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TEACHING THE PRE-SCHOOL VISUALLY HANDICAPPED CHILD

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by

Margaret Ann Andritsos

A RESEARCH PAPER
SUBMITTED IN PARTIAL FULFILLMENT OF THE
REQUIREMENTS FOR THE DEGREE OF
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CHAPTER I

INTRODUCTION

We live in a very visually-oriented world. Our culture is extremely dependent on vision. In fact, we depend on vision so much that about eighty-percent of our learning comes to us through vision. Most of our daily activities are guided by visual clues coming to us from our environment. According to Gesell and Amatruda, "Vision is the most sophisticated and objective of all the senses. It gives the most detailed report of all the outside world, simultaneously registering position, distance, size, color, and form."¹

Since vision plays a tremendously large role in our daily lives, it is important to find and identify the visually handicapped child as early in life as possible. The severely visually handicapped infant is living in a world completely devoid of visual stimulation. This can drive the infant into increasing introversion thus damaging his personality. This infant must be identified and also

¹Arnold Gesell, M.D., and Catherine S. Amatruda, M.D., Developmental Diagnosis, Normal and Abnormal Child Development (New York: Paul Haeber, Inc., Medical Book Department of Harper and Brothers, 1947), p. 261.

be made aware that there is a whole new world out there just waiting to be explored. He must then be motivated to explore and show interest in the surrounding environment. Therefore an infant who is visually handicapped must not be left alone in his crib just to lie there. He must, as early as possible, be encouraged to grope, reach, grasp, manipulate, creep, crawl, sit up, pull up, stand, walk, run, play games--all the things the normally sighted child does in order to develop. Since the visually handicapped child cannot see to imitate these acts nothing must be left to chance. Each step of the way must be taught to the young child in as simple a procedure as possible.

Vision does not function in isolation; it is closely related with other sensory modalities especially those of a tactile and kinesthetic nature. Therefore blindness is not just a sensory loss. If it starts at birth or during early infancy it drastically dislocates the entire mental life of the individual. The total development of growth is altered.²

Vision is a social sense as well as an intellectual sense.³ For this reason the retention of even a tiny bit

²Ibid., p. 262.

³Ibid., p. 263.

of sight is extremely helpful to the visually handicapped child's psychological organization.

The primary diagnosis of visual defects in young infants is relatively simple. For instance the infant will not respond to a flashlight shone in his face. There will be an absence of protective blinking and the infant will not follow a moving object, either with his eyes or by turning his head in the direction of the moving object.

If, perchance, the early diagnosis of a visual defect is not made, the child's intellectual achievement may be severely retarded thereby setting up the possibility of erroneously labeling the child mentally retarded.

Scope and Limitations

This paper will include the instructional needs of the visually handicapped child including both the totally blind child and the partially sighted child who is considered legally blind.

This paper will cover the early childhood education of the visually handicapped child from birth up to and including the kindergarten level of schooling.

This paper will not concern itself with the visually handicapped child who can learn to read print.

Classification of Terms

The totally blind child is one who has central visual acuity of 20/200 or less in the better eye with correcting glasses; or central visual acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends an angular distance no greater than twenty degrees.

Visual acuity of 20/200 means that the eye can see at the distance of twenty feet what a normal eye can see at two hundred feet.

Field of vision means an eye focused on the object takes in surrounding areas upward, downward, to the left, and to the right.

The partially sighted child is one who may:

- 1) have light perception--ability to distinguish darkness and light
- 2) have light projection--ability to indicate the source of light
- 3) be able to distinguish hand movements in front of his eyes
- 4) have object or form perception
- 5) have travel vision

The partially sighted child may have one of these abilities, several of these, or all of these abilities.

Summary

In this Chapter the writer has stated the problem; presented the scope and limitations; and classified the terms.

A review of literature and methods used to meet the needs of the visually handicapped child will be presented in the following Chapter.

