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OVERCOMING THE LOSS OF NONVERBAL CUES ENCOUNTERED

BY THE ADVENTITIOUSLY BLIND: RECONSTRUCTING

RELATIONSHIPS AND IDENTITY

by

Vernon Floyd Humphrey

Abstract of a Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
in Partial Fulfillment of the Requirements
for the Degree of Doctor of Philosophy

August 2015

ABSTRACT

OVERCOMING THE LOSS OF NONVERBAL CUES ENCOUNTERED

BY THE ADVENTITIOUSLY BLIND: RECONSTRUCTING

RELATIONSHIPS AND IDENTITY

by Vernon Floyd Humphrey

August 2015

In this study, couples shared their experiences adjusting to one of the members loss of sight. Through interviews, their narratives expressed their values, actions, inactions, successes, failures, needs, obstacles, and feelings. Participants explained their standpoint/perspective about vision loss, when it happened, how it affected them, how they reacted and responded, through hindsight how they thought they should have responded, and how they reconstructed a shared interpersonal relationship. Narratives about situations and events after the loss of sight revealed descriptions of their relationships and interactions with each other and other people in their circle. Through constant comparative analysis the individual narratives were compared; within a single interview, between interviews within the same group, interviews from different groups, in pairs at the level of the couple, and finally comparing couples. Eventually, the following related overarching themes emerged: *communication, interdependency, identity (personal, enacted, and relational), learning curve,* and *deliberate living*. In each of these themes, there were two distinct perspectives; a blind perspective and a sighted perspective.

The analysis revealed in many ways the couples adjusted to events and crisis, as most successful couples do, but often they had to be inventive and creative to bridge the

gaps created by the loss of a common and, in many cases, independent form of communication. Without the convenience of visual nonverbal cues to either be a complete message or complete the message, participants found ways to restore interpersonal communication and allow them to grow together. At some point, their identity changed, or a new identity emerged. In all of the participants' cases, the new identity did not become the primary identity, just another part of them as a whole. In summary, the participants presented themes, identities, and coping strategies which allowed them to continue as a couple when facing a life changing event, becoming blind, and becoming the sighted partner of a blind person.

The University of Southern Mississippi

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Vernon Floyd Humphrey

A Dissertation
Submitted to the Graduate School
of The University of Southern Mississippi
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for the Degree of Doctor of Philosophy

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DEDICATION

There is not enough space to thank everyone who has inspired, pushed, coddled, threatened, bribed, and helped me along this dissertation journey. I would like to first thank my wife Brenda, for the countless hours of chauffeuring, boredom, waiting, proof reading, and listening to me, my children and grandchildren for reminding me every day to finish, and my wonderful parents for raising me to believe in myself. I would be remiss if I neglected to thank the couples who shared their personal stories with me as I strove to find the answers to my research questions. Mary Jo McKay provided countless hours to me and my peers helping us find our way through the administrative maze of academia. I would like to thank the peers who have kept in touch and pushed me, reminding me to believe in myself. Without all of you this study would not have been possible. Finally, my brother in-law who left us too early, but at times had more faith in me than I had myself, Wes I did it.

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CHAPTER I

INTRODUCTION

Although advanced technology dominates many daily hospital rituals, often something as simple as a sheet of graph paper, eight and one-half by eleven inches, with one-eighth inch squares, bisected by two bold lines (one vertical and one horizontal), will be all that is needed to change a life forever.

Optometrist: Just focus on the center where the two bold lines meet. Are you staring at it?

Me: Yes.

Optometrist: Okay. Place your right index finger on the edge of the paper and start sliding your finger slowly toward the center. Stop when you cannot see your finger any more.

Slowly, I slid my finger across the page, stopping after about an inch when I could not see my finger any more. I thought to myself, "This is neat. I mean, I never knew about this trick." (I was not ready to see a problem, so it had to be a neat trick).

Optometrist: Why did you stop?

Me: You told me to stop when my finger disappeared.

Optometrist: Okay. (*The optometrist marked the spot*). Keep moving your finger until you see your finger again.

I started sliding my hand and, *poof* my finger appeared. Better than a Las Vegas magician could have done, my finger disappeared and then magically reappeared.

As he marked the new spot, the grave look of concern on the doctor's face told me that the prognosis was not good. "You have a visual impairment with a circular

scotoma and a visual field of 10°." I replied, "A what? Huh? What are you trying to say? What does all that mean in English?" The doctor replied, "You are legally blind." "I CAN'T BE BLIND! I CAN SEE!" was all that I could say over and over. "I can't be blind. I can see." As soon as the fog lifted and the reality set in, I asked "What is the treatment? What caused it? What is the prognosis?" The doctor gave me as many details as he could; the disease (technically a group of diseases) is called Retinitis Pigmentosa. Unfortunately, there is no known cause or cure. About 50% of the cases are genetically traceable; since there was no family history, I fell into the other category. I was one of the few who suffered a glitch in the process of meiosis which reduces the original number of chromosomes to half, and allows genetic variability by genetic recombination and independent assortment. In lay terms, I won the wrong lottery. The prognosis was a little more ambiguous; it is possible for me to have some sight until I am well into my eighties, or I could be totally blind tomorrow when I wake up.

Thirty minutes in a doctor's office was all it took to turn my world upside down. I had the same misconception about blindness as most sighted people have, either you are blind or you are not. You can't be a little bit pregnant, so how can you be a little bit blind? In general, society expects individuals with a visual impairment to be dependent, less capable, and the same (e.g., blind is blind). Often, people unfamiliar with blindness exhibit uncertainty about how to interact with a person with visual impairment—What accommodations would be useful? When and how to offer help? Does the person feel constrained? (Ryan, Anas, & Mays, 2008). I came to learn that visual impairment is a continuum: From sighted without glasses to the inability to perceive any light (total blindness), and individuals can be anywhere between those two extremes (with one or

both eyes). Being legally blind is defined as having vision correctable to no better than

20/200 or having a visual field of less than 20° (Social Security Administration, 2014).

Next time you have a drinking straw, hold it in a closed fist and look through it. That is

how I see the world -- just a small circle, void of all the rich information collected

through peripheral vision. This limitation has led me to wonder about communication

research exploring this phenomenon.

<div align="center">Rationale</div>

Communication is more than words. Communication is a tapestry consisting of a

mixture of verbal and nonverbal symbols, creating a complete message. People who

become visually impaired have to learn to communicate without receiving the subtle

nuances and complementary data provided by visual, nonverbal signals that once made

up a significant part of their communication repertoire. Such partial messages often

interrupt interpersonal communication, creating an uncertainty between the interlocutors

(Casten, & Rovner, 2008; Crews & Campbell, 2004; Erber & Scherer, 2008; Fagerström,

1993; Luey, 1994). I chose to conduct research on how previously sighted individuals,

the adventitiously blind (sighted people who lost their sight after the age of five)

compensate for the lack of nonverbal cues (e.g., head nods, gestures, facial expressions,

winks and/or pointing), and what effects this lack has on their interpersonal relationships

and communication. Visually impaired individuals often depend on additional senses

(e.g., sound, smell, and temperature difference) and must apply adaptive techniques to

minimize conversational stress.

Papert and Harel (1991) describe bricolage as a style of solving problems by

trying, testing, and playing around. When familiar techniques and tools are lost along

with vision, afflicted individuals and their communicative partners must make use of what is left, much like a bricoleur, salvaging bits and pieces of interpersonal communication styles and techniques, creating a new co-constructed bricolage of interpersonal communication skills. Similar to the bricoleur, adventitiously blind people and their partners find agreement only by riffling through the scraps and pieces left in their bag of tricks, using trial and error to construct shared knowledge, conversational techniques, and understanding; all to build/rebuild an interpersonal relationship.

Conversations and disclosure are important relational, social, and cultural tools, used to bridge the unknown and forge a common foundation for relationships to become deeper and more intimate. Emotions and information are shared by building a common reality through communication. A botched conversation or misunderstood message can cause frustration, confusion, and anger, which may lead to conversational avoidance and a breakdown of the relational foundation (Heine, Erber, Osborn, & Browning, 2002). Research to better understand the different interpersonal communication styles used to communicate across the cultural divide between the sighted and the adventitiously blind will provide supplementary data to better understand the richness of nonverbal messages and alternative methods to compensate for missing or interrupted visual channels. Additionally, diminishing changes in interpersonal communicative patterns can and often do strain relationships and increase the level of depression. Identifying possible courses of action to reverse the changes associated with modifications in interpersonal communication may provide practitioners with tools to assist individuals in blind rehabilitation and their partner, reduce some of the confusion, shock, and possibly depression associated with re-acculturation. As such, this research will provide

supplementary data for rehabilitation programs to improve the interpersonal

communication skills of their adventitiously blind clients and their sighted partners.

Blind in a Sighted World

Because of the Americans with Disabilities Act (ADA, 1990), non-profit

agencies, and federal/state rehabilitation programs, many doors have been opened for

visually impaired students to attend universities, technical colleges, or trade schools and

become gainfully employed. Education provides people with visual impairments a better

opportunity to acquire jobs and lead more productive lives, but no laws guarantee an end

to discrimination, or ensure that people with disabilities will have equal opportunities in

the workforce. According to the U.S. Census Bureau, thousands of people with

disabilities have gone to work since the passage of the ADA (President's Committee,

1997). "As persons with disabilities move into the mainstream, in the work place, in

schools, and in neighborhoods, the need for both able-bodied and disabled persons to

know how to communicate with members of the other culture will continue to grow"

(Braithwaite, 1990, p. 465). As the numbers of people with physical disabilities in the

public sector increases, they become handicapped by the attitudes and previously

assigned social stigma toward them. Creating a vicious circle, abled people in general are

apprehensive about communicating with people with disabilities, which increases the

probability that abled people will avoid communication with them, further increasing the

apprehension. In many cases, the people with a physical disability may have valid ideas

to offer, but more often than not people without disabilities are unable to look beyond the

disability (Hemphill & Siperstein, 1990; Nemeth, 2000; Nisbet, Zanella, & Miller, 1984).

The enigma becomes debilitating to everyone involved when abled people want to but

cannot avoid interacting with people with disabilities. This communicative stalemate increases the abyss between abled and disabled and makes it even more difficult for the disabled to bridge the gap and be re-acculturated into an abled society (Lowery-Hart & Smith, 1996).

To become re-acculturated into the sighted world in which they live, adventitiously blind individuals require rehabilitation to learn basic skills (e.g., mobility, Braille, and independent living skills) for successful functioning in the sighted world. This training is performed in approximately 340 public and private rehabilitation centers throughout the United States (American Foundation for the Blind [AFB], 2012). The AFB describes communication rehabilitation:

> Continue reading and writing by switching from standard reading material to large print books and newspapers; using writing guides or magnification programs for the computer screen. Maintain everyday skills with specialized time-telling and telephone devices; a fool-proof method of identifying coins and bills when shopping; identifying and storing food, etc. Develop computer skills for staying in touch with family and friends via e-mail, handling banking and investment tasks, and much more; learning braille[sic]; making effective use of an ever-expanding range of technological devices. (AFB, 2012, para. 12)

The Department of Veterans Affairs' blind rehabilitation program describes communication training as, "The ADL (Activities of Daily Living) and communication training includes instruction in activities such as home and personal effects organization, cooking, grooming, shopping and financial management" (Kuyk et al., 2008, p. 500). Similar training doctrine is repeated in a variety of other rehabilitation centers and

programs such as The Foundation for Fighting Blindness (FFB), The National Federation of the Blind (NFB), The North Carolina Division of Services for the Blind (NCDSB), The University of Massachusetts Boston, College of Advancing Professional studies (UM), The Addie McBryde Rehabilitation Center for the Blind (AMRCB), Western Michigan University Department of Blindness and Low Vision Studies (WMU), The Carroll Center for the Blind (CCB), Alabama Department of Rehabilitation Services (ADR), Indiana Family and Social Services Administration (IFSSA), Mississippi Department of Rehab Services. and The Columbia Lighthouse for the Blind (CLB), have similar criteria and curriculum in their programs (ADR, 2012; CCB, 2012; CLB, 2013; FFB, 2012; IFSSA, n.d.; MDRS (2007)., 2007; NCDSB, n.d.; UM, 2013; WMU, n.d., Wright, 2007).

Unfortunately, this kind of training does not address the need for interpersonal communication rehabilitation and training. Previously sighted individuals have lost more than sight; they have lost many of the sight-dependent tools used to communicate interpersonally. People with visual impairments must learn new techniques to walk, read, and live independently, and they must also learn new interpersonal communication skills (e.g., how to adapt to the loss of nonverbal cues in conversations, relying on descriptive language, touch and smell).

Adapting to the communication deficit created by the loss of visual cues is a challenging process. The adventitiously blind individual must re-learn to communicate without receiving the nonverbal cues they once were accustomed to prior to the loss of sight. In many cases they are like people entering a foreign land and finding themselves the outsider, without the familiar shared symbols they once owned and used. In addition

to finding alternate methods to fill in the information voids created by the loss of sight, the visually impaired person must overcome the stereotypical generalizations created by society. Misconceptions and skewed expectations are exposed through interaction with the visually impaired. "Because of them [misconceptions and stereotypes], deep and stubborn 'grooves and channels' are created into which all the blind man's actions and feelings are pressed" (Scott, 1985, p. 22). Ultimately, change must come from both sides of the abyss if a bridge is going to be built.

Understanding the perception of a visually impaired person is difficult with a sighted person's point of view. Sighted individuals can close their eyes or wear a blindfold to simulate the loss of sight, but they can easily remove their impairment and return to the dominant sighted culture. An adventitiously blind person can often remember how things looked, but they cannot see new things. In the movie At First Sight, the lead character Virgil (played by Val Kilmer), gained his sight after surgery. He saw a picture of an apple and asked, "What is that?" He was told that was an apple. Webster (played by Nathan Lane) handed him a real apple, Virgil did not recognize the two dimensional representation of an apple as an apple until he held one in his hand and was able to tactilely "see" the apple and then visually compare it to the picture (Sack, Levitt, & Winkler, 1999). Only then did Virgil and Webster socially construct a shared reality and start to bridge the cultural gap.

The differences in sighted and visually impaired communication styles may interfere with the acculturation of a previously sighted individual, creating a void in the communication process. In order to teach, rehabilitation specialists must communicate

with the previously sighted individual. The following is an example of what may happen with sighted individuals:

> *Teacher:* Nice to meet you. Have a seat. *Points to a seat and reaches out to shake hands.*
>
> *Student:* Thank you. *Shakes hands and sits down.*

Such norms governing ordinary interpersonal interaction cannot, as a rule, be applied when one of the participants has a visual impairment (Scott, 1985). Then, a different scenario may unfold with a sighted teacher and a visually impaired student:

> *Teacher:* Nice to meet you. Let me shake your hand. There is a chair two steps in front of you to your left, please have a seat.
>
> *Adventitiously blind student:* Thank you. *Sticks hand out, guessing where the teacher is by sound and hoping the teacher takes his hand. He then searches for the chair and feels around to take a seat.*

Descriptive language provided by the sighted individual took the place of nonverbal cues, which usually provide the rich peripheral information needed to complete the message. In many cases, these interactions create a social dependency for the visually impaired individual, reinforcing the socially constructed stigma of reliance and further affecting self-image and identity of the adventitiously blind person.

Overall, this dissertation explores the rich visual nonverbal messages and channels missing in interpersonal communication between adventitiously blind people and their sighted partners. This investigation will be valuable across disciplines. Not only will it expand knowledge regarding the variety of visual nonverbal communication and methods to overcome its absence, but data about interpersonal relationships and

nonverbal communication may also be beneficial to rehabilitation and counseling programs, assisting people to find new ways to communicate interpersonally.

This dissertation explores the phenomenon of the loss of receiving nonverbal cues by the adventitiously blind and the necessity to compensate for by their sighted partner when sending messages. Additionally, the dissertation discusses what methods have been used by the couple to compensate for the loss of nonverbal cues, in other words how have couples changed their communication style to adapt to the loss of vision. Finally, the research seeks to find if the change in communication style affected how individuals identified themselves as individuals and in their relationship. Relationships that have been impacted by a disability have additional obstacles to contend with. Thus this dissertation explored these questions using aspects of social construction and the communication theory of identity as theoretical perspectives to better understand how the participants adapted to the changing nonverbal environment.

CHAPTER II

REVIEW OF LITERATURE

Literature describing communication in the absence of nonverbal cues is limited at best; therefore this literature review will be presented in six sections (1. Nonverbal Communication, 2. Disabilities, 3. Communication Obstructions, 4. Stress and Depression, 5. Identity, and 6. Social Construction of Reality). Nonverbal Communication provides a cursory view of nonverbal communication and the importance of visual nonverbal cues and messages. Disabilities presents a broad overview of disabilities, a brief historical view of the social labels and public perceptions, self-esteem, cultural barriers, stereotypes, and interpersonal barriers. Communication Obstructions discuss the cultural communicative obstructions encountered by adventitiously blind, their communicative partner, the cultural stereotypes encountered, and the difficulties adventitiously blind people encounter while attempting to communicate with various parts of the message missing. Stress and Depression provide insight to how a loss of vision can interfere with both physical and mental health, contributing to a downward spiral further limiting communication and eventually affecting self-perception. Identity gives a brief interdisciplinary background of identity, and Social Construction of Reality culminates in a brief explanation of the communication aspects of the Social Construction of Reality.

Nonverbal Communication

If asked, most individuals would describe nonverbal communication as communication created without the use of words. This is generally correct, but it does not account sufficiently for the intricacy of this phenomenon. Nonverbal communication

compliments verbal communication in several different aspects: 1) supplies additional information about the content of verbal communication, provides feedback, and enables synchronization; 2) communicates attitudes; 3) impacts interpersonal relations either bringing participants closer or moving them farther apart; 4) expresses emotions; 5) expresses information about personality, both voluntarily and involuntarily; and 6) is used in ceremony and ritual, persuasion and propaganda (Graham & Argyle, 1975).

Gestures are not an afterthought used to reinforce the verbal message; they are involved in the conceptual planning of speech (Alibali, Kita, & Young, 2000). According to Rauscher, Krauss, and Chen, nonverbal gestures are usually unplanned, and fluent, and "The prevailing view is that they enhance communication by conveying information that amplifies and modulates information conveyed in the speech channel" (1996, p. 226). More often than not the nonverbal cues are a substantial part of the message; people look for and often unintentionally decode them as part of the message (intended or not). "We respond to gestures with an extreme alertness and, one might almost say, in accordance with an elaborate and secret code that is written nowhere, known by none, and understood by all" (Sapir, 1929, p. 137). Nonverbal behaviors such as gestures, facial expressions, or postures provide the sender with a collection of components they can use to enhance, supplement, or change verbal messages and supply receivers vital information for comprehending and decoding the verbal messages (Alibali, Heath, & Myers, 2001; Cohen, 1977; Cohen & Harrison, 1973; Krauss, Chen, & Chawla, 1996). Therefore a complete message includes verbal and nonverbal elements and relies on shared meanings between the sender through encoding and decoding by the receiver.

Just as a painting relies on the subtle but distinct differences in color and shades to create a complete picture, a message void of either verbal or nonverbal elements could not tell the whole story.

Nonverbal signals are so established that people unknowingly make decisions based on nonverbal signals throughout the day; interpretations of these cues are generally automatic and happen within milliseconds (Ambady & Gray, 2002; Ambady & Rosenthal, 1992; Weisbuch & Ambady, 2009). "People efficiently extract a great deal of information from the nonverbal behaviors of others and then use this information to form impressions of the world around them. Indeed, people are extremely sensitive to others' nonverbal behavior" (Weisbuch & Ambady, 2009, p. 1104). These cues often cause decisions to be made based on minimal information. Marketing and advertising firms have been taking advantage of this and manipulating visual nonverbal messages, strategically framing them to convey specific meanings, (i.e., people with baby faces are considered trustworthy and people with mature faces are considered credible (Carli, Lafleur & Loeber, 1995; Cesario & Higgins, 2008).

Scanning the surrounding people for a friendly or unfriendly face is one of the evolutionary traits we have developed as a means of survival (Ambady & Rosenthal, 1992; Krebs & Janicki, 2004). Visual nonverbal cues provide early information and data about others (e.g., a limp, a wheelchair, a crutch, a brace, or a white cane implies the user is disabled). Is the person being enthusiastic (smiling) or reluctant (rolling the eyes)? Nonverbal cues usually do not happen in isolation; several occur together as one nonverbal behavior set creating meaning alone, or as a compliment to spoken words providing a complete rich message. Additional nonverbal behaviors could either

reinforce the meanings of those behaviors or contradict them (e.g., a legally blind person with a white cane and reading labels in a grocery store, a person walking away from a wheel chair, or a deaf person dancing to music they feel but cannot hear) could create conflicting messages and increase cognitive dissonance (Ambady & Rosenthal, 1992; Rashotte, 2002; Rosenthal, 2003). Adventitiously blind individuals, although at one time familiar with this method of communication and decision making, have lost this ability. Which in turn can limit their capability to receive visual nonverbal cues, interfere with their ability to receive the complete message and ultimately communicate effectively and/or efficiently.

