

# The Educator



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## SELF-ESTEEM



A Publication of



**The International Council for Education of  
People with Visual Impairment**

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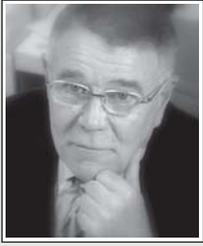
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Guest Editor : **Peter Rodney**



**Larry Campbell**  
President

*Madrid, Spain  
December 11, 2007*

*Dear Colleagues:*

Given my location as I write this message I guess I should begin by saying “Hola y Felice Navidad” to those of you who are on this day beginning your preparations for Christmas.

I am in Madrid with our Latin America regional chairperson Lucia Piccione and we have just completed a very productive meeting with our colleagues from ONCE and ULAC. The spirit of cooperation and collaboration that has been generated by the Global Campaign on Education for All Children with Visual Impairment is remarkable. After more than thirty years spent working in the field of development I really feel that for the first time ever our entire community is working together to achieve a common goal; educational equity for every visually impaired child.

The momentum of the campaign continues to grow. Since the last issue of *The Educator* reached your mailbox two more organization have joined us as International Partner Members; the Perkins School for the Blind and Vision Australia. We warmly welcome both Perkins and Vision Australia into membership as full International Partners of ICEVI.

Normally I leave commentary on the theme of each issue to the Guest Editor, and of course you

will be hearing from Peter Rodney as you turn the page. However, I cannot resist a few words on how very important this issue of self-esteem should be to all teachers, parents and others that will read this issue of *The Educator*. In my experience, all too often, even the most sensitive and caring of parents and teachers subconsciously erode the self-esteem of the child with a visual impairment by doing things for that child that s/he is capable of doing without that intervention. Each time this happens those actions leave a “finger print” on that child that chips away at self-esteem. I hope each and every person that reads this issue on self-esteem will take time to reflect on their own interactions with the visually impaired persons they work with and regularly ask themselves a fundamental question; “Are my actions building or eroding self-esteem”?

Let me end this message on an equally unusual note; a reading recommendation! I recently finished reading the biography of a remarkable man and one whose life story provides the reader many lessons on “self-esteem”. I am speaking of a book entitled *The Blind Doctor: The Jacob Bolotin Story* by Rosalind Perlman (Blue Point Books).

On behalf of myself, my colleagues at Overbrook and the entire ICEVI Executive Committee may I wish to each of you a happy, healthy and prosperous 2008.

As always,

**Larry Campbell**  
President



**Harry Svensson**  
Editor

*Stockholm, Sweden  
December 2007*

*Dear Reader,*

Welcome to a new issue of The Educator. The theme this time is self-esteem, a concept difficult to grasp to use the words of our guest editor Peter Rodney. In spite of this, the articles will show you the importance to increase our understanding of factors having influence on the individuals' self-esteem based on personal experiences as well as research.

Peter Rodney is well suited for the task as the guest editor of an issue dealing with self-esteem. He is a psychologist and educational consultant working for the Institute for the Blind and Partially Sighted in Denmark. Peter is well connected with ICEVI as a member of the ICEVI European Committee, representing the Nordic and Baltic countries, and a member of our Publications committee. He is also the initiator of the European network for psychologists and related professions. In March 2008 this network will have its second biennial meeting, this time in The Netherlands.

Peter has not only gathered articles from different parts of the world, but also articles presenting different ways to approach the concept. In this issue you will meet people with visual impairment, teachers and researchers. Each of them has something important to tell us about factors influencing self-esteem.

The space of this column doesn't give me the opportunity to comment on all the articles. However, I cannot resist mentioning the article written by Stine Roemer. The story Stine tells us is not unique. There are thousands of young people

all over the world having the same experience. Stine was lucky to have a teacher who could help her. I hope this issue of The Educator will give other educators of children and young people with visual impairment an understanding of strategies that could be used in building a positive self-esteem.

As shown in other articles in this issue, attitudes in the society affecting self-esteem are not only restricted to the education of children and young people. Prejudices affecting the self-esteem are also in existence in the world meeting the adult with a visual impairment. We, the members of ICEVI, must be prepared for fighting against this at all levels of the society. Our weapons are knowledge and information.

Hopefully The Educator, our website ([www.icevi.org](http://www.icevi.org)), and our electronic newsletter ICEVI E-News will be valuable sources for knowledge and information. Please feel free to contact me or the Secretary General if you have any suggestions for improvement.

The next issue of The Educator will have "Independence" as the theme. Once again Peter Rodney has promised to be the guest editor. Please send your suggestions to him at [pr@ibos.dk](mailto:pr@ibos.dk) as soon as possible.

In 2009 we will focus on "Literacy and Braille" with Cay Holbrook from Canada as the guest editor. I'm sure the 200 year anniversary of the birth of Louis Braille will be celebrated all over the world. Please share with me the plans you and your organisation have.

Finally I would like to send special greetings to our colleagues and friends in Latin America and Japan who are translating The Educator into Spanish and Japanese.

Sincerely,

**Harry Svensson**  
Editor

## Self-esteem – an important concept difficult to grasp



**Peter Rodney**  
Guest Editor

The general belief is that a lot of self-esteem brings the person in a positive social situation - you have a high self-esteem. The contradiction is the absence of self-esteem, which leaves the person in a negative social position - you have a low self-esteem.

In this way self-esteem can be seen as a valuation of the person's self-image<sup>1</sup>. The overall aim must therefore be to assist a person with visual impairment to get a positive self-esteem. In developing strategies for such a progress, a clear description or understanding of the concept is necessary.

The individual person can just experience the character, or the experience of what the surroundings describe as self-perception<sup>2</sup> or self-image. You can feel a negative or positive value related to your self-image. But the essential concept is that you are able to reflect on your self-image. If you don't have this reflective competence, you are not able to elaborate your self-image and in the end moderate or change the self-image. A person trapped in a situation without this competence is very disabled. He or she is not able to change the life situation, or to be helped by various services, because the foundation of all mental transformation or learning processes builds upon the ability to reflect on your own self-image.

Why is this especially important to visually impaired persons? Are there, in the foundation of visual impairment, issues that can clarify why some visually impaired persons may have more problems with the ability to reflect on the self-image than other persons have? I see two important aspects.

1. The process of reflecting upon your self-image starts when you receive a feedback from your surroundings. The reaction tells you how persons around you will regard your acting. You then chose either to continue or change your behaviour. This is a mental process where you reflect upon the other person's reaction that builds up your

self-image or, with the psychological view, your identity. In this communicative interaction, the visually impaired is left in a rather difficult situation, because a lot of the feedback is based on visual communication. For instance a nod, a rolling with the eyes or a small lifting of the shoulders.

2. The other aspect is the character of the support system. If it is based on pity, compassion and mercies, there can be a tendency to hinder the visually impaired person to come into difficult situations, e.g. by moving objects, clearing out difficulties and avoid problems. In this way, the visually impaired person will never learn about his or her abilities to overcome the difficulties which the impairment causes. He or she will never experience the success of conquering a problem. This will cause a limited impression of the person's self-image, which leads to an inadequate quality of self-esteem. This is what the surroundings call low self-esteem.

It is important to state that these aspects relate to the characteristic within the environment, not to the visual impairment itself. These two factors place a high demand upon the support system. In the transformation of feedback from the visual world, the visually impaired person must learn about visual communication, but also on human quality of the support system, that must be based on challenging and adequate demands in all life and learning situations.

It is my hope that this issue of The Educator, with the variety of input on self-esteem, will help to enlighten this important field in the education and rehabilitation of people with visual impairment.

Finally, I would like to thank the authors for their contributions.

**Peter Rodney**  
Guest Editor

<sup>1</sup> *The mental projection of your self, what story you tell about yourself - Carl Rodgers*

<sup>2</sup> *Our perceptions of how others perceive us and evaluate us - George H. Mead*

## GLOBAL CAMPAIGN ON EDUCATION FOR ALL CHILDREN WITH VISUAL IMPAIRMENT

### An Update

The Global Campaign on Education for All Children with Visual Impairment (EFA-VI) is progressing well. Here is an update of the activities since the launch of the campaign in July 2006.

1. The Global Task Force of the campaign met thrice since its launch to formulate guidelines for the implementation of campaign activities.
  2. Comprehensive guidelines for the preparation of country plans for EFA-VI have been developed and circulated widely through conferences and mails.
  3. The ICEVI website has been redesigned with a dedicated section for the global campaign.
  4. The Global Task Force listed five focus countries (Vietnam, Paraguay, Dominican Republic, Pakistan, and Bangladesh) for the introduction of the campaign during the academic year 2007-08.
  5. Vietnam in the East Asia region has formed a national task force, prepared a national plan and signed a memorandum of understanding with the ICEVI, besides implementing capacity building activities as a part of the EFA-VI.
  6. Paraguay and Dominican Republic in the Latin America regions have also formed national task forces, prepared national plans, and commenced campaign activities.
  7. Pakistan and Bangladesh from the West Asia region have prepared national plans which are being reviewed by the Global Task Force.
  8. In addition to these focus countries, EFA-VI activities have also been commenced in Fiji and India.
  9. The EFA-VI Africa launch took place at the 4<sup>th</sup> Africa Forum held in Nairobi from 6 to 10 May 2007.
  10. The Global Task Force met in London on 1-2 October 2007 and planned specific strategies for the implementation of the campaign in the Africa region.
  11. The Global Task Force has proposed the appointment of a regional coordinator for Africa and the establishment of an Africa regional secretariat at the Africa Union of the Blind (AFUB) to stimulate and support EFA-VI activities in the Africa region.
  12. The EFA-VI Research Task Force has begun working on defining the nature of data to be gathered to document the impact of the campaign.
  13. A core committee is looking into the types of materials that need to be developed to promote the EFA-VI campaign.
  14. A Resource Mobilisation Task Force has been formed to develop a strategy for mobilising resources for the campaign. This Task Force has developed Terms of Reference for resource mobilization and is now developing a strategic plan for fund raising.
- While there is a long road ahead, the EFA-VI Global Campaign is on schedule to achieve Phase I (2006-2010) objectives.

## FROM THE REGIONS OF ICEVI

### AFRICA

A workshop on “Teacher preparation in the area of visual impairment” was held in Kampala, Uganda on 3-5 December 2007. It was inaugurated by Hon. Peter T. Lokeris MP, Minister of State for Primary Education of the Republic of Uganda and attended by 22 participants from Botswana, Egypt, Ethiopia, Ghana, Kenya, Malawi, South Africa, Tanzania, Uganda, Zambia. Mani, Secretary General, ICEVI facilitated the workshop along with Wilfred Maina, Regional Chairperson of the Africa region and it provided an opportunity for the participants to discuss the nature of collaboration between the African countries to strengthen human resource development issues in visual impairment. The workshop unanimously endorsed the ICEVI model curriculum to prepare teachers of children with visual impairment and also agreed to incorporate the inputs of the curriculum in teacher preparation programmes in their countries.



*The Minister of State for Primary Education with the participants of Teacher Preparation Workshop*

The regional committee of the ICEVI Africa region met on 5-6 December in Kampala, Uganda and short-listed Ethiopia, Ghana, Kenya, Malawi, Mali, Mozambique, Rwanda and Uganda as the countries for implementation of EFA-VI global campaign during the first phase. The committee suggested that other countries in the region should also be encouraged to implement EFA-VI activities. The regional committee also prepared probable job

descriptions for the Regional Coordinator for the EFA-VI proposed to be appointed. It is believed that establishment of the regional secretariat in Nairobi and appointment of a full-time coordinator will go a long way in realizing the goals of EFA-VI global campaign in the Africa region.

### EAST ASIA

Prof. Ismail, Regional Chair, East Asia is in touch with the countries in the region to generate baseline data on the magnitude of the problem and government policies pertaining to services for persons with disabilities in general and children with visual impairment in particular. Vietnam is already implementing the global campaign and Cambodia is likely to be included as a focus country in the near future. The region is proposing to organise its meeting of the Regional Executive Committee in Cambodia in early 2008 which will also be used as an opportunity to interact with the Government of Cambodia, voluntary organisations, associations of the blind, etc., to appraise them on the implementation procedures of the campaign. The East Asia region will also be hosting the meetings of the Global Task Force and the Executive Committee meetings of ICEVI in April 2008 in Hanoi.

### EUROPE

ICEVI Europe region has a formal status as an association since the beginning of 2007. The region is pursuing the idea of inclusion as one of the main strategies to ensure educational equity for children with visual impairment and this theme will figure in future discussions of ICEVI Europe and also in the main conferences of the region. Following the 3<sup>rd</sup> ICEVI Balkan Conference held in Belgrade in 2006, a number of follow-up activities have been initiated. Creation of networks, education of children with visual impairment and multiple disabilities, focus on rehabilitation,

assistive technology, etc., are some of the major areas of interest in the Balkan countries. The next Balkan-conference will be held in Istanbul in October 2008. In May 2007, representatives of the European countries participated at the 5<sup>th</sup> workshop for special educators held at Bratislava, Slovakia. There is a need for international projects in South-East Europe on prevention and early intervention and the Europe region is taking initiatives in this direction. Laying emphasis on rehabilitation of persons with visual impairment besides education, the Europe regional committee suggested that ICEVI should stand for International Council for the Rehabilitation and Education of People with Visual Impairment. The next regional conference of the European region will be held from 5 to 10 July 2009 in Dublin, Ireland, in association with St. Joseph's Centre for the Visually Impaired, to discuss the theme, "Living in a Changing Europe." Additional information on the regional conference will be available on the website [www.icevidublin2009.org](http://www.icevidublin2009.org)

In November there was an interesting conference of ICEVI-members of the French-speaking countries in Montclair. Participants from France, Belgium, Luxembourg, and Suisse exchanged their knowledge and experiences in education and rehabilitation in their countries.

The Europe region hosted the meeting of the Global Task Force at the RNIB, London and Hans Welling, the Regional Chair also organised the first meeting of the Resource Mobilisation Committee at the Visio, The Netherlands in October 2007. The ICEVI European Newsletter was prepared and disseminated to all members of ICEVI in the region. Special efforts are underway to increase the membership in the region.

There will be a workshop of European psychologists in the Netherland in March 2008 and in August a conference on Early Intervention will be held in Budapest, Hungary.