CHAPTER II

REVIEW OF LITERATURE

The aim of education for the visually handicapped child according to Lowenfeld is: "giving the blind child a knowledge of the realities around him, the confidence to cope with these realities, and the feeling that he is recognized and accepted as an individual in his own right."¹ There are three factors involved in this aim. They are: 1) the knowledge of the realities of the world in which the visually handicapped child lives; 2) the confidence to cope with these realities; and, 3) recognition and acceptance as an individual in his own right. These aims are to be striven for from the child's moment of birth and throughout the educational process.

In order to achieve these aims the visually handicapped child will have to develop motor skills, communication skills, intellectual skills, and self-help skills.

¹Berthold Lowenfeld, Our Blind Children, Growing and Learning With Them (Springfield, Illinois: Charles C. Thomas Publisher, 1964), p. 162.

Motor Skills

The visually handicapped child develops motorically like any other child. He lies on his front and on his back and learns to lift his head when lying on his stomach. For the visually handicapped child the prone position is not always the most comfortable. Therefore when the infant is lying in the prone position it is important to encourage him to lift his head as the lack of visual stimulation makes lifting the head purposeless. Rattles or squeaking toys manipulated in front of the infant may be one method of encouraging him to lift his head.

While the infant is lying on his back in the crib he can be stimulated to reach out by placing a number of rattles, noisy toys, or music gyms within his reach. These sound toys will develop the infant's awareness of his ability to produce sounds; the sounds then act as feedback for his efforts in exploring his environment. The infant is encouraged to orient himself toward his mother's face when she is talking to him.

Differences are seen about the third month between the sighted and the visually handicapped child.² According

²John J. Knight, "Mannerisms in the Congenitally Blind Child," New Outlook for the Blind, LXVI, No. 9 (November, 1972), 300.

to Knight, the sighted child has a visual stimulus on which to focus his attention and reaching activities; the blind child has no visual stimulus and consequently does not reach out. There is nothing out there for him. While the sighted infant is acquiring control over his arms and developing a basic set of behaviors which will help him manipulate his environment, the blind child continues to depend on the directionless gross motor activities of early infancy.

At about six months of age the infant begins to sit up--first by being propped; gradually he sits up without any means of support. At this point the infant is encouraged to hold his chin up by having his chin lifted. Since, again, the infant does not have visual input he has to be taught this in order to develop adequate vocalizations. A word of caution is necessary at this point. If the infant avoids or indicates discomfort at holding up his chin it is important to check with the ophthalmologist, as in some cases too much light can cause pain to the infant.

Sometimes the infant does not care to sit up. Then he must be given incentives for doing this--such as being closer to the mother, and being able to more readily reach out into the environment. At this time playing lap games such as "patty cake", "so big", etc., will be very helpful. Also, singing songs and having the infant feel the mother's

mouth will serve a dual purpose of encouraging sitting and introducing communication skills.

After the child has learned to sit up independently the next step is to teach him to grasp objects in his hands--starting with one hand, then working into using both hands. Again, the use of sound toys will motivate interest in the environment and also teaches the child to reach out into his environment. Bells, rattles, musical toys, music boxes and noise makers are very useful. The objects should be large enough to prevent the child from swallowing them.

It is important at this point to discuss the pros and cons of the use of the play pen. There is a place for the play pen in the blind child's life. The play pen can provide an unrestricted area in which the visually impaired child can move about freely before moving out into the world around him. It can also be used to support the child's first attempts at pulling up and sitting down again prior to standing. It can serve as a base when the child is outside of it and starting to move around as it is big enough to find.

However, there is a tendency to leave the child in the play pen for long periods of time. This is very dangerous in the overall development of the child as it restricts his exploration of his environment. Blind children tend to sit and not explore and this then severely retards their development.

Pulling up and sitting down pose a problem for the visually handicapped child as he is unable to see how far "down" is. Besides the use of the play pen, mentioned above, the child can be offered a hand or finger while he develops this new-found skill and gains confidence. He should be allowed to develop at his own rate and set his own tempo.