Some researchers, including Knapp and Birdwhistell, have stated that the nature of verbal and nonverbal signals are inseparable. "Ray Birdwhistell, a pioneer in nonverbal research, reportedly said that studying only nonverbal communication is like studying noncardiac physiology" (as cited in Knapp & Hall, 2006, p. 10). Although this is probably true for the majority of society, it is not true for the adventitiously blind population. The loss of the ability to receive visual nonverbal cues (e.g., head nods, gestures and facial expressions) can ultimately lead to limited communication, loss of independence, and social isolation (Crews & Campbell, 2004; Erber & Scherer, 2008; Fagerström, 1993; Luey, 1994). Adventitiously blind individuals find they have become part of a marginalized group. No longer a part of the dominant sighted group, they must find ways to navigate familiar terrain in an unfamiliar way, without many of the communication tools they once mastered. Previously sighted individuals must learn to communicate without receiving the subtle nuances formerly provided by visual nonverbal signals. To bridge this void, previously sighted individuals and their communication

partners must overcome a forced change in their communication style by replacing visual

nonverbal cues with alternate supplementary information such as touch and/or descriptive

language.

<center>Disabilities</center>

The all-inclusive term "disabilities" encompasses a variety of maladies; although

the focus of this research is on visual impairment, a broad understanding of the history,

stereotypes, public perceptions, self-esteem, and interpersonal communication barriers is

essential.

History

People with disabilities have a unique view of the world. Everything is taller to a

person in a wheelchair; songbirds do not sing to the deaf; and the touch-screen

technology on many smart phones and tablets is useless to the visually impaired.

Although the category of disabled is broad and can have many different variations there

is one somewhat definitive description. The Americans with Disabilities Act defines an

individual with a disability as: "A person who has a physical or mental impairment that

substantially limits one or more major life activities" (ADA, 1990, p.330). This is far

from a perfect definition, but is much better than how disabilities were viewed

historically.

In the past, people with disabilities have been labeled by many societies as

accursed of God, possessed by demons, pitiable creatures, and/or utterly miserable.

Society often hid them in asylums or almshouses along with criminals and the poor

(Braithwaite, 1990; Colvert & Smith, 2000; Stromer, 1983). Historically, the rights of

marginalized groups including people with disabilities have been overlooked; their voices

have been neglected; they were viewed negatively; and their opportunities for survival have been threatened, negatively affecting their chance to lead better lives and to participate in society (Iwakuma & Nussbaum, 2000; Miike, 2006). Over time, society has identified visually impaired people in four distinct phases; separation, ward status, self-emancipation, and integration (Lowenfeld, 1975). Tuttle (1984) clarified and slightly modified the list by dividing integration into the two separate topics, education and assimilation, and renaming ward status as protection, creating five phases.

Separation. In early societies, most visually impaired people were segregated from society. The prevailing hypothesis was that visually impaired individuals could not contribute to the welfare of a community. Visually impaired people were not seen as people; they were seen as liabilities to the survival of the clan.

Protection. Pity and compassion were prominent during the Judaic and early Christian eras. The visually impaired members of society were recognized as members of the human race, which meant it was the moral responsibility of the community to take care of the less fortunate.

Self-emancipation. Several visually impaired people during the 17th and 18th centuries did not let their lack of vision impede their desire to succeed. An eclectic group of people and disciplines (Dulon, a musician; Bacon, a lawyer; Gough, a mathematician; Schonberger, a philosopher, and Metcalf, an engineer) were just some of the visually impaired people who, through their own efforts, rose to prominence despite the prevailing societal attitudes toward the visually impaired (Lowenfeld, 1975). They proved that visually impaired people could contribute to the welfare of their communities.

Education. After it was demonstrated that people with visual impairments could learn and become contributing members of society, the next logical path would be to create schools designed to educate and train the visually impaired. Even after some people with visual impairments demonstrated the ability to learn both academic and vocational skills, their place in society was largely in repetitive menial jobs out of the mainstream. Although this lead to limited acceptance it did not eliminate society's segregation, and the relegation to a position of an outsider within. Feelings of membership in the community continued to evade people with visual impairments (Tuttle, 1984).

Assimilation. The failure of the individuals who are visually impaired to be assimilated into society was possibly because they had not learned through their training to compete with the sighted. Additionally, most sighted people did not have a chance to experience people with visual impairments beyond their menial roles in society. During the twentieth century, individuals who were visually impaired were integrated into public schools alongside of the sighted students. Unfortunately, physical integration and social integration are not the same thing; the physical presence of a person with a visual impairment with sighted peers does not guarantee acceptance by the dominant group.

As a society we have progressed through the phases slowly integrating blind citizens into the fabric of everyday life, but integration and acceptance is also not the same thing.

Self-esteem

The level of self-esteem (e.g., a measure of the dignity and worth of the individual determined by the individual) of people with visual impairments is partially dependent on

the degree of assimilation they experience in society, (Resnick, 1981). Data from the

2010 Census shows that people with disabilities make-up 16.62% of the population

between the ages of 21 and 64. Additionally, working aged individuals with disabilities

are less likely to be employed and more likely will live below the poverty line than

individuals who are able-bodied (Harter, Scott, Novak, Leeman, & Morris, 2006). This is

significant considering the unemployment rate of people 21-64 years old with disabilities

is 58.90%, almost three times that of people without disabilities at 20.92% (U. S. Census,

2010). Furthermore, the Bureau of Labor and Statistics (2009) reported an

unemployment rate of 35.5% for individuals without a disability and 80.8% for people

with disabilities. The good news is the void between the sighted world and visually

impaired world has narrowed because of the increased exposure between persons with

visual impairments and the sighted population. One key factor is that the fastest growing

segment of the U.S. population in the workplace is individuals with disabilities (Modaff,

DeWine, & Butler, 2008). Increased exposure and interaction can have some negative

side effects as well due to cultural differences and perspectives. Often people offer

assistance just to be courteous, but the message is not always received as it was intended.

Cultural barriers

Barriers are often created by well-meaning people following socially constructed

rules of etiquette, but frequently the well-intended acts cause a variety of realities to be

created and unfortunately they are not necessarily the right or intended version of social

reality. "Representations have real consequences for real people, but these consequences

go beyond the people being represented, since there are consequences for those who

make these representations as well" (Titchkosky, 2000, p. 198). The desire to assist

people who are disabled can be motivated or driven by society's *norm* of social behavior and/or a need to be supportive.

> After a while I gave in and let them perform small services which I could perfectly well have done for myself, for it made them happier or at least seemed to confirm their impressions of what a blind person should be. This attitude of overprotection toward the blind, not infrequent among the sighted, often can be more of a handicap than blindness itself, and one of its most damaging is the continual effort to help the blind person physically at the expense of the blind person's feelings. (Carver, 1961, p. 163)

Unfortunately, unsolicited assistance can communicate to a person with a disability that they are inferior and unable to take care of themselves, similar to some of the inadvertent conflicts during the early feminist movement, when a door was opened for a woman by a well-meaning man. An individual with a disability may perceive assistance differently, feeling inferior and helpless, and reducing self-esteem. If the person with a disability articulates displeasure for unsolicited assistance, the abled helper may not recognize the legitimacy of the person with a disability, because of the accepted societal norms stereotyping the individual with a disability as dependent and helpless. The individual with a disability could also be seen as ungracious and thankless for rejecting assistance from an abled person. "The responses of a person with disabilities to unwelcome assistance may also be problematic. A choice on the part of a person with a disability to reject help that is perceived as debasing may be viewed as inconsiderate as ungrateful by a helper" (Soule & Roloff, 2000, p. 68). Interpersonal miscommunication due to cultural

differences such as this contributes to the misunderstandings and cultural gap between abled people and people with disabilities, further reinforcing societies' stereotypes.

Stereotypes

Despite advances precipitated by many equal rights movements, the socially constructed definitions of people with disabilities have often remained stuck in a stereotypical twentieth century frame. Stereotyping or pigeonholing groups of individuals based on common characteristics is inherent to the human species. Regardless of an individual's background, one will invariably identify certain characteristics and assign a stereotypical label to logically file the individual in their mind, (e.g., a tall person as a basketball player; a homeless person as lazy, a religious person as trustworthy, or person with a disability as dependent). The stereotypical image often applied to persons with disabilities is negative and condescending. (Braithwaite & Harter, 2000; Cohen & Avanzino, 2010; Herold, 2000; Thomson, 2000) Preconceived notions and stereotypical beliefs about people with disabilities can create interpersonal barriers that limit individuals with disabilities' contributions to and participation in society.

> The disability of blindness is a learned social role. The various attitudes and patterns of behavior that characterize people who are blind are not inherent in their condition but, rather, are acquired through ordinary processes of social learning. Thus, there is nothing inherent in the condition of blindness that requires a person to be docile; dependent, melancholy, or helpless; nor is there anything about it that should lead him to become independent or assertive. Blind men are made. (Scott, 1985, p. 14)

Social stigmas limit the opportunities people with disabilities are offered and prohibit them from contributing to society, both socially and professionally (Bradshaw & Mundia, 2005; Brodwin, Orange, & Brodwin 1998; Hamdy, Auter, Humphrey, & Attia, 2011; Hergenrather & Rhodes, 2007). Stigmas toward people with disabilities have always been a barrier to their integration into society and a key to their marginalization. Societies socially construct the meaning of disability through language, media, photography, art, and literature (Berger & Luckmann, 1966; Haller, 2000; Higgins, 1992). Media actively frame people with disabilities as "different," thus creating a constructed stigma. In many cases, writers have given disabilities to villainous characters, reflecting and reinforcing an exaggerated relationship of disabilities and bad character. Exacerbating three common prejudices against people with disabilities; 1) disability is a punishment for evil; 2) disabled people are embittered by their fate; and 3) disabled people resent the nondisabled (Longmore, 1985; Ware, 2001). These biased frames contribute to creating or changing the public image of people with disabilities and often affecting the self-image of people with disabilities as well (Haller, 2000; Nelson, 1996). These socially constructed criteria are used to assign stereotypes, are culturally dependent, and are developed over a lifetime. These measures may lead a person with a disability to believe they are of less value than a person without a disability.

The stigma of broken or blemished goods often affects people with disabilities and their interpersonal relationships (e.g., romance, friendship, and work).

> There is still a part of me that buys into this assumption, kicking and screaming as
> my ego might be; this part of myself is trained to believe that as a blind woman I
> am lucky to find an able-bodied partner. (Nemeth, 2000, p. 37)

Nemeth's description of a relationship between a person with a disability and an abled person highlighted some of the identities socially constructed and assumed by members of an interpersonal relationship (e.g., protector/protected, dominant/submissive, nurse/client, giver/taker, beauty/beast). Society has conditioned people to believe a person with a disability is damaged goods and should be happy any abled person is willing to be in a relationship with them.

Interpersonal barriers

In many cases, people in marginalized segments of society believe they have to be particularly good relationship partners to make up for what they feel their partners are giving up by being in the relationship. Some feel they must compensate for their relational limitations by being excessively giving. This can result in the denial or suppression of negative or unpleasant emotions, creating a sense of discontent and anger (Crawford & Ostrove, 2003; Jack, 1999; Lindemann, 2010; Nemeth, 2000). If emotions are internalized they can create an unhealthy feeling of self-loathing, resentment and/or depression. On the other hand, if anger and pain are expressed, a person with a disability could be judged as a bitter cripple who believes the world owes them. The fear of rejection can be paralyzing and emotionally damaging, even limiting available assistance. By denying the possibility of interpersonal relationships, people with disabilities give up before trying and limit their chances of finding a fulfilling relationship. One example of this was recorded thusly:

> But the doubts remained. Don could see I was blind. Therefore he could not
>
> possibly be in love with me the logic seemed inescapable. At the same time I was
>
> certain, yet skeptical of my own love for him. Love was something I had read

about in Braille Paperbacks and invariably concerned sighted people. How could it happen to me? (Hocken, 1977, p. 95)

People with disabilities become a marked group, resulting in the creation of an illogical paradigm. On one hand, they are given a social identity as being citizens who have the same rights as others and should be integrated like able-bodied individuals. On the other hand, this assimilation ignores the fact that they are different and does not allow them to be different. The integration into the general population reveals the inconsistency of the person with a disability being seen but not socially acknowledged. Hiding the difference through legislation and rehabilitation programs renders persons with disabilities socially invisible (Dossa, 2006; Hamdy et al., 2011; Hergenrather & Rhodes, 2007), essentially constructing a veil to hide imperfections and eliminating a key component of their identity. People with disabilities want nothing more than the average member of society; they want to be wanted. For instance,

I was experiencing what most blind people experience sooner or later. They want-but "want" isn't strong enough; "need" is a better word-they need to belong to the world around them. . . . Consciously or subconsciously we long to be useful and accepted, regarded with favor. Loss of sight does not change this; I discovered I needed to find a way to belong. (Carver, 1961, p. 178)

The desire to be part of something bigger than one's self, part of a community/tribe is natural, and when a person with a disability cannot fulfill those desires, depression and isolation can evolve. "A strong relationship exists between sensory loss and decreased communication performance as well as between sensory loss and poor psychosocial functioning" (Heine & Browning, 2002, p. 768). The loss of

vision is not like closing your eyes; although this would give a momentary glimpse of being blind. A visually impaired person cannot just open their eyes every time they get confused, scared, or lost. Visual loss in essence is the deconstruction of what was reality. Many of the items and events can no longer be perceived or achieved without assistance; such as: Is that a one dollar bill or a five? Is this sock red, blue, black brown or something else? Walking requires a cane to identify obstructions and holes. A visually impaired person cannot jump in the car and drive to the store or coffee shop, just to name a few. A person who has lost the ability to see has two choices: they can stay in the limited niche created by society for people who does not fit in, or they can begin to find ways to re-acculturate and new ways to fit in. Finding bits and pieces of what is available to try to understand the world is a step toward reconstruction. One person wrote,

> I got along the pavement as best I could and that is another frightening experience difficult to describe to anyone who has not been blind, because though you are surrounded by noise, you have no coherent mental picture of what is around you. Sometimes I could tell by the particular quality of the sounds of traffic and footsteps that I was near buildings or passing an open space. But I had absolutely no idea what the road might be like and still less what might be on the other side of it. Were there children playing, people gossiping, women buying bread or potatoes? What did they look like? Who were they? I could not imagine any of it. I walked along in an enclosed gray little world, a two-foot-square box of sounds around me. (Hocken, 1977, p. 25)

Previous research has associated sensory loss in the geriatric population to frequent conversational breakdowns and the self-perception of being poor

conversationalists. The loss of vision is often associated with psychological reactions such as depression, low morale, hopelessness, poor self-esteem, anxiety, lethargy, and social dissatisfaction, possibly leading to withdrawal from activities, a reduced sense of control, and diminished self-esteem (Bouchard-Ryan, Anas, Beamer, & Bajorek, 2003; Bouchard-Ryan, Anas, & Mays, 2008; Heine & Browning, 2002). Adventitious blindness, even in a younger population, also leads to the same effect by interfering with the learned methods of message reception, contributing to a failed communication and to the breakdown of interpersonal communication.

The inability or difficulty to overcome this loss and improve communication may result in poor psychosocial functioning. Erber and Heine (1996) pointed out; visual detail, distance, illumination, and facial acuity of the interlocutor are all contributing aspects of successful communication. "Many people with severe vision loss cannot see their communication partner's face, they cannot pick up non-verbal cues (gesture, facial expression and body posture) and may have extreme difficulty lip-reading" (Heine & Browning, 2002, p. 766), creating voids in the communicated message and altering, distorting, or eliminating the original message completely. Similar to a garbled cell phone call where words and tone are lost in the atmosphere, but without the ability to move a little to gain a stronger signal, adventitiously blind individuals are missing communication channels, they once took for granted.

<center>Communication Obstructions</center>

An understanding of the communicative barriers encountered by adventitiously blind and their communicative partner is essential to develop an understanding of the methods that can be used to remove the barriers.

Interpersonal communication is not merely words spoken between people.

Communication is thick with supporting information, usually provided through nonverbal

communication, shared symbols and meanings. According to Whorf, culture creates

communication and communication creates culture (Lim, 2002), eventually creating

cultural differences as a result from a melding of various traditions and excluding others.

The formative processes of individual civilizations are even more complex, and they

continually undergo the processes of changing or reshaping in order to exist

(Gawlikowski, 2002). Sue, Arredondo, and McDavis (1992) described a process

whereby one's cultural identity is constructed based on three dimensions: demographics

(e.g., age, culture, ethnicity social class, language, physical well-being, and sexual

orientation); choices (e.g., education, geography, hobbies, healthy habits, religion, work

and relationships); and events (e.g., historical moments and eras). People who are not

born with disabilities, but find themselves disabled due to an accident, injury, or disease,

are particularly served by using a cultural lens as becoming disabled means an often

dramatic change from being a member of the majority (i.e., ablebodied) to being a

member of another culture (i.e., disabled) (Braithwaite, 1990; Murray, 2005).

Adventitiously blind sojourners carry their sighted cultural perspectives and identity

through the transition into their new role as a member of the visually impaired culture,

possibly changing their perception of identity in the process. As a member of the sighted

culture, words are learned in conjunction with a rich nonverbal tapestry, completing a

vibrant colorful picture. Nonverbal communication is more than support/filler

information; not limited to color, subtle detail, and shades of gray; in many cases,

nonverbal cues contain the majority of the message. As a new member of the visually impaired culture sending messages with nonverbal supplements may continue but the ability to receive such visual enhancements is forever lost.

Relationships are created and maintained through mutual discourse and agreed meaning-making through communication (i.e., the reciprocal exchange of information; Bartesaghi, 2009; Berger, & Luckmann, 1966; Cronen, Pearce, & Changsheng, 1989; Stewart, 2009; Tracy, 2009). A conversation is a dynamic, recurring procedure containing symbols (both verbal and nonverbal) strung together to form sentences in a give-and-take exchange laced with different discourses of meaning (Conville, 1998a). The meanings that develop might temporarily be firm, but the potential for new meanings can change with the next word or conversation. Dialogue is not certain, dialogue only has "contingent certainty" (Baxter & Braithwaite, 2009, p. 31). The meaning is stable only until it is reevaluated in the context of the next reciprocal action. Therefore, the relationship can be viewed as an unfinalizable process shaped by the ongoing, fluid nature of meaning-making (Conville, 1991).

The communicative uncertainty caused by the lack of information can be stressful to anyone, especially individuals who have lost the ability to see, and this creates additional communication challenges. The barriers erected by stress and uncertainty create additional disabilities beyond the physical aspect of vision loss, building upon one another much like a snowball grows as it descends a mountain. Thoughts such as; "Is it my fault," "How can I provide for my family," "Why me," "Will I ever see…," "How will I get around," "Will I be a burden," or "I cannot handle this" are just a few of the negative questions/statements people who have become disabled face. The accumulative

process of each negative thought and/or feeling building on the previous, increasing the feeling of loss and despair, add barriers to communication and changing how a person identifies themselves. One example:

> The real pain I was beginning to feel was not physical, it was spiritual. It was a loss of self-esteem, that thing I call the elephant was really a big creature with a shriveled self-image. He did not think well of himself. He felt guilty. He felt inadequate. He felt unable to cope. Those are sure-fire self-esteem problems. (Kemper, 1977, p. 67)

Communication related difficulties such as: conversational competence, communication style, deficits in verbal communication social skills, and poor or low social expressivity have all been linked to an increase in depression and depression symptoms (Gable & Shean, 2000; Jung 2013, Segrin, 1992, 2000; Segrin & Flora, 1998; Uebelacker, Courtnage, & Whisman, 2003; Yu et al., 2006).

Stress and Depression

Depression is not a minor malady that is an inconvenience; it is actually ranked as one of the top five health problems by The World Health Organization (WHO). WHO also projects only heart disease will rank higher by 2020 (Jung, 2013; Murray-Smith & Lopez, 1997). The loss of vision can interfere with both physical and mental health, contributing to a downward spiral further limiting communication and eventually affecting self-perception and identity. Visually impaired individuals are frequently in demanding listening situations and must apply adaptive techniques to minimize conversational stress.

Conversations are important social and cultural events because they communicate information, emotions, and often direction. Stress has been studied by a variety of researchers (Antonovsky & Sagy, 1986; Berry, Kim, Minde, & Mok, 1987; Kail & Cavanaugh, 2007, Lazarus & Folkman, 1984; Selye, 1975) and by a variety of disciplines (e.g., Psychology, Sociology, Counseling, and Medicine). Crews and Campbell (2004) compared sighted people with previously sighted individuals and reported; individuals with visual impairments were twice as likely to experience symptoms of depression and being depressed. Visually impaired individuals showed higher levels of alienation than the participants without a visual impairment, ranging from conventional isolation, to powerlessness and self-estrangement due to limited environmental stimulation (Agrawal & Piplani, 2001). Additionally, Bandello, Lafuma, and Berdeaux (2007), estimated, people with age-related macular degeneration and visual acuity worse than 20/200 (one of the definitions of legal blindness) had a 15 percent probability of developing depression almost three times greater than an estimated 4.4 percent of the general population of people without chronic conditions (Strawbridge, Deleger, Roberts, & Kaplan, 2002).