## LATIN AMERICA

The EFA-VI activities are underway in Paraguay and the Dominican Republic. In Paraguay, meetings with representatives from the Ministry of Public Health and Social Welfare, National Institute for Protection of Exceptional People, Vision 2020 National Coordinating Committee and Department of Statistics and Census were organised to coordinate the programs to detect children with visual impairment. An Agreement was signed with "Fundación Visión" for Ophthalmologic Assessment. Training activities under the EFA-VI campaign included low vision, early intervention, integration/inclusion, deafblindness, multiple disabilities, and child protection policies. ICEVI, CBM, and FOAL (ONCE Foundation for Latin America) supported most of the training activities. In Dominican Republic, the National Task Force met thrice and the EFA-VI campaign was formally launched by the Governor of the San Pedro de Macorís Province on November 28, 2007. Meetings with the officials of the Ministries of Education in Peru, Ecuador, Honduras and Guatemala have already been organised to launch EFA-VI global campaign in these countries in 2008. Nicaragua and Bolivia will be organising the first meeting of the National Task Force in 2008. Besides these EFA-VI activities, capacity building programmes on transition to work, vocational preparation, early intervention, and visual rehabilitation were conducted in Argentina, Peru, Columbia, and Brazil.



*EFA-VI Launch in Dominican Republic*

The regional chair Lucia Piccione, sub-regional chairs and the country representatives are working with the national governments to make the global campaign on education for all children with visual impairment as a priority activity. Lucia Piccione, Regional Chair, Latin America Region and Larry Campbell, President ICEVI had a meeting in ONCE on 10 December 2007 to explore the possibility of ONCE supporting EFA-VI activities in the Latin America region. The Educator is translated into Spanish and distributed to a large number of individuals and institutions in the region.

### **THE NORTH AMERICA AND THE CARIBBEAN REGION**

The North America and Caribbean Region of ICEVI is pleased to say that there was an encouraging and dynamic meeting of the Caribbean Council for the Blind, held on Friday, July 27, 2007 in Nassau the Bahamas to discuss and plan for future ICEVI efforts in the Caribbean. This group served as the Working Group for the EFA-VI Campaign in the region under the leadership of Celene Gyles. The meeting was also expected to initiate proposals for projects and to complete situational analyses for the two selected countries, Jamaica and Guyana. The representative from the Haitian Society for the Blind [SHAA] briefed the meeting on a proposal prepared for Haiti. The meeting listed leadership and advocacy, resource development, teacher preparation, early identification of children, capacity building in mathematics and science, teaching low vision children, educational programme planning, serving children with additional disabilities as the common areas of interest in the Caribbean region for which appropriate capacity building activities need to be initiated.

The need for a focal person to coordinate the activities in the region, initiating dialogue with ministries concerned, carrying out follow-up activities, etc., were also listed as priority areas

in specific countries and in the region as well for strengthening services for children with visual impairment. Kathy Huebner, the Regional Chair and Celene Gyles, Deputy Regional Chairperson of the NAC region will continue to make appropriate contacts in the countries and promote the EFA-VI campaign.

### **PACIFIC**

Frances Gentle, the Regional Chair of Pacific region presented on ICEVI and the EFA-VI campaign at the ESCAP Pacific Expert Group Meeting to review the implementation of the Biwako Millennium Framework held in Fiji in March 2007. The expert group meeting culminated in the development of a paper from the Pacific Region, which was tabled at the UNESCO Bangkok High-level intergovernmental meeting in September 2007. A presentation on the campaign was also made at the World Blind Union Asia Pacific Board Meeting, Melbourne held in July 2007. Frances spoke on the global campaign at the Inclusive Education intergovernmental seminar for the Pacific Region, Nadi, Fiji, October 2007. A Workshop for Parents of children with vision impairment was held in Suva, Fiji in October 2007 where Vilisi Salabavisi of the Fiji Society for the Blind, Suva and also the country representative of ICEVI in Fiji made a presentation. Parents Paul Manning (New Zealand) and Gayle Skinner (Australia) attended this programme under the auspices of ICEVI.

ICEVI President Larry Campbell delivered a keynote address at the World Conference of the Deafblind International organised in Perth, Australia in September 2007, which was attended by many members of the ICEVI Pacific region. Larry and Mani also visited the Royal Institute for the Deaf and Blind Children (RIDBC) in September 2007 and had preliminary discussions with the administrators of the Institute with regard to the requirements for preparing a bid for the 13<sup>th</sup> world conference of ICEVI. ICEVI Pacific committee has

commenced the process of becoming a registered incorporated Australian association.

## WEST ASIA

With the support of CBM Regional Office in Bangalore, ICEVI West Asia will convene a National Level Workshop on EFA-VI, conduct a situational analysis on inclusion, and organise capacity building programs. The region has already collaborated with the national body of parents of persons with mental retardation (Parivaar) and conducted awareness rallies in eight places in the State of Tamil Nadu highlighting the need for education of children with disabilities. Dr. Bhushan Punani made a presentation on EFA-VI campaign at the fourth South Asia Regional Conference organized by the CBR South Asia Network on 4-6 October, 2007 at Kathmandu, Nepal, regional meeting of the Rehabilitation Council of India convened at Jodhpur, India on 30 November, 2007 and also at the National Seminar on the rights of persons with disabilities organised at the SNTD University, Mumbai on 28 December 2007.

The ICEVI West Asia Region convened a one-day workshop on EFA-VI on 7 October 2007 in Kathmandu, which was attended by 61 participants from Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka and U.K. Representatives of many organizations of the blind in Nepal and senior Government officials of the Department of



*Inauguration of the EFA-VI Workshop in Kathmandu*

Education also participated in the event, which was coordinated by Mr. Madhav Aryal, ICEVI Country representative of Nepal. Bhushan Punani and Mani, Secretary General made a joint presentation on the EFA-VI campaign at the national symposium of the Community Ophthalmology Society of India (COSI) held in Coimbatore, India on 24-25 November 2007 and called for closer collaboration of the eye-health care community and the education sector. ICEVI West Asia Region in collaboration with the All India Confederation of the Blind, New Delhi, India conducted a workshop on 1 December 2007 to discuss the need for unification of mathematical devices used for visually impaired children in India. The workshop was attended by 15 experts from the country who resolved to prepare instructional materials for using mathematical devices.

## CONGRATULATIONS PROF. ISMAIL



*ICEVI congratulates Prof. Datuk Dr Ismail Md Salleh, the Regional Chairperson, ICEVI East Asia region, for his appointment as a Senator of the Parliament of Malaysia. Women, Family and Community Development Minister Datuk Seri Shahrizat Abdul Jalil commended that Prof. Ismail's appointment was not only for his representation for the disabled but also based on his achievements in the economic field. ICEVI is glad that Prof. Ismail will become the voice of persons with disabilities in Malaysia.*

*Congratulations Prof.*

## UPDATE FROM THE WORLD BLIND UNION

Penny Hartin, CEO, World Blind Union

The WBU very much values our close and collaborative relationship with ICEVI and appreciates the opportunity to inform ICEVI members about priorities and initiatives undertaken within the WBU.

We are presently nearing the end of the third year of a four year strategic plan that was developed in early 2005 immediately following the election of our current Officers. The Plan contained eight key priority areas and good progress has been made in each area. Some key initiatives and highlights include the following:

- A permanent office for the WBU was established in Toronto, Canada at the end of October 2006 and most administrative, organizational and communications functions have now been transferred to the office.
- The WBU United Nations Working Group played a key role in the development of the UN Convention on the Rights of Persons with Disabilities and is presently developing tools for use by our National members to support their work with local governments.
- We continue to work closely with other international disability organizations in the International Disability Alliance (IDA) and have regular contact with the WHO, UNESCO, UNICEF, WIPO and other UN agencies to ensure that the needs of blind and partially sighted men and women, boys and girls are reflected.
- Our Copyright and Right to Read working group has made good progress with the World Intellectual Property Organization and the International Publishers Agency in our quest to break down boundaries in the sharing of books and printed material across borders.
- Our Development Committee has brought together leaders from each of our WBU Regions as well as from our international development partners in order to coordinate and make more effective our capacity building efforts.
- The establishment of a Low Vision Working Group has brought more attention to the needs of persons with partial sight or low vision within the WBU and promotes more involvement by people with low vision in the organization.

We are presently very involved in the planning of our 7<sup>th</sup> General Assembly which will be held in Geneva

Switzerland from August 18 - 22<sup>nd</sup>, and preceded by a Women's Forum on August 16 - 17<sup>th</sup>. The programs for both events are taking shape and will include some very interesting themes and current issues for discussion. As Geneva is the home to many of the UN Agencies with which we work, it will be our intention to involve these agencies in our program in order to bring our issues to them and their programs and initiatives to our members. We plan to feature the EFA-VI global campaign in both the Women's Forum and the General Assembly in order to bring this program closer to our members and engage their involvement. Please visit the WBU website at [www.worldblindunion.org](http://www.worldblindunion.org) for more updated information on the General Assembly as the plans unfold.

The WBU is also in the midst of planning for two significant events that will take place in 2009 – the 25<sup>th</sup> anniversary of the WBU and the bicentenary of the birth of Louis Braille. To celebrate the 25<sup>th</sup> anniversary of the WBU, we plan to publish a history book reflecting the first 25 years of our organization. A number of events and initiatives are underway to celebrate the 200<sup>th</sup> anniversary of Louis Braille's birth. This includes a significant program of activities in France that will encompass three separate colloquia, starting on January 4<sup>th</sup>, World Braille Day. A number of countries also have developed plans to celebrate the Louis Braille bicentenary, including India, Brazil, the United Kingdom, Canada and the United States, which is having a special Louis Braille coin minted. Both of these events provide an excellent opportunity to celebrate the importance of Braille and the abilities and achievements of blind and partially sighted persons around the world.

At the recent Executive meeting of the WBU held in London, we were pleased to formalize the memorandum of understanding developed between the WBU and ICEVI to document our working relationship and promotion of the EFA-VI global campaign through an official signing by the Presidents of the two organizations – Larry Campbell for ICEVI and William Rowland for WBU.

For further information about anything contained in this article, please visit the WBU website at: [www.worldblindunion.org](http://www.worldblindunion.org) or contact the WBU CEO, Penny Hartin at: [penny.hartin@wbuoffice.org](mailto:penny.hartin@wbuoffice.org)

## The shape of self-esteem: An insight into how it is molded by life experiences and social environment

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I would like to take you along on a journey in which we will explore self-esteem. It is a journey in several ways. I will take you to Poland, where I studied as a child, to Thailand where I happened to be at the airport, and to the US where I now finish my doctoral program. It is also a journey that begins with a discussion of life experiences and their influence on self-esteem, and then moves on to the discussion of prejudices and stereotypes and finally to the importance of social support and belongingness which are all the elements of the social environment. Throughout the narrative, I will take you on my personal journey, not that of the body but of the mind. I have been struggling to reconcile the research literature on the subject of self-esteem with my personal experience which to me, a qualitative researcher, is no less valuable than the research literature.

At the outset of the journey, I located the research articles which focused on self-esteem of people who are disabled. How disappointed and sad I was to find out that self-esteem of people who were blind, or people with other disabilities for that matter, was generally lower than the self-esteem of sighted people (Conley et al, 2007, Swann, 1996, Nosek et al, 2003, Nosek & Hughes, 2001 ). “Why is that?” I wondered as I looked through the articles. “And what can be done to change the situation?”

As I browsed the articles, I was carried away to the time when I was a first grade student in Poland at a mainstream elementary school. At that time, no special services were offered to people who were partially sighted like myself. I had, however, a lot of social support from many kind teachers, wonderful friends, peers and from my parents. Until my teenage years, I did not realize how much I could, or rather could not see, in comparison to my sighted friends. By then I did not really give it much thought: my social

and academic lives thrived, so I did not concern myself with my eye sight.

Had somebody examined my self-esteem at the time, it would have been very high, no doubt. In fact, I was so sure of my skills and so oblivious to my eye sight that I pondered over the reactions of some adults when they were told about my A's. Thus, while they were amazed at my academic achievements, I was amazed at them being amazed at me. "Why," I thought, "are they making such a big deal out of it? If my friends have A's at school, why can't I?" I did not manage to answer my questions then.

Over the years I came up with some explanations, but the clearest one surfaced, unexpectedly, on a trip home from Cambodia to the US, at the Thai airport, almost two decades after I first began to ponder over my then unresolved puzzle. The airport in Bangkok looked quite modern. Clerks' desks may have looked like they were from a long-gone pre-computer age, but the clerks themselves were professionally dressed and surrounded by modern technology such as walkie-talkies, computers and the like. Arriving from Cambodia to this airport gave me a feeling of comfort - the airport could have been anywhere else in the world. Except, as I was going through customs, a clerk took out a picture or an amulet - I don't remember I was so startled - and began praying and encouraging me to pray as well, so that I would be healed! "Healed?" I thought to myself. "I didn't know I was sick..." Another clerk must have seen the surprise on my face because she came up to me and explained that the other clerk wanted to heal my eye sight, so that I could see better than I do now.

On the long journey home back to the US, and then during long months at the university - my journey through the doctoral program - my mind was flooded with questions. I wanted to forget the incident on the one hand, since my life went

on just as it did before without any major changes or traumas. On the other hand, my thoughts kept coming back to that airport and questions formed themselves in my mind: why did anybody want to cure my eye sight? Why did anybody think that this was what I actually wanted? Somebody has just assumed that this was the case. Somebody made a choice for me and decided that my life would be so much better if only I could see a bit better. Why?

To look for answers I again delved into the literature. Granted, the literature did not discuss the healing powers of airport clerks, but it did discuss attitudes towards people with disabilities. I realized that it was a fact, not just a product of my imagination, pessimistic outlook on the world or the like, but a proven idea that the attitudes towards people with disabilities around the world are tainted with prejudice. It was disturbing to read that teachers, who have a great influence of shaping children's perception of the world in general, tended to have a negative attitude towards students with disabilities. The negative attitude toward the disabled students was confirmed not only in studies that focus on different age groups of children and in significantly different time periods, e. g. Robert H. Peckham (1933) studied pre-school children while Thomas Scruggs and Margo Mastropieri (1996) studied teachers of teenagers, but also the negative attitudes could be found in cultures around the world. Studies conducted in countries that are considered developed, such as Israel and Palestine (Gumpel, Awartani, 2003), the United Arab Emirates (Alghazo & Nagar Gaad, 2004) and Hong Kong (Poon-McBrayer, 2004) all confirmed the negative attitudes of educators who taught children with disabilities.

A year ago I myself witnessed such an attitude, however subconscious or unintentional it might have been, at one of the conferences related to special education. The educator was presenting

a “success story” about two students who were blind and who were able to impress the sighted audience with their performance. The educator said that even though these students were blind, they still managed to succeed. I sat quietly in the audience but my thoughts were racing: “If their performance was exceptional, why did you not believe in their success?”

Back to the literature... in a study on how children construct their concept of disabilities and rank them, Altman (1981) compiled a number of studies that were done using the picture-ranking procedure. The results indicated that children rated the pictures as follows: 1) pictures of non-disabled children, 2) pictures of children with physical disabilities, 3) pictures of children with facial disfigurements, and 4) pictures of children who were obese. As can be seen, the children’s idea of what disabilities were socially constructed and largely related to the ranking of how different somebody looked from a typical image of a healthy child; it did not reflect a “true” definition of “disabilities.” Being “obese,” for instance, is not equivalent to being disabled. Similarly, the facial disfigurement does not signify the presence of disability. If such stereotypes are formed so early on in children’s lives, it is safe to conclude that most children did not yet have the chance to explore the world independently. The stereotypes that they have, therefore, must come from the people who surround them: most likely parents (see for example Argyrakouli & Zafiropoulou, 2003) and teachers, and from the media (cartoons, advertisements, etc).