At the next stage the visually handicapped child normally starts to creep after he begins to acquire ear/hand coordination.³ This coordination seldom develops before the end of the first year. Again he can be encouraged to creep toward sounds such as toys which are a little beyond his reach. By using his whole body to reach and grasp, it is hoped he will creep and crawl. As soon as the child shows curiosity about his environment he should be encouraged to explore by moving objects with sounds in them a little out of his reach, forcing him to move his entire body. It may be necessary to place his hands and knees into the crawling position and then move him to show him tactually how crawling is done. Again the child must set the tempo.

³Carol Halliday, The Visually Impaired Child, Growth, Learning Development Infancy to School Age (Louisville, Kentucky: American Printing House for the Blind, 1971), p. 28.

Many blind children never learn to crawl. Weak reaching skills and poor control of the arms prevent the coordination and movement patterns necessary for crawling. The blind child remains immobile until such time as he begins to walk. This is very detrimental to his complete development. Crawling strengthens his ability to use his arms and hands, taking him out into his environment where he can handle objects and explore, rather than waiting for the environment to be brought to him. The longer the blind child remains immobile, the greater will be his deprivation of learning experiences.

Selma Fraiberg and David Freedman performed intensive investigations into the development of the congenitally blind child, and some of their conclusions concerning the role of crawling are:

The blind child is much more dependent on locomotion than a sighted child to make crucial distinctions between self and outer world, and to construct a world of objects. Failure to achieve locomotion within a critical period of time may be one of the factors that brings about developmental arrest or maintenance of primitive behaviors, mannerisms, to cope with stress because the child's unfamiliarity with his environment or himself impedes his development or more advanced techniques of behavior-coping.⁴

⁴Selma Fraiberg and David Freedman, "Studies in the Ego Development of the Congenitally Blind Child," Psychoanalytic Study of the Child, IX, No. 3 (1964), 268-269.

In the development of walking, the visually impaired child will walk with help like any other child. Here the child will at first be supported with two hands, then one, then all physical contact is removed. When holding only one hand, the child should be encouraged to explore his environment with his free hand. This is in preparation for his walking alone. Before he can do this he must reach a certain level of ability in walking so that he does not have to concentrate on his balance, but can tune into his environment. Once he has developed a level of confidence in walking supported by one hand the child is then given a variety of push toys with handles, a coaster, or his own walker, to prepare him for the next step of walking alone.

When the child shows he is ready to walk alone he will not feel very secure because of his limited knowledge of his environment. He will need a great deal of time to explore and gain confidence. He will endure many bumps and falls, so a hug, moral support, and verbal encouragement will help motivate him to try again. Over-protectiveness or indifference to his needs will set him back. A little more time spent with the child at this point will pay off in greater dividends later on.

At this point of motoric development, when the child is walking alone, it would be better to leave the furniture

in the same position in the house to make learning easier for the child. If the furniture has been changed it is necessary to inform the child of this change. A stable environment gives the child more confidence.

In the early stages of walking alone the visually handicapped child may tend to walk with his hands outstretched. The purpose is two-fold--to aid in maintaining balance, and secondly, to avoid walking into obstacles. If this habit persists for a long time after the child has mastered walking alone it may be necessary to encourage the child to hold a favorite toy, especially a stuffed one--one that is comfortable enough to be carried, yet big enough to protect him.

As the child walks alone it will be important to point out and teach the hazards of the environment such as stairs. He is introduced to a gate at the stairs and the hand railing. He is also introduced to the dangers of slippery floors, and doors that can pinch fingers and tables that he can bump into.

Climbing up and down stairs must be taught the visually handicapped child. Allow him to explore them first, that is crawl up and down them allowing plenty of time for this. He will probably feel more secure by sitting down on the top step and going down the rest of the

steps in a sitting position. After he has mastered this skill it would be wise to encourage him to stand up and hold onto the railing, moving one step at a time. Going down stairs has proved to be more difficult and takes more time. The child usually prefers to put both feet on each stair before moving to the next. After the child has mastered this, teach him to alternate feet. Some visually handicapped children have been observed climbing stairs backwards. They have probably experienced some bumps and are now trying to avoid this problem. Their security has been threatened. Again, patient work until the child has achieved a feeling of security will be necessary.