As anxiety and stress increase, a certain set of stress symptoms or behaviors begin to show, feeding off of one another in affect ballooning "such as lowered mental health status (specifically confusion, anxiety, depression), feelings of marginality and alienation, heightened psychosomatic symptom level, and identity confusion" (Berry et al., 1987, p. 492), any of which can affect an individual's ability to function. Loss of vision, regardless of its severity, can and often does increase anxiety, stress and/or depression resulting in the inability to perform even the basic activities of daily living (Horowitz,

1994; Horowitz, Balistreri, Stuen, & Fangmeier, 1994; Kirchner, 1995). Going to the coffee shop or even paying for a cup of coffee is a completely different event for a visually impaired person. The onset of a visual impairment can lead to the loss of independence or feeling of autonomy and can alter one's self-image or identity. "In fact, vision impairment has been identified as one of the four leading causes of lost independence" (Stuen & Faye, 2003, p. 12). A breakdown in communication can cause frustration and anger, which may lead to conversational avoidance (Heine et al., 2002), continuing the accumulation of doubt and confusion ultimately culminating in isolation.

Research on Disabilities and Relationships

Research centered on disabilities and communication is limited at best. Most was conducted around the turn of the century with a broad focus authors such as: Braithwaite (1990) and Braithwaite and Harter (2000) developed data on stereotypes, image and interpersonal relationship, Brodwin et al. (1998), and Bradshaw and Mundia (2005) provided insight on social stigmas and discrimination, and how it affects communication and people with disabilities. Education and employment opportunities for people with disabilities are limited by socially constructed barriers to attain the quality of life generally expected. "Quality of life includes, but is not limited to, education, employment, independent living, community integration, and socialization" (Brodwin et al., 1998, p. 31). Although many people with disabilities are capable of achieving these goals, they are prevented from attaining them due to the social barriers.

Harter et al. (2006) developed a better understanding of employability, stereotyping, and discrimination, through exploration and discourse about how difference has sustained the separation of people with disabilities from community life. Heine and

Browning (2002), and Heine et al. (2002) concentrated their research on psychosocial

functioning, diminished self-esteem, interpersonal communication, and conversational

avoidance. An increase in vision loss and/or diminished hearing obstructs the ability to

communicate; hence individuals with sensory limitations often experience a breakdown

in communication. Poor psychosocial functioning, depression, anxiety, lethargy, and

social dissatisfaction are often reported as a result of sensory loss and directly impact the

quality of life and feelings of well-being. Herold (2000) explored stereotypes and image

as applied to people with disabilities in the employment process. The frustration of job

applicants with disabilities has real significance; many see successful job interviewing as

a battle against prejudice. Individuals with disabilities, particularly those who have the

most visible disabilities, are considered less attractive and less employable; and as such

are frequently stranded in a position of social and economic dependency.

   Jack (1999) identified a connection between intrapersonal dialogues and

depression, relationship issues, and social stigmas. Kreps (2000) provided insight into

culture and multicultural relations as it impacts people with disabilities. Culture is a

multifarious socially constructed arrangement with powerful influences in every facet of

life, and disability is the primary cultural attribute influencing communication between

the disabled and the abled. Nemeth (2000) brought to light some of the many problems

people with disabilities have in initiating and maintaining interpersonal relationships,

along with the identity and image issues they face. According to Nemeth (2000),

stereotypes and stigmas are initiated, beginning with the socialization of children with

disabilities in terms of their constructed identity. "Ablebodied children learn that,

although helping people with disabilities is positive, engaging in friendships with them

carries a significantly greater social risk" (Nemeth, 2000, p. 39). Societal messages also "demonstrate and/or institutionalize negative attitudes about sexuality and disability" (Nemeth, 2000, p. 38). Furthermore, abled partners sometimes "attempt to cloak the disability to avoid undue attention, stigma by association or being judged as strange and/or suspect for dating someone with a disability" (Nemeth, 2000, p. 42).

Segrin and Flora (1998) found an increase in depression due to communication related difficulties. Scott, Martin, Stone, and Brashers (2011) and Soule and Roloff (2000) bridged the interpersonal and intercultural division between the abled and disabled worlds. Some exchanges are more supportive and satisfying providing a better understanding of the desires of the disabled, while also supporting and managing what the relationship means to the abled partner, and defining the identities and relationships of each. Westhaver's (2000) work documented the marginalization, rejection, and acceptance of people with disabilities in relationships with abled partners. Worley (2000) focused on university students with disabilities and the many obstacles they encounter. Finally, Thompson, Bryson, and de Castell (2001) researched identity formation for lesbian, gay, or bisexual people with developmental disabilities. None delved into visual impairments and overcoming the loss of a key communication tool such as nonverbal visual cues.

Most recent research has focused on communication between individuals with cognitive disabilities, medical professionals, and augmentative/alternative communication methods. Dudley-Marling's (2004) work focused on the social construction of learning and learning disabilities. By critiquing the ideology of individualism, an individual's success and failure are internal, wholly dependent on

themselves, as opposed to an alternative perspective of social constructivism, defining learning, and learning problems as a result of human relations and activity. "The primary argument developed here is that one cannot be learning disabled on one's own. It takes a complex system of interactions performed in just the right way, at the right time, on the stage we call school to make a learning disability" (Dudley-Marling, 2004, p. 482).

Holmes (2003) found problems created in interpersonal/workplace communication for and by people with intellectual disabilities. While workplace communication is primarily, task-oriented interaction focusing on information exchange, however, workplace interaction is unlikely to operate efficiently if it is missing "crucial small talk that oils the social wheels" (p. 65). Effectively engaging in small talk in the various work contexts presents serious challenges for some workplace novices and people with disabilities. The taken-for-granted assumptions that underlie much of our day-to-day interaction at work, small talk is characteristically found along boundaries of interaction, being able to identify a relevant and legitimate boundary usually requires sophisticated judgments about the structure of dialogue. Small talk is or should be limited in its frequency and duration, different occasions and contexts create additional socially acceptable limitations which can add to the intricate parameters and structure making understanding problematic to workers with disabilities who are or maybe unfamiliar with workplace norms and practices. "Workers with an intellectual disability do not always recognize this important fundamental function, and sometimes therefore respond inappropriately" (Holmes, 2003, p. 67).

Kuyk et al. (2008) found that visual impairment rehabilitation affected quality of health. Individuals whose refractive error was corrected showed significant changes in

National Eye Institute Visual Function Questionnaire (NEI VFQ) scores for vision, visual

acuity, and mental health. McConkey, Truesdale-Kennedy, Chang, and Shukri (2008)

explored parenting and *raising* children with intellectual disabilities. Intellectual

disability is not limited by cultural or geographic boundaries; internationally, primary

care of a child with a cognitive disability generally falls on the mother, and often her

responsibilities include care for the rest of the family, home, and breadwinner.

Moreover, care for an affected child does not end when they reach adulthood. "It is well

recognized that families of children with disabilities are under greater stress than other

families due to the additional demand on the parents time, energy, finances, emotions,

and possible feelings of inadequacy about their competence to deal with their child's

needs" (McConkey et al., 2008, p. 66). Mothers in families with children with

disabilities report poorer health, more depressive symptoms, and anxiety than do mothers

of children without disabilities. Additionally, parents of children with disabilities may

also experience loneliness or isolation due to the increased time and energy required at

home.

     Lastly, Cannella-Malone, DeBar, and Sigafoos (2009) and Dada and Alan (2009),

Trnka, Yarrington, McCoy, and Pennington (2006) and Wisenburn and Higginbotham

(2008) looked at participants with intellectual disabilities and the use of augmentative and

alternative communication devices and observed the effects of aided language on people

with cognitive impairments and learning disabilities. Aided language stimulation

programs have shown to facilitate learning and enhancing a target vocabulary, possibly

due to the rich contextual learning, stimulation, and its activity-based nature.

Unfortunately, there has been little investigation into the interaction between speech

comprehension and the acquisition of a graphic, possibly because to the majority of

Augmentative and Alternative Communication (AAC) intervention has been on

expressive language skills. While the System for Augmenting Language (SAL) differs

slightly, associating symbols and objects by pointing to physical environmental objects

then pointing to the graphic symbol. Although all of the aided language methods have

the ability to improve the communication skills of people with disabilities, they do not

benefit individuals who have lost their sight because they are visually based. Although

research in these areas is important, it also should include the perspective of people with

disabilities, identifying barriers from the other side of the gap. Establishing bridges and

creating an unencumbered path for re-acculturation and eventually to self-fulfillment are

desired, instead of filling niches created by a society of primarily abled members.

When both parties in a relationship were sighted, the exchange of nonverbal cues

was mutual, but when a sighted person sees an adventitiously blind person smile and

smiles in return, the message may get lost, adding to the vagueness of the interaction. On

the other hand, because of their field of experience, an adventitiously blind person

comprehends what the color red is, or what a computer mouse looks like. By identifying

the weaknesses and strengths, communicative partners can begin building bridges across

the new cultural void to reduce the anxiety created by miscommunication and/or a loss of

communication. Classifying the phenomenon from both participants' perspectives is

important. If the observations were only made from the standpoint of the visually

impaired person, the researcher would understand the difficulties of missing information,

but not the difficulties of changing communication styles. Therefore these research

questions are presented:

RQ$_1$. How does the loss of visual nonverbal communication affect the relationship through the interpersonal communication process:

RQ$_{1A}$. For the adventitiously blind?

RQ$_{1B}$. For the sighted communicative partner?

Identity

A brief interdisciplinary view of societal forces such as culture affects both identity and the construction of reality. "Disability qualifies as another identity context, one that clearly marks individuals as part of a group and as members of a minority sometimes subject to prejudice or discrimination" (Dunn & Burcaw, 2013, p. 149). Individuals with vision loss, who lose their independence, may become depressed and/or avoid interpersonal situations, which in turn may cause them to question their *identity*. Furthermore, the spouse of a visually impaired person may become depressed or overwhelmed with all the new responsibilities associated with a disabled partner. Although there is not one source or origin for identity, previous research shows that identity is affected by an individual's perception of self, other's perceptions, and environmental or external events (Burke, 1991; Burke, & Tully, 1977; Jung & Hecht, 2004). Adventitiously blind individuals once had a concept of their identity (e.g., father husband, soldier, breadwinner, baseball player, bowler); each part of their identity was either their perception of self, assigned by their relationships, actions or community. However, once they lost their vision, society saw them as something different. Now they are a blind husband, a blind father, and a blind veteran. Identity and ability are often judged first on the disability then on the other personal characteristics one possesses.

From the other side of the road I heard the voices of little boys and the sound of

something else-a ball bouncing against a wall or wooden gate. I called out,

"Hello can I play with you? Can I come and play?" The ball stopped bouncing

and there was silence. Then one of the boys answered, "No, you can't. You

couldn't play if you tried Cross-Eyes" As I turned and felt my way back to the

house, I heard the ball start bouncing again. (Hocken, 1977, pp. 1-2)

Becoming visually impaired can affect the way an individual sees themselves and their

perception of identity, thereby increasing stress and interfering with the ability to

acculturate into the new visually impaired culture or re-acculturate in the sighted culture

as a visually impaired person.

An individual's identity has more than one standpoint and can be studied from

psychological, sociological, and/or anthropological perspectives. Each view stresses a

different angle of identity (e.g., individual, role, social, and communal). A common

thread throughout the theories of communication, sociology, and psychology is:

identities are created through interaction. We are who we are because of the world that

surrounds us and the people we interact with. Evolutionary ecology assumes identity is a

result of culture and is an adaptive behavioral system (Caporael, 2001). Freud's theories

of human development attributed growth as humans in the first six years of life to the

relationship with the primary caregiver (Waters & Waters, 2006). Identities are part of

socially constructed human interactions and are modified, developed, de-constructed, and

reconstructed in interpersonal relationships through communication. "Identities of

individuals arise and are sustained in communicative interactions" and in "cultural,

political, institutional, social, and personal locations" (Wood, 1992, p. 357). The position

of identity constructed through interaction is widely accepted in the field of communication (Hecht, 1993; Jenkins, 1996; Jung & Hecht, 2004; Mead, 1934; Wood, 1992).

Communication Theory of Identity

The Communication Theory of Identity (CTI) postulates that identity is created and maintained through communication. According to CTI, identity is a result of how people communicate with others (Hecht, 1993; Warren, Kvasny, Hecht, Burgess, Ahluwalia, & Okuyemi, 2009). Identity is naturally a communicative process and must be recognized as an operation in which messages are exchanged. Messages symbolically link people and, in part, are a performance of identity (Hecht, 1993). "The Communication Theory of Identity places interaction centrally in the process of identity formation and enactment; identity is considered to be a communication process consisting of four layers of transaction in which messages are exchanged" (Hecht & Faulkner, 2000, p. 372). Interaction is limited for adventitiously blind individuals, sighted people can smile and nod from across the room without a word being said, but in an interaction between a visually impaired person and a sighted one, additional channels must be used to complete the interaction. "As a sighted person, you are acknowledged by your friends with a smile, a nod, a wink or even the most fleeting exchange of glances. To be acknowledged by my friends, I must soon be spoken to or touched" (Hull, 1990, p. 57). Adventitiously blind people must establish new or additional techniques to find ways to be a participant in the interaction instead of only an object.

Communication Theory of Identity describes a control system where identity is affected by four frames (i.e., personal, enacted, relational, and communal); 1) The

personal frame examines one's self-cognition and/or spiritual sense of well-being. 2) The enacted frame focuses on how messages express identity. Individuals use direct and indirect ways of revealing their identity. 3) The relational frame refers to how identity is formed through relationships and has four levels: internalization of how others view her/him (e.g., so-and-so's friend, someone's father, so-and-so's husband) ascribed relational identity; identification through relationships with others (e.g. spouse, friend, boss, parent); exists in relation to the other identities (e.g., parent and teacher, father and spouse, citizen and soldier) and last the relationship can be a unit of identity (e.g., Bonnie & Clyde). 4) The communal frame focuses on how a group of people or some particular community shares an identity, surpassing individuals and is a characteristic of the group. A community possesses its own identity/ies and shared visions of personhood (Baumeister, 1998; Hecht, 1993; Hecht, Ribeau, & Alberts, 1989; Jung & Hecht, 2004; Warren et al., 2009). "In terms of the identity process, the standard or setting is scaled, not in degrees, but in the meanings persons hold for themselves in a role" (Burke, 1991, p. 837).

Personal Frame. Identity as personal frame has also been called self-concept or self-image and creates an understanding of how individuals define themselves (e.g., I'm blind, I have a visual impairment, I'm a person who happens to be impaired, I am a person who is occasionally inconvenienced, or I am a person). This perception is stored as self-cognitions and/or a spiritual sense of self-being. The assumptions of identity as personal frame are (Hecht, 1993):

1. Identities are hierarchically ordered meanings attributed to the self as an object in a social situation

2. Identities are meanings ascribed the self by others in the social world

3. Identities are a source of expectations and motivations

Enacted Frame. Identity as an enactment frame is created in social interaction through communication; wearing the Star of David or a Crucifix is a form of enactment which would possibly communicate religious preference, while wearing a watch on the right arm would be indicative of someone being left handed. Messages are often enacted by people with disabilities (e.g., using a wheelchair, communicating with sign language, walking with a white cane, reading Braille, or being assisted by a guide dog). According to Hecht (1993), the characteristics of identity enactment are:

1. Identities are emergent

2. Identities are enacted in social behavior and symbols

3. Identities are hierarchically order social roles

We can only experience identity through communication. Therefore, identity may be expressed as the focus of the message or be only part of a message, and messages may express more than identity (Hecht, 1993).

Relational Frame. Identity also has a relationship frame. It is impossible to consider identity as enactment without also considering identity as relationship. Identity is socially constructed within interaction, because it is jointly created, the identity belongs to all parties involved in the construction, which is the shared asset of the relationship (Hecht, 1993). The relationship frame has three levels:

1. Individuals define themselves in terms of the others

2. Next, they define themselves in reference to others (e.g., parent, child, romantic partner, co-worker friendships)

3. The relationships take on their own identities

Having a relational frame with one person does not eliminate the possibility of having additional relationships and frames. Each additional relational frame does not eliminate or replace the previous frame; individuals adapt and change, much like new cultural norms are adapted without forgetting the primary ones, such as: a woman does not lose the identity of wife when she becomes a mother and does not lose the mother identity when she becomes a grandmother. Furthermore, she may be Grandma to one, Granny to another, and Maw Maw to a third; successive or additional identities do not reduce the validity of the other identities. "Identity as a relationship shares the assumptions of identity as enactment, although this time the focus is on the mutual or relational aspects" (Hecht, 1993, p. 80). Additionally, in the relational frame:

1. Identities emerge in relationship to other people

2. Identities are enacted in relationships

3. Relationships develop identities as social entities,

Communal Frame. Identity as a communal frame may be seen as something held by a group of people creating a bond to hold the group together. The communal frame locates identity in the group, not the individual members of the group (e.g., a member of the Blinded Veterans Association, The National Communication Association, The First Baptist Church, Lions Club, or a university alumnus). These groups define a collection of identities, jointly held and taught to new members. In this case, the locus is situated in the community, not the individuals. The community also creates a hierarchy of identities, with some more essential to membership than others (Hecht, 1993).

The four frames of identity can work in any combination or independently of one another. They may create a dialectical pair or function as a complementary pair. Moreover, the layers are considered to be interpenetrating. "They are infused into each other" (Hecht & Faulkner, 2000). The identity frames are not isolated from each other; they can be viewed two at a time, three at a time, or all four at a time, such as the way a woman sees herself (personal), and the relationship she has with a spouse (relational). Also, the way society views the couple (communal), or how they attend a social event such as church, football, or a fundraiser (enacted) are other frames that can be viewed all at once (Hecht, 1993).

The layers of identity are woven together building upon each other and the various messages sent and received. The term plus-mutation is used to describe how individuals add to their knowledge base as they experience new cultures, learning more while never extinguishing or erasing their previous knowledge (Callahan & Hess, 2012; Kramer, 2000, 2003; Kramer & Ikeda, 1998). Orbe (1998a, 1998b) refers to this as the Field of Experience (e.g., past interactions and experiences with dominant group members that will influence behavior and actions), creating or enhancing additional dimensions of one's identity. People are multidimensional, and research addressing only a single identity or culture fails to represent other perceptions, social realities, and experiences. For example, people with disabilities in the lesbian, gay, bisexual, and transgender communities are beginning to voice their experiences of discrimination within those communities through exclusion or marginalization, because they do not fit into the body-beautiful culture of these communities (Adams & Philips, 2006). Those experiences provide an argument that important pieces of identity are found in one or

more cultural layers, which combine to create "identity," and make the singular notion of identity an unrealistic concept.

Personal understanding and perspective are shaped and molded by relationships, and relationships are formed from identities; therefore, the relational and personal frames cannot be completely isolated. The formation of identity can be seen as a compilation of these four layers. Self-cognition and/or spiritual sense of well-being is key to the personal layer (e.g., how do I see myself); message expression frames the enacted layer (e.g., what do my words/actions express about me); the relational layer, formed through relationships, is invested in and exists in relation to the other identities; and the communal layer is developed from the way a group of people or a community shares an identity (Baumeister, 1998; Hecht, 1993; Hecht & Faulkner, 2000; Jung & Hecht, 2008; Jung, Hecht, & Wadsworth, 2007; Warren et al., 2009). Individuals can control the amount of information provided to create the enacted and relational frames by limiting the amount of disclosed personal information through permeable boundaries (Petronio, 1991).

A person who is adventitiously blind may not identify as disabled (personal frame), but inconvenienced possibly or just different, creating a different perception of identity than the societal norm. The enacted identity of a person with a white cane or a guide dog would create or imply an identity of a person with a disability. When in public with my wife, some may identify us as a couple, and some might place more significance on my vision loss and identify us as a woman and her blind spouse. When I enter a military facility, I am seen as a disabled veteran, even though my impairment was not caused by an act of war. The effect disability has on interpersonal communication is

evident in all the frames. In the personal frame, I have had conversations where people say "see you tomorrow" then apologize because they used the word "see." Many people do not understand that blindness is a continuum, and when they assume I cannot see anything, they are surprised when I comment on something visual, upsetting the enacted identity they have established. During interpersonal interactions in public (e.g., wait staff, salespeople, and maintenance workers), I rarely get spoken to, most converse with my wife and many act as if I am not there.