Now this is the point where the research literature and my life experiences meet in order to form the core of the article. I presented my experiences not as the only way to gain and reflect on self-esteem, but rather as a way to illustrate how experiences influence its development. I grew up in an environment which did not treat me in any different way (at least I did not sense it) and that

helped to build up my self-esteem. However, had I been surrounded by parents wondering why my grades were so great or by people, not just at airports, who would want to heal me, my life journey would probably be different from what it is today.

I presented the literature on stereotypes and prejudices in order to show how my experiences, or the experiences of others whose self-esteem is to be examined, depend on the outside influences. Stereotypes and prejudices as well as positive experiences that occur in one’s social environment shape self-esteem. Thus, it is not just the person under study who is responsible for their self-esteem; it is influenced by the attitudes of parents, educators and friends.

The role of social environment is immense and it has been described by people with disabilities themselves. Their writings have often been prompted by misconceptions such as the idea that they must feel sad or isolated because of their disability. What has emerged is what Antle (2004) calls a “social model,” that situates individual experiences in a larger context. The “social model”, advanced by scholars who are disabled themselves (e.g. Longmore, 1995; Oliver, 1990, 1996), proposes that the difficulties faced by people with disabilities are more powerfully influenced by their social world than, what they call, “physical realities” of their disability.

I would also like to add to this discussion Maslow’s (1968, 1970, Schunk, 2004) humanistic theory called Hierarchy of Needs. The theory, as its name implies, presents a hierarchical arrangement of students’ needs. It argues that our basic needs are physiological (e.g. hunger or thirst), and if they are not met, students cannot reach the next level of needs related to safety. If safety is ensured, students seek belongingness, then self-esteem, and finally self-actualization. The fact that Maslow considers belongingness a

necessary factor that precedes self-esteem is a confirmation of the importance of the “social model” and validation of my own experiences of growing up in a stimulating social environment.

The strong relationship between self-esteem and family/friends support was also found in empirical studies. Beverley J. Antle (2004), for instance found that self-esteem was less related to factors such as age, gender, and race, and most related to social support of family and friends. She separated the influence of family and of friends on self-esteem and found that while the latter was important, the family support had the strongest positive correlation with self-esteem.

Our journey is almost over. Having lost my chance of being healed by the clerk, I am grateful to him for stimulating my thoughts on self-esteem.

To conclude, I would like to bring up an example of a major positive change of self-esteem of individuals who are blind. In her book *My Path Leads to Tibet*, Sabriye Tenberken (2003) describes her journey through Tibetan villages where she found blind children. She found them confined to living in their homes or confined/chained to beds because the parents were either ashamed or afraid to let them attend school and play with their sighted peers. The self-esteem of these children whose lives were reduced to such monotonous and inhumane existence could not have been high. After participating in Sabriye’s program, their self-esteem has improved dramatically. Let me cite a story that will illustrate it.

“One day, a few of the students walked in the centre of Lhasa and some Nomads very rudely shouted at them: “Hey, you blind fools!!”. Kienzen, the oldest of the small group turned around and told the Nomad that yes, he is blind but he is not a fool. “I am going to school, I can

read and write! Can you do that?”. “I can even read and write in the dark! Can you do that?” The Nomads were very astonished and of course they were not able to write because they never visited a school. They started a conversation and about 6 months later these Nomads brought a blind little boy from their region to the project”. (Braille Without Borders)

This example, according to one of the founders of the project in Tibet, Sabriye Tenberken, who herself is blind and thus is the most suitable role model for her blind students, illustrates how important it is for the children to know that they are valuable members of the society. She and Paul Kronenberg, who is a co-founder of the project, explain that they want the students not to be embarrassed to be blind. Instead, the students should see it as a sort of quality. “One person has big feet, another has red hair and some are blind. They should stand up in society and say, ‘I am blind, so what!?’” (Braille Without Borders).

I am convinced that there are other examples of how the self-esteem of people who are blind has been improved. However, I have deliberately chosen the story from Tibet because it portrays a substantial change in self-esteem. While the program in Tibet may not necessarily be easily replicated all around the world, the story itself shows what is possible to achieve even in remote areas of the world with limited financial resources but inspiring educators.

## References

1. Alghazo, E. M., El. Naggar Gaad, E. (2004). General education teachers in the United Arab Emirates and their acceptance of the inclusion of students with disabilities. *British Journal of Special Education*, 31, 94-99.
2. Altman, B. M. (1981). Studies in attitudes towards the handicapped: The need for a new direction. *Social Problems*, 28, 321-337.

3. Antle, J. B. (2004). Factors associated with self-worth in young people with physical disabilities. *Health and Social Work*, 29, 167-169.
4. Argyrakouli, E. & Zafiropoulou, M. (2003). Self-esteem of Greek mothers of children with intellectual disabilities. *International Journal of Disability, Development and Education*, 50, 181-195.
5. Braille Without Borders. Retrieved September 22, 2007 from <http://www.brailewithoutborders.org/ENGLISH/index.html>
6. Conley, T. D., Ghavami, N. & VonOhlen, J. (2007). General and domain-specific self-esteem among regular education and special education students. *Journal of Applied Social Psychology*, 37, 775-789.
7. Gumpel, T. P. & Awartani, S. (2003). A comparison of special education in Israel and Palestine: Surface and deep structures. *The Journal of Special Education*, 37, 33-48.
8. Longmore, P. K. (1995). The second phase: From disability rights to disability culture. *The Disability Rag & Resource*, 4-11.
9. Maslow, A. H. (1968). *Toward a psychology of being (2nd ed)*, New York: Van Nostrand Reinhold.
10. Maslow, A. H. (1970). *Motivation and personality (2nd ed.)*, New York: Harper & Row.
11. Nafisi, N. (2003). Reading Lolita in Tehran: A memoir in books: Random House Publishing Group.
12. Nosek, M. A., Hughes, R. B., Swedlund, N., Taylor, H. B., Swank, P. (2003). Self-esteem and women with disabilities. *Social Science and Medicine*, 56, 1737-1747.
13. Nosek, M. A., Hughes, R. B. (2001). Psychological aspects of sense of self in women with physical disabilities. *Journal of Rehabilitation*, 67, 20-25.
14. Oliver, M. (1990). *The politics of disablement*. London: Macmillan and St. Martin's Press.
15. Oliver, M. (1996). *Understanding disability: From theory to practice*. London: Macmillan.
16. Peckham, R. H. (1993). Visual discrimination of pre-school children. *Child Development*, 4, 922-97.
17. Poon-McBrayer, K. F. (2004). To integrate or not to integrate: Systemic dilemmas in Hong Kong. *The Journal of Special Education*. 37, 249-457.
18. Scruggs, T. E. & Mastropieri, M. A. (1996). Teacher perceptions of mainstreaming inclusion: A research synthesis. *Exceptional Children*, 63, 59-74.
19. Schunk, D. H. (2004). *Learning theories: An educational perspective*. Pearson Prentice Hall.
20. Swann, W. B. (1996). *Self-traps: The elusive quest for higher self-esteem*. New York: W. H. Freeman.
21. Tenberken, S. (2003). *My path leads to Tibet: The inspiring story of how one young blind woman brought hope to the blind children of Tibet*. New York, NY: Arcade Publishing.

## INTERNATIONAL HUMANITARIAN DR GULLAPALLI RAO WINS PRESTIGIOUS PISART AWARD FROM LIGHTHOUSE INTERNATIONAL

**Pioneer in Providing High Quality Treatment and Training in India**



Dr. Gullapalli N Rao, Distinguished Chair of Eye Health at the L.V. Prasad Eye Institute, India, won the prestigious Pisart Vision Award for the year 2007. Now in its 28<sup>th</sup> year, the Pisart Award is partially funded by Mme Georgette Pisart, a longtime Lighthouse volunteer. The prestigious award honors an outstanding leader who has made an extraordinary contribution to the prevention, cure and treatment of severe vision impairment or blindness. The award carries a prize of \$40,000 and a replica of the Pisart sculpture.

ICEVI is extremely glad that the Light House International has recognised Dr. Rao for his outstanding commitment and contribution to the field of vision health care.

Under his direction the Institute L.V. Prasad Eye Hospital, which he founded has developed into a state-of-the-art eye hospital and research center, supporting programs for training ophthalmologists, optometrists and other paramedical personnel. Each year, 100,000 patients are treated, and more than 15,000 patients undergo cataract surgery. Dr. Rao has selflessly and tirelessly worked during the past 17 years to build the Institute into a center of world renown.

**Congrats Dr. Rao !**

## Self-confidence - a keyword to my future

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When I was born, I was diagnosed brain-damaged. Later on it was changed into blind, and later again into partially sighted. No matter which of these diagnoses I have received, it has been a life filled with challenges and resistance. Of course everybody can go through these things, but I'll go so far as to say that it might be harder for people with missing abilities.

In my entire life I have always aimed to be like everybody else. I have fought against prejudices and pretended to be "normal." As a child I didn't see any advantages or positive elements in being unique. I just saw myself as a different child who was less worth. I got this picture of myself very early, because I was the only one who was partially sighted among my acquaintances. I only knew a few other children who were partially sighted, but most of them were older than me and lived far away. Therefore I had nobody, who was in the same situation as I was, to talk with. I couldn't even share my experiences with people who knew them.

I had of course an alternative. I could tell my "normal" friends about it, but I didn't. I was afraid to be kicked out of the group. I was too proud to admit that I was sad, and that I had some problems. I didn't believe that they were able to understand my situation, because it was so far away from them. It was also very important for me that they didn't discover that I had weaknesses.

In course of time I have developed two sides – the outside and inside. Outwardly I have always acted as a strong person with a lot of abilities. I have tried to be the person who had strength enough to do something good to everybody else, but the "outside me" was a kind of numb. The inner me showed a totally different person than the outside did. This girl avoided conflicts and had a huge inferiority complex. People had no

chance to know that I wasn't as happy as I pretended to be, because I was virally thorough with hiding all my worries and defeats away.

I don't know why I never ever have talked about my feelings, or just showed a little bit of my inside to my friends or family, but for me it would be a defeat to recognize my weaknesses and faults. I wasn't interested in being a weak person, and I felt that I would be that if I told the truth about my life.

The deeper truth is that I always have been afraid to show and admit that I'm partially sighted - saying that I'm different. I have always tried to hide it away and minimize the problem, because I wouldn't like people to look at me differently. I was afraid that people would feel sorry for me, and therefore force me to show my feelings. This would make me a weak person who succumbed to the "normal world".

Of course I had a choice. I could choose to continue acting as a flawless girl, or I could realize that I'm different. The first choice would be easy because I only need to act infallible as usual. The second choice would demand a lot more of me. First of all I need to start looking at myself and love the person that I see. I need to accept all the good and defective qualities I'm in possession of.

The thing which have effected my choice in many years is that if I published my partial sight, people would have started using it as an excuse for everything I wasn't good at. Maybe they would be right in some situations, but I was afraid to take the chance. My parents have always used my sight in every single situation. If I lost when we drove go-carts or if I didn't touch the ball precisely in football, they said: "You have to think about that she doesn't have as good sight as you." When we had parents' appointments in school, and the teacher praised me for being a good

student with high grades, they always said: "how great, especially when you make a note of her sight." No matter what I have done they have connected it with my sight. Deep down I know that some of the things I do are admirable considering that I'm partially sighted, but I just don't want my sight to be the main reason to why it's beautiful.

I have always felt that I needed to prove that I was good enough. Even though I have been good at something, I have felt that I needed to be better to do a lot more to compensate for my handicap. I have never ever felt that it was acceptable to be mediocre, I have felt that I have been forced to be perfect. It has been a long interior struggle, where I have tried to get accepted for acting strong and unaffected by my partial sight.

Today I know that it's a distorted picture of the reality, but this way of thinking has affected me a lot. I have a hard time accepting and believing compliments and praising words, instead of believing them I just push them out. I have the feeling that people think that I'm a poor thing, so that they need to praise me for something. I have never had self-confidence enough to believe what people told me, the words were lost on me. I think the reason is that I didn't bring their compliment to my heart. I let them glance of on my numbed front.

In the first 17 years in my life I have only shared my worries with one person, my best friend. She brought joy into my life and we shared everything - and we understood each other. Unfortunately she died of cancer in an early age. It was a huge loss to me. I lost the only person I could confide everything and my only real friend. Since I lost her I have had trouble letting people into my life. I have been afraid that they suddenly would disappear like she did. So instead of working with the grief I put up the mentioned shell.

It has always been excluded to talk with my parents about my grief and feeling of inferiority, because I have always had a sense of guilt to them. I wouldn't encumber them with my problems, because it was enough punishment to them that they had got me, a partially sighted child. In my entire life I have felt like a load and therefore I wouldn't put another weight on them with telling them about my problems. I was constantly aware of what I told them, I didn't tell them anything with the smallest relation to my sight, including bullying and emotional influence. I just bear the pain myself, with the conviction of that it would be best for everybody concerned.

I have always had the deeply wish that somebody saw the self-reproaching girl behind the shell, wished that somebody would help her out, give her a hug and show her love. Love comes naturally from your family, but since the day where I heard my parents talk about the choice between being blind/deaf or just die, this natural love has diapered. I heard both of them say that they just wanted to die in this situation, and from that day on I couldn't stop asking myself if they want me dead instead of alive too. This conversation has just made me hiding my handicap further away and my self-esteem fell to minus ten.

My life had been on the decline for a longer time, but it took a radical change when I started at a boarding school. The beginning was hard for me because people judged each other at their sport qualifications, not at the academic. I'm an excellent gymnast but everything with a ball was a disaster for me, so I got another couple of defeats. In class I did well and I experienced to get a lot of friends who cared about me, but the person who made the huge and most important breakthrough in my life was one of my teachers.

For a long time she praised me a lot and she made me feel as a worthy person. However, in the end of winter semester she wrote a long message to me after the grade in a book review. It was critical, but solicitous too. She had noticed the girl underneath the front. That message made me think a lot, and it ended up that I sent her a long e-mail with my life-story. We talked a lot the following time and I told her things that I never have told anybody before. I opened up for her because she was careful and thoughtful. The most important was that she didn't feel sorry for me or treated me as a figure of glass. She listened, understood, commented and made me feel safe and loved. She opened up too, and told me things from her past, and after every single conversation she hugged me as a mother would do it. She's the reason to where I am today. She respected and accepted me as I was, even though she knew everything about me – that gave me a lot more self-confidence.