As the child progresses toward greater independence by practicing his motor skills he will learn to avoid obstacles in his path. A blind child acquires a certain sensitivity to obstacles as he moves about, but he has to be moving slowly, not running. It appears the blind child develops a highly sensitive skill in recognizing echoes from an obstacle. This is called "obstacle perception".⁵ Blind children can be seen testing this obstacle perception as they walk down hallways clapping their hands, snapping their fingers, smacking their lips, or clicking their tongues. A child has to practice this means of

⁵Lowenfeld, Our Blind Children, p. 63.

orientating himself so it is important to permit the child this freedom.

The visually handicapped child also has to learn to run and jump. Running has to be taught in a large open space free of obstacles. A sighted person will have to take the child's hand and teach him the freedom of such movement. The same holds true for jumping. If a sighted person would hold both hands of the blind child as he stands on the second last step of a flight of stairs or even a small, firm stool and would support the child as he jumps he will gain confidence in this motor skill. At about the age of four or five, the blind child should be able to do this reasonably well depending on his past experiences. Often a blind child can be seen jumping in place. Since he is not as able to move around freely in space as the sighted child he has to exercise and rid his body of excess energy so he does this. It is an indication that the child needs more physical activities.

Visually handicapped children have been observed performing certain behavioral patterns called mannerisms. They may be observed swaying their bodies, turning their heads from side to side, rocking back and forth, thrusting their fingers in their eyes, or moving their hands before

their eyes. Thomas Cutsford⁶ explains these habits as due to lack of stimulation. He considers them as acts of automatic self-stimulation. Lowenfeld⁷ feels that these mannerisms should not be stopped when the child is young. As the child grows older and has many opportunities for experiences, is kept busy, encouraged to exercise his own will and understand that these mannerisms are not acceptable to a sighted society he will freely give them up. Knight⁸ feels that the blind child uses mannerisms to cope with tensions created by any one of a variety of situations, including the lack of physical and sensory stimulation. He does not feel that it is wise to give the child additional stimulation, as such stimulation may only aggravate his tension if its origin is insecurity, frustration, or excitement. Additional stimulation could cause an increase in insecurity, frustration, or excitement which would result in a probable increase in the intensity, frequency, or duration of mannerisms in the child.

⁶Thomas D. Cutsford, The Blind in School and Society (New York: American Foundations for the Blind, 1951), p. 6.

⁷Lowenfeld, Our Blind Children, p. 104.

⁸Knight, "Mannerisms in the Congenitally Blind Child," p. 300.

How can these mannerisms be reduced in the blind child? Knight feels that the solution is to insure that the blind child has every opportunity to learn adequate instrumental coping behaviors during the critical phases of development. Then the child will not have to return to mannerisms to reduce tension and restore internal equilibrium.⁹

Some of the basic instrumental coping behaviors that the blind child must learn are the control of his arms, hands, and legs, for reaching and crawling. Control of his arms and hands will enable him to secure and explore objects, to express excitement through clapping and other socially acceptable activities, and to crawl when his legs have enough strength and coordination to perform their role.¹⁰

The blind child can be helped to move more freely within the environment by having a sighted companion to help him. It is imperative not to permit a young, sighted child as a guide in event the sighted child sees something that interests him, runs off, and leaves the blind child all alone. This can be a very traumatic experience for the blind child.

Communication Skills

According to Halliday, language is extremely important to the visually handicapped child.¹¹ After basic

⁹Ibid., p. 300.

¹⁰Ibid., p. 300.