Visually impaired individuals have a unique standpoint. Observing identity from their perspective through communication provides a starting point to understanding the cultural differences. Although research focused on the cultural differences created by visual impairment is limited or nonexistent, previous research on various other aspects of culture (e.g., ethnic identity, geographic region, sex, income, and age) has suggested culture plays a role in communication (Andersen, Lustig, & Andersen, 1987; Broome, 1991; Farmer & Ferraro, 2005; Hecht & Ribeau, 1991; Pearson, 1985; Pettigrew, 1981; Spencer-Rodgers & McGovern, 2002; Sue et al., 1992; Tavis & Wade, 1984). Additionally, identity is conceptualized as that part of the self-concept that is associated with self-perceived membership in a cultural group (Hecht et al., 1989), and previously sighted individuals can identify themselves as members of both cultural groups (e.g., once a member of the sighted culture, now a member of the visually impaired culture), creating a duality in their identity.

Cultural identity in terms of race, ethnicity, religion, or other groups, has been researched (Bøhn, 2008; Davis, 2003; Durovic, 2008; Falck, Heblich, Lameli, & Südekum, 2012; Hagan, 2006; Hasian, 2004; Jung & Lee, 2004; Meyer, 2009; Mori,

2003), as has gender, and sexual identity (Chesebro & Fuse, 2001; Cooks & Sun, 2002; Kissling & Kramarae, 1991; Lucas & Sherry, 2002; Meyer, 2003), socioeconomic class (Lucas & Buzznell, 2004), and in a limited amount, (mostly learning/mental) disabilities (Bogdan & Taylor, 1989; Dudley-Marling, 2004; Thompson et al., 2001). More recently authors/researchers have shown a person can have several identities concurrently (Bloch & Lemish, 2005; Darling-Wolf, 2004; Pichler, 2006). Although a person's identity is comprised of many facets, the sudden onset of a disability and or a disabled partner can and probably does affect both personal identity and relational identity. "We may expect ourselves to handle everything perfectly, stay in control, work long hours, keep our spirits up, know the right thing to do, put all our needs and concerns aside when someone else wants something and more" (Samples & Larsen, 1991, p. 8). Or as cited in Cornwall (2013), "Caregiving happened to me all at once. One night we were having dinner together, and the next morning life just stopped and everything just went in a different direction" (p. 12). Has the *bread winner* become the *dependent* or visa-versa, Did the *driver* become the *driven*, Has the *partner* become the *caregiver*? Additionally, assistive devices such as wheel chairs or white canes provide information that will affect the enacted frame of identity. Understanding how this change affects communication can be an asset to individuals encountering this for the first time, providing additional tools to repair the interpersonal communicative gap. Thus the following research questions have been posited.

RQ$_2$. How does the change in nonverbal cues and interpersonal communication affect participants' personal identity:

RQ$_{2A}$. For the adventitiously blind?

RQ$_{2B}$. For the sighted communicative partner?

Identity has been researched and quantified by social construction more often than any other field or area of study, "The largest topic to which Social Construction has been applied has been the social construction of identity" (Leeds-Hurwitz, 2009, p.106). The idea of socially constructed identities is established, and apparent enough that authors like Hansen (2006) make the statement without any citations. "That identities are socially constructed has been well established in scholarly literatures across social scientific and humanistic disciplines" (p. 170).

<center>Social Construction of Reality</center>

One caregiver described her new reality:

You wait your whole life to travel to Italy. Finally, you make all the reservations, you collect all the brochures and tour guidebooks, and you even learn some of the language. You board the plane all excited. When you land the pilot says, "Welcome to Holland. … But soon you realize that Holland, too, can be a beautiful. It has tulips and windmills and you start to collect maps and to learn a new language. It will never be Italy, but Holland can be a beautiful place to live. (Cornwall, 2013, p. 18)

The process for constructing a new reality after the loss of a sense and/or co-constructing a new reality between an adventitiously blind person and a sighted partner is not set in stone nor is there a recommended path to follow. "I'd had nothing to help me steer how to behave or what to do I had to make it up as I went along" (Cornwall, 2013, p. 16). The phrase one size fits all does not fit the social reality of life. "As investigators have searched for generalizable patterns of adaptive change, they have also been concerned

with the fact that no two individuals adapt identically" (Kim, 2001, p. 21). Adaptation is

a learning event like any other new aspect of life; some lessons are shared and some are

solitary. In either case, constructing something new requires the use of an amalgam of

techniques, tricks, and tools derived from various communicative specialties such as

interpersonal and intercultural communication, as well as navigating through various

mediated communicative acts: in-group and out-group interactions, family environments,

church and school activities, and the media (Jung & Lee, 2004).

Reality is, then, constructed by the participants, and these realities are as diverse

as the individuals that create them and the tools they use to create reality. Multiple

realities co-exist simultaneously with various other realities and are often in a state of

flux. "Communication is the process through which we construct and reconstruct social

worlds" (Spano, Foss, & Kirschbaum, 2009, p. 18). The act of socially constructing a

reality is an unfolding dialogue between participants, which varies significantly in their

logics, values, and visions. There is ample sharing, but there is no single set of

assumptions that all the participants will approve of and as such there must be some give

and take to create a mutually agreeable reality (Gergen & Thatchenkery, 2004). The

constant give and take creates a nonlinear path of growth.

The Helical Model. The helical model of relationships (Conville, 1991),

including *Security, Disintegration, Alienation*, and *Resynthesis,* describes how

participants in relationships traverse through four distinct stages, returning to ones they

previously encountered, seemingly in a circular pattern but actually in a helical pattern

because the participants are never actually where they were; they have moved to a

different level. Each transaction either adds to the growth of the relationship or the

dissolution, constructing a new relationship in the process.

     Security. "The partners were secure in their roles. They were apparently happy

and had consensus on the definition of the relationship. They were connected in

harmony" (Conville, 1991, p. 37). The relationship is in a homeostatic position, the

participants are comfortable, interdependent, and act in a coordinated manner (e.g., both

equal partners working together for a future, a stable state prior to the onset of a

disability).

     Disintegration. "Members have entered Disintegration when they begin noticing

their relationship, noticing it instead of simply being in it" (Conville, 1991, p. 93). The

relationship no longer works as there is something different and/or problematic (e.g., a

change in personal identity – a blind man instead of a man, relational identity – partner

deserves better, role reversal – protected instead of protector, or communicative barriers

created or heightened by the loss of vision).

     Alienation. "In this phase at the same time desolate and resolute, customary role-

taking cease to be possible, and possible new roles are crafted" (Conville, 1991, p. 113).

Distancing from the old relationship which no longer exists occurs and there is not

anything to replace it yet. Maximum uncertainty and withdrawal, loss of identity, and

depression create uncertainty (e.g., old identities and roles no longer exists, participants

must reevaluate their identity and communicative techniques).

     Resynthesis. Resynthesis of the relationship happens through redefining and

rediscovering, the relationship participants seek confirmation from each other in their

new roles and with their new identities. Each cycle brings the interpersonal relationship

to a new level, either forward or backward (Conville, 1991; Stewart, Zediker, & Witteborn, 2005). "Every crisis presents both an opportunity for psychological growth and a danger of psychological deterioration" (Moos & Tsu, 1976, p. 3). Because change is not linear, the helical path provides a better description of change as a give and take series of events, taking the relationship to a new level (either up or down), a nonlinear path can also be used to describe intercultural change and growth.

An adventitiously blind person is thrust into a different culture. Thus, they must adapt, to the stress, just as a stranger would when acclimating to a new land. Grasping at old ways that once worked and rejecting or at least fighting adaptive techniques.

> Adaptive change, then inevitably causes stress in the stranger's psyche—a conflict between the desire to retain old customs and keep the original identity, on one hand, and the desire to adopt new ways to seek harmony with the milieu, on the other. (Kim, 2001, p.55)

By becoming adventitiously blind, an individual becomes a stranger and a member of a new culture, initiating the cross-cultural adaptation process. The typical patterns of cognitive, affective, and behavioral responses begin to transform and change to adapt to the new perspective. The need to fit in (acculturate) and the desire to retain the old comfortable habits (resistance to deculturation) create a dialectical tension. The push and pull create a mental instability highlighted by emotional lows and uncertainty, confusion, and anxiety (Kim, 2001). The very nature of humans is to be homeostatic to resist change and function in roughly the same familiar way.

Although it is human nature to resist change, it is also human nature to fit in and belong. Changing physical and social behaviors brought on by a disability is challenging,

especially for individuals with sudden-onset disabilities (i.e., traumatic brain injuries,

spinal cord injuries. Sudden amputation, and after an accidents), these people *literally*

wake up disabled and are told they will never be the same again. Although people with

progressive disabilities such as: Retinitis Pigmentosa, Parkinson's, Multiple Sclerosis,

Alzheimer's, Age-related Macular Degeneration, various forms of Cancer, Diabetes, etc.

find themselves progressing along the continuum, becoming more a member of the

disabled minority as time and the disease take their toll and they become more physically

limited (Braithwaite, 1990). Uncertainty and the desire for things to be the way they

were can be a strong incentive to change.

> In some ways, learning to mingle with people after one has lost one's sight is
>
> rather like playing a game. There is really nothing tragic about it, if you don't let
>
> yourself feel that there is. Certain challenges present themselves, and either you
>
> give up and refuse to play or you sharpen your wits to win. (Dahl, 1962, p. 141)

The insecurity created by the sudden loss of sight and the increased levels of stress can be

the force that drives adventitiously blind individuals to strive to overcome their

predicament and actively pursue a new cultural understanding. During the process of

deculturation and acculturation, some of the old habits are replaced by new ones, through

stress, adaptation, and growth (Kim, 2001).

   Stress, adaption, growth dynamic. The intercultural transformation process

represented by Kim's (2001) stress-adaptation-growth showed "the problems of human's

adaptation could be presented as a dialectic between permanence and change" (p. 2), as

well as that of Hall's (1976) identity-separation-growth dynamics and Phinney's (1993)

process of differentiation-conflict-integration. Much like the helical model of

relationships describes how relationships traverse through stages, the stress, adaptation, and growth dynamic describes the acculturation process as a helical cycle, each element depending on the previous element to exist and leading to the following element. Independent existence is not possible for any one of the stages they are interdependent on each other to exist.

Stress. Kim (2001) described immigrants or people new to a culture as *strangers* and the indigenous population as *natives*, by using the labels stranger to describe adventitiously blind individuals trying to re-enter the sighted world and native to describe the abled or sighted population, it follows that they will experience the same or similar experiences in the acculturation process. The misalignment of the stranger's subjective experiences and the prevailing styles of experience among the natives are directly related to stress (Kim, 2001, p. 55); an adventitiously blind person cannot drive to the store on a whim, match socks, browse the pantry for ideas, for a meal, or even count money in the traditional manner they once did. Frustration created by the inability to accomplish routine tasks creates stress. Stress is severest during the initial phases of cross-cultural adaptation.

Adaptation. "The adaptation of man is accomplished principally by cultural means, through the harnessing of new sources of energy for productive ends and through the organizations of social relations that make it possible to use these energy systems effectively" (Cohen, 1974, p. 4), or, in essence, the purpose of life is to maintain life. Finding new sources or ways to communicate and create a shared meaning is a form of adaptation that individuals with adventitious blindness and their communicative partner must do to function in their new environment. The onset of new conditions, particularly

those that are disorienting and life changing, challenges the most basic life force, establishing a struggle to maintain stability. Kim (2001) stated that adaptation "involves an internal quarrel between the individual's self-command to act and his or her resistance to acting" (p. 109). This mental/emotional standpoint motivates individuals to imagine what does not yet exist (Kim, 2001). An individual who is adventitiously blind has intrapersonal conversations and disputes, trying to find a way to fit back in to where they used to be and wish to be again. Finding common ground between the sighted and visually impaired worlds is vital to creating realities agreeable to adventitiously blind individuals and their sighted communicative partners.

Communicating with significant others, parents, peers, the opposite sex, and members of other ethnicities are just a few of the differences where adaptations must be made to communicate successfully. Adjusting the communication pattern or method is not always easy because communication across a cultural divide may require a communication style or technique not frequently used. To adapt to the loss of sight, a person with a visual impairment must change the tools and skills (e.g., screen readers, asking to shake hands or clarification, turning their head away from a speaker to focus on listening, or reminding themselves to smile when they meet someone) they know.

> From what I have said, I do not want to give the impression, that my life had
> become cumbersome. It simply meant that I had to find, new ways of doing
> things, and then train myself to get used to them I was sure that if I exercised
> enough energy, patience, and (I hope) intelligence would begin to live almost as
> naturally as I did before. I would work out all sorts of devices to get along and
> some of them would be unorthodox. I had always had to approach my problems

in a different way from people who had good vision and, that had never prevented

me from getting along as well as most and having a good time doing it. (Dahl,

1962, p. 69)

Although the adventitiously blind person must make changes, as often as not tools

and skills to bridge the abyss must come from the other side, a visually impaired person

is dependent on their communicative partner to announce (either orally or tactually) their

presence and/or departure to initiate/terminate an interpersonal event.

Growth. Over a period of time, communication competence with the new culture

gradually increases. Through trial and error, and gradual learning, one experience

building on the next, interlocutors become better able to identify, understand, appreciate,

and feel at ease with the acquired patterns and contradictions in the new culture (Kim,

2001). For an adventitiously blind person and their sighted partner this may be

something as simple as a nudge to remind them to smile, a signal to put out their hand for

a handshake, or more complicated like using descriptive language to describe a scene or

event. The acculturation process is in many ways the same as the culturation process

was, initially react to stressors and grow to a new level.

We learn to get the most out of what we have and to work around what we lack.

Actually we're like everybody else in that respect. Most of us manage to climb up

to some kind of plateau on which we find some degree of self-satisfaction and

security. Some of us are satisfied to stay there feeling lucky to have gotten

anywhere at all. Others want to climb higher. (Sperber, 1976, p. 213)

Observing the social construction/reconstruction of interpersonal relationships

and acculturation through the helical lenses of *Security-Disintegration-Alienation-*

Resynthesis and *Stress-Adaptation-Growth*, provides a different and unique approach to understanding people with disabilities and their perspective. A necessary change to communication styles is precipitated by the loss of vision; and the status quo cannot be effective; participants must find new ways to convey and interpret messages. Since there is not one way to bridge this gap, communicative partners often go through a trial and error phase to find the ways and tools that work for them. Identifying a list of possible methods would create a starting place for future travelers along this journey. Furthermore, identifying methods that did not work are important, because individuals vary (i.e., no two people are alike) some of the failed attempts may be the best practices that work for other individuals. Collecting a broad range of adaptive skills from both sides of the abyss will provide the field with essential data to better understand nonverbal communication and visual cues

RQ$_3$. What methods have been used by those in relationships to compensate for the loss of nonverbal cues:

RQ$_{3A}$. For the adventitiously blind?

RQ$_{3B}$. For the sighted communicative partner?

Summary

Research to better understand the interpersonal relationship, cultural differences and identities held by recently adventitiously blind individuals and their communicative partners will provide the field with greater depth of knowledge about visual nonverbal cues and the methods used to overcome the absence of those cues, and additional information about interpersonal and relational communication. Additionally, studies focusing on the adventitiously blind will provide insight to better develop rehabilitation

programs to assist recently visually impaired individuals and their significant other, improve their interpersonal communication skills, and improve their lives. To review, this literature review has brought forward the following research questions:

RQ$_1$. How does the loss of visual nonverbal communication affect the relationship through the interpersonal communication process:

RQ$_{1A}$. For the adventitiously blind?

RQ$_{1B}$. For the sighted communicative partner?

RQ$_2$. How does the change in nonverbal cues and interpersonal communication affect participants' personal identity:

RQ$_{2A}$. For the adventitiously blind?

RQ$_{2B}$. For the sighted communicative partner?

RQ$_3$. What methods have been used by those in relationships to compensate for the loss of nonverbal cues:

RQ$_{3A}$. For the adventitiously blind?

RQ$_{3B}$. For the sighted communicative partner?

CHAPTER III

METHOD

This chapter explains the methods used for this study; specifically describing the study respondents, assumptions, procedures, measures, description of data collection, and analysis procedures. In social scientific research, there are fundamentally two paths a researcher can take; subjective/qualitative and objective/quantitative. This research followed a qualitative path to collect detailed personal data. One key way such can be found is through in-depth personal interviews. Qualitative inquiry follows a path of subjective data collection (e.g., case studies, ethnography, phenomenological accounts, narratives, and grounded theory), where multiple realities, often conflicting (depending on the participant's standpoint), exist (Guba & Lincoln, 1994). The objective of the qualitative researcher is to understand a particular social behavior from a holistic view of the events gathered from individual or multiple participant perspectives. Qualitative data collection is an emergent process of inquiry where "all phases of the process may change or shift after the researchers enter the field and begin to collect data" (Creswell, 2007, p. 39). A qualitative researcher observes the event up close, interpreting the individual or cultural experience, "attempting to make sense of, or articulate, phenomena in terms of meanings people bring to them" (Denzin & Lincoln, 2003, p. 3). Although both paths of data collection (e.g., qualitative and quantitative) serve researchers well, I believe that a qualitative approach more specifically a phenomenological approach is best to understand the intricate nuances of adaptation and change in communication between couples as they navigate the changing dynamics of interpersonal communication and identity perception.

The primary focus of a phenomenological study is the lived experience of a phenomenon rather than its cultural or subcultural location within a socio-cultural context. Though, for a sociological phenomenologist, it is almost impossible to separate phenomenal experience from the social context in which it occurs. The origin of the word, phenomenon, is derived from the Greek *phainomenon* meaning that which is shown, or placed in the light from which can be derived an appearance, observable occurrence, or perceived event or circumstance (Allen-Collinson, 2013). Researchers using a phenomenological approach focus on explaining and clarifying commonalities that participants undergoing a phenomenon experience (e.g., grief as a universal experience). According to Detmer (2013), phenomenology does not make claims about anything beyond the experience. Its aim is to help researchers see more clearly what has already been seen, not by adding to some grand theory that would explain it all, but rather by helping to remove the confused, speculative, prejudicial assumptions or thoughts that can serve to block access to what is given in the experience. In essence, through *descriptive fidelity*, "describing accurately what is given in experience precisely as it is given, and within the limits of how it is given" (p. 18) a researcher may capture experiences. The basic purpose of phenomenology then is to condense individual experiences with a phenomenon to their most elementary level, or "a description of universal essence" (Creswell, 2007, p. 58). Collecting data from individuals who have experienced the sensation can cultivate an amalgamated portrayal of the essence of the phenomenon (Creswell, 2007). This allows identifying basic elements of what was experienced, and how was it experienced.

Self-Disclosure

As an individual with a visual impairment and legally, but not totally, blind (I have 20/20 acuity with tunnel vision and can see a spot about the size of a dime on a computer screen or about the size of a nickel at an arm's length), I noticed the phenomenon of evolving interpersonal communication skills and identity through both life experiences and through observations in a blind rehabilitation facility. My spouse would say, "Over there," and I had no clue where over there was or "It's right in front of you," which really left too many options (i.e., how far, straight, left, right, one inch, one foot, ten feet). Additionally, I observed two adventitiously totally blind individuals having a conversation; both individuals habitually sent nonverbal visual cues, but neither could receive them. Each became frustrated that their message was not getting through to the other. Although it is nearly impossible to remove myself from an emotional bond with the experiences of other sojourners traveling along this path, I have endeavored to remove my personal feelings and story from the data. I do believe my own condition and experiences allowed me to garner richer and deeper data from the participants, because I have experienced much of the same frustration, confusion, and often anger due to the phenomena studied here.

Study Design

Participants

This study focused on a small population of adventitiously blind people and their primary sighted communicative partners (i.e., significant other, spouse, etc.). Sighted partners were defined as sighted individuals who have been in an intimate relationship with the adventitiously blind person before the onset of a visual impairment, and are currently still

in the relationship. Participants had at a minimum started the rehabilitation process and were on their way to adjusting to their visual impairment and/or the impairment of their partner. Thus, a target range, (period of time since the loss of vision) for this study was not less than one year. The sample population for this study was purposive. The researcher solicited adventitiously blind participants and their primary sighted communicative partner to be interviewed through the various visual impairment organizations affiliated with in the visually impaired community.

The participants had a diversified background (e.g., gender, ethnicity, occupation, and age). Each participant and their primary sighted communicative partner were asked to participate in an in-depth interview about adapting to the loss of communicative cues (Interview questionnaire for adventitiously blind individuals-Appendix A, Interview questionnaire for partners of adventitiously blind individuals-Appendix B). Interview questionnaires were developed from the results of a previous quantitative study performed by the researcher as a semester project. The original scale was created using DeVellis (2003) guidelines in scale development. Results from the study showed a relationship between identity, nonverbal and interpersonal communication. Additionally, I realized I was only getting half of the perspective, so I chose to include partners in a qualitative study seeking a deeper understanding of the phenomenon.

Recruitment

The purposive sample was recruited through networking among members in blind organizations such as the National Federation of the Blind and The Blinded Veterans of America; additionally, through professional relationships with people with visual impairments. Individuals were asked to join the study along with their significant other.