I think the reason why it's difficult for people who are partially sighted to get high self-confidence is that it takes a lot from the surroundings. Self-confidence sticks together with acceptance and that isn't easy to get. We have to prove that we are as good as everybody else. Maybe we miss the full sight, but I'm sure that we are in possession of a lot of other useful competences. What I think difficult is, that I don't know what people expect from me, so what am I going to prove. In the whole it is all about to fit in the perfect world where "the normal people" shape the standard.

The expectations depend on where we are and who we spend time with. If I spend time with my friends I'm actually relatively self-assured. These people know me and they have chosen to spend time with me because I mean something to them. I can feel safe in their company. If I make a mistake they don't leave me, it claims a lot more than just one failure. It has taken me a

long time to realize this, but today I'm convinced that I'm worthy to have friends, and I'm convinced that these people like me, not just pretend to like me.

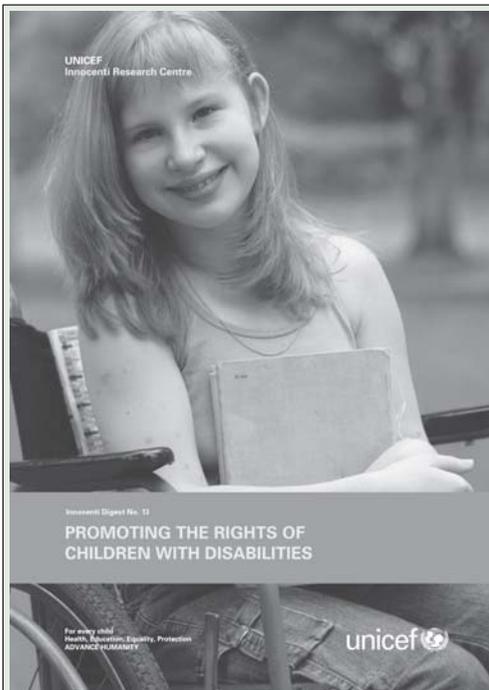
I think it's difficult to point out exactly what made the change. I think it is a combination of that I had become more conscious about myself, and that I started to accept myself a bit more than I did before. This self-acceptance doesn't come out of nowhere. It began when people started to accept me and talk about my sight without talking down to me. I could have wished that it had happened many years ago, but I don't think that people and I were old and clever enough to contain the fact that some people may have a handicap.

I think it is frightening that a partial sight has been able to change my life that much and I'm wondering what life I have had if I haven't been partially sighted. I'm convinced that no matter how much self-confidence I get, I'll always compare me with "normal" people and try to be perfect, even though I know perfect is indefinable. I can still be really negative when people mention

my sight too often, but I have learned to deal with it a lot better.

Today I can walk on the street without being deeply moved when people stare at me and I can repress and lot more instead of being affected by it. I have learned to smile from my heart and I have become conscious about that it can be positive to be different or unique. I'm aware that the future might bring challenges and that life wouldn't be all successes, but as long as I'm conscious of my own qualities, there may be a solution.

I can't stop wishing to be normal, but it can turn from a heartfelt wish into a little wish if people continue to accept me and other handicapped people as we are and respect us as equal humans. I have always thought that it was a defeat to give in or refuse a challenge. If you just try it is a victory. I have made a lot of hard-earned experiences. I have struggled, cried and hoped, but I chose to believe that there is a light in the end of the tunnel, and that things turn out positive if I just try my best.



Dear all

We are preparing a distribution plan for the new Innocenti Digest "Promoting the Rights of Children with Disabilities".

<http://www.unicef-irc.org/publications/pdf/digest13-disability.pdf>

Kindly let us know if your organisation is interested in receiving hard copies and, if yes, how many. Please also provide a contact and mailing address. We cannot guarantee but will try our best to match your request. As hard copy, the Digest is currently available in English only.

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## Self-Esteem and Adjustment to Sight Loss

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Losing one's sight, whether gradually or suddenly, places great demands upon the individual at practical, cognitive and emotional levels. Traditional independence training, whether by way of mobility or more general daily living skill training, is usually undertaken by sighted professionals who themselves have learned to undertake such tasks without the assistance of vision, and the use of blindfolding during training both ensures that the trainee is unable to utilise their sight and proves at first hand that successful completion of such tasks is possible without sight.

All of this must be seen in the context of the professional being able to take off their blindfold outside of lessons and continuing to rely on sight for everything else once they have completed their training. But for the client, blindness is a permanent condition, and for all clients it is one visited upon them unbidden and unwelcome. There is no return to the old self, the self that could take sight completely for granted and for whom good eyesight enabled the individual to jump into their motor vehicle and dash down to the local store almost without thinking; put on make-up before attending a public function; make a good impression at a job interview, and so on.

Being deprived of the immediacy of sighted behaviour gives the individual pause for thought, and thought causes one to reflect on one's situation as well as upon one's self. Being denied the visual lure of the sighted world, individuals who lose their sight often become lost in thought for long periods, and those thoughts are often populated by negative images of blind people and the ways in which society has often construed them. Unsurprisingly, such ruminations can often give rise to negative feelings such as anxiety that one may never again be able to cope with all of life's demands, or depression arising out of an unfavourable comparison of one's present self with one's former self.

As a consequence of this, one's image of one's self can become painfully negative. Two main factors can be identified which operate to reinforce one another, producing a vicious cycle often leading the individual into feelings of self-pity, worthlessness, hopelessness and despair, robbing the individual of any sense of self-worth and even suggesting suicide as the only way out of the psychological pain.

The first is the legacy of centuries of sighted authors and artists portraying blind people as helpless, worthy of pity and even to be avoided (Dodds, 2007). The character Blind Pew in Stevenson's *Treasure Island*, or the central figure in Millais' painting *The Blind Girl*, to give but two, convey powerful, even subliminal messages that blind people are different from sighted people on almost every level. That such stereotypical images should survive suggests that they serve to reassure sighted people that they understand blindness without really having to think about it, or to make them think twice before doing anything rash or immoral for fear of being punished by blindness.

The second source of negative cognitions is the very realisation of helplessness that pervades consciousness at the outset when sight fails. The first reaction is to remain as immobile as possible, for fear of hurting one's self or of breaking something. Gradually, tentative behaviours may emerge such as groping along a wall indoors, or making a cup of tea, but without any professional help, the individual may progress little further. So that one comes to perceive one's self as incompetent compared to other people. This can progress into a realisation that one is dependent upon other people, reinforcing the helplessness offered by the societal stereotype. Thus the helpless hand of blindness fits perfectly into the societal glove, and the individual feels compelled to believe that they have changed irrevocably as a person, and changed for the worse at that.

Psychologists have long realised that the individual's model of the self can be a strong

determinant of how they cope with life's demands and to what extent they may be motivated to attempt new tasks. Tuttle (1984) has devoted an entire book to the subject of self-esteem in relation to psychological adjustment to blindness. Self-esteem is a concept that psychologists would call a hot cognition; in other words, it has an emotional component to it. It basically reflects how an individual thinks and feels about him or herself. When self-esteem is high, we call it the feel-good factor. When it is low, we feel bad.

Coopersmith (1984) has identified two main sources of self-esteem. The first arises out of unconditional positive regard received from one's parents in early childhood. The second arises out of perceived competence in adulthood. People who miss out on the first may compensate, even overcompensate, by acquiring competencies admired by others. In my own professional experience, an individual lacking in core self-esteem from childhood is likely to be vulnerable when their competencies are threatened through loss of sight, whereas the individual with high core self-esteem is less likely to be overwhelmed by sight loss.

In a large-scale research project lasting some six years and involving over four hundred blind and visually impaired subjects, the Blind Mobility Research Unit at Nottingham University recognised the importance of self-esteem and examined its relationship with other psychological factors identified in the process of psychological adjustment (Dodds, 1989; 1991; Dodds et al., 1991; 1994). The research practically forced itself upon us, as the research team was granted access to clients presenting for rehabilitation at a residential centre run by the Royal National Institute for the Blind. During the course of routine interviews addressing other research concerns, clients would often unburden themselves to anyone with a ready ear and time to devote to listening.

Personal stories of great complexity emerged, and personal narratives began to fill researchers' minds.

Only too soon, the vastness of the task in understanding the many psychological factors involved in adjustment to sight loss became apparent, and many months of library research and concentrated thought followed before a tentative first step was taken of preparing a detailed questionnaire and piloting it during the first phase of the research.

We identified several factors which we intuitively felt might bear some relationship to one another, and which collectively might be considered as candidates for a model of adjustment that was based on what people actually said to us as well as on mainstream psychological factors identified by workers in other fields. We had observed that most clients were very anxious about their future. Many clients were clinically depressed and some were suicidal. Almost all clients expressed negative feelings about themselves. Most held negative beliefs about blindness and none regarded a blind person as having any intrinsic worth. All clients were apprehensive about being able to succeed at the tasks demanded of them. Some clients felt that their lives were out of

control. Others expressed gratitude to their rehabilitators, but attributed their successes to their, rather than their own efforts.

Our questionnaire ended up containing fifty-five items under the headings of Anxiety; Depression; Self-Esteem; Self-Efficacy; Locus of Control; Attitudes to Blindness; Acceptance of Blindness, and Attributional Style. Clients were asked to agree or disagree with statements and this was scored on a Likert scale, enabling us to measure agreement/-disagreement. Once we had converted beliefs and attitudes into numbers, we then looked at how the variables related to one another, if at all. The results were both gratifying but baffling: the resulting correlation matrix revealed that everything related to everything else! At this point we decided that we needed more powerful statistical tools to help us establish the direction of causality among the factors.

We subjected the data to structural equation modelling in which a target model is specified and competing theoretical models are compared for best fit to the data. The first model was the null model, i.e. the variables identified are unrelated to self-

esteem (which we knew was false but which the procedure demanded). The second model was what might be construed as a counselling model, i.e. that self-esteem is a product of changing attitudes to blindness. The third model was what might be considered a behavioural model, i.e. that by giving the individual practical skills their self-esteem improves.

Results supported aspects of both the counselling and the behavioural models. Figure 1 illustrates the relationship between the

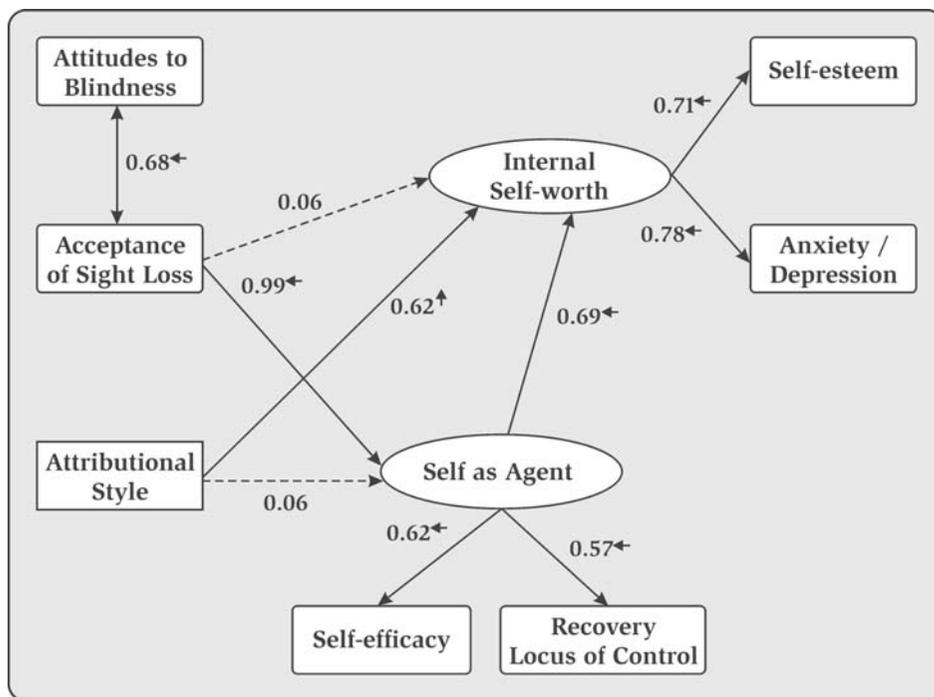


Figure 1 : Structural equation model of Nottingham Adjustment Scale

variables identified at the outset of the research. Solid lines indicate statistical significance, whereas dotted ones do not. The strength of the relationship between variables is shown as a correlation coefficient. From the model it can be seen that attitudes affect the degree to which one accepts one's sight loss. This in turn affects one's sense of agency, operationalised as Self-Efficacy and locus of Control.

Feeling that one is both able to undertake and likely to succeed at rehabilitation tasks produces feelings of self-worth, operationalised in terms of Self-Esteem, coupled with an absence of anxiety and depression. From the model emerged what we have termed latent variables', viz Self as Agent and Internal Self Worth, and those latent variables are composed of the initial variables.

Such a model helps us to understand how, on the one hand, cognitions and feelings about the self relate to what might traditionally be construed as motivational factors. The model also helps us understand how best to assist the individual in making behavioural, cognitive and emotional adjustments to sight loss. One individual may only require the acquisition of a set of independence skills. Another may require counselling or cognitive/behavioural therapy directed at changing negative attitudes and beliefs. Again, an individual may be suffering from depression caused by both the lack of skill and negative attitudes/beliefs.

The research questionnaire is now called the Nottingham Adjustment Scale. It has been translated into a number of languages, including Japanese, and data collected by other researchers has been analysed and the factor structure identified in the original research has largely held up, suggesting that the experience of sight loss may be a universal one, free from cultural context. Other workers have developed the original ideas further and ONCE have produced a pack of psychological instruments which they routinely use as screening tools (Pallero et al, 2002).

We have come a long way from our narrow focus on Self-Esteem, and in the process we have managed to highlight a complex interaction between factors identified by other workers, some in the field of sight loss, some in other fields of research altogether. I would like to think that the Nottingham model will come to take its rightful place alongside other rehabilitative models, and that much of the grief model that has informed interventive work will be seen to be a false trail. As others have pointed out, the loss model is more of a story than a scientifically verifiable account of the psychological responses to sight loss (Inde, 1988).

However, counsellors and skill-oriented rehabilitation professionals may draw comfort from the fact that the ways in which the individual comes to construe him or herself can be influenced through two quite different and often complementary routes: through changing thoughts and beliefs, and by changing levels of behavioural competence. It is hoped that the Nottingham Adjustment Scale, developed through systematic empirical research with a very large sample, can help identify the factors most relevant to the individual's rehabilitation needs.

It is also hoped that the instrument can be used as a screening tool to identify those who may need urgent psychological support and possible referral to a mental health professional before they can be realistically expected to undertake skill acquisition. The scale can also be used as an initial screening outcome measure, an adjunct to existing ways of evaluating rehabilitation outcome, forming part of the audit process within an organisation. After all, some clients never achieve the levels of independence envisaged for them at the outset, but they may nonetheless benefit enormously from their rehabilitation experience. Those benefits can now be measured.