¹¹Halliday, The Visually Impaired Child, p. 47.

language has been attained, it can take over for vision in organizing into thought what the visually handicapped child has experienced. Blindness tends to modify the child's acquiring of meaningful speech as it is more difficult for the visually handicapped child to connect words with what they represent. It is necessary for the blind child to not only hear the word but to gain actual experience of what it means. The word must be experienced concretely before it will become meaningful.

While acquiring readiness to talk, the blind child must be helped in speech development by having people around him name things and actions in connection with caring for him. The people caring for him must talk to him, encourage him to make sounds, have him feel the person's face while he speaks. If parents have been over-protective, thereby preventing the blind child from making any efforts at speech, there may be a delay in speech. Such an environment can be very detrimental to the development of speech. Often the words "look" and "see" have been omitted in the presence of the blind child. These words have a place in the blind child's vocabulary. As the child becomes older he will have to know that people look and see in different ways; the blind with their hands and fingers and the sighted with their eyes.

The visually handicapped child needs experiences first, then conversation. An object is placed in the child's hand. The word for the object is said and the child allowed to feel how the word is physically produced with the lips, throat, mouth and cheek. Ample time is then allowed the child to repeat the word. Success requires many experiences and much repetition. Eventually the child begins to realize that words apply to things. The next level would involve talking about experiences, feelings, attitudes, and facial expressions so the visually handicapped child can learn that words also apply to more than things that can be touched. Normal language rather than baby talk has to be used at all times. Language should be very concrete, simple, and clearly enunciated.

As the child's language develops he becomes able to express his thoughts, thereby enabling him to increase his interaction with the world. Word choices have to be carefully presented to visually handicapped children as the proper choice of words ties the worlds of the sighted and sightless together and gives them meaning. If the visually handicapped child can see colors then it will be necessary to use color words when speaking and describing things. Homemade books with concrete objects glued to the page will also help language development and number concepts. Verbal instruction should be given while the child is actually counting objects.

For blind children, auditory clues can seem to come from outer space when they are not supplemented by tactual experiences, says Rogow.¹² Without the opportunity to touch and taste and smell for himself, the blind child learns no frame of reference for what is explained to him and, therefore, no way of making the verbal information his own.

Intellectual Skills

The child's best learning years are from infancy until the age of six. For the handicapped child it can be a very crucial time; therefore, the earlier a professional evaluation can be given, with remedial services following, the better the opportunities for the child's development. Very early the visually handicapped child has to be stimulated by noises and sounds in the environment. These sounds will help increase the child's attention and motivate him to seek out more knowledge about his environment. As he grows he learns to interpret these various sounds and to build concepts from them.

¹²Sally Rogow, "Retardation Among Blind Children," Education of the Visually Handicapped, XI, No. 4 (December, 1970), 108.

For the blind child, according to Lowenfeld, hearing is the best avenue of receiving impressions from the environment.¹³ For the first four or five years of the visually handicapped child's life, a wealth of experiences will be necessary, as these experiences will have to be turned into knowledge. Therefore, the time the blind child spends listening to the radio must be carefully guided so as not to restrict the child's interest in his environment and the exploration of this environment.

Self-Help Skills

When a child has mastered the self-help skills he develops self-confidence. The visually handicapped child can develop self-confidence, too, even if the path of learning has been much more difficult for him. His learning of these self-help skills has required more planning, a break-down of each skill into very concise steps, and a very conscious effort. The following self-help skills will be discussed: eating, toilet training, sleeping habits, and dressing skills.

Eating Skills

Eating should be a very pleasant time and experience. Lowenfeld feels that early impressions of feeding should be

¹³Lowenfeld, Our Blind Children, p. 85.

made pleasant because they often influence later eating habits.¹⁴ If the visually handicapped child does not have a pleasant impression of feedings he may have difficulty establishing good eating habits.

When teaching the visually handicapped child to recognize his bottle, it would be helpful to use the same term while placing the bottle in his mouth and hands. According to Halliday, placing his hands on the bottle will help him associate this touchable object with the milk that he is getting.¹⁵ It is important that the visually handicapped child be held while drinking his bottle so that he can realize that the milk has not come from nowhere, but that it has a source.