There were many cases of one partner agreeing, but the other not wanting to participate. Each contact was asked for references and a referral (snowball sampling). Participants were interviewed individually to minimize the chance of biased answers and increase the probability of honesty.

Sample

The participant pool consisted of 13 heterosexual couples; however, there were over three times as many adventitiously blinded men (N=10) as women (N=3). Twelve of the 13 couples were married. The average length of visual impairment was 12.4 years, with the longest 50 years and the shortest 2 years. The average length of the relationships was 29.1 years with the longest 65 years and the shortest 4 years. The education level average for the group was 16.0 years, the visually impaired members had an average of 17.0 years (2 with high school diplomas, 3 with some college, 3 with Bachelors, 2 Masters, and 3 PhDs) the sighted partners average education was slightly lower at 15.0 years (3 with high school diplomas, 5 with some college, 2 with Bachelors, 2 Masters, and 1 ABD). The question of how many interviews will be enough is difficult to answer in the realm of qualitative research. The primary concern is not how many people you talk to, but whether the answer works (Rubin, Rubin, & Piele, 2005). Beveridge (1963) wrote: "The most productive scientists have not been satisfied with clearing up the immediate question but, having obtained some new knowledge, they make use of it to uncover something further and often of greater importance" (p. 144). Although I know I did not find all the answers to the phenomenon being studied, I believe I uncovered patterns and themes that provided a stepping off point for additional research.

Delimitation

Individuals with congenital blindness and people with limited vision were not included in this study. Although many of them may experience an interpersonal communication void, including them in the study would have created a broader population with too many differences and different experiences to attempt to explore deeply. Individuals who have recently lost their vision less than one year ago may not have yet adjusted to new communication methods, and the experience may still be too raw and emotionally taxing. Individuals under the age of 18 years old were excluded because of legal limitations.

Challenges

Sample access was the first challenge. Initially, I searched for couples where the visually impaired partner had been blind for less than eight years but more than one year. The number of couple volunteers was dismal. In some cases, the visually impaired person was willing, but their sighted partner was not and in others vice-versa, as discussing a life changing event is often difficult especially with strangers. After noting this difficulty, the range of respondents sought was opened to visual impairment lasting for more than eight years. The other major challenge once prospective participants were found was scheduling a time and a place to conduct the interview. Due to transportation issues, most of the interviews were conducted via telephone.

Procedure

Semi-structured qualitative interviewing was used to collect data from the different perspectives of the visually impaired participant and the sighted partner. The choice of interviewing is grounded in a desire to elicit greater depth in data through a

conversational approach (Roulston, 2010; Rubin, Rubin, & Piele, 2005). Semi-structured interviewing offers flexibility in conversation that will often cover the subjects planned for the interview out of the order of questions listed in the prompt (Roulston, 2010; Rubin, Rubin, & Piele, 2005). The researcher used the interview guides to ensure the questions were discussed and no key topic was missed in the conversation.

The interviews were conducted either in person or via telephone. Interviews were audio recorded with the participant's permission and transcribed for data analysis. The interviews took an average of 57.5 minutes to complete, ranging between 34 minutes and 72 minutes. Audio recording of face-to-face and telephonic interviews facilitated interviewer attention to the respondent in the interview setting and for recall later in transcription (Roulston, 2010). Notes were taken about respondent reactions, key comments, and central themes within the interview for consideration in data analysis (Rubin, Rubin, & Piele, 2005). A professional transcriptionist was employed to transcribe the interview recordings. The choice to bring an independent transcriber into the process was a matter of expediency. The data were analyzed for content, themes, and patterns relating to communication differences and adaptation, using constant comparative analysis, facilitated with NVivo 10 qualitative analysis software.

The data were uploaded into NVivo, and the coding process was performed using Berkowitz's (1997) approach to qualitative data analysis; each data file was read twice carefully, audio recordings were played while reading through each of the transcripts, interview observation notes and comments were annotated into transcripts, and a broad initial coding of emergent themes was performed. NVivo expedites the process by permitting consolidation of large bodies of diverse text-rich research data into one central

location where it also allows the researcher to more efficiently classify, sort and arrange information; examine relationships within the data; and combine analysis with linking, shaping, searching, and modeling. This software is intended to help users organize and analyze non-numerical or unstructured data. NVivo does not conduct the analysis and produce an output for the researcher, like some versions of quantitative software. The users classify, sort, and arrange information; examine relationships in the data; and combine analysis with linking ideas, shaping analysis, searching for key themes, and modeling of data. Researchers can test theories, identify trends, and cross-examine information in a multitude of ways using its search engine and query functions (NVivo 10, 2014).

Constant comparative analysis is a useful method for identifying categories from qualitative data (Dey, 1993; Glaser & Strauss, 1967; Patton, 1990). According to Lincoln and Guba (1985), this procedure "stimulates thought that leads to both descriptive and explanatory categories" (p. 341). Comparative analysis demonstrates the basic mode of understanding, and how it structures the experience of reality (Hyde & Smith, 1979). Goetz and Le Compte (1981) stated this method "combines inductive category coding with a simultaneous comparison of all social incidents observed" (p. 58). The participant comments were recorded and classified, and also compared across categories. The main tool used was comparison. The method of comparing and contrasting was used for forming categories, establishing the boundaries of the categories, assigning the segments to categories, summarizing the content of each category, and finding negative evidence as well. The goal was to identify conceptual likenesses, refine the categories, and to discover patterns.

The texts resulting from the transcription of the interviews became the data for the analysis process. The analysis consisted of two activities, namely fragmenting and connecting (Dey, 1993). Both actions were necessary to balance the process. Fragmenting separated individual themes which emerged during the interview and focused on categorization relevant to the research questions. The connecting process accentuated the context, and richness of the data as the interview parts were interpreted as a whole connecting and identifying the themes and often hidden or subtle relationships.   I used the five step method outlined by Boeije (2002):

1. Comparison within a single interview.

2. Comparison between interviews within the same group.

3. Comparison of interviews from different groups.

4. Comparison in pairs at the level of the couple.

5. Comparing couples.

These comparisons revealed an understanding of the phenomenon experienced by couples as they transitioned from a couple with two sighted partners to a couple where one partner has lost their vision. Creating an emergent code set consolidated the data into themes. With the coding consolidated into a manageable set of variables, NVivo was used to analyze all identified coded items by identifying consistent patterns in the data, connecting key themes. This was accomplished by viewing the emergent themes, and identifying instances where those themes intersected with other key themes. In the process, it was possible to identify instances where themes intersected, and the relationship to each of the research questions. This process helped identify patterns and understand how each pattern related to each research question.

Internal Validity

Yin (2009) noted that a common criticism of case study analysis is that it lacks internal validity. However, case studies overcome concerns of internal validity through strict testing of existing theories. Similarly, phenomenological studies create internal validity the same methods. The researcher grounded the research questions, the interview protocol, and data analysis as described in Boeije (2002) in a repeated cycle of comparison and reflection on old and new material that will eventually lead to a point of saturation where no new information is identified. Constant comparative analysis involved comparing the respondents' answers to their other answers, to different respondents of the same group (sighted/visually impaired), to the answers in the other group, to that of their partner, and finally one couple to another (Boeije, 2002; Patton, 1990). By identifying particular phenomena, it was possible to consolidate them into groups or concepts (Corbin & Strauss, 2008), and finally reaching a point of saturation of data where no additional information was coming to light (Corbin & Strauss, 2008; Creswell, 2007; Rubin, Rubin, & Piele, 2005).

Little is known about how a couple's interpersonal communication evolves after the loss of a key component (i.e., nonverbal visual cues), and the goal of the researcher was to begin building knowledge of the subject, by examining the phenomenon and searching for emerging concepts. Once a greater body of knowledge is present about the conditions, adaptations, and the impact on the communicative relationship between a visually impaired person and their primary sighted partner, it will be possible to refine the research to better understand both the phenomenon and the role nonverbal communication plays in everyday communication.

Rigor within Qualitative Research

Another common concern when employing qualitative research methods is that the study will lack rigor. Rigor in methodology was attained by using several tools to improve the quality of data collection and analysis. To overcome potential researcher biases, self-reflexivity techniques in reflective logging, collection, and analysis of interview and observational data were employed to adapt research practices to overcome bias (Roulston, 2010; Rubin, Rubin, & Piele, 2005). To strengthen analysis of both interview and observational data, analytical induction was incorporated to examine outliers and irregular narratives; such as conflicting statements (i.e., "My wife loves me "-- "she married me for my money" or "I am very independent"-- "I can't do anything without my wife" or "even though I can't see our marriage is 50/50"-- "My husband does most of the work"). Additionally, during the interview the verbal and nonverbal message may have conflicted "He does everything" said in an upbeat positive manner was considered a term of endearment while the same message said in a disgruntled/angry manner would have a negative connotation. Irregularities such as these were identified by the researcher, by identifying patterns, testing alternative theories, and using NVivo to facilitate the analysis of the statements. With each deviant case explained, and each alternative hypothesis rejected or employed to better explain the data, the rigor of qualitative research data was strengthened (Roulston, 2010; Rubin, Rubin, & Piele, 2005).

In sum, after interviews, gathering qualitative data and extensive analysis the findings from this unique research have contributed to the field of communication studies, in the areas of interpersonal communication, nonverbal communication,

intercultural communication, couples communication, and health communication. Research to better understand the dilemmas encountered with the interpersonal relationships, cultural differences, and identities evolved by recently adventitiously blind individuals and their communicative partners can shed light on how crucial visual nonverbal cues are, and explore the methods used to overcome the absence of those cues. Furthermore, it provides insights that can inspire the development of rehabilitation programs to assist recently visually impaired individuals improve their interpersonal communication skills and improve their lives. The data collected may contribute practically to the reintegration of adventitiously blind individuals into communicative society by providing rehabilitation specialists and counselors with information and tools to help bridge the communicative gap created by the absence of visual nonverbal cues. Chapter IV gives details of the results as sorted into categories by this analysis.

CHAPTER IV

RESULTS

This study involved discovering through their narratives the effects of the loss of visual nonverbal cues on people in couples affected by the loss of vision; both the sighted partner and the visually impaired individual.

The participants' identifications have been substituted with an alpha numeric identifier to maintain anonymity, Participants were recorded and identified as B1-B13 (visually impaired) and P1-P13 (sighted partners), pseudonyms with identifiers VI for visually impaired and SP for sighted partner (e.g., Bill [VI] and Ana [SP]) were later assigned for clarity of writing and reading.

Thematic Analysis

Adapting Conville's (1978, 1983, 1988, 1991, 1998a, 1998b) method for analyzing narratives, I read each sentence; then asked starting with the next sentence, "Is this sentence the same or different in meaning or significance from previous sentences"? Following that method I would have assigned a number to each sentence and tallied the results on a table. But by using NVivo, I was able to assign similar sentences to a node based on my interpretation of the theme each sentence was related to. A node is a collection of references about a specific theme, place, person or other area of interest, gathered by 'coding' sources such as interviews, focus groups, articles or survey results (NVivo, 2014).   Using the NVivo software allowed viewing each complete group of quotes in a node, together, in order to re-evaluate their relationship. Each additional sentence was read and evaluated for a theme and either assigned to existing nodes or new

ones if the theme was novel. The nodes were given names according to common significance among the sentences placed in each.

The narratives were analyzed using a constant comparative analysis (Boeije, 2002). This process consisted of two steps, fragmenting and connecting. Using the software NVivo, the component parts of each interview were separated into nodes. This involved multiple close readings, line-by-line analysis, listening and re-listening to the interviews.

The first step was to compare one interview to itself. Using the process of open coding, every statement of the interview was evaluated to determine what exactly was said and each was assigned to a node in NVivo. By comparing the different statements in the interview, the reliability of the interview as a whole is evaluated. For example, if an interviewee stated: "I couldn't do it," "She made it easy," and "I don't drive anymore" were consistent and all filed in the dependent node. If the same interviewee stated they "do dishes," and "pay bills," these comments were placed in the independent node. Conflicting comments such as: "I am independent, I dress myself but, he gets my clothes out so they match," would require clarification. Each following statement was evaluated and assigned to an existing node or a new one if it did not match any of the existing nodes. The statements were further compared to see if they were simply a repeat of an earlier statement or a new statement with the same theme.

Second, all of the visually impaired group's transcripts were compared to the other visually impaired interviewees' coded nodes, and the sighted partner's data were compared to each other as well (i.e., people who share the same experience). By creating a node of common experiences and feelings, it was possible to define some concepts. For

instance: what did being dependent or independent mean? How was the interviewees' identity affected? The nodes provided a perspective for the methodical comparison of the interviews. By comparing it became obvious that some interviews could and should be consolidated because of their similarity.

Third, interviews from two different groups were compared with regard to the experience of a specific phenomenon. The two groups' visually impaired/sighted partner nodes were compared. Comments like "I have to do all the driving" and "I can't drive anymore" were present in almost every interview. Some of the other recurring themes were "'over there' doesn't mean anything to me" I often forget he is blind" and when shopping the visually impaired person usually pushed or followed the cart while the sighted partner steered from the front. Identity themes such as: "more responsibility" and "dependent" were also common across most of the interviews.

Fourth, I compared pairs at the level of the couples; the difference in this step was, it concerned each part of the couple at the dyadic level. This comparison produced perceptions into each standpoint emphasizing similarities and differences in each perspective, how communication took place, Comments such as: "I can't cut the grass no more, but I can still cook and clean" and "It broke her heart not to cut the grass anymore, but I can do it so we work together" reflected interdependence between the partners. Additionally, the changes in relational identity were more prevalent in this stage "I went from passenger to driver," "I wanted to know where we were."

Finally, the fifth step in Constant Comparative Analyses; comparison is between couples who shared the same phenomenon. This was the most time consuming step. A comparison between only two of the couples is four interviews. Identifying similar

events; driving, shopping, living deliberately, children, work, etc. What are the typical differences between couples A and B? One husband lost his sight, his wife became not only the caregiver, but also had to find a job to be the primary breadwinner for the family. In another scenario, a spouse who was already working, assumed the caregiver role as well. In most of the cases, the husbands did the majority of the couples driving, but were soon relegated to being the passenger. How did the previously driver take to the passenger seat (happy/bitter)? Is having to drive a burden or is it freedom? What patterns exist in the relationships of couples that experience this phenomenon and how do they compare to each other?

The initial themes (nodes) that emerged from the narratives included: *communication, vague descriptions, detailed descriptions, frustration, interdependency, dependent, independent, personal identity, enacted identity, relational identity, increased responsibility, blind perspective, sighted perspective, learning curve, I'm sorry I forgot, everything in its place, deliberate living, and compromise*. Some of which had natural dialectical relationships—such as dependent/independent; often the person with a visual impairment felt pulled in both directions having to rely on their partner for some things but striving to minimize the dependency and be independent where they could.

Table 1

Operational definitions of nodes as themes

Communication	Quotes and excerpts pertaining to sending or receiving a message or idea
Vague descriptions	Quotes describing miscommunication due the lack of details
Detailed descriptions	Quotes pertaining to messages with complete descriptions and descriptions which had so much information they became confusing
Frustration	Excerpts and comments where the interviewee expressed frustration, confusion, anger, or the feeling of failure
Interdependency	Comments and conversations where the respondent expressed working together, partnership, symbiotic, codependent , or mutually supporting one another
Dependent	Quotes and comments where one partner expressed being helpless, reliant on another, or needy
Independent	Comments and excerpts where the respondent mentioned autonomous, independent, or self-sufficient actions
Personal identity	Quotes in which an individual's self-concepts or self-images are expressed
Enacted identity	Comments where an individual's identity is revealed through performance or expression
Relational identity	Any comment or expression where the respondent defines identity based on how their partner sees them. An identity created through a relationship with others or as a unit of identity (i.e., a couple).
Increased responsibility	Quotes expressing an increase in the responsibilities or duties of a partner due to the limitations of the other
Blind perspective	Comments made by the visually impaired respondents referring to how they perceive things
Sighted perspective	Comments made by the sighted respondents referring to how they perceive things
Learning curve	Quotes and references to the process of learning new things, methods, and ways of doing things
I'm sorry I forgot	Any comment made by the sighted spouse referring to forgetting their partner is visually impaired
Everything in its place	Quotes and expressions about order, and putting things in certain places or the lack of order when things are not organized
Deliberate living	Comments and expressions concerning more than organizing things organizing daily living from reducing clutter in the house to functioning as a team
Compromise	Comments and expressions about the give and take of relationships

Quotations often had one easily identified theme, such as:

Communication-- Bill (VI):

> Well, I think, you know, you say something and you assume, and this is true
>
> whether anybody has a vision problem or not, if you say something, you assume
>
> that the other person can understand what you are trying to convey.

Vague description-- Rose (VI):

> Right here typically can vary as in right here or yea, over there. Where is right
>
> here?

Frustration-- Arthur (VI):

> I'm about one forth the speed I used to be or less and the frustration is I used to be
>
> really good on the computer.

Increased responsibility-- Wanda (SP)

> I take on a little more responsibility. That again, he's still writing, well, he did ask
>
> me if I'd start doing the checks again because it just takes him so long to do it.

Other quotations contained multiple themes and thus could fit in more than one node.

Larry (VI) relayed the story of a visit to a historic site as:

> We were out in Montana on vacation, well, actually we went to Montana State
>
> University for training to operate the KOA campground. When we were done, we
>
> rented a car and did some sightseeing. We went up to Custer's battlefield. As we
>
> were walking up the hill where George Custer was slain, there was some kids that
>
> were running down the hill and they were shouting and screaming and carrying on
>
> and I said what's the matter, are the Indians after you, and my wife said shut up,
>
> those are Indians.

This quotation contained elements of communication, interdependency, enacted identity, and the learning curve, independent, dependent, sighted spouse, and blind perspective which could have been discussed in any one of those nodes.

In another example, Ana (SP): described how misunderstandings sometimes happen as:

> Well, I think the misunderstandings come when he tries to talk to me and I'm way on the other side of the room or have gone into another room, so I need to run back to where he is and ask him what it was he wanted, or he doesn't realize that I'm out of the room and he's talking and, you know, I don't answer right away. I think that much is very, very different than when he was sighted.

Here elements of communication, frustration, increased responsibility, dependent, learning curve, enacted identity, and sighted perspectives are present.

The next step in the analysis process entailed interpreting the fragmented parts and connecting the pieces together. Looking at all the nodes it was evident that some could be part of other broader nodes based on the context of the message, such as vague description and detailed description would both fall under communication. Additionally, they could both be part of the learning curve, interdependency, and deliberate living (e.g., how much is enough, learning how to communicate descriptively, and incorporating the methods). Frustration was a common experience in communication; failure to communicate resulted in frustration often in both parties. The frustration of learning something new and occasionally failing, interdependency was often frustrating when the parties were not in sync, and the frustration of a new identity. Increased responsibility was evident in all three of the identity nodes. How the participants saw themselves, the actions they took and what was expected of them in the relationship. Increased

responsibility was also evident in communication - having to be more descriptive; learning curve - assuming a new role. Dependent and independent was evident in communication, interdependency, identity, learning curve, and deliberate living. Eventually through constantly comparing the context and nodes, the following related overarching themes emerged: *communication, interdependency, identity (personal, enacted, and relational), learning curve, and deliberate living*. In each of these themes, there were two distinct perspectives; a blind perspective and a sighted perspective, which along with the themes were used to answer the research questions.

<div align="center">Key Themes</div>

Adapting to a new and different way of communicating is a gradual process; although some of the participants and their partners were plunged into an unfamiliar communicative situation due to a sudden loss of sight, there was still a learning curve to contend with. The search for differences and similarities revealed patterns of couples who were managing adequately and in most cases maintaining a strong relationship.

Through Constant Comparative Analysis of the narratives, 487 comments (not associated with the demographics), were identified as fitting into one or more of the 7 identified themes. Some of the comments, such as Kate's (SP):

Sometimes you don't even have to talk and you can really understand what's going on just by sitting with your spouse and not saying anything.

. . . fell clearly into the Communication theme. While Henry's (VI) comment:

Yes, we do. She likes a clean house so she's the honcho and I'm the slave or something like that. I keep the house clean, when I can, and I also do some other

stuff. The communication part is making sure that everybody knows what's going

on and we do that quite a bit in the morning and afternoon.