## References

1. Coopersmith, S. (1967). *The antecedents of self-esteem*. San Francisco: Freedman.

2. Dodds, A.G. (1989). Motivation reconsidered: the role of self-efficacy in rehabilitation. *British Journal of Visual Impairment*, 7 (1), 11-15.
3. Dodds, A.G. (1991). The psychology of rehabilitation. *British Journal of Visual Impairment*, 9 (2), 38-39.
4. Dodds, A. G., Bailey, P., Pearson, A. & Yates, L. (1991). Psychological factors in acquired visual impairment: the development of a scale of adjustment. *Journal of Visual Impairment & Blindness*, 85 (7), 306-310.
5. Dodds, A.G., Ferguson, E., Ng, L., Flannigan, H. & Yates, L. (1994). the concept of adjustment: a structural model. *Journal of Visual Impairment & Blindness*, 88 (6), 479-489.
6. Dodds, A.G. (2007). *A Psychologist Looks at Blindness*. BookSurge: LLC (orders@booksurge.com).
7. Ferguson, E., Dodds, A.G., Craig, D., Flannigan, H. & Yates, L. (1994). The changing face of adjustment to sight loss: A longitudinal evaluation of rehabilitation. *Journal of Social Behaviour & Personality: Perspectives on Disability*, 9 (5), 287-306.
8. Inde, K. (1988). Why low vision rehabilitation should be given higher priorities: the complexity of the problem. *British Journal of Visual Impairment*, 7 (1) 15-17.
9. Pallero, R. Piera, P.F.J., Salabert, M.D. & Seba, U.L. (2002). Adaption Espanola de la Escala de Ajuste de Nottingham. Estudio de fiabilidad. *Integracione*, 40, 7-20.
10. Tuttle, D. (1984). *Self-esteem and Adjusting with Blindness: the process of responding to life's demands*. Springfield, Illinois: Charles C. Thomas.



# Self-Esteem: A Case Study in the Relationship between Self-Esteem and Academic and Life Skills

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The American Foundation for the Blind now includes Self Determination as one of the nine areas of the Expanded Core Curriculum (AFB 2007). Self-esteem is a factor that contributes to Self Determination (Morgan et al, 2002). In this article, I will outline the academic and concurrent self-esteem development of a blind, braille-reading student in Victoria, Australia.

## Background

In Victoria, Australia, school students are encouraged to learn by enquiry and experience. Primary (preparatory to year 6) class sizes are generally around 21 - 29 students. Literacy activities may involve students breaking into small groups and reading aloud, text discussion or open-ended writing tasks. Individual and group oral presentations are made. Mathematics sessions can take the form of teacher demonstration, where discussion is encouraged and notes are written on the whiteboard, then students may complete worksheets individually or work together on assignments. The secondary curriculum (years 7 to 12) is delivered by specialist subject teachers, and activities range from teacher demonstration, class discussion, research, text-book response and group work. Students are encouraged to make the most of the seemingly unlimited information available on the internet by using computers in the classrooms and in computer laboratories. Students learn to take responsibility for their belongings and their learning.

It is a cultural expectation in Victoria, Australia, that a child who is blind or who has low vision will attend regular school with the support of vision-specialist itinerant teachers as well as equipment and aide time funded through application to the government. Students without additional impairments are expected to reach the same educational standards as their sighted peers.

## *Jordan*

I have had the privilege of visiting and teaching Jordan, a blind boy who is currently in year 7, which is the first year of secondary schooling. I began working with him when he was in year 5. At that time, he had changed schools to a highly academic, large government primary school. Jordan was performing far below his academic potential. His spelling, reading and written work were well under the standard for his age but he had a great interest in technology, and was able to use speech output on the computer to write documents, search the internet and to email. He had an electronic braille writer that could emboss as he wrote, or save files to be embossed, printed or edited using voice.

Jordan's self-esteem was very low. He was aware that his reading, spelling and writing skills were poor, and he relied on his technology skills to hide this from his previous teacher. During writing tasks, Jordan's electronic braille writer clattered away: the more noise it made the busier he seemed. Instead of producing long and fascinating documents however, Jordan was in fact writing a word, pressing space bar and listening to the pronunciation. If it sounded wrong, he'd backspace the whole word letter by letter - CLATTER, CLATTER - and re-try the word. Sounded wrong again? Repeat. The result of this reliance on technology was that Jordan was not able to produce a document of reasonable length, develop a flow with his writing, nor develop his ideas. He never attempted to memorise the spelling of words. In an effort to disguise his lack of skill, Jordan was preventing himself from learning. The further behind his classmates he fell, the lower his self-esteem became. For safety - to protect his self-esteem from further damage - Jordan had convinced himself that spelling and writing were over-rated and unnecessary.

## **Improving Self-esteem**

One of my goals for Jordan was for him to take more responsibility for his own learning - Self Determination. He needed to envisage himself as an adult in paid employment, and think about the skills he would need to carry himself through life. He needed to understand that he was misrepresenting himself in his writing and reading, and that he was capable of far more than he was producing. Importantly, Jordan needed to understand that his education was for his own benefit, and an investment in his own future. Before Jordan could commit to learning to read, spell and write well, he had to be convinced that he was capable. He then had to acknowledge his deficiency and take the perceived risk of exposing it to his teacher. His self-esteem was on the line.

Honesty was especially important for Jordan at that time in his education. I modelled honesty to him, and he slowly learned to be honest with himself. He asked me what I thought of his work. I would answer that the standard was lower than the average in the class, and that I thought he was improving, then ask what he thought. Choice making was also important. I encouraged Jordan to make as many choices as he could within the confines of the school setting and curriculum. "We need to do some reading, slate-and-stylus and work on these maths diagrams. Which would you like to do first?" "Which material would you like to read from? This book, or an article from the newspaper?" "Do you think that was a helpful way to improve your reading speed? Could you suggest a better way?" Although each of these choices may seem insignificant, they combined over time to give Jordan a sense that he had control over aspects of his education.

I presented Jordan with high-interest, low vocabulary stories to read in braille, and he did repeated reading practise. After timing a page of reading, I encouraged him to evaluate his own performance. "How do you think you went with

that reading? Give yourself a rating out of ten.” After reading together, discussing the meaning and reading again, we would time his reading of the same passage. I encouraged him to evaluate his performance again, emphasising his increased speed and more natural-sounding phrasing. Recording the pre- and post- reading times gave us hard evidence of his improvement, helping to convince Jordan of the value of this practice.

We pre-tested and post-tested a list of 20 words each week. The words came from his classroom spelling list combined with words from his writing pieces. After the pre-test, we would talk about strategies for spelling each word. Are there small words within the longer words? How would you say it if you pronounced it the way you spell it? Let’s listen to the syllables. This has a braille contraction ending: -sion. This is spelled the same way as these other words. Read the spelling to me, then spell the word without reading it. Jordan was not only learning the spelling of listed words, but the strategies for learning to spell. Results of the post-tests provided Jordan with more evidence of his ability to learn to spell.

I recall a key conversation that I had with Jordan as we walked back to his classroom through the school together after a 1:1 session. It went something like this:

*Jordan : “When I do my spelling work and my spelling tests, it’s not for you or Miss Jansson, is it?”*

*Lea : “No.”*

*Jordan : “It’s for me, isn’t it?”*

*Lea : “Yes.”*

This was the signal for the turning point in Jordan’s education. He made a commitment to practise his spelling, and a bigger commitment to choosing to take responsibility for his own education.

As he discovered that he was capable of improvement, Jordan became more willing to attempt more difficult spelling tasks. His success contributed to his self-esteem, allowing him to feel more confident to take educational risks.

### **Technology and Self-Esteem**

A new piece of equipment was purchased for Jordan - an electronic Personal Data Assistant (PDA) with braille-key input, refreshable braille display and voice output. This fantastic (expensive) piece of equipment has a word processor that can be edited using voice or in braille, can be connected to the internet for browsing or email, and has a scientific calculator, stopwatch, calendar, media player and voice recorder. He can receive and send documents by infrared, USB or e-mail, and send by infrared to a printer. Jordan’s appetite for technology combined with the blindness-friendly menu and context-sensitive help enabled him to immerse himself in learning his way around the many functions of his new braille writer.

This was another opportunity to develop Jordan’s self-esteem. He could become an independent expert in the use of this technology. I encouraged Jordan to use the extensive manual himself. At first, I’d read from the print copy while he found the equivalent information in the manual file on the PDA. Soon he didn’t need this help. Instead of asking me how to do something new, he would come and tell me his latest discovery. It was great to see how efficiently Jordan could read for meaning when his interest was high! When the manual didn’t help us, we would phone the technology support person together on the speaker phone at school. Before Jordan dialled, we would talk about what he needed to know, and what he would have to say, and I was ready to help out if needed. Soon Jordan was able to call the technology support person from home to set up his wireless e-mail access. We e-mailed some questions together, and again Jordan began

to e-mail independently, first checking with me about the appropriateness of his questions, and his spelling and grammar, and not long later e-mailing independently but sending me a 'carbon copy (cc)' to keep me informed.

Another key moment in Jordan's academic and personal development was displayed in this poignant e-mail. Remember as you read it that Jordan had developed a love for and somewhat of a dependency on this PDA, and that he was thirteen years old and it had stopped working. This was a technological crisis!

*Hi Leanne*

*Unfortunately the [PDA] has 2 go 2 Sydney.*

*Also do u want 2 send the [PDA] or do u want my mum 2 send it. And when should we send it.*

*Does my mum need to sign a form if I go on Monday to see Alex?*

*This is the email [the technology support person] sent.*

*Thanks Jordan*

The e-mail included the forwarded technology support person's list of the faults, as described to her earlier by Jordan on the phone. Although the e-mail is brief, it is evidence of a young man who wants to take responsibility for himself and his equipment, is aware of scheduling and appropriate ways to ask for help and whom to ask, who understands the conventions of e-mail - forwarding important information and correct addressing. He is clearly communicating, using good spelling including short-hand, a practice he had observed in e-mail messages with friends. In the face of a technological crisis, Jordan was co-ordinating four professionals and one parent; the visiting teacher, the technology support person, the overseas technology repair person, the local repair person and his Mum! The

reference to Alex was regarding a visit we were planning for Jordan to give technological support to a student in another school. The process of taking responsibility for the repair of his equipment contributed to the development of Jordan's self-esteem. He tackled a difficult situation and experienced success. My role as teacher was to allow Jordan to take the reins, whilst providing a safety net in case something went wrong. Jordan was on the way to becoming an expert in the field of technology.

Only one year after the above e-mail was written, Jordan forwarded me another one, which appears below. In this e-mail, the development of his expression, spelling and professional communication is evident. The confidence with which he writes and the complexity of his request both demonstrate his increase in self-esteem and skill. He has initiated a request for technical help to connect his PDA to the school network, and writes in response to their question on the purpose of doing so.

*Well my main reason was to be able to open and modify files on the network. I could also submit work to teachers easily even though I can use email. But the internet is probably the one I would like to have working most but it is probably the hardest one to setup. I would like to be able to access the internet on my [PDA] so that I would spend less time trying to get computers to work with my screen reader or my usb drive and heaps of other problems I am having. If I could do all my research on the [PDA] this might give me more time with my work and I can submit it on time more easily.*

*Thank you very much for your email and thanks for all your help.*

*Jordan*

## Conclusion

Self-esteem appears as a goal in many Individual Educational Programs. It is recognised that self-esteem contributes to educational and life outcomes (Reasoner, 2004). Lessons about self-esteem can be presented in isolation where students are taught some theory and some strategies to employ but this may or may not lead to developing their self-esteem. Self-esteem is a curriculum area that is imbedded in all our interactions with students.

Enabling and encouraging Jordan to take responsibility for his own learning and his technology contributed to the development of his self-esteem. With the improvement of his self-esteem, Jordan was able to engage in areas of the curriculum that he previously thought unattainable.

It is not what you teach, but how you teach it. Treat the student with dignity. Do him the justice of fair and honest assessment of his work. Telling a student: “Well done!” in response to a poor effort will not improve his self-esteem. Self-esteem is enhanced when a student sets himself a difficult goal, works hard and then achieves that goal. The new Expanded Core Curriculum area of Self-Determination (Wood & Test, 2001) is being addressed - the student is being encouraged to plan and evaluate his own learning experiences. He is participating actively and responsibly in his own life (Morgan, Bixler, McNamara, 2002). The teacher’s role is to support this process.

## References

1. AFB (2007). *The Expanded Core Curriculum for Blind and VI Children and Youths*. American Foundation for the Blind. [www.afb.org/ection.asp?SectionID=44&TopicID=189&SubTopicID=4&DocumentID=2117](http://www.afb.org/ection.asp?SectionID=44&TopicID=189&SubTopicID=4&DocumentID=2117)
2. Morgan, S., Bixler, E., McNamara, J. (2002). *Self-Determination for Children and Young Adults Who Are Deaf-Blind*. The National Technical Assistance Consortium for Children and Young Adults Who Are Deaf-Blind. [www.tr.wou.edu/NTAC/documents/spotlight/self-determ.htm](http://www.tr.wou.edu/NTAC/documents/spotlight/self-determ.htm)
3. Reasoner, R. (2004). *Review of Self-Esteem Research*. National Association for Self-Esteem. [www.self-esteem-nase.org/research.shtml](http://www.self-esteem-nase.org/research.shtml)
4. Wood, D., Test, W. (2001). *Final Performance Report*. Self-Determination Synthesis Project, University of North Carolina at Charlotte. [www.uncc.edu/sdsp/home.asp](http://www.uncc.edu/sdsp/home.asp)



## The Effects of a Visual Impairment on Self-Esteem

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The experience of being visually impaired or blind can be found in every country worldwide. It occurs without regard to ethnic, social, economic, or gender status. When it happens, it leaves a lasting impression on the individual and on family members and friends.

Adjusting to life's demands with the personal attribute of a visual impairment is both a physical and a psychosocial phenomenon. The medical component provides data regarding etiology, diagnosis, prescription, and prognosis. However, it is more important that the experience of living with a severe visual impairment be described in terms of the interaction among three elements: the needs and desires of an individual with little or no vision; the physical and social environment of that individual; and the common perception of blindness within that person's culture.

The authors of this article wrote a textbook entitled *Self-Esteem and Adjusting with Blindness* (3<sup>rd</sup> edition, Charles C. Thomas, 2004) which has been adopted as required reading in many university programs that train personnel to work with people who are visually impaired or blind. The textbook analyzes blindness within the context of two overlapping theoretical constructs: the development of self-esteem and the process of adjusting to social and/or physical trauma. Personal experiences and psychosocial implications of blindness are discussed in-depth and illustrated with biographical and autobiographical quotes from more than 100 blind men and women living in the United States and three other English speaking countries.