The blind child can learn to chew even though he cannot see anyone to imitate. He must be taught to chew through certain basic steps. As soon as the child is old enough to sit finger foods are introduced by placing them on his tray where he can pick them up. It may be necessary to place the food in his hands first and then bring them to his mouth.

Again, the blind child cannot observe the use of a cup. It must be demonstrated for him. It is necessary

¹⁴Ibid., p. 26.

¹⁵Halliday, The Visually Impaired Child, p. 41.

to show the empty cup first. A small amount of liquid is then placed in it. Next, another person places his hands over the blind child's hands on the cup, picks it up and lifts it to his mouth; then it is placed on the table. The child learns through actual, concrete experience.

Spoon feeding follows a similar procedure. As soon as the child is able to grasp a spoon and manipulate it, it is time to teach spoon feeding. Again another person's hands are placed over the child's hands, the food is scooped up onto the spoon, put to his mouth and then returned to the bowl. The bowl has to be firmly anchored to the table so that it does not move, but allows the child to scoop food onto the spoon. Suction cups are available in stores that will do the job. The food should be of a consistency that will easily adhere to the spoon, such as pudding or applesauce. Jello and soup are difficult to handle for a beginning spoon user so such food should not be used until the child has gained ability in this area of self-help. It is necessary to hesitate before putting the cup or spoon to the child's mouth so that he has time to smell the food or feel the warmth of what is on the spoon. This prevents the child from being surprised by something unexpected or unknown.

The blind child has to feel his food. At about the age of one he may have to be taught to feel what is on

his plate. In this manner a blind child gains familiarity with the course food must take to reach his mouth from his plate.

If the visually handicapped child does not naturally chew his food but rather leaves it in his mouth or swallows it whole, then he is taught to chew by having someone move his lower jaw up and down.

Enough cannot be said about maintaining a relaxed atmosphere at mealtime. The child should be calmly and gently encouraged to eat independently without being scolded for messing his place or hands. If independence in eating is to be achieved, then patience about the messy way the child learns to eat must be maintained at all costs. It is more important to endure the mess rather than discourage the child from learning to grow toward rightful independence.

At about three years of age, the child is introduced to the fork. A small-sized lightweight fork is easier for the child to handle. It is better to use a small plate with the fork as it decreases the area the child must cover to find his food. The child will have to adjust to the plate, another new experience, since it does not have sides on it as the bowl did, to help scoop up food. Picking up food on a fork and finding his mouth is a very difficult task for the visually handicapped child. Again certain foods such as mashed potatoes, carrots, or meat, are easier to eat with a fork. After this skill has been

acquired the child can be taught to use a piece of bread as a means of pushing the food up against the fork. This is a harder skill requiring the coordinated use of both hands.

Use of the knife is the last skill in this sequence to be learned. It should not be taught until the visually handicapped child has learned to use the fork. In preparing to cut with the knife, the fork held in the left hand must first find the meat. After the meat has been cut with the knife and the meat has been placed on the fork, the knife is then used to determine the size of the remaining piece of meat.

The blind child should be told what food is being served. Since several types of food have been placed on the plate, it is very difficult for the blind child to rely on his olfactory skills for identification. A consistent pattern of placing food on the blind child's plate increases the child's independence in eating. In telling a blind person where food is located on the plate the clock method is often used. The plate is considered as the face of a clock and meat can be located at six o'clock, vegetables at three o'clock, etc.

A blind child can pour liquid into a glass by placing the index finger of the left hand inside the edge of the glass while pouring with the right hand. When the liquid is almost up to the top, the index finger feels this,

giving the blind child the clue he needs. Pouring seasonings such as salt and pepper into the hand first has also proved helpful for the blind child.