. . . contained elements of Identity, Interdependence, and Communication; and would

have been counted in each theme as a comment. Interdependence, which included

comments about dependency and independence from both partners, had the most

comments, while deliberate living had the least (see Figure 1).
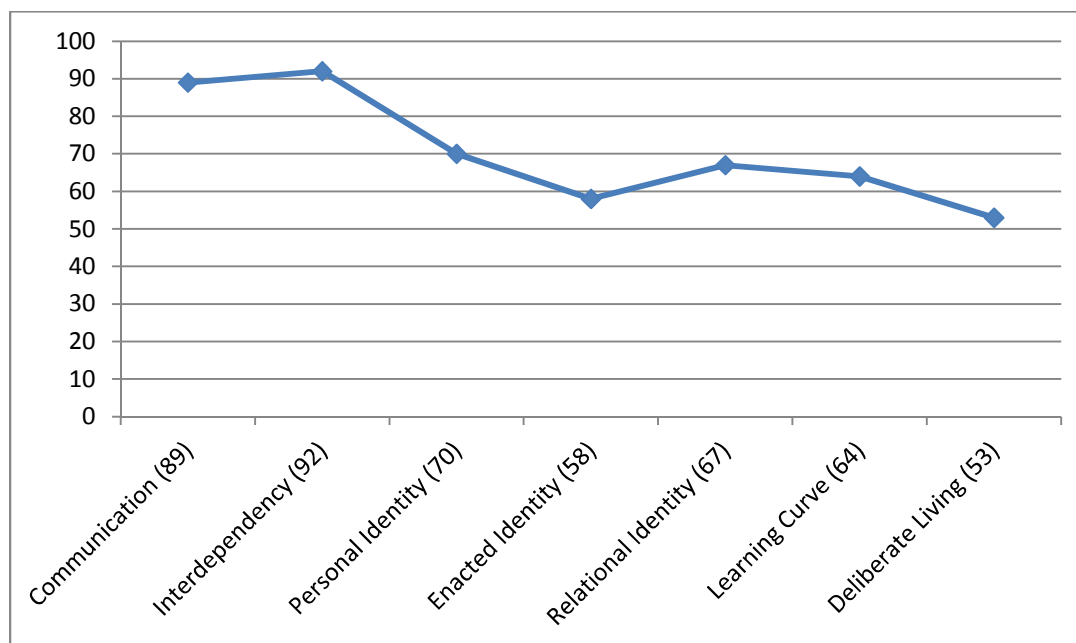
Figure 1 Frequency of comments identified in the in the narratives.

After the themes emerged they were compared to the research questions, where in

most cases a relationship was evident. To reduce the risk of missing a relationship each

research question was read compared to all of the themes. Findings are discussed below

as they related to the research questions presented earlier in this dissertation. Quotations

relevant to the research question were separated by themes, identified by perspective, and

discussed.

Table 2

Theme and research question relational rubric

RQs / Themes			
Communication	X		X
Interdependency	X		
Personal Identity		X	
Enacted Identity		X	
Relational		X	
Learning Curve	X		X
Deliberate Living			X

Note. X indicates the theme is related to the RQ

Interpersonal Communication

Research question #1 asked: How does the loss of visual nonverbal communication affect the relationship through the interpersonal communication process for the respective partners in the relationship? Each of the participants commented on how they had to have more patience and more understanding. For those who had lost their sight the biggest obstacle was getting their partner to use descriptive language "on the ground six inches in front of your right foot" instead of "right in front of you," provides the missing visual data and allows the visually impaired person to act for themselves instead of having someone else do for them. Additionally, the visually impaired individuals enjoyed the descriptive dialogue instead of look over there. Telling them what was over there was much more fulfilling than the emptiness felt when they did not know where over there was.

The sighted partners often expressed the added responsibility of giving a running monologue, was difficult and uncomfortable, because it was not the norm for them.

Some understood why their partner wanted the information, but learning to think linearly and then express those thoughts while driving, walking, watching TV was difficult at best.

     Communication. A couple's communicative pattern evolves over time, growing and becoming more intimate as the relationship develops. What was once communicated in sentences and conversations can often be expressed in a sentence, word, look, or touch. Unfortunately when this communication pattern gets interrupted couples are required to adjust and change to find new ways to communicate. Wanda (SP) stated: "Because I've been married to him for so many years when he wasn't blind. So, I think it's been equally as hard for him to go blind as for me to be able to adapt to that blindness." Participants in this study found various methods to communicate; many through trial and error. Some of what they tried worked and other attempts failed; in all cases they continued to try until they were able to normalize the communication and relationship. Some of the changes could be considered common sense, such as being more descriptive. Unfortunately, the easiest path is not often seen by those in the middle of the journey. Identifying what needs to change and changing it are two different actions and communication habits, like any other habit, do not change just because an individual wants them to. Rose (VI) expressed her impatience with limited information as:

     Well, I'm always trying to get him to describe things more accurately and more thoroughly, and I guess the miscommunication there would be that a lot of times I'm not patient in realizing that maybe he's giving the best description that he knows how to but yet I'm expecting a better description. It's still frustrating to me. I would like a total description of things sometimes. Like he'll say, I don't

know it's purplish blue, so is it blue or is it purple. When actually I don't think he

really knows colors that well. I just go with okay, it's bluish purple.

The loss of sight is traumatic and adjusting is difficult, but often adjusting for the sighted

partner is just as difficult. Wanda (SP) understands Arthur's desire to know more but

described her frustration and difficulties:

I know he just wants me to give him a constant monologue or travelogue as we're

going places, but a lot of time, I'm just watching the traffic so we don't get killed.

So, I don't do that as much as I could do. When he gets frustrated with me, I have

said several times, have you been blind before. And he says no, and I say well,

I've never been married to a blind man before and it's like oh. So I say do you

want me to think of you as blind because I don't; I still don't. There's times when

I'll get out of the car and just start walking and say oh, yea. It's hard for both

sides, I think.

Olivia (SP) discussed how difficult it is to think quickly and adjust:

I try to tell him to go right and I really meant left. I try to communicate, I don't

know, it's hard to say, I try to communicate. He sometimes takes my advice, he

has a guide dog, sometimes I try to help and he takes my arm because it's just

more convenient at the moment. Like if we're in a crowded place or something,

it's just easier than him running into something even though the guide dog does a

great job.

Change must come from two different people working for the same goal, and at

times, one party cannot see the struggle their partner is making trying to change old

habits and methods, adding to the pressure and tension between partners. Rose (VI)

pointed out that adjusting is more than frustration and changing habits as she is looking

for consideration and understanding:

It has gotten better but it is still frustrating because sometimes I think he's very

insensitive to it and doesn't try to understand what blindness is like and how it

changes everything. Like I said, it has gotten a lot better, but in the beginning, I

don't know if it was hard for him to accept or what, but his communication

remained the same as in the things he would say and the things he would do like

we would be driving down the road and he'd say look at that or what do you mean

where are we at, just things like that. It was hard to get him to understand how I

was feeling because I no longer have any eye to eye contact and I wasn't sure if

he was looking at me eye to eye. There was just kind of like a wall as far as

communication goes. Like I said, that has gotten better. Sometimes I feel like he

still doesn't really listen good and he's perhaps still insensitive at times, but I

think we've worked at it and overcome a lot of it.

Many of the sighted participants discussed not remembering or forgetting their

partner was blind, and the visually impaired participants expressed confusion how can

you not remember. Bill (VI) expressed:

It's kind of like the ultimate compliment and the ultimate insult at the same time,

she forgets that I'm blind and I can't…I think human nature you sort of go along

on the same keel you were on five years ago or ten years ago and you don't really

think about the fact that your partner's dealing with an issue that neither one of

you had to deal with before, so if the partner can put themselves in your shoes,

and that's difficult because you have trouble putting yourself in your own shoes.

Henry (VI) discussed getting forgotten as:

> I think the only time that really kind of gets me is that I handle myself pretty well
>
> in public, but when we go to places from light to dark, I blackout. I mean, I can't
>
> see anything. Or dark to bright and she forgets and walks off and leaves me. I say
>
> 'hey, you're forgetting something here'. Then, she comes around and takes over.
>
> We do pretty well in that department, I think.

More often than not it was meant as a compliment "they are so independent and

can do so much" according to Danny (SP). "She can still, there's not many things except

for driving, that I'll have to do. I don't have to walk her to class." Kate (SP) stated "I

showed him where all the rooms were, he mapped it out in his mind, and you just try to,

you try to not be in his face all the time. He has to be as independent as possible because

then he gets, I mean, with anybody, aggravated." Erika (SP) said "so it was a huge

learning curve, not only for me but for him because he is so independent and he's been on

his own since eighteen years old." Mindy (SP) stated "I really don't think of myself as

being a poor blind man's wife. I don't even think about him being blind to be honest with

you. Unless someone brings it up." Additionally, Wanda (SP) expressed "Oh, honey,

you're blind, just sit there and I'll get it for you, and I don't think that would be in his

best interest because he's very independent and he's very capable. So, I don't let him get

away with that very much." Not having any vision seemed to slip their partners' minds

occasionally--not for lack of caring, but because of their independent nature. Wanda (SP)

stated:

> Well, why don't you understand, blah, blah, blah. It's because I don't think, I
>
> mean, he's been blind for quite a few years, but when I think about him, I don't

think about him as blind. If you look at him, you don't think he's blind. I take that back. Now he speaks to where he hears the voice, but for so long, you would swear he was looking right at you. Now, you can tell he isn't quite anymore. I don't know. I just don't think of him as blind. The only frustration, I guess, is because he expects me, why can't you, and I just because I don't think him as blind, I don't think fast enough.

A large part of any relationship is sharing those things that make memories, a striking sunrise, a meteor shower, starry night, or any of the other amazing things captured and shared visually. Socially we are not trained or accustomed to verbalizing location and events in minute detail. Instead, sighted individuals alert their partner with generalities and the partner's vision usually fills in the void. Learning to describe things a person has spent a lifetime ignoring or taking for granted is not an easy task. Depending on someone to perceive and understand a blind person's standpoint is next to impossible if one has not been blind. Yet each depends on the other for help learning, and each gets frustrated with a learning curve that seems too steep at times to ever manage. Claudia (VI) expressed her frustration as:

A lot of it is obviously visual. Say we're going on a road-trip or we're in the woods, because we do a lot of hunting, we do a lot of woodsy outdoors things, so when he sees something that's really amazing that he wants me to see and he just automatically says "Oh, Claudia, look at that, look" and I'm like "Okay, I can't see it" and he's like "Oh, oh, yea." Even though he's been with me long enough, it's still just natural and automatic to see something awesome and want your significant other or friend or whoever is with you to see what you are seeing.

There's just a miscommunication there because I can't see what he's seeing so I

have to ask him specifically to describe it or tell me about it.

One sighted partner, Sam, is in the early stages of adapting and expressed his

frustration: "The other night we were out there in the swimming pool and I said oh, look,

there's the moon. I didn't think no she can't see it." Forgetting is not just an early

adaptation blunder, as Mindy (SP) stated "I still do that after fifty-six years. Oh, look at

the moon how beautiful it is tonight or something like that. I guess we forget. He does

everything, just about everything else. I make those mistakes too."

Learning curve. To function at such a high independence level, visually impaired

people need to live deliberately, using memory as a tool to maintain some sort of system

and sanity; rehabilitation teaches visually impaired individuals to fold money a certain

way so they can distinguish different bill denominations, to sort food stuffs in the

cupboard, to attach hidden buttons in clothing to determine color, to map out their home

in their mind so they can find what they need when they need it. A sighted person may

place a cup in the cabinet, but on the wrong shelf, which in reality is not a problem for

them as they open the cabinet and see the cup they are looking for. A visually impaired

person would reach for where it should be; if the object is on another shelf or even moved

a few inches to the left, right, or back only an empty space will be found, without a way

to immediately compensate. A sighted partner could assist and say "it's right in front of

you" or "it's in the cabinet." Neither of which solves the visually impaired person's

problem, because phrases such as: "right there" "just to the left" and "right in front of

you" are ambiguous at best, and can mean a plethora of locations in the general vicinity,

and unless the visually impaired person has their hand or cane on an object, it might as well be in the next room. Danielle (VI) explained her perspective as such:

> Over there where is that I can't see over there. We learned to describe in detail and quit getting upset because he forgot. I have to remind him I am blind and can't see there so tell me exactly what it is you want. "Look at that sign" "There is not a sign there."

Bill (VI) agreed that there was often miscommunication and described the difficulty in receiving directions:

> I've found that sometimes when people try to give me directions like where something is, it's difficult until they understand I can't see. I have a four year old grandson right now that just can't comprehend I don't know what 'over there' means.

Without sight *there* is no reference and *in front* is too vague: How far, one inch, a foot, a yard? Another problem is where in front: On the ground, at shoulder height, on the counter, top shelf? Is in front at twelve o'clock, one, eleven or maybe two or ten? Whose left, mine or yours? Danny (SP) stated:

> Now, it's more of a, it's a very descriptive, our house becomes very descriptive about what we're looking for. We don't just say 'that' or 'this' or 'could you go to the left'. Left means a lot of things in a three hundred sixty degree area.

Often the frequently common terms used cause much of the miscommunication. James (VI) described his confusion:

> I don't understand sometimes. Like when I am told "sit here" and there was not a chair where I thought here was. Over here and over there do not mean anything

to me since I can't see. Then what do I do? Stand there looking foolish or worse

yet dumb and have them tell me again right there usually in a much louder voice.

What they fail to understand is I am blind NOT deaf and no matter how loud they

say it I still will not see the chair.

Learning how much is enough is another hurdle couples experience; although too little

information is frustrating for those trying to visualize what they cannot see; too much

information can and often does result in information overload at best, and at worst a

feeling of inferiority or talking down to the visually impaired person. "The chair is in

front of you" may be too little information, but "The straight backed chair with the cloth

seat cover is two and a half feet in front of you at eleven o'clock with the back facing to

your left no, no, I mean your right and slightly under the table," is quite a bit to remember

when you are trying to take a seat and often carry on a conversation. More often than

not, most of the visually impaired participants said they preferred something like "The

chair is about two and a half feet at eleven o'clock next to a table." Abbreviated direct

information was especially more helpful in crowded situations when spur of the moment

decisions had to be made such as *narrow* or *crowded*. *Heads up* or *Watch out* is far more

often a hindrance than a help. Without sight there is no way to look for and avoid the

danger, but years of habitual abstract warning do not go away especially when adrenalin

is present. Victor (VI) described information overload as:

She's very visual, which is good for me in a lot of ways, but when she visualizes

something to me or verbalizes it to me to describe what it looks like or what it is

or where it is in my space, in front of me or behind me, it is, she does it generally

in pretty great details, particularly something that is interesting to her, like

something that she sees and wants me to hear about it, and there's so much detail about it, I can't process it fast enough to appreciate it, and I start to get impatient. So, sometimes I get an overloaded description of some things. I like to hear about it, but sometimes I just can't handle it fast enough. I've got to start to visual things she's describing from the words. I visualize it in my head, but sometimes I get overwhelmed with it and I get impatient and I say okay, that's fine. I don't know. Maybe I don't need quite as much detail in describing of things unless it impacts my mobility or my danger, the danger to me or something. Other things, around the house, she'll talk about this and that and parts of the garden she's planted or the trees she's plants and I'm not even sure where they are. I have to stop her and ask her. Slowing down a little bit with the describing of things that are a literally not directly related to my health at that point or my danger. See, most people say they don't describe enough, so being married to an artist, she describes too much.

Arthur (VI) had the opposite problem of too little information that caused him physical harm:

Okay. Here's a great miscommunication, one night my wife opened the car door for me and went around doing a nice service to open the car door. So, I assumed the car door was opened all the way and bent over to get into the car. The car door was only open half way on the first stop notch. I hit my eyebrow with the sharp corner and my eyebrow started to bleed. Another time, I had a fifty-five foot pine tree in my backyard. I hired a neighbor to come cut it down. I was standing back about twenty feet, safe from the branches. He cut the branch and it fell straight to the trunk and then the top snapped off and came right at me, right at my head. All

he could say in his panic was "Arthur, watch out," I didn't know what to do, so I watched. I didn't know what he was referring to. That branch hit me on my right ear and cut open my ear and I went to the ground. When I think of that communication, if he would have said Arthur, step back one foot, I would have followed him and my military background, and it wouldn't have been a problem

Interdependency. Coming together is an exercise of trial and error; often couples found skills that complimented one another. Teresa (SP) said "Well, yea. I'd say we're pretty happily married. We're very well suited for each other that's for sure. I'm Victor's eyes and he's my memory." Some of the visually impaired interviewees were visual people when they were sighted and often traversed using landmarks to navigate and depended on their memory to continue to get around. Sighted partners assumed the driving responsibility even if they were used to being a passenger, many of the visually impaired participants pointed out that although they were not the pilot in many cases they were the navigator. For one couple, this brought them closer together, as Teresa (SP) said:

> When we're driving, it just astounds me because we drive to Marietta and being spatially oriented, I don't think of things in sequence and Victor listens to radio and TV and he thinks in sequence very, very much, and so we'll be driving that fifty mile route and he'll say where are we. I have no idea. I've been daydreaming and looking at this tree and so on. I can name you fifty things along the way, but I can't put them in order. He'll say oh, we just went over that little bridge that's right before the cool spot. Is the cool spot right there up on the hill? And twenty

seconds, the cool spot is in vision, in sight, up at the top of the hill. He's amazing

that way that he remembers, he can sense how it feels in the car.

On the other hand, not knowing where they are can be frustration to some people.

One communication problem occurred when Larry (VI), asked the simple question,

"Where are we?" Larry (VI) described their miscommunication as:

> Our probably one and only big blow up that I can even remember had to deal with
>
> giving directions in the car because I always did all the driving. So, when all this
>
> happened, mom had to step up and become the family driver. She's a great
>
> driver, but she'd get lost in a box. She doesn't pay attention to landmarks and that
>
> kind of stuff. As far as spatially knowing what direction is north and south and all
>
> that stuff, just absolutely doesn't register. So, we were trying to get down a street
>
> in Winter Garden, I think we were going to the school, and she blew up and I
>
> blew up because we were arguing about which way is which and she was driving
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> and I was trying to figure out what kind of way she was driving so I could tell her
>
> where she needed to go. So, I learned real quick that the best thing I needed to do
>
> or first thing I needed to do was buy her a Garmin system (GPS) for the car.

Knowing and understanding the triggers that lead to miscommunication are

essential to avoid conflict and find mutually acceptable methods to communicate; in this

case, finding a nonbiased piece of electronic equipment seemed to be the best option. At

times it is often better to agree to disagree and one of the sighted partners, Bonnie (SP)

described how sometimes the message just does not get across and her option is to let it

go.

Well, that happens all the time. Well, either I explain it again or he still doesn't

get it so then I just say forget it. It's not important. So, that's usually how that

works out, it was very frustrating, but you get used to things and you just kind of

roll with the punches. It doesn't, I can't get angry with him. I used to, but…

It is important for couples to understand that sometimes some things just are not

important enough to make into a big deal and spend time focused on things that matter.

Identity

Research question #2 asked: How does the change in nonverbal cues and

interpersonal communication affect participants' personal identity, for the respective

partners in the relationship? Some of the visually impaired participants said at first they

were the same as they have always been being blind and the absence of visual

communication had not affected them in any way. Eventually, they all admitted that not

seeing had changed them and at least created an additional identity. They were now a

blind person and had to interact with their significant other, family members, and friends

differently than they had before the loss of sight. Although, some said it plays a greater

role in their life than others did. Some of the participants also noted it was situational, at

times they felt more blind than other times (i.e., wanting to drive, cut the grass, see a

sunset or wanting to look attractive for their partner and not being able to see to do it).

Other times it was just part of life and accomplishing things (i.e., doing laundry, cooking,

cleaning, reading a book, or being on a committee) gave them a feeling of

accomplishment.

Personal identity. Sighted partners once again expressed added responsibility as a

new identity, along with caregiver, chauffer, tour guide to name a few. They also

confirmed their partner's opinion that although new identities were created because of the new dynamic, the new identities were not their primary identity, just another hat to wear in the relationship. One point that seemed troubling to them was how people outside the relationship injected their opinion about being in a relationship with a "blind person." Although they had no clue what it was like, they felt it was appropriate to provide their insight. It reminded me of a childless person giving advice to a parent about child rearing.

Communication is a key component of identity and self-worth. What individuals say about themselves and their abilities often create labels and stigmas, "I am a person" is much different than "I am a disabled person." Societal changes have recently dictated person first to identify the person before the disability, "disabled person" is out, and "person with a disability" is now socially acceptable when describing an individual, but what about when a person describes them self? Their perspective often depends on how they feel about what they can or cannot do. According to Danielle (VI):

> I am blind it seems to come first now. When I meet new people I say I am blind and when I meet old friends I remind them I am blind I am more dependent I am still efficient I still cook and do other housewife things but I do not have the freedom I used to have.

Some visually impaired individuals feel their only option is to play the victim. "Poor pitiful me, I cannot see; I cannot do anything by myself. It's not my fault so I should not be expected to do anything." Although none of the respondents currently felt this way, some admitted there was a period where depression got the best of them and they did feel like a victim. Arthur (VI) stated:

Well, there are times that I've wanted to play the victim, and Wanda said to me, ten years ago, you're starting to shut down, you're accepting and not doing as much. Are you going to stay home when I want to go places now? She said get with it and come or what? Or see you when you get home, dear. So, that helped me. That was frustrating. A kick in the pants helps sometimes, and I go through periods where I'm down for a couple of days.