The title "*Self-Esteem and Adjusting with Blindness*" may be misleading for a couple reasons. First, it seems to imply that someone who is visually impaired has a self-esteem problem and that is not always the case. Secondly, it seems to assume that all people who are blind

necessarily go through a difficult period of adjustment, a false assumption. In this text, the authors investigate the relationship between a person's self-esteem and the process of adjusting to life's demands with the personal attribute of blindness. One does not adjust to blindness as though blindness were some external circumstance, as when one adjusts to a new job or a new home. A visual impairment is only one of many personal attributes that make up the total person, and it is the total person who is engaged in meeting life's demands.

Perhaps it would be helpful to discuss the relationship between two similar ideas: self-concept and self-esteem. Self-concept is the perception one acquires about self and includes both a cognitive component and an affective component. The cognitive refers to the factual elements: height, weight, marital status, type of employment, etc. Self-esteem is the affective part which reveals how the individual feels about the facts in the cognitive component, whether they approve or disapprove of them and the extent to which they feel competent, capable and valuable as individuals.

Soon after the first edition became available in 1984, The Hadley School for the Blind ([www.hadley.edu](http://www.hadley.edu)) asked the authors to develop a course based on their text. Hadley is the single largest worldwide distance educator of blind and visually impaired individuals with approximately 10,000 students enrolled annually representing more than 100 countries. Courses are offered to those who are blind, their families or blindness professionals. Although Hadley's more than 100 distant education courses are available to students world-wide, they are offered only in English. For this particular course, the authors were guarded about the possible relevancy to people in other countries and cautious about generalizing experiences of blind people in the

United States and Canada to other countries throughout the world.

Initially the writers of the course thought that there would be marked differences among students from the United States and Canada and those in other parts of the world with regard to their own feelings about blindness, their interaction with those around them and their general outlook on life. However this did not prove to be entirely true. Remarks that were made by students in America were remarkably similar to the comments of students throughout the world.

### **Description of International Students:**

Over the past 20 years, 73 students from countries other than the United States and Canada have completed the course, "Self-esteem and Adjusting with Blindness." They represent a wide variety of backgrounds in age, education, socio-economic background and visual impairment. About half were from Asia, with 21% from Europe, 15% from Africa, 5% from Australia and 5% from Central and South America. Over half were visually impaired and 34% were professionals working in the field, with the rest being family members. Many expressed a balanced view of the challenges and also the ways to meet those challenges.

*"Blindness imposes limitations but makes us discover several potentials and capacities." (South America)*

*"I lost only my vision, I still have my strength, intelligence and enthusiasm." (Asia)*

### **Responses to Course Questions:**

Students were asked to respond to ten sets of questions from the four sections related to the theory presented in the text. Although their feelings and experiences varied greatly among

the students, there were many common threads running through their comments. Responses were paraphrased to preserve the privacy and anonymity of the student.

### Content Summary #1

The first section provides an overview of blindness and the essential background for subsequent discussions. Unrealistic perceptions of blindness and the extreme variability of the nature of visual losses among visually impaired persons are sources of confusion. Individuals who are blind represent a small number in any community, thus giving them a feeling of uniqueness and resulting in a sense of being different which often precipitates problems with self-esteem.

The direct effects of a visual loss are discussed with respect to the practical impact on day-to-day operations in the areas of personal and home management, travel, reading and writing, vocation, and recreation. Psychological tendencies among blind and visually impaired persons are explained as immaturity and egocentrism, isolation and loneliness, passivity and dependency, and restricted access to role models. Stereotypic negative attitudes held by both sighted and blind have their effect on self-esteem.

### International Student Responses #1

Question: Students were asked for their responses to their own visual loss, to its implications and the negative attitudes they experienced in society. Professionals and family members listed responses they had observed. Individuals from a variety of countries representing all continents viewed themselves or their client/family member in a positive way, using such adjectives as:

*cheerful, free-spirited, capable, optimistic, hardworking, successful, lucky, talented, confident, independent thinker*

Others viewed themselves or were viewed as:

*insecure, ashamed, frustrated, dependent, lonely, needy, discriminated against, a burden, angry*

In describing the effect that blindness had on family members there was a marked commonality from one country to another although each person is unique.

*“The family felt shock and guilt but now they accept me.” (Asia)*

*“The family was at first distraught, then they pulled together to support me, having a balanced outlook so that my blindness did not become the center of family life.” (Australia)*

*“My mother was embarrassed about having a blind child and hid me at home until I was 13 years old.” (Europe)*

*“She blamed herself for my blindness.” (Africa)*

**Question:** With which of the five implications discussed (personal and home management, travel, reading-writing, vocation and recreation) do you struggle the most and why?

The overwhelming majority overseas mentioned employment as the factor that they found most challenging. Some had meaningful employment as teachers, social workers, rehabilitation professionals or administrators mainly in the area of education and rehabilitation of the blind. Others mentioned being employed as a telephone operator, as a radio programmer, or as a teacher of English. For some, the only job available was in the area of massage or acupuncture “*which I never wanted to do*” (Asia). In one South American country 99% of the blind were unemployed. Many mentioned that they had to do “*extra to prove to the employer that I was competent*” (South America and Asia).

Difficulties with travel were also described, due to lack of orientation and mobility skills, fear of traveling alone, and uneven terrain. One Asian student learned cane skills on the internet (the only source of information available to her) so she could teach her mother who live in a very rural area. By contrast, American students most often listed travel as the area they struggle with most, although employment was a close second.

**Question:** Do you feel that persons with visual impairments are more different from or more like sighted persons?

Almost all felt that although visually impaired people often use different techniques and devices, *“all people struggle and all people need help”* (Asia). *“The sighted make the blind feel different, but we are all the same in God’s eyes”* (Asia). *“Each has negative feelings toward the other”* (Africa).

**Question:** Of the social tendencies discussed (immaturity and egocentrism, isolation and loneliness, passivity and dependency) with which do you struggle the most? What are you doing about it?

The largest group both in America and overseas mentioned feeling isolated and lonely, feeling *“isolated in a crowd”* (Australia) and *“play alone on the playground”* (Asia). *“I belong to my diary book”* (Asia). A few felt dependent on parents and other family members.

**Question:** Explain how the predominantly negative and devaluating attitudes toward blindness found in society can affect you.

*“Sometimes it’s hard to believe that I’m someone of value.”* (Australia)

*“Handicapped are children of a lesser God”.* (Europe)

*“Blind are viewed as worthless, to be pitied, to be avoided because they might be a sorcerer.”* (Africa)

*“Have a minority celebrity status.”* (Europe)

*“There is a tendency to become the role I am expected to play.”* (Asia)

## Content Summary #2

The second section of the course explores the general theoretical model for the development of self-esteem common to all persons and analyzes the impact that blindness imposes upon this model. There is no special psychology of blindness, no personality unique to blind persons. Existing psychological principles are adequate to explain the behavior of the blind or attitudes toward blindness. The process of developing self-esteem is the same for all persons whether blind or sighted. The sources of self-esteem are the reflections from others, the determination of competence, and the successful management of conflicts and discrepancies. The younger, the more immature, the more dependent children and youth (and some adults) rely on approval from others for their own self-esteem. Older, more mature, more independent individuals tend to rely increasingly on their own judgments of competence and worth.

## International Student Responses #2:

Students were asked to answer questions relating to relationships, social or personal comparison standards, reactions to judgments of failure and ways to resolve a conflict or discrepancy.

**Question:** Describe types of relationships (impersonal, stereotypic, exceptional, pitied, capable, respected, friendship) and explain how each can affect how visually impaired people feel about themselves. Although similar to views held throughout the world, individuals in some countries held more extreme stereotypic views.

*“The sins of the parents or their own sins in a previous life are the cause of blindness.”*  
(Asia)

*“My family felt I was capable and supported me in my endeavors.”* (Europe)

*“The agency coordinator was congenitally blind and served as an excellent role model.”*  
(Asia)

*“Those who know me treat me as a friend, most who don’t know me treat me in a succumbing way and pity me.”* (South America)

### Content Summary #3:

Section three discusses the dynamic, continuous, and life-long adjusting process. The first four phases are a reaction to the trauma, either the physical or social, which initiates the adjusting process. The adjusting process may continue with the shock and denial, the mourning and withdrawal, and/or the succumbing and depression phases. The last three phases are the rebuilding process and include reassessment and reaffirmation, coping and mobilization, and self-acceptance and self-esteem. The process of adjusting to life’s demands with blindness is the same process as adjusting to any severe trauma whether divorce, loss of employment, initial onset of blindness, initial awareness of being different, or subsequent social and physical traumas of blindness. The adjusting process involves three components that must be carefully balanced and orchestrated: the knowledge of facts involved—cognitive; the behaviors involved—action; and the feelings involved—affective. Some of the factors that influence the adjusting process are internal (age, attitudes, personality, etc.) and others are external (family, medicine, services, etc.)

### International Student Responses #3:

**Question:** Phases one through four describe initial responses to the traumas of blindness.

What were some of your thoughts and feelings as you were experiencing these phases?

*frightened, different, depressed, helpless and overwhelmed*

**Question:** Phase five, reassessment and reaffirmation deals with some changes that take place in a person’s attitudes and values. Reaffirmation of oneself as a person of value seemed to free students to embark on their journey toward self-acceptance and self-esteem.

*“If I want to get myself all worked up regarding my blindness, it’s my prerogative, but it’s a waste of energy.”* (Australia)

*“I have many goals, to own my home, increased independence, a good education, to develop my computer skills, to be a good father and husband.”* (South America)

*“My goal is to make contributions to society.”*  
(Asia)

**Question:** Which of the internal or external factors listed influence you the most at this time in your life?

*“My mother taught me Braille and pushed me to be independent”.* (Asia)

*“I gained confidence and vocational training at the school for the blind.”* (Africa)

*“Technology, especially use of the computer and internet has removed many limitations.”*  
(Asia)

*“In rural areas there is a lack of education for the blind and this introduced pain and chaos for my family.”* (Asia)

### Content Summary #4:

The last section is addressed primarily to members of the blind person’s support team and provides suggestions for fostering healthy self-esteem which increases the likelihood that the

individual will be able to meet day to day demands of living in a personally satisfying and rewarding manner. Possible resources, activities for stimulating affective growth, and guidelines for professionals who work with the blind are included.

#### International Student Responses #4:

**Question:** Summarize your outlook on life in general.

*“Blindness is a challenge, but there are ways to cope.”* (Europe)

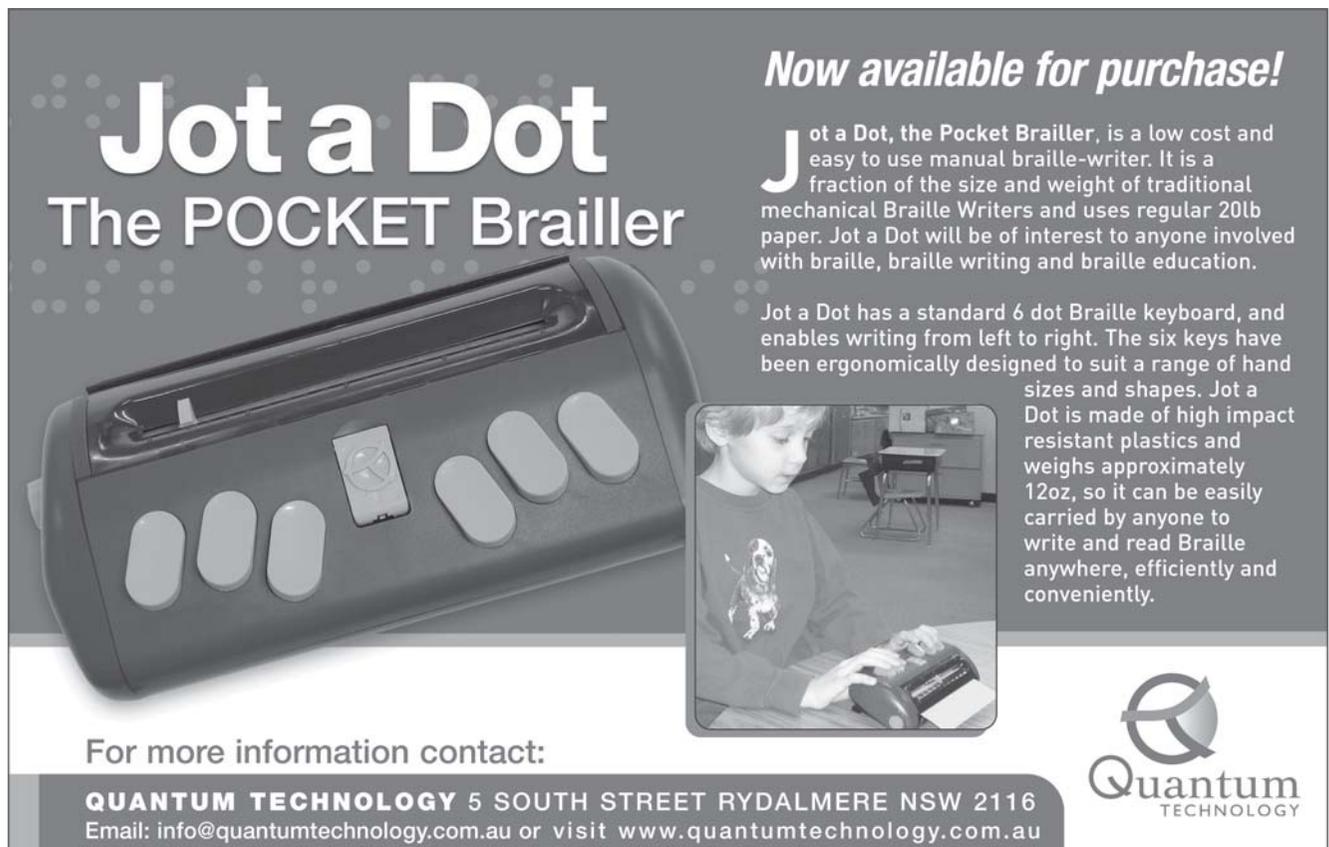
*“Grasp life in your hands rather than be grasped passively by it.”* (Asia)

*“Sight is merely a tool, it does not determine a person’s capabilities or talent.”* (Asia)

*“To live is to participate in a mission that God has for me.”* (Africa)

#### Summary

The way blind and visually impaired individuals are viewed is most often negative and limiting thus having a depressing influence on self-esteem. The lack of resources and opportunities in the areas of education, rehabilitation, and employment pose a threat to one’s self-esteem. On the other hand, a strong and supportive network of family, friends, and professionals is associated with a healthier self-esteem. Learning the specialized skills and adaptive techniques and being allowed to use them contributes to higher self-esteem and a greater sense of confidence and self-worth. Although there are some differences, these authors were surprised to find that the experience of blindness and its impact on self-esteem is more similar than different throughout the countries of the world.