Toilet Training

A blind child cannot see others using the toilet so it is helpful to establish a meaning for the use of the toilet. After the child has soiled himself he is changed in the bathroom. He can then be placed on the toilet seat while his soiled clothes are being rinsed. The child will learn to establish a connection between clean pants and the bathroom. If the child shows fear while sitting on the toilet seat, it is important to find the reason for the fear and correct it if possible. Either he dislikes the cold seat, or he is afraid of not being able to touch the floor with his feet, or the flushing sounds may frighten him. All these conditions can be remedied. If the child still displays excessive fear the training is put aside for awhile.

Bowel control precedes bladder control. Nerves and muscles needed for bowel control must be sufficiently developed before bowel training is attempted. Some blind children like to play with their bowel movements. It is very important to avoid giving the blind child the impression that this is nasty. With proper guidance they soon give this up. Young blind children often handle their

genitals as they have a tendency to concentrate more on their bodies rather than environment due to lack of visual stimulation. This can be kept to a minimum by stimulating the blind child to participate in other activities.

When the blind child remains dry for about two hours at a time, it is an indication to start teaching bladder control. A definite time table should be established to place the child on the toilet. It is helpful to keep the child in dry pants so he learns to dislike his soiled ones.

Boys should be taught to urinate sitting down; then after they have matured sufficiently they can be taught to urinate standing. To relearn a task is never easy and the axiom applies in this situation.

Toilet training will be successful if training is done calmly and the child is permitted to set his own tempo.

Pauline Moor has written an excellent article on toilet training in which she lists twelve basic principles conducive to learning good toilet habits by the blind child. They are:

1. Try to establish a habit of toileting at a regular and convenient time.
2. Be consistent in keeping to the toilet routine not only in regard to the time element but also as to the manner of toileting.

3. Use two simple words which will always mean toileting to the child.
4. Provide a comfortable toilet arrangement.
5. Give the child something with which to play, preferably a toy tied to the toilet chair.
6. Guard against leaving the child on the toilet too long a time--ten minutes is usually considered sufficient.
7. Always change wet clothing.
8. Take the child to the bathroom even though he has just wet his clothing so that the act will become associated with the appropriate place.
9. Provide the child with clothing which he can manage easily.
10. Let the child accompany other persons in the family to the bathroom so he will recognize its conventional use by everyone.
11. Accept accidents calmly.
12. Always expect the best from the child and give him your genuine approval when it is legitimate; at the same time withhold undue praise.¹⁶

In this article she also discusses some specific problems the blind child encounters in toilet training.

Sleeping Habits

Proper sleeping habits must be established at a very early age and should be adhered to. Blind children find sleeping difficult at night. Often times the blind child

¹⁶Pauline Moor, "Toilet Habits, Suggestions for Training a Blind Child," prepared for The Foundation for Vision, Massachusetts Eye and Ear Infirmary (New York: American Foundation for the Blind, n.d.) pp. 5-6.

reverses his days and nights. Sometimes sleep irregularities occur in blind children because they are very sedentary and consequently do not tire as readily as sighted children. Therefore some blind children need less sleep.

If the blind child resists bedtime it may be necessary to check his daily schedule to see if he has been active enough during the day to be tired at bedtime. More activity may be needed, such as roughhousing before supper with other members of the family. It has not been established that darkness has any influence on sleeping habits but the silence of night is different from daytime and can have the same effect that darkness has on sighted children.¹⁷

Bedtime should be a time for calm, soothing, quiet, experiences. This should be a time for affection, too. Children may wake up in the middle of the night and feel lonely. A loud ticking clock which the blind child can become accustomed to will help to reassure him.

Dressing Skills

The visually handicapped child needs a great deal more instruction in learning how to dress himself than his sighted companions do. The parent places the blind child's hands on top of hers when she takes off the child's shoes, socks, pants, coat, cap, etc. The child is guided

¹⁷Lowenfeld, Our Blind Children, p. 46.

as to when to put out his hand, or lift up his leg. The first skills taught will be in undressing. The blind child can pull off his shoes and socks with help, pull down his pants, pull off his cap, pull his shirt over his head--but he will need verbal and tactual instructions. If his hands are not guided he will never learn to do these tasks by himself and will always be dependent on others. This will take time and repetition.

