to discover a cure.

• Positive Avoidance:

Positive avoidance involves diverting attention away from the negative aspects of disability, which can help alleviate anxiety and grief. This involves listening to music, meeting people, taking a stroll etc. and thus living each day and enjoying maximal pleasure at each moment.

• Minimization:

Minimization entails viewing a disability through a relativistic lens, assuming that others have it worse, making it appear less significant. Independence entails taking personal responsibility for sustaining a good quality of life and perceiving setbacks as challenges to overcome.

• Control:

Control refers to compensating for a loss of function, such as using technical aids. To manage the impacts of a handicap, it's important to educate oneself on the condition and stay aware of any symptoms that may arise. This subject emphasizes the need of planning and being prepared to handle potential issues. It's also known as problem-focused coping

Unfavorable techniques comprises of:

• Denial:

Denial is the refusal to acknowledge one's handicap. Unrealistic hopes for a cure can lead to daydreaming and delusions.

• Resentment

Resentment refers to bitterness for being a victim of a sickness. The individual is dissatisfied with their inability to perform previous tasks.

Shame is a feeling of inferiority when compared to healthy individuals. Individuals may feel ashamed of their changes from their previous selves.

• 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.

Quality of Life

Simplifying Life for the Visually

It is a very difficult thing to do and it take some people longer than others to adjust. These people are often treated differently than others

The human eye is a marvel of biological engineering. It is the most complex and sophisticated structure in the body, with a range of functions that go far beyond what your brain can do. It is the most complex organ in the human body. It has a number of different parts that work together to help us see and process information about our surrounding environment. The eyes play a very important role in any life form, because any matter of example, can be seen or expressed only through our eyes. People who cannot see face difficulties in day-to-day activities.

There are some who are put to test in this world with blindness and other visual impairments. It is one of the most difficult things anyone can deal with. Imagine not being able to see! How would you get around? How would you work? How would you live your life if you cannot see anything at all? It is a very difficult thing to do and it takes some people longer than others to adjust. These people are often treated differently than others, and it can be hard for them to live an independent life. The reading problem is solved by Braille, which is a system of representing characters by raised dots. A walking stick is another effective invention for the blinds that allows the user to scan the surroundings for obstacles and orientation marks. Besides all this, a glove is made that vibrates/beeps whenever there is an obstacle around, it also tells the distance of the object from the user.

But this is not enough for blind people to live comfortably. Instead, a more accurate form of this glove needs to be made. The proposed design is based on image processing, instead of using sensors that make the glove beep. This device tells(specifically) which obstacle is at what distance using image processing. The obstacle name has to be fed into the memory of the glove. Now as this glove has image processing unlike sensors and ultrasound in the previously invented glove, it will help in the recognition of the person in front of the blind. Through a click of a button, the glove will be able to say aloud the color of the object.

If the user is lost then the glove is able to send the location of the user to the guardian or close friends. The glove should be able to say the value of the notes/currency which is very useful for the blind. The solution is unique and different because the glove invented till now used sensors and ultrasound, but this device has a feature of image processing which makes it more useful for the user. However, advancement in technology has provided hope. Some devices called assistive devices have been developed. These devices allow the user to feel what is going on around them. They are not perfect yet very helpful for those who cannot see at all. One of the devices is contributed by us and it is called the "Third Eye for Blind".

Conclusion

In conclusion, the role of a rehabilitation psychologist in supporting individuals with visual impairment is paramount in fostering their adaptation, independence, and overall well-being. By employing a holistic approach that addresses the psychological, emotional, social, and practical aspects of living with visual impairment, rehabilitation psychologists play a crucial role in empowering individuals to overcome challenges and lead fulfilling lives.

Through comprehensive assessment, rehabilitation psychologists can identify the specific needs and strengths of individuals with visual impairment, paving the way for tailored interventions that promote adaptive coping strategies, resilience, and psychological adjustment. These interventions may include cognitive-behavioral therapy to address emotional distress, skills training to enhance daily living activities and mobility, and social support to facilitate social integration and community participation.

Furthermore, rehabilitation psychologists advocate for accessibility and inclusion, working collaboratively with other professionals and stakeholders to promote equal opportunities, reduce stigma and discrimination, and enhance the quality of life for individuals with visual impairment. By addressing the multifaceted needs of individuals with visual impairment, rehabilitation psychologists contribute to creating a more inclusive society where all individuals can thrive, regardless of their abilities or disabilities.

References

Antonak, R. F., & Livneh, H. (Eds.). (2012). Handbook of disability studies. SAGE Publications.

Boerner K, Reinhardt JP. Horowitz A. The effect of rehabilitation service use on coping patterns over time among older adults with age related vision loss. Clin Rehabil2006 ;20(6):478-87.

CattancoZ, Vecchi T, Monegato M. Effects of late visual impairment on mental representations activated by visual and tactile stimuli. Brain Res ,2007 ;1148:170-76.

Chandrashekar, N., & Shetty, S. (2019). Impact of visual impairment on quality of life among adults in urban India. Journal of Current Ophthalmology, 31(4), 386–390.

Chakraborty, S., & Mukherjee, S. (2017). Experiences of visually challenged people with the transportation system: A study from Kolkata, India. Journal of Transport & Health, 6, 280–287.

Frank, R. G., & Rosenthal, M. (Eds.). (2014). Handbook of rehabilitation psychology (2nd ed.). American Psychological Association.

Folkman S., Lazarus R S.An analysis of coping in a middle aged community sample. J Health Social Behaviour 1980;21:219-39.

Foxall et al. Predictions of loneliness in low vision adults. Western J Nursing Research1992; 14:86-89.

Horowitz A. Reinhardt JP.Boerner K. The effect of visual rehabilitation on depression among visually disabled older adults. Aging Mental Health.2005;9(6):563-70.

K.Park. Concept of Health & Disease. In Park's textbook of Preventive and Social Medicine 18th edition. M/s Banarsidas Bhanot 2005; pp 39.

Lindo G, Nordholm L. Adaptation Strategies. Well being and activities of daily living among people with low vision. J Visual ImpairmentBlindness1999;7:434-46.

Mukhopadhyay, S. (2015). Employment and disability: Issues and challenges in India. Indian Journal of Disability and Rehabilitation, 1(2), 49–58.

Narayanan, D., Ramasamy, D., & Kar, S. S. (2020). Accessibility to healthcare services for people with disabilities in India: A mixed-method study. BMC Health Services Research, 20, 689.

Ramachandra, S. (2017). Education of children with visual impairment in India: Progress and challenges. Journal of Blindness Innovation and Research, 7(1), 1–8.

Safir A . The blind person's problems.In: .Sorsby A (editor) Modern Ophthalmology. 2nd edition Vol 4 Butterworth1972; pp 1199-1202.

Sihota R, Tandon R.The causes and prevention of blindness. In: Parson's diseases of the eye. 19th ed . Butterworth – Heinman .2003; pp 583-85.

Sood S, Nada M, Nagpal. R C. Prevention of blindness and mobility of a blind. Ind J Community Med 2004;29(2); 92-95.

Watson M, Geer S, Young JQ. Development of a questionnaire measure of adjustment in cancer.:MACL scale.Psychol Med..1988;18:203-09.

Wood J V ,Tylor SE, Litchman R. Social comparison in adjustment in breast cancer. J Personality Social Psychol1985;149:1169-83.

https://www.apa.org/ed/graduate/specialize/rehabilitation