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# Self-Esteem: What it is and How to Nurture it

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## Self-Identity, Self-Concept, and Self-Esteem

Children are not born with the understanding that they are distinct beings. The development of a self-identity, or a set of beliefs about oneself, is one of the primary tasks required of children as they grow from infancy to adulthood. A rudimentary sense of self-awareness first emerges typically between twelve months and two years (Feldman, 2001). It is also at about this age that young children first demonstrate early skills of empathy, reflecting a growing social awareness.

Self-identity, or self-concept, and the quality of social interactions are intimately linked throughout infancy, early and middle childhood, and adolescence. The development of autonomy and initiative in toddlers tends to result in children who feel safe and independent, who are self-assured and competent - two of the characteristics of children who initiate social interactions and who are popular with their preschool peers. Similarly, adolescents who are well liked by others and who have close friends tend to have high self esteem (Papalia & Olds, 1992). These adolescents are more involved in extracurricular school activities and have more close friends than less popular peers (Franzoi et al, 1994).

An individual's self-concept generally does not involve value judgments; it is simply a description of one's perception of one's self or abilities. For example, two girls may perceive themselves as tall, and therefore, have the same self-concept. Their degree of satisfaction with their height - their feelings about this characteristic - includes a value judgment and that reflects their level of self-esteem. For instance, one girl may believe that she is too tall and label herself as gangly, clumsy, or awkward; while the other girl may believe that she is attractively tall and label herself as sleek, svelte, or sophisticated - model material.

Self-esteem is considered to be the sense of how favorably one's abilities or characteristics compare to those of others based on both internal and external evaluation and input. In other words, input about one's prowess or worth from others, as well as self-evaluation of one's abilities, establish an individual's level of self-esteem. The self-esteem of most young children (up to about 7 years old) is based on a global, undifferentiated perspective, usually on the following two dimensions: competence and social acceptance. Children of this age tend to believe that these two dimensions are independent and unrelated. What this means is, young children believe they are either relatively competent or relatively incompetent, and also believe that they are socially accepted or not. From approximately 7 to 10 years of age, students come to realize that they can have strengths and weaknesses in a variety of areas - both their self-concept and self-esteem become differentiated (Feldman, 2001; Lefrancois, 1995). Over time, adolescents use these varying perceptions of themselves as relatively competent, important, and successful to create a global sense of their worth. Developmental psychologists often refer to this process as *global* self-evaluation and believe that in normally developing children it continues through early adulthood. It is the overall evaluation of one's worth that defines one's self-esteem (Bee, 1997).

A child's self-esteem is founded first upon an internal assessment of discrepancies between what the child would like to be and what he thinks he is. This internal assessment process is not the same for every child; instead it is dependent upon the value that a child and the culture in which he lives place on particular skills. For example, some children and the societies in which they live value aesthetic skills (performing, singing, dancing) while others value athletic skills (playing ball, running, swimming). When the

discrepancy is slight between what the child desires and what the child can achieve, the child's self-esteem is typically high. Likewise, when the discrepancy is great (that is, there is a significant difference between what the child wants to be able to do and what the child *can* do) the child's self-esteem is typically low (Harter, 2001). Children over age 7 tend to make these self-assessments in the following five areas: scholastic competence, athletic competence, social acceptance, behavioral conduct, and physical appearance. Over time, the emphasis placed on the value of these different areas shifts somewhat.

A second critical factor in a child's self-esteem is what the child perceives as the overall level of support that she or he receives from significant others, especially parents and classmates. When children feel that the important people in their lives like them and feel that they are doing well, they have higher levels of self-esteem. Harter (2001) has found that teachers and close friends are also sources of support, though less so than parents and classmates.

These two components of self-esteem, overall support from others and a slight discrepancy between the way a person perceives herself and the way she would like to be, evolve from birth and are influenced by many factors. Those factors may include the level of attachment developed with caretakers, the style of parenting one experiences, types of praise and criticism received, the level of initiative one is allowed to develop, the achievement of social competence, and the development of a sense of industriousness and self-efficacy. Experiences at home, at school, and in the community can all build or diminish children's self-esteem.

This article explores how self-esteem may be positively or negatively impacted by interactions with others, the impact of loss of vision or blindness on the development of skills and the

perceptions of others, and how to help youngsters avoid the pitfalls of an inflated or inferior sense of self worth, either of which can cause diminished self esteem. Most authors and researchers who write about self-esteem discuss it in terms of two key components: the feeling of being loved and accepted by others and a sense of competence and mastery in performing tasks and solving problems independently. Therefore, it behooves those of us who educate and care about children and adolescents with visual impairments to contribute to their feelings of being loved and accepted by others and help them develop mastery in performing tasks and solving problems independently.

### **Strategies for Building Positive Self-Esteem**

Teachers, family members, and significant others can help build positive self-esteem by encouraging children who are blind or have low vision to learn social and independent living skills as well as alternative techniques such as the use of braille or optical devices for reading and writing, the use of assistive technology, and the use of the long cane and related orientation and mobility skills so that they can easily integrate into their academic and social environments. Children and adolescents need to be praised when they are seen using these learned skills well in day-to-day activities and they need to be reinforced to apply their skills by having people in their lives learn and use these same skills with them. For example, when parents and extended family members learn braille they can send and receive notes from children (thank you notes, birthday and holiday cards, reminder notes concerning household chores or responsibilities, and so forth) in their preferred reading and writing medium, which sends an important message to the children...that the skill of reading and writing braille is esteemed and valued by others in their lives. If parents, siblings, friends, and others in the lives of youngsters, encourage

them to use their canes to travel independently or their telescopes to read signs or menus rather than always walking with them using sighted guide techniques or reading things for them, the message is one of confidence in their abilities and acceptance of their differences rather than one of insecurity, embarrassment, dependence or other negative messages.

One of the ways that sighted children learn of their strengths and weaknesses is through observation of others: how they perform and how their behaviors are regarded favorably or negatively by others. Teachers can help students with visual impairments “see” the paperwork of other children. Typically sighted students often look over other students’ work to see their grades, what’s been marked on their papers by the teacher, how the other students responded to written questions - how long their answers were, how they formatted their work, whether they used pictures or graphs in their reports, etc. For students who are nonprint readers or students with low vision who can’t see at a distance, this kind of analysis of others’ work is difficult or impossible without assistance. Teachers of students with visual impairments (TVIs) can ask the general educators to select representative work (good, mediocre, and bad examples) to share with the students who can’t see. The TVI would then take the papers, remove any personal or identifying information (students’ names or identification numbers, for instance) and translate the material into braille or make it available to students with low vision so that they can peruse others’ papers and compare them to their own.

Significant others can help youngsters who cannot see well understand how they compare to others and what others see happening at home, school, and in the community. Students need to know how they look in comparison to others—height, weight, hair color, eye color, skin color,

and so forth. They need to know how others dress and what accessories they wear (watches, jewelry, scarves, coats, hats, and the like). They need to know about individuals who wear uniforms that identify them as students of particular schools, players on athletic teams, or workers in specific jobs such as firefighter, police officer, or nurse. They also need to know about how clothes, hairstyles, and other accoutrements identify people's different values, ages, gender, and sometimes religious or secular groupings. They need to know who wears make-up and who has facial hair. While sighted students gather this kind of information visually, blind and low vision students rely on family, friends, teachers, and others either to tell them about these things or bring them close enough to see or touch - mostly, they rely on what others tell them, particularly if they cannot touch the "thing" or person under discussion.

One of the most important things that adults who care about children and youth with visual impairments can do is provide them with realistic feedback about their performance and how their efforts compare to the efforts of others of their age. When adults review students' class work, homework, athletic or aesthetic performances, participation in community events, and so forth, they need to point out what they liked in a youngster's performance specifically, not in general terms. For example, "I appreciated the fact that you had your report ready a day early and that it was formatted exactly as suggested in the directions." Or, "I am disappointed that your paper is a day late and because you didn't ask for an extension. I'm dropping your grade as I said I would in the directions." Here's another example, "Your performance at the pool today was exceptional. You posted the best time in the back stroke of any of the swimmers; however, you were significantly behind the other swimmers in the breast stroke."

Unfortunately there are times when children and youth who are visually impaired will receive mixed messages about their efforts. They may be praised and rewarded for an effort that is not particularly noteworthy because others have lowered expectations of them. Or they may be excused from doing a chore or participating in an activity because someone doesn't believe that they can do the chore or activity without sight.

There are many anecdotal stories told by blind and low vision adults about times when sighted family members, teachers, and others underestimated them. The greatest risk in underestimating youngsters is that they will come to believe themselves incapable of doing the activities that will enable them to live independently, establish meaningful relationships, and find work as adults. It is far better to expect them to do things for themselves and others. If a child demonstrates that he or she is not able to perform an entire activity or complete a chore, an adult may need to intervene and assist - to demonstrate how to do the thing that is eluding or frustrating the child. In this instance, the adult should only do as much as the child cannot do and then let the child finish the part he or she can do.

Adults need to give children time to complete tasks - in other words, not expect youngsters to work as quickly or as adroitly as adults or older children, but be patient with them in the learning process so that they can master complex tasks. Particularly in the early stages of learning, children with visual impairments may need a slightly longer time than their sighted peers to master a task; if adults jump in to "rescue" the child too soon, one never knows if the child really can't do the task or has simply learned that the impatient adults will take over for him or her—leaving in the child's head the notion that others are faster and more skilled.

Charting progress toward goal achievement can help youngsters see how they are doing over time. Using a braille or large print wall calendar, for instance, one can mark the calendar to note progress toward a goal such as building reading speed, turning in homework, or running longer distances over time by noting actual scores or successful efforts with applied stars or other tactile markers. If the student has vision, one can simply mark the calendar using a dark-ink marker. Tactile graphs or charts can be constructed using wax-covered yarn, string, or other raised-line markers. The calendar or chart can be displayed at home or in the classroom to evidence progress for both the student and those who care about him or her.

The important message for service providers and families is that youngsters with visual impairments need input from the sighted people in their lives - about what attributes and skills they evidence that are valued and how their performances and appearance compare to others in their peer group. They need to know that they are loved and valued as unique human beings but that their behavior and social interactions must meet the norms of the larger society. There are people who will underestimate and others who will overestimate their abilities and capabilities, but ultimately their performance - those demonstrable skills - is what they will be judged upon with regard to their place in the community and that is why they must learn to behave according to social mores and expectations established for all.

### Summary

Self-esteem evolves over the course of an individual's life, beginning in infancy, when ideally children are loved and sheltered in safe environments. If youngsters are guided consistently by caregivers who clearly define and adhere to their rules for appropriate behavior, if children are encouraged to explore the

environment, are provided with realistic and constructive feedback, and are allowed to make choices, their self-esteem grows. The development of reciprocal social relationships outside the family during middle childhood and the ongoing development of demonstrable skills and abilities reinforce children's feelings of self-worth. Typically developing adolescents formulate their self-identities based on their responses to all these positive and negative experiences that have occurred (Lewis & Wolfe, 2006).

Activities that promote skill building and opportunities to apply what is learned coupled with realistic and positive feedback enable children and adolescents with visual impairments to build healthy and positive self-esteem.

### References

1. Bee, H. (1997). *The developing child* (8th ed.). New York: Addison-Wesley.
2. Feldman, R. S. (2001). *Child development* (2nd ed.). Upper Saddle River, NJ: Prentice-Hall.
3. Franzoi, S. L., Davis, M. H., & Vasquez-Suson, K. A. (1994). Two social worlds: Social correlates and stability of adolescent status groups. *Journal of Personality and Social Psychology*, 67, 462-473.
4. Harter, S. (2001). *Construction of the self: A developmental perspective*. New York: Guilford.
5. Lefrancois, G. R. (1995). *Of children: An introduction to child development* (8th ed.). Belmont, CA: Wadsworth Publishing Company.
6. Lewis, S. & Wolfe, K. (2006). Promoting and nurturing high self-esteem. In S. Z. Sacks & K. E. Wolfe (Eds.). *Teaching social skills to students with visual impairments: From theory to practice* (pp. 122-162). New York: AFB Press.
7. Papalia, D. E., & Olds, S. W. (1992). *Human development* (5th ed.). New York: McGraw-Hill.

## From Adversity to Self-esteem - Independent Living

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**S**ome professionals say that self-esteem is the self-worth aspects, ingredients of self-appraisal contributing to the dynamics of attitudes and standards of lifestyles that are evident in the interpersonal interactions; some others opine that it is the sum total of opinions that a person has about oneself; that is to say, what a person thinks of herself or himself, seen in the context of confidence and liking oneself.

The perceptions of the individual about his/her own challenges contribute to the development of positive or distorted self-esteem. The authors feel that self-esteem of a visually impaired person is the result of thinking, feeling and behaving in response to the adversity, needs, expectations and goals created as a result of visual impairment. The appraisal of oneself as a person must be treated as the contributing central factor for facing the challenges of visual impairment in order to achieving ambitions in life. Family should play a vital role in the life of persons with visual impairment in developing self-esteem in order to combat the effects of discrimination, exclusion, lack of opportunities, or denial of access and human rights when the society is not fully understanding the challenges of them.

Thus, self-esteem in general sense may look obvious for people to think that it is a natural phenomenon in life and its components are expressed in terms of varied degrees of ideas, beliefs, feeling and appreciation of the individual traits like others. On the other hand, the disability demands major interventions to develop self-esteem in the individual. In order to help them understand their own inner strength despite disabilities, opportunities must be created to discuss about challenges created by disabilities and potential strategies to reduce the negative effects of disability on the development of positive self-esteem.

In order to study the self-esteem of visually impaired men and women, we put forth questions such as : who are you? what do you want? do I like myself? do I like the way as I perceive myself? etc. These questions enable them to give their own reflections based on their life experiences. Responses reveal a mixture of social acceptance and depression as well. It was noted that self-esteem should not be seen in isolation when it comes to persons with visual impairment as it is a result of many sociological and psychological perceptions of the family and the community where the individual lives.

Therefore, development of self-esteem in the individual is a two way process. How the individual thinks of himself / herself and how the society treats the disability issues in general and visual impairment in particular.

As for the autonomy or independent life, it is noticed that a blind person should have a precise idea or knowledge about herself or himself – to have a critical thinking that allows her/him to face everyday life. It must go in conjunction with a wide range of interpersonal knowledge or abilities when it comes to taking decisions. These abilities in the individual alone do not contribute to positive self-esteem automatically and it is affected by the environment too. The adversity caused by visual impairment should not be allowed to result in more handicapping conditions by the lack of awareness of capabilities of persons with visual impairment. Better awareness and orientation of the society to blindness to preparing visually impaired individual to lead life with confidence will transform the adversity into a positive self-esteem.



## Foster self-esteem in the blind

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As Helen Adams Keller says, what a blind person needs is not a teacher but another self. Identical persons give courage and confidence. Teacher's training, according to their aptitudes, shapes them into skilled and perfect persons. Then the visually challenged know that the best way to acquire self-confidence is to do exactly what they are afraid to do.