Arthur (VI) also relayed a story about a lady with a visual impairment at a senior conference:

Let me give you one example. Wanda and I put on a senior conference down in St. George. We had about thirty people there, about fifteen couples. Wanda broke off the group into where the sighted spouses went to and the blind people were not allowed to go, not allowed. We want the spouses to be able to speak freely. When she came out of that meeting, she said there were two or three spouses, sighted spouses that were in tears trying to describe their experience, their frustration. Later on that day, when the husband got back with this one blind lady, she was furious. She said we have ruined her life. She loved the attention. You're telling my husband to let me learn and let me do it on my own; that's going to ruin my life. She was furious with us. That she wanted to be treated like a baby on everything and did not want the responsibility.

Most of the visually impaired respondents agreed that part of their identity is that of a *blind person;* after all it is obvious in public when they are traveling, shopping, dining out, or pursuing some of their hobbies; the cane, guide dog, or escort makes it obvious they are visually impaired. Yet visual impairment is just another part of their

identity, or their spouse's identity, it is not the primary defining one. Disabilities affect people differently as some people do not seem to slow down or let the disability slow them down. Alex (VI) described himself as:

> Oh, boy. That's, okay, I'm a mover and a shaker, I get things done even now I'm blind. In fact, I'm very active in getting things done in associations. I sit on two Boards, and I contribute to that. I'm very arrogant. Can I use that word? I say I'm arrogant because I don't care what other people think. I say what I do. I try to do it diplomatically. But I think I'm very self-assured of myself because I've had twelve years of college. I'm not disappointed in myself.

Arthur (VI) had a different of idea of his identity after he lost his sight:

> My whole self-worth because I've been such a Type A personality is how much I can get done every day. I used to use check lists on everything. Unless I did ten things every day, I did not have a successful day. That's why I got as far as I did in the military. Type A personality and when I'm going blind, I can't get done nearly as much and that's where my frustration level. But now that I'm retired, I started a project in my workshop, and I said to myself man, at this rate it's going to take me forever to finish the project, and at first I was angry, then I said what difference does it make, I'm retired. Think about that one. I don't have the time pressures on me that I used to have when you had to produce to maintain your job. You are still in the employment area, so you still need to be as productive as you can. Others are going to criticize you if you can't get as much done as a sighted person.

A common complaint in the disabled community and other marginalized groups is the necessity to do more than the majority to receive the same credit. Peter (VI) admitted to feeling inferior because of his visual impairment:

> Well, I have to say, I feel a little bit inferior to my wife because I know she can see and she can do things that I can no longer do that I used to do because I have some vision that helped me out. As long as I had a little bit of vision, I could use my cane and get around no problem. I had no fear of traveling by myself, transcontinental or anything. I did learn good skills of blindness, mobility and the like. In fact, I taught myself braille. I still feel a bit second class citizen, I guess, is the only way to put it because I feel a little bit inferior to everyone because they do, most of them do, have the vision advantage on me, but I try not to let that get me down.

Rose (VI) was the only participant that brought up physical appearance, without the ability to see herself she questioned if she was still attractive:

> I see myself as more vulnerable because the things, the areas that I don't have any choice but to be dependent on like loss of driving for instance. Sometimes I don't, and this is getting very personal here, but sometimes I don't feel like the same, I can't see my image anymore, so sometimes I wonder if being blind if I look any different which affects how… At times how secure I feel in the relationship, although, Sam is not one that has ever, neither one of us has ever based our relationship on outward appearances because we are going to get old and we are going to get ugly. Both of us know that. I'm still not quite, I don't feel as in control in the relationship as I did. I find myself wondering does he really

feel the same way as he used to because of all the things that I'm not, I'm inadequate with. I can still cook, I can still clean, I can still go places, I can still do things, but not as top notch as I used to. I guess that comes from me being a perfectionist, a former perfectionist. I just, most days I feel okay but I still backslide occasionally in wondering exactly where I do fit in in this relationship.

Many of the sighted spouses found they were suddenly more responsible and often assumed the identity of a caregiver, protector, chauffer, and guide, but they also did not look at the changes as their primary identity and, as stated earlier, many forgot their spouses could not see even after years of living together, supporting the observation that the visual impairment was not a primary or significant component of identity. Carl (SP) stated, "I still feel I am the same. I do not think her vision loss has changed my identity. I guess I am more of a protector." Grace (SP) discussed the greater responsibility and the gender roles society often places people in:

> I feel like there's greater responsibility on me. Sometimes I think this is how men feel their entire life being the one, it's important that I do well at my job and keep my job, be a good provider for the family, and I've thought to myself before wow this must be how men feel from a young age because women often feel like once they get married that's the husband's role and I feel like it's a greater responsibility now. My career matters a little bit more.

Often people have more than one identity; significant other, parent, child, aunt or uncle, and accepting more responsibility may add a new identity but it does not replace the original identities. Erika (SP) discussed the different identities a person can have by stating:

It's made me have to step up and be a lot more prominent role in Fred's life and his decision making and, you know, sometimes it'll make you lose, it'll make you lose perspective and realize hey I'm not his caregiver, I am his girlfriend, and… it has. It has, but I just have to take a step back and remind myself.

Ida (SP) expressed the same opinion as Erika (SP) in that having a disabled partner does not permanently change who you are, it just adds a role to be played at times:

Differently at different points at first I was a wife and partner then I became the care giver and I hate to admit it I felt sorry for him. Then I eventually came back to the old me, although sometimes I still see the worrier when he tries to do things.

Being a significant other in any relationship brings with it a variety of identities that partners often accept, perform and sometimes excel at.

Enacted identity. Diagnosis in some cases allowed for a better understanding of the visually impaired person's identity.   What were considered clumsy, distracted, impatient, and selfish characteristics were explained away by a lack of vision allowing the spouse to better understand. Grace (SP) admitted she had assigned other attributes to Henry and never really considered him having a vision problem; knocking things over and bumping into things, and being inconsiderate were all explained by being blind. She said:

Before we found out. Sometimes I would get really, well, I don't know if this is, this is kind of like a non-verbal thing, I would get very frustrated with him because I would have my hands full and he would try to hand me something or he would ask me to hand him something and I would think can you not see that I've

got my hands full and I have to put down whatever I had. As soon as I found out

he had a vision problem, it made a lot more sense to me. Some of the things that,

like him walking into things and hitting things and not seeing things that were

there made a lot more sense. I guess it should have been obvious to me, that his

field of vision was reduced, but I just passed it off as him being awkward or

clumsy.

Henry (VI) admitted he has not been the most graceful partner:

Knocking things over? Yea, I was like a bull in the China closet walking down

halls and tripping over things I think the main thing after talking about it, she

thought I was really clumsy because I was always knocking things over and doing

things like that. Now that she knows why, she's really picked up and taken over

and helped me out a great deal.

Although it is important how the partners perceive each other, at times some of the

interviewees expressed concern about how others perceived them. Arthur and Wanda

reflected on two occasions where his ability to walk straight raised questions from

strangers.

Arthur (VI): Wanda and I were driving from San Diego to Utah, and we stopped

at a convenience store, we got gas, she ran in to buy some treats, pay for the gas, I

was sitting there in the car and I said man, I'm hungry too. So, I jumped out and I

wasn't using a cane, and I'm walking into the fast food restaurant, the little

convenience store, and a guy comes out, gives me a nasty look as he's passing me

on the sidewalk and says to me, loud enough that I can hear him clearly, he says

are you drunk. Because when you step up on the curb, when you can't see, you do

it a little more cautiously. So, a blind person before they start using a cane, they look like they're drunk. I decided at that moment that I'd rather be considered a blind person versus a drunk.

Wanda (SP) described a different occasion as:

It's just gotten progressively downward. It wasn't until somebody accused him of being drunk, he decided maybe he better use a cane. I told him that because he actually almost knocked this lady over at the university and she gave him the dirtiest look and then she looked at me like what. I said I'm sorry, he's blind. He didn't see you. Of course, she, you know, it's okay, it's okay. But it wasn't really okay. I mean, he just slammed right into her.

Ana (SP) described how Bill was able to function in a sighted world in a way where many did not know he was visually impaired and the cane sent the message he is blind:

I think people don't think of his being blind many times unless they see him with his white cane because he doesn't look blind. You know, he can look like he's looking straight at you or straight ahead or doing what he normally would do, and people don't know that. So, he uses his cane primarily so people will know he's blind. Then, they don't associate me with a blind person except when they see him with his cane.

Finding a compromise between helping and allowing the visually impaired partner to make mistakes and sometimes seem foolish or clumsy is a balancing act most couples go through at some point Rose (VI) described one such instance as:

A funny thing that comes to mind, and I don't know if this is a miscommunication or not but on one of the trips back to Louisiana to take me back to school, we had

to stop for a restroom break and I'm sure people, because the way he wants to like guide me and tell me where to go and I'm in the resistant stages of it now, I'm know, I'm grown, I got it, and he's still like no you don't, you need to go to the left or you need to go to the right or you're going to walk into somebody, and just about the time that I turned around and told him I've got this, you've got to quit, you've got to let me do it on my own, I hit a whole display of honey buns. So, of course, he starts bending down to pick them up, and I'm like I'll do it, and he's like I got it. So, we're sitting there arguing back and forth about whose going to pick honey buns up. He apologized to the lady behind the cash register and she said oh, no problem, and I looked at him and said you know you're going to have to accept that that's just one of the things that blind people do. Of course, the lady behind the cash register started immediately laughing. I don't know… It was kind of funny to me. I guess that's one of those things if you'd been there. I do have it, I mean, walking with somebody I may knock stuff over, but I've got it. I'll do what I got to do.

Relational identity. Hecht's first level of the relational frame refers to forming identity through internalization of how others view her/him (e.g., so-and-so's friend, someone's father, so-and-so's husband), or in these cases, the spouse/partner of a person with a disability. This can create a problem for the partner if the assumptions are negative. Mindy (SP) expressed her displeasure with people and their opinion of her relationship:

You know, I don't think about that at all. Unless someone brings it up. I know a lot of people feel sorry for me because I'm married to a blind man which really upsets me because he's no different from a sighted one except he can't see.

Erika (SP) discussed how she feels and how others contribute to her perspective:

Um, in a way that, I mean, it's affected my life greatly. It's affected me in how I look at myself. Sometimes I'll look at myself as just a caregiver, but that's only because that's kind of how others make me feel if that makes any sense.

Olivia (SP) not only receives negativity from outsiders, her husband adds to her pressure as well:

My husband says because I feel like I'm the dummy married to the blind guy… no. I mean, some people, I say my husband's blind, and they say oh, I'm sorry. I say there's nothing to be sorry about. Don't have pity on me. I don't want pity.

Some people even go as far as to suggest ending the relationship simply because of the visual impairment. Kate (SP) has received some of those comments:

Being as close as you are and a lot of people, like I said, a lot of people said maybe you should think about leaving or maybe you should just think of how your life is going to be with a blind person, and I said I already know how it's going to be. It's not changed, it's changed my life, but not for the worse. We're still together. We still have beautiful children. We work things out together. That's all you, you open up the present and then you throw away the paper you got the present in.

Although these couples have managed to adjust to the new communication styles and the evolving identities, many have not. Larry (VI) shared what happened to one of his friends:

> I mean, I have friends that, a buddy of mine here in Orlando, soon as he lost his sight, the next thing he knew, his wife was gone. Why would… I don't understand that. If you go into the partnership with your eyes open and knowing that this was a life gig, how would just because somebody loses their sight, why would that chase you off? I don't understand that thought process.

Divorce is a common term and many relationships fall apart without the added burden of adapting to the loss of one party's vision. Some partnerships are not ready and just do not manage to make it through the transition. These couples have found ways to continue to communicate and function in their new identities.

Adapting and compensating

Finally, research question #3 asked: What methods have been used by those in relationships to compensate for the loss of nonverbal cues, for the respective partners in the relationship? For the adventitiously blind, there were many difficulties adapting to the loss of sight. Primarily, to have patience with your partner, many first described how they had to change then they realized their partner had no experience with the loss of sight either. Most participants found communication an effective tool by expressing the desire for more detailed descriptive information, and on the other hand, telling them when too much was causing information overload. While shopping, most if not all the couples evolved to the adventitiously person following along behind pushing the shopping cart, but still participating discussing what was on the isle, and what they

wanted to get. Having a more organized house allowed the visually impaired person to function as independently as possible. An organized house allowed both for the visually impaired person mobility without being a bull in a china shop or seeming to be one, and the ability to get things for themselves without having to rely on a sighted person to do it for them.

   learning curve. The sighted partners pointed out they had to learn and adapt as well. Although most of the focus was on the blind partner, it was difficult to maintain a relationship while adapting to a new identity and way of communication. They expressed remorse when they would say "look over there," "isn't the moon pretty," "right there" and other phrases after they remembered that their partner could no longer see what they tried to point out. The sighted partners' biggest challenge seemed to be learning to translate visual information into usable descriptive language and finding that Goldilocks level where their partner could process and understand the situation. By understanding replies such as: "over there," "to the left," "in front of you" are too ambiguous and finally understanding questions such as "Where are we" are not rhetorical. Couples must adapt to the new conditions they experience, as after the loss of vision things will never be normal again. To grow as a couple and move the relationship forward, the participants must somehow embrace the new normal, because what once was will never be again. As discussed earlier, the partners will experience a learning curve when some things will work for them and others will not. Through trial and error they have found new methods to communicate and grow. Some things are given up because there is not currently a way to adapt (i.e., driving a car or mowing the grass). Rose loved to cut the grass, and Sam (SP) discussed the day she stopped.

She thought she could do it one day and I said okay, I'll get the lawnmower out

and you can get on it and just go slow and I'll go back in the shop and I won't

even watch you. She says okay and pretty soon I heard the mower kind of come

up by the shop and stop, and she got off. She said I can't do this no more. Her

feelings was hurt. I said well, baby, I don't know what to tell you but I know you

really enjoyed mowing the yard. This is one of the things you're going to have to

give up, I guess.

The importance for everything having a place and everything being in its place is obvious

when a visually impaired person is trying to function as normally as possible. Bill (VI)

stated:

I'll ask about where something is and my wife will say well it's in a specific place

and I find out that, that isn't where she put it. She thought she did but she didn't.

So, eventually we figure out where the item is, but at the time it's a little

frustrating because she thinks she put it where she was sure she put it, and I went

to get it and it wasn't there.

Even having designated locations for items is not fool proof from human error and

sometimes the visually impaired person is the one to err. Bill (VI) further stated:

I think, well, this really was my problem but we went out with another couple and

I put the garage door opener in my pocket and a few days later we were trying to

find it, I was trying to find the garage door opener, and couldn't find it and I

always put it in the same place and it wasn't there and we pretty much tore the car

apart and called the people we were out to dinner with and looked all over the

house and a week or so later, I found the garage door opener. It was in the pants

pocket of the pants I wore that night. I had egg on my face on that one, but those

are the kinds of things that come about.

Grace (SP) described how her daughter learned the importance of putting things away:

One thing that we did to try to help my daughter understand was one of the social

workers gave us a pair of glasses that has the field of vision cut down to less than

twenty degrees, so she could wear them, and she said this isn't so bad because I

still have some central vision. She's sixteen now, but she was fourteen when

Henry lost his sight, and she said this isn't so bad, I still have my central vision;

this isn't so bad. I said okay, start walking around the house. She had left her

backpack out, as usual. She came home from school, threw her backpack on the

floor, and she tripped over it, went flying. I said see, it's a little bit harder than

you think because things that are out of your field of vision you can't see. That's

helped her a little bit better about leaving things around but one day, she left the

laundry room door open and it's white, so Henry didn't see it at all and just

walked smack into it. We find those kinds of things funny but it's not funny

because we know how difficult it is for him but it reminds us that we have to keep

everything the same way in the house to make it easier for him.

communication. Not being able to find things can be frustrating for a sighted

person, such as a napkin, a cup, tooth paste, or toilet paper. Visually impaired individuals

depend on repetition and organization to find these and many other things. Fred (VI)

discussed the frustration involved in searching and then depending on someone to help:

There's, on a daily basis, it's not a daily basis, but on a daily activity, I think

sometimes I miscommunicate as far as, how can I explain it, simple things like

placement of stuff. If I'm looking for something I need help to be able to find it or something, you know. Let's say Erika misplaced something. If she put something in a different spot than we normally put it, and that makes it harder for me to find, then that starts me getting frustrated because I feel I have to rely so much on her for simple tasks in life sometimes.

There are things the couples did that helped bridge the gap and bring some normalcy to them. One of the many adjustments made by the participants was to identify certain places by name. Teresa (SP) described how certain locations in the house have unique names:

He lives his life very deliberately so he can keep track of his life. And that is one of the adaptations we have made at the house, that really has been useful we have specific places we name there is one part of the counter in the kitchen that has a porcelain surface, you can put hot things on, so when Victor asks about something I can say I put it on porcelain or I'm going to put this porcelain and my chair is where we put Victor's mail until we can get to it. The part of the counter is cookie where my cookbooks are.

Another couple used direction to identify where to identify location, Fred (VI) explained:

Well, one example is whenever we park the car; the first thing I say is front or back. Does she want me near the front of the car or the back of the car to where we're going and as we're approaching a door, right or left, in or out.

Partners learn what works and what does not; many innovations come from trial and error and others from frank discussions about ability and necessity. Rose (VI) strove to express her need for organization and understanding as such:

I don't know if this falls under communication or not, I guess it does, but everything, I am so dependent on everything being organized now and I don't know how many times… my advice to him would be to pay attention to the communication, how many times do I have to say why organization is important to me. That would be my advice to him. Would to be more, just listen better and pay better attention. And I guess more understanding, understand why things changed and why I need things differently than I did before.

Carl (SP) suggested that patience has been helpful when trying to adjust, as giving his wife the time she needs is helpful:

I know she has trouble sometimes and I try to wait for her to figure out what she is trying to get across and do not interrupt until I know she is stuck. When we travel I describe where we are; the hospital is on the right the mall is just ahead it helps her when she can picture where we are.

Nick (VI) suggested they never really had communication problems, but they had to adapt when he lost his sight. When he could not read notes from his wife or write them, technology provided an answer:

Of any shortcuts we have taken or found I guess I have left her notes and I have a recorder so I can leave messages to her or her to me. We tend to place things in certain places and she always tries to put them back so I can find things I use often.

Although technology is useful, Henry (VI) believes the best method is old fashioned and interpersonal:

Hmm. I think the main thing is when we sit down, you know, she comes home

from work and we sit down at the table and I ask questions and we talk and do

and kind of like a meeting every day when she gets home or before she goes to

work, stuff like that. We have meetings and we go from there. We work well as a

team. Like Yin and Yang kind of deal.

Rose (VI) agreed communication problems existed and still do, and she further explained

that the difficulties have had a positive result:

We're still having communication difficulties there. Through all of this, strangely

enough, it doesn't sound like it, but in ways that are kind of hard to describe, I

think that we've actually grown to be closer to each other if that makes any sense.

Doesn't sound like it does it? He listens better and tries to be more in tune with

what I'm asking and what I'm feeling. At the same time, I try to not have my

expectations so high and maybe be more patient and less, able to, in other words,

making myself be agreeable to accept maybe, I don't want to say less, but that's

practically what it is.

deliberate living. When large things or trip hazards are present, going from point

A to point B becomes an obstacle course and frustrating to visually impaired people. As

stated earlier, many visually impaired people map out their home in their mind so they

can find their way around, but when changes are made and the visually limited person is

not made aware, tempers may flare. Grace (SP) explained:

Yea. Henry's pretty good at telling me what he needs. I'm thinking. Well, I guess

this is, I don't know if this is exactly what you're looking for, but he used to

really get frustrated and fuss about things like there are too many things in this

house or there, instead of saying I can't see them. Like if you leave something on the floor, I can't see it. If he'd bump into something, he'd just get angry and say there's too much furniture here or we don't, there are too many things in this house. It's too cluttered. It's not that the house is cluttered at all, it's that something was in a new spot and he wasn't saying I can't see that when it's down that low.

Routines go beyond the home, as couples must learn to interact in other environments such as going to the store. Kate and Larry both shared their routine at Walmart.

Kate (SP): I'm so confident with him, knowing where he's going with his cane that we will get out of the car at Walmart or someplace that he has been to a million times, and just get out of the car and start walking and then he says 'Kate, Kate'. Then I realize, 'oh my God', that if we're parked in a different place, because I try to park in the same given area, then I think 'oh my God', 'I'm sorry Larry'. Then, we go about our business, and I walk with him and then he's fine.

Larry (VI): We've just developed routines. Well we do usually park in certain handicap spots and sometimes the spots are full or we drive around until one opens. If we park somewhere different I usually use my keys to honk the horn till I figure out where we are parked. We go to the Walmart, she pulls the front of the cart, I hang onto the back, I push the buggy and she steers from the front. I guess you could say I am the labor and she is the manager and then I just say okay where are we and she says we're passing this, we're passing that. We just talk to each other and when I don't know something, I ask. And she tells me, if she can. If she can't, we stop and say okay how do we figure this out.