The next step is learning to dress. Again the visually handicapped child will have to put his hands on top of those of the person who is dressing him and feel the steps necessary. In order to identify front and back of slacks it may be necessary to place a pin on the inside to indicate this. It is important to hand the child each article of clothing first until he has learned to dress himself correctly.

Shirts and undershirts that do not button offer a great challenge as they have three holes--one for the head and two for the arms. Since the head opening is larger, the blind child tends to place his arm in it, rather than in the arm holes.

The blind child needs a definite, consistent place for his clothes if he is to develop independence in dressing. He should be taught to go to his dresser drawers and find his own clothing.

Buttoning, zipping, snapping, and hooking are learned after the fine motor skills begin to develop. Educational toys on the market are fine for sighted children but the visually handicapped child is better off practicing on himself in a more concrete fashion. One exception is the shoe tying toy. This is a very difficult task and is accomplished at a much later age. Before learning lacing, the child should be able to string beads.

Often the blind child tends to pull his sleeves inside out when removing his coat. If he is taught to reach behind and pull off one sleeve at a time, straight down, this can remedy that problem.

Again the self-help skills needed in dressing are not easy to learn. They require a great deal of patience, calmness and practice. But the important point to remember is that the child can learn with practice.

In order for the blind child to arrive at knowledge of the realities of the world he lives in, to achieve confidence to cope with these realities, and to achieve acceptance of himself as an individual in his own right, the forementioned motor skills, communication skills, intellectual skills, and self-help skills will have to be mastered.

CHAPTER III

SUMMARY AND CONCLUSION

The writer has stated that vision plays a tremendously important role in our daily lives. A child deprived of visual stimulation must establish a set of behaviors which 1) develop knowledge of the realities around him, 2) provide confidence to cope with these realities, and 3) attain acceptance of himself as an individual in his own right. In order to achieve this, the educational process must begin at birth and continue throughout life. Only then will he be able to achieve his highest potential.

The instructional needs and methodology of teaching the visually handicapped child have been discussed and remediation of various specific problems has been offered.

The need for early education for the visually handicapped child has been stressed throughout the paper. At the present time there are only a limited number of programs specifically designed for the pre-school blind child. A few visually handicapped children have been permitted to enter nursery schools for normally sighted children. In many local school systems there are no educational services

for the blind child until the age of seven. This is far too late for the educational needs of these children to be met.

Research

In order to meet the needs of the pre-school visually handicapped child further research is necessary. In a study undertaken by Leach, the needs of multiply handicapped blind children were surveyed in order to develop instructional materials. This survey was conducted among administrative and teaching personnel working with visually handicapped children. As a result of this survey, Leach has offered the following recommendations:

There is a need for fostering better communications with educators concerning existing materials; there should be a greater availability of materials; institutes for materials, development and teacher training, plus an active teacher exchange program to pinpoint specific problems and answers. Cooperation, flexibility, creative experimentation, research and adequate funding are essential in meeting the future needs of the visually handicapped child.¹

There is a need for early counseling and follow up services for parents of the blind infant. More day care centers need to be established in order to stimulate the very young blind child to meet the realities of the sighted world in which he lives. If day care centers specifically

¹Fay Leach, "Multiply Handicapped Visually Impaired Children: Instructional Materials Needs," Exceptional Children, XXXVIII (October, 1971), 156.

designed to meet the needs of the blind child are not available then the blind child should be permitted to participate in a normal nursery school situation. Here the nursery teacher must be counseled on how to deal with the blind child and the special education specialist must be available to help.

At the present time Massachusetts Institute of Technology is doing engineering research to aid the blind person with his mobility skills and to help the blind read faster than is possible with existing braille system. Hopefully they will arrive at a solution soon.

Last but not least, public education is necessary in order to understand the needs of all blind people and ways to help meet these needs.

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