A blind child or an aged person usually faces problems in the family. Occasionally, other members of the family sympathise with them. What they need is proper education, training and encouragement. Teachers and friends or relatives must kindle in them self-confidence and self-esteem. There are medicines for dreaded diseases like TB, cholera, small-pox, but for the disease of being unwanted, willing hands to serve and a loving heart to love are the only cure," said Mother Teresa.

Teachers and society, at large, must make them feel that they are as much wanted as anybody else in society. The visually impaired, particularly children, are desperately in need of love and encouragement to gain hope and self-esteem. It is common knowledge that a dependent person, not to speak of a blind one, loses self-esteem as she/he is dependent on others either for movement or for livelihood.

We, at the Devnar School for the Blind, inculcate self-esteem among the visually challenged. The moment a child is admitted, we show tender love and care, perhaps more than the parents. This makes them feel they are embarking upon a new life.

The students of Devnar School participate in elocution contests, sports and games, chess tourneys, singing and dancing, enacting playlets, besides coming through Board examinations with flying colours. Almost all our blind students are computer literate too. There is a steady influx of

visitors to the school. Politicians and presspersons, beauty queens and bureaucrats, scientists and sportspersons, philanthropists and film stars come to meet the students. Some of them struggle to fight back tears, but after interacting with them, it is not tears of pity they shed but tears of admiration. Devnar School provides all that is necessary to bring out the best in students. Their abilities and self-esteem offset the disability to such an extent that visitors leave the school humbled by the unconquerable spirit, perseverance and performance of the students. They voice their admiration and pen their appreciation. As Abraham Lincoln said, God is the silent partner in all their great enterprises.

One of our students, while writing the 10<sup>th</sup> Class examination, had difficulty answering a question. The scribe (a 9<sup>th</sup> class student) wanted to help in writing the answer. But the visually impaired boy shouted at him saying that he should only write the answer as dictated by him.

When the Chief Invigilator of the examinations saw the visually impaired student finding it difficult to write the examination, he called the other invigilators and asked them to help him out. But the visually impaired boy stoutly said that he did not want any help.

We can judge the character and ability of a visually challenged student by what he sets himself to do and carries out under proper guidance and training. To quote John Milton; "Oft-times nothing profits more than self-esteem, grounded on just and right well managed." As Mahatma Gandhi said, the history of the world is full of men who rose to leadership by sheer force of self-confidence, bravery and tenacity.

The contribution of Surdas to Indian music was inestimable. Besides, the visually impaired have a heightened sense of touch, known as "tactile hypersensitivity" – they can feel much of what

they cannot see. Their unseeing eyes should, therefore, evoke admiration, not pity.

The best investment one can make is in education. If we educate the visually challenged on scientific lines, they can compete with non-disabled children and develop self-esteem and stand on their own legs. Advanced technology has helped our students to build up self-esteem. To improve self-esteem in our visually impaired students, we treat them as normal students. They are given every possible opportunity to develop the hidden potentialities and talents inherent in them.

To cite another example: Raju, a 5<sup>th</sup> Class student, says: "When I was at home, my parents looked down upon me, always cursing me. Our relatives, whenever they visited us, pitied my condition and asked my parents either to take me to the temple or to the hospital. Never was I given food on time or cared for. This made me more worried. Now, after joining the Devnar School, I have lots of friends and well-wishers. I feel that I have built up self-esteem and self-confidence, and that I also can do things non-disabled children do, thanks to the training of our teachers."

Another boy says, "I have spent my life in segregation which, I believe, is a life better than death but worse than living. Today, I mix with hundreds of people. I am given support and confidence, and thus made to feel I am reborn. I go back to my place and spread hope."

The Braille is not a stuff on which the visually impaired hobble, but a tool for mastering subjects that those with normal vision can only learn. The teachers must try to unleash the incredible capacity of each child by giving them value-based education and making them realize that within them can be found the skill, knowledge and motivation to make something special happen.

## Update on International Association of Parents of Children with Visual Impairments (IAPVI)

Since the formation of the founding of IAPVI at the ICEVI World Conference in Kuala Lumpur, Malaysia in 2006, parent leaders from national parents' associations have been communicating via the internet. The Founding Board of Directors of parent leaders will be having their first face-to-face Board meeting in Hannover, Germany in July 2008, in conjunction with a countrywide vision conference that is being organized by the Verband der Blinden-und Sehbehindertenpädagoger.

Dr. Elke Wagner from the Nikolauspflge in Stuttgart, Germany, one of the organizers of the conference, had attended the National Family Conference of the National Association for Parents of Children with Visual Impairments in July 2007 in Omaha, Nebraska, USA, where 700

parents and their children from 35 US states and 5 continents attended. She was so impressed by the concept of parents taking an active role in advocating for their child's education and the mobilization of the parent's association that she invited IAPVI to present a workshop in Germany on "Parents Mobilizing Parents".

IAPVI offers an open invitation for parents you know in the region that may want to attend to meet with us. For more information about the conference registration and logistics you can contact Dr. Elke Wagner directly at [elke.wagner@nikolauspflge](mailto:elke.wagner@nikolauspflge). Contact [susan.laventure@perkins.org](mailto:susan.laventure@perkins.org) for more information about the IAPVI parents' meeting and workshop.

*Susan LaVenture*

## Parent's Perspectives on Self-Esteem from Around the World

Self-Esteem is about parents letting go and having the confidence to allow their children to try what they want to try. Parents need to be brave enough to allow their children to have a go – within reason, of course – but you can't minimize the activities of your children because they are blind or VI. Be confident enough in your child to support and encourage them to have a go at lots of different things.

Parents need to have a well-developed sense of self-esteem too. They need to accept that they have their child's best interests at heart and did their best even if mistakes were made or they missed things.

Don't beat yourself about the head because of hindsight showing what you could have done. Learn from it and be more open next time.

About helping VI kids, find ways to do things rather than stopping them because they can't see. My blind child has ridden a bike by herself, driven a car – with a co-driver, been taught to drive the family car just like her siblings, began cooking from about age 8/9, did a tap dance solo at the concert.

It's about de-briefing when things don't go the way they were expected to and finding a new way to tackle it or accepting that it may not happen – building resilience to bounce back.

**- Gayle Skinner**

*President of the Australian Association for Parents of the Visually Impaired*

Children with visual impairments need to have self-esteem. Good self-esteem is important because it helps our children to feel proud of themselves and

what they can do. It gives them the courage to try new things and the power to believe in themselves. For instance, we have a visually impaired boy who has developed the skills in identifying different models of cars just by touching the outer shape and design and sometimes by the sound of the engine. Each time he is able to identify correctly there is a victorious smile on his face and he is indeed very proud of his achievements. He then develops the courage to try and learn to identify other models of cars, MPVs and 4WDs.

This experience has had a positive effect on his relationships with others. He is able to relate to new people quite easily and often enjoys their company. Having good self-esteem is also to build- up confidence level for a visually impaired child. The child will be less likely to follow the crowd if his/her friends are doing something which is not right. He/she will be smart enough to make his/her own decisions.

- *Alvin Teoh*

*Parent Leader, Malaysia*

## Parent support in Fiji

**Gayle Skinner**

*Australian Association of Parents of Visually Impaired (AAPVI)*

**Paul Manning**

*Parents of Vision Impaired NZ (PVINZ)*

### Background

An ICEVI Regional Pacific Forum was held at the University of Western Australia, Perth January 4-6, 2007. The ICEVI Pacific Region has two National parent bodies – AAPVI and PVINZ. At this Pacific Forum, an invitation was extended for us to become exofficio members of the ICEVI Pacific regional committee with a view to increasing parent participation within the Pacific region.

The Regional Committee of ICEVI Pacific Region came to the decision that we should assist wherever possible with the implementation of the EFA-VI Global Campaign in the region. Following this decision, an invitation was extended to us by the Fijian delegation to come to Fiji and assist with the development of a national parent structure.

### Day One of the Parent Workshop

After the initial registration, the workshop was opened with the customary prayer and welcome

speeches were delivered. We were presented with a Salu Salu, a ceremonial wreath made of tapa and flowers. We found this small ceremony very moving and one that made us feel accepted and valued.

All participants then spent about one hour introducing ourselves. These included the CBR fieldworkers, and parents who were asked to introduce themselves and their child/children. Some of these introductions were very emotional with a few finding it hard to share such personal information. It was clear through the sensitivity shown, we were in familiar territory.

We then received an overview of the services provided by the Fijian Society for the Blind. During the morning tea break, parents were eager to talk and share, have photos taken with us and their children.

We then heard from two parents who shared their families' stories. It was noted that both parents had their children enrolled at the Fiji

School for the Blind. Over the course of the workshop we heard how many parents would relocate to Suva to enable their child to attend the school.

We then heard from a CBR fieldworker of a success she had concerning a child and their family through the identification of the child's sight loss condition and input from the CBR team. Education program is now being provided to this student and the parents' understand the value of education for their child.

Following the lunch break, we had a presentation around the Suva PVI program. Here we heard how hard it has been for the parents to meet on a regular basis. The parents now meet weekly on a Friday, where prayer and sharing are held. We note the value of these meetings to the parents who are able to regularly attend.

Paul then gave a verbal presentation called "Parents Mobilizing Parents". Here he spoke of the value of parents coming together, sharing, supporting and empowering each other. He spoke of the NZ experience that he had been involved in for eighteen years. It was noticeable at the end of day one that no-one left in a hurry.

We accompanied the children on the school bus route to their homes on the school bus, fully donated by an IT company from Japan. This service is provided free of charge to the families to ensure that children have access and will attend school.

**Day Two** opened with prayer followed by a presentation by Department of Social Welfare staff about child abuse. Again this presentation was well received generating much thought.

Following morning tea, we jointly presented "Programs for Parents". Gayle showed a short Powerpoint of the variety of parent support programs available in Australia. She spoke about

the personal learning that she had gone through in supporting her blind child's education. Parents then offered their own stories of how they have been able to support their blind and vision impaired children.

We noted that the Fijian parents were more comfortable with sharing the successes of their experiences during this session.

Following lunch we had presentations from the CBR Fieldworkers, 7 of the 8 regions were reported on. Here we heard of the many struggles these staff face in getting parents to believe in education, parental/cultural ignorance is still a problem for these staff. What impressed was the determination of the CBR team ensuring as many children as possible to attend school.

We then broke into small groups and heard of problems parents face. Lack of information in a timely manner was a regular issue for parents. Lack of understanding of the value of social support systems, financial hardship, lack of family support or understanding were common issues.

Together with Vilisi Salabavisi, the Coordinator of CBR, we led a session on solutions; this generated much discussion with groups looking at different ways of solving problems. This session was interactive empowering parents into believing and thus leading them to take positive actions.



*Parents and CBR Workers getting ready for day 2.*

**Day Three** opened with prayer and greeting Frances Gentle, the Regional Chair of ICEVI Pacific Region. Frances was given a Salu Salu and welcomed by Executive Director Mrs. B Farouk and Reverend Apo. Frances then spoke of the meeting in Nadi where many of the Pacific Nations Education Heads were meeting on how to extend the introduction of “Inclusive Education”. She reported much progress appears to have been made. Frances also spoke of the need for parents to form national groups, encouraging the Fijian parents to do the same.

We, Gayle and Pauls, were dressed in traditional costume known as colourvati, a unique experience. Gayle then presented a Powerpoint on her many journeys with her daughter Shae. Here the parents heard a moving reflection from Gayle that was received with much warmth and respect. Gayle received many questions and support from the parents. A realization came from the parents that although we are from different cultures we have much in common.

Certificates of participation were then presented; these were extremely well received by the parents and CBR staff.

We believe the following are the successful outcomes:

- Combined attendance of parents and the CBR team
- The feeling of trust and support within the workshop that enabled sharing of personal experiences
- Greater awareness on visual impairment and respect of the parents towards their child
- Realisation by parents of future possibilities for their children through education
- Recognition by parents of blind or VI children that regardless of country of origin we all have similar needs

- Accepted need of the development of regional parent networks, in order to establish a national parent body

#### **Agreed follow-up and further actions are:**

- CBR team to assist and encourage regional parent networks in their respective regions (Timeframe: next 6 months)
- A national parent forum with representatives from each regional parent group (Timeframe: approx 9 months time)
- Establishment of a National Parent Association (Timeframe: mid 2008)
- Continued support from PVINZ and AAPVI, including exploration of NZ Aid and AusAid funding to support the Fijian National Parent Body.

This has been a very worthwhile experience, we have learned from each other, provided guidance and support. We believe we have by working with the Suva Parent community developed a relationship that will lead to a National Fijian Parent group in the not too distant future.

Our sincere thanks to AusAid, whose financial support made our attendance at the Workshop possible, we believe it was money well spent, in forwarding the EFA-VI Global Campaign in the Pacific region.



*Participants of the Workshop*

## 3<sup>rd</sup> IBSA World Championships and Games Brazil 2007

*a resounding success*

The 3rd IBSA World Championships and Games, held in Sao Paulo and Sao Caetano, Brazil, from July 29<sup>th</sup> to August 7<sup>th</sup> 2007, were, by all accounts, a milestone in the history of sport for the blind and partially sighted. Over 1500 athletes, guides, coaches and support staff from 61 countries and all five continents gathered in Brazil for one of the world's largest sporting events of the year.

The 3rd edition of the event followed on from Madrid '98 and Quebec '03, and the championship programme featured IBSA World Championships in athletics, swimming and powerlifting and IBSA World Games in goalball, judo, futsal B1 category and futsal B2/B3 category. The competitions in athletics, swimming, goalball and judo formed part of the qualification process for the 2008 Beijing Paralympic Games.

Russia led the medal tally from start to finish at the championships and games, concluding the event with 54 medals (28 gold, 15 silver and 11 bronze), followed by neighbours and surprise package Belarus with 18 golds, 13 silver and 7 bronze (38 medals).

Hosts Brazil (58 medals), Spain (62 medals) and China (29 medals) completed the top five in the final medal tally. Spain won more medals than any other team in the championships.

The IBSA World Championships and Games are IBSA's showcase event, providing blind and partially sighted sportsmen and sportswomen with a platform for elite performance in competition with their peers in a number of sports to demonstrate to the world that they are “Capable of Everything”. The 4<sup>th</sup> edition of the event will be held in 2011.

For more information on sports for the blind and partially sighted provided by IBSA, visit [www.ibsa.es](http://www.ibsa.es) or contact [ibsa@ibsa.es](mailto:ibsa@ibsa.es)



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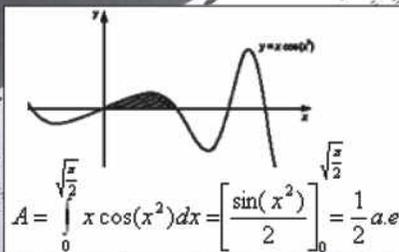


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