Sighted in front steering a shopping cart and visually impaired in the back seemed to be the norm for the couples who mentioned it. Larry (VI) discussed pulling the cart:

> The other way I tried it, but every time I tried it, my cane keeps tripping people coming out of aisles, so I always figured, basically, it was safer for me to be back hanging on the back than running down the aisles with my cane swinging forward and catching these little old ladies flying down the aisles and tripping them.

> Finding a niche where there is a routine and can each partner benefits from the other seems to be the goal most of the interviewees were striving for. Teresa (SP) explained their symbiotic relationship:

> I really have this need to be needed, so that works out great. Victor helps with so many things that I don't even have to think about. He fills the humming birdfeeder, he fills the birdfeeder out back. Those things are for my pleasure mostly. There's very much a give and take. It's not a one way street at all. I don't feel like a service person at all as far as helping get us around or anything like that, and my social life is incredible rich because of Victor's friendships. I'm usually the only person at the table, well, I have a Master's Degree, but almost everybody at the table is better educated than I am so the conversation is really, really interesting.

Teresa (SP) further explained how they have adapted their relationship at social events such as a reception:

> But like at a reception, we go to a lot of art opening because I have art in the exhibit or he was on the Board of our local art center for several years, and those are difficult for us because the way people mill around and flow in and out and

somebody will talk to him and he'll talk to them and then they catch the eye of somebody and wander off and if I've gotten away from Victor, I'll come back to him because he's still talking to somebody that's not there, and I'll come back and tell him they've moved on and that's embarrassing for him. So, that's the most difficult thing is receptions with that casual milling about broken conversations, snippets of this and that, meet and greet sort of thing.

Summary

The first research question addressed how the loss of visual nonverbal communication affected the relationship through the interpersonal communication process. Three themes answered this research question; Communication, Learning Curve, and Interdependency. Communication is an essential component of a couple creating a shared reality, adjusting to life changing events, and co-constructing a new reality to meet the needs of a different relationship, such as using words to paint a picture that can no longer be seen. The Learning Curve brought to light not only the new skills needed to communicate, but also the necessity for both sides to learn new interpersonal communication skills. The Interdependency theme highlighted a coming together and various trial and error methods used to reconstruct the interpersonal relationship.

The second research question focused on how the change in nonverbal cues and interpersonal communication affected the participant's identity. Three themes were associated with identity, Personal Identity, Enacted Identity, and Relational Identity. The theme of Personal Identity highlighted the change from sighted to blind, often the first adjective used when a visually impaired person describes themselves is blind, and the new identity of the sighted spouse (i.e., caregiver, chauffer, protector), Additionally, it

showed the participants recognized the new identity but, more often than not, rejected it as their primary identity, or the primary identity of their spouse. The Enacted Identity theme showed a person's actions do not always reflect a true identity, clumsy, distracted, and selfish were some of the identities derived from the actions of the adventitiously blind before they were diagnosed as visually impaired, which provided an explanation for their actions. Additionally, some assumptions made from actions were correct, such as using a cane a guide dog or guiding another person. Relational identity provided insight and information about how the partners saw each other, and how they were forming new identities, and the realization that their new identities were viewed in both positive and negative ways. Furthermore, how these couples have found ways to continue, to communicate, and function in their new identities.

The third research question asked about the methods used by the couples to compensate for the loss of nonverbal cues. The three primary themes which addressed this question were Learning Curve, Communication, and Deliberate living. The learning curve theme was useful identifying the new skills and ways couples changed to maintain their partnership, and how they found intimacy on a new level, by not relying on visual senses and stimuli as much. They learned through trial and error how to replace what was no longer available. Through improved communication the couples were able to co-create a reality that helped bridge the gap and bring some normalcy to their relationship. The theme highlighted how having patience and understanding both parties were better able to see their partner's perspective, and promote deliberate living. The need for order and routine is essential because people with visual impairments rely on their memory and mapping their surroundings, to function on a daily basis, which in many ways, increased

their dependency on their sighted partner's understanding and support of their perspective. In most cases, it can benefit both members of the couple by working together and living deliberately.

Adapting, adjusting, evolving, changing is all part of the human experience, In many ways it is the same for everyone, but couples adjusting to a disability such as the loss of vision have unique hurdles to overcome. These couples have provided an insight into how communication has changed and how they have adapted without the visual nonverbal cues they were accustom to. The Deliberate Living theme, in many ways, was the culmination of the other themes providing insight to how couples could work together in a partnership by relying of each other's strengths and finding creative ways around the obstacles created by the loss of sight.

Ultimately, communication, patience, understanding, and compromise are the keys to bridging the void created by the loss of nonverbal cues. The narratives about interpersonal communication in the relationships were analyzed revealing how the participant's communication skillset changed as they adapted to the loss of nonverbal cues. Additionally, how new identities emerged and although were prominent, did not replace the identities the participants had for each other. Finally, their narratives revealed the many methods the couples used to compensate and move their relationship in a positive direction to a new level.

This research has shown that the loss of nonverbal communication has an effect on interpersonal relationships, for both the visually impaired partner and their sighted significant other. New identities in both parties have been created as a result of the vision loss of one partners. The new identities are present in the all three of the frames

discussed (i.e., Personal, Enacted, and Relational). Furthermore, the identities in these cases did not become the primary or master identity of the individuals from their perspectives. Finally, the participants in this study found methods and means to co-construct a new shared reality to grow and continue to communicate, keeping their relationship moving forward.

CHAPTER V

DISCUSSION AND CONCLUSIONS

> I really enjoyed our interview; it made me think a lot about our communication. The interview questions prompted Joe and me to acknowledge how different our perceptions are about how we communicate. Improved communications regarding the room-to-room conversations that I dislike so much will require more discussion but your research has perhaps opened a door there for us. So, your research is already helping somebody - us! – Teresa (SP)

In the literature review, this study began by describing communication in the absence of nonverbal cues in six often interdependent but autonomous sections (1. Nonverbal Communication, 2. Disabilities, 3. Communication Obstructions, 4. Stress and Depression, 5. Identity, and 6. Social Construction of Reality). For continuity reasons the analysis will be presented in the same sequence.

This study (1) affirms that the loss of visual nonverbal portion of a communicative message affects a relationship through a change in interpersonal communication for both the senders and receivers; (2) societal opinions about people with disabilities is often a barrier to assimilation; (3) that individuals who become adventitiously blind and their significant other experience communication barriers and obstructions as they try to maintain a relationship; (4) becoming visually impaired is a stressful often depressing situation for both partners in a relationship; (5) new identities evolve as a result of the loss of sight for both the adventitiously blind person and their spouse/significant other and the participants strive to maintain their previous identity or to minimize the impact of their new identity; (6) couples use various methods to compensate for the loss of visual nonverbal cues to lessen the impact of the vision loss, and often the methods used to compensate for the loss of vision benefit both the visually impaired and sighted members of the couple and community.

Nonverbal Communication

As stated earlier, in a sighted culture, more often than not the nonverbal cues are a substantial part of the message, which are frequently unintentionally decoded as part of the message (intended or not). Nonverbal signals are so established that people unknowingly make decisions based on nonverbal signals throughout the day; interpretations of these cues are generally automatic and happen within milliseconds (Ambady & Gray, 2002; Ambady & Rosenthal, 1992; Weisbuch & Ambady, 2009). The problem encountered by visually impaired people and their sighted partners is changing the habitual practice of relying on nonverbal visual cues as part of the message. Adventitiously blind individuals, although at one time familiar with this method of communication and decision making, have lost this ability to receive nonverbal visual cues but not the ability to send the same signals. When both parties in a relationship were sighted, the exchange of nonverbal cues was mutual; a smile precipitated a smile, a knowing glance sent a message to the significant other and was acknowledged often with a similar look. After a one of the partners has lost the ability to see, shared smiles and knowing glances are a thing of the past. The couples have to find new and different ways to get their message across. By identifying miscommunicated messages, weaknesses, and strengths, communicative partners begin finding new ways to communicate and reduce the anxiety created by miscommunication due to a loss of visual nonverbal cues.

This study found that changes were made by both partners as each changed and adapted new skills and techniques to rebuild their relationship. In many cases, when a person becomes blind, it is obvious that they have hurdles to overcome and lessons to learn. What is not often immediately evident or recognized by society in general and the

visually impaired partner in particular is the spouse/significant others often have their own difficulties to contend with as Wanda (SP) pointed out: "Because I've been married to him for so many years when he wasn't blind. So, I think it's been equally as hard for him to go blind as for me to be able to adapt to that blindness." The situation is new to both parties and each participant has a difficult time trying to find methods that work. The nonverbal communication channel lost had to be compensated for, and was in varied ways, such as; through the use of descriptive language to paint a complete picture, constructed shortcuts or nicknames for often repetitive messages and speed of communication (i.e., porcelain or narrow), and in some cases, touch or word to replace a smile or knowing glance.

<div align="center">Disabilities</div>

In a modern society, it would not be correct to suggest that separating and protecting visually impaired people from the main stream would be appropriate or even done, but it does happen. Especially when the blind individual chooses to become the victim or their sighted partner becomes too much of a protector, adventitiously blind participants in this study did on occasion, especially in the early stages of acculturation, believe they were a victim, and the sighted partners often felt they had to shelter their blind partner from harm, falling in-line with societal norms of disability and ability. One participant, Danielle (VI), responded to the question "What caused the miscommunication"? by stating

> Well, I would say that me trying to be independent and him resisting me being
>
> independent and me trying to communicate to him that I may not be perfect at
>
> being independent. I am blind and I haven't perfected it yet, but he needs to listen

to what I'm saying and let me do it myself. The miscommunication there is that he's not listening and I'm not giving in.

Once the participants, both visually impaired and their sighted partners, were educated about blindness and the difference between actual and perceived limitations, many started to become assimilated back into society. Their awareness came through their own research, relationships with others who have been through the transition, rehabilitation programs, and their own self-determination. Many of the visually impaired participants decided they would not let blindness stop them. Fred (VI) stated: "I am not a blind race car driver; I am a race car driver who happens to be blind." In other cases, the sighted partner set the bar for their blind significant other. Wanda (SP) stated it his way: "Oh, honey, you're blind, just sit there and I'll get it for you, and I don't think that would be in his best interest because he's very independent and he's very capable. So, I don't let him get away with that very much." Arthur's (VI) perspective was pretty similar:

Well, there are times that I've wanted to play the victim, and Wanda said to me, ten years ago, you're starting to shut down, you're accepting and not doing as much. Are you going to stay home when I want to go places now? She said get with it and come or what? Or see you when you get home, dear.

Cultural barriers continue to exacerbate the challenges of visually impaired people, even when a couple believes they have a handle on their situation, other members of society can and do point out differences. Some examples might be from waitstaff saying, "right here: is it right or left? in front? Table or booth?" A sighted partner generally fills in the visual gaps, but when a visually impaired person is alone more often than not the verbal description just gets louder. Bill (VI) simply states "I am blind not

deaf." James (VI) mentioned how often the person taking their order in a restaurant asks Ida what he wants instead of asking him, "It's like I don't exist or I can't speak for myself." Claudia (VI) pointed out:

> I don't want to be rude or seem ungrateful when someone tries to help but grabbing my arm or shoulders and steering me does not help and if I try to explain I usually get sarcasm or ridiculed about how they were trying to help. If you want to help ask me what I need.

The opposite scenario is also true; frequently a sighted person is willing and asks to assist but is verbally attacked by the visually impaired person as described by Arthur (VI):

> A friend of mine tried to help a blind person at the train station. He was totally blind and he was caught in a corner. He was actually lost, and the blind person was really frustrated, and my friend went up there and said can I help you. The blind person just yelled at him I don't need any help; go away. My friend said when that happened, I never wanted to help another blind person again in my life until I met you. So, there are some blind people that really need instruction on how to deal with sighted people.

Sighted partners are affected by societal norms as well, most notably pointed out by Erika, Olivia, and Kate when people outside of the relationship suggested life without a blind partner would be easier. It is true that some spouses cannot handle the transition from a sighted partner to a blind partner, but as with anything else, having a supportive network is much more conducive to success than having negative input and support. In these relationships, the disability came to be characterized more often than not as an inconvenience to the couples, something to be addressed, dealt with, adapted to, and

forgotten as much as possible. Although it could never truly be forgotten or ignored, it could be socially constructed in a way to minimize its impact on the relationship.

Communication Obstructions

Although, as pointed out previously, some researchers believed it was not possible to separate the verbal/nonverbal message (Knapp & Hall, 2006), separation was not only possible, it happened when one of the partners became visually impaired. Then, finding methods to communicate without the visual nonverbal cues was required for the couples in this study to continue to move their relationship forward, as Conville (1991) stated in the unfinalizable process shaped by the ongoing, fluid nature of meaning-making. Claudia (VI) discussed the difficulty of missing the visual cues by stating:

> It's frustrating, you know, because, and it's hard to, it makes where you have to ask questions where in the past that would be a hint that you would be able to pick up on naturally. So, it's frustrating to know that you have to verbally ask, you know, are you crying, etcetera, that would be a natural, you know, for a sighted person to pick up on.

Losing a sighted reference and the ability to use and understand the many phrases expressed daily are obstacles both members of the relationship had to contend with. For many years, the couples enjoyed the ease of saying over there and each understanding where it was and what it meant, through the use of vision, almost instantaneous recognition and confirmation of the object or event. This act has now been replaced by silence and bewilderment, or worse yet frustration and hurt because over there, left, or right does not mean anything to the blind recipient. As Danny (SP) stated, "Left means a lot of things in a three hundred sixty degree area." Sighted partners had to learn and

remember to provide detailed descriptions of what was happening over there and think fast enough for the conversation to make sense and be meaningful, adding another level of multi-tasking in many cases to an already stressful situation such as driving. Wanda (SP) said "I know he just wants me to give him a constant monologue or travelogue as we're going places, but a lot of time, I'm just watching the traffic so we don't get killed." During the same stressful moment, the visually impaired partner had to make an effort to have patience with their partner who was learning to communicate in a new manner.

Interpersonal communication is often filled with subtleties and shortcuts in which the partners have private understandings or meanings. These could be verbal or nonverbal and over time become habitual. An adventitiously blind person may not be able to receive the coded message from their partner, but may still have the ability to send a coded interpersonal nonverbal message such as blowing a kiss. Most spouses would habitually blow one back, forgetting momentarily at least that their partner could not see it. Continuing to send nonverbal cues after losing the ability to receive them adds to the confusion by continually reinforcing the habit of nonverbal communication.

Relationships created and maintained through mutual discourse and agreed meaning-making through communication are now required to communicate around obstacles that once did not exist with unfamiliar methods if the participants wish to continue the relationship. The key methods they used to do this included using the clock method for direction (i.e., two o'clock instead of to the right), key words such as narrow or crowd (when going into a crowded room narrow passage), front or back (when exiting a car or home), left or right (when going through a door to designate where the hinge is or which side of a table to move toward), Curb/step up/down and one of the most important

stop when there is not time to further explain any hazard or danger (i.e., car, ball, child, dog, drop off, low limb, etc.). For the more skilled or oriented couples, compass directions are appropriate methods. Couples could only overcome these obstructions through communication and agreed upon terms and methods, some may have been at the suggestion of the sighted partner, and some may have come from the visually impaired partner, but by agreeing to the new meanings of code words they successfully overcame the obstacles they encountered.

Stress and Depression

The void created by the loss of visual nonverbal cues (e.g., head nods, gestures and facial expressions) can ultimately lead to limited communication, loss of independence and social isolation as discussed earlier. Victor (VI) said "I didn't like the feel of it all. I was sort of depressed about it at first and very concerned about it, but I have had a long time to sort of deal with the loss." Dealing with the loss is at times a personal experience, regardless of the amount of love and care a spouse or significant other might be willing to give. Sometimes a visually impaired person has to work out many of the conflicts on their own. Claudia (VI) described a stressful frightening experience when she became separated in a Walmart:

> We got separated in a Super Walmart, I couldn't find him. It got frustrating, I was frightened after a while, I mean heaven forbid, what's going to happen if I can't find him? Do I stay here? Where is here? Which way were we going? Thankfully we found each other.

Fortunately, Claudia knew Danny would also be looking for her, but that did not mute the inner voices expressing fear. James (VI), on the other hand, expressed the first time he actually felt vulnerable and afraid:

> I was alone in a subway station which was eerie enough but I could hear someone not talking and not singing just babbling some nonsense. Like I said I was alone and suddenly I felt afraid not nervous but truly afraid because I did not know where he was or what he was doing and I had nowhere to go and nobody looking for me in the near future and no one to help me if I needed it.

Helplessness can even be felt at home surrounded by people you trust, as described by Fred (VI):

> It's taken my independence away. At first, I was so physically damaged when I came home from the hospital that I had to rely on everybody for so much and I gained more independence but the… a bad example was that I had some people, I have a shop that's full of stuff and I had some people come and steal from me while I was here. In the presence of my own shop. That made me feel absolutely helpless that I couldn't watch what they took, you could watch with normal eyes, and they were able to sneak it out right in front of me, so that absolutely just crushed me to know the helplessness that you couldn't even keep an eye on your own stuff.

The loss of sight can also lead to stress and depression for the sighted partner assuming new roles and additional duties are not easy and in some cases are not made easier by the blind partner, as described by Arthur (VI):

> We had about thirty people there…there were two or three spouses, sighted
>
> spouses, that were in tears trying to describe their experience, their frustration.
>
> Later on that day, when the husband got back with this one blind lady, she was
>
> furious. She said we have ruined her life.

Although Grace (SP) had a partner that did not want to be treated like a victim, the

additional stress on her was apparent when she said:

> I feel like there's greater responsibility on me. Sometimes I think this is how men
>
> feel their entire life being the one, it's important that I do well at my job and keep
>
> my job, be a good provider for the family, and I've thought to myself before wow
>
> this must be how men feel from a young age because women often feel like once
>
> they get married that's the husband's role and I feel like it's a greater
>
> responsibility now. My career matters a little bit more.

Adventitious blindness is a stressful event for all the parties involved, both the

visually impaired and the sighted partner must accept the new roles they encounter and

with them the new identities they bring. In many ways, these couples managed their

stress in similar ways their sighted counter parts do. Staying active in community events

such as the arts, dinner and a night out with friends, and advocating for a cause near and

dear to them kept them active, gave them purpose, and provided a means to express their

passion and fill the need to be productive. Adjusting their travel plans to limit

vulnerability (i.e., not being out late at night, not taking isolated routes, and traveling in

pairs) minimizes the vulnerability, just as it does for sighted people. Furthermore, some

couples set up what if scenarios much like is done when families attend amusement parks

or large events, If we get separated we will meet at XYZ, or Stay where you are when

you notice we are no longer together, and I will back track until I find you. Some couples decided to exchange responsibilities instead of just one partner assuming additional responsibilities. For example, the sighted partners have assumed the visual requirements (i.e., driving, cutting the grass, reading menus, etc.), while many of the visually impaired partners, with the help of technology and adaptive equipment, cook, clean, and manage household finances. Managing their multiple identities is an additional stressor to include in the acculturation.

<center>Identity</center>

Adventitiously blind individuals and their partners once had a concept of their identity (e.g., mother, wife, homemaker, career woman, student, spouse, etc.); each different identity was created through self-perception, a result of their actions or relationships. Once one of them became blind, their perception and often society's perception changed; they became a blind wife, a blind mother, a blind student or blind person's spouse. Identity is frequently assigned first on the disability and then on the other personal characteristics possessed. Thoughts such as, "How can I provide for my family," "Why me," "How will I get around," "Will I be a burden," "Can I take care my family" What am I supposed to do" Or possibly "I can't handle this" (from either member of the couple) are just a few of the negative questions/statements individuals facing a disability may have, with each thought or feeling adding barriers to communication and changing an individual's identity. Participants in this study found methods to overcome many of the arbitrarily assigned labels and identities.

Personal Identity

The personal frame examines one's self-cognition and/or spiritual sense of well-being (Hecht, 1993). In other words, How do I see myself? For the respondents identified as a blind person, especially early in the transition process, it was easy to get frustrated when one could no longer do what they once were capable of and see themselves as Blind. So in all of the cases, becoming visually impaired came with a new identity, Blind, and for a temporary period of time it was the primary identity. Each of the adventitiously blind participants was able to move beyond the helpless blind persona and become independent and productive once again, although some had relapses as time went by. Their significant others expressed new identities as well; primarily, caregiver, driver, and protector, often all at once. These new identities soon became part of themselves, and for moments in time, it seemed it was who they were, eventually as with their partners their new identity became part of their identity, not the identity.

Fred's (VI) statement earlier reflects this attitude extremely well: he is not a blind racer he is a racer who happens to be blind. Other participants showed their unwillingness to believe they were stuck with the primary identity of a blind person. Rose (VI) stated "I can still cook, I can still clean, I can still go places, I can still do things, but not as top notch as I used to. I guess that comes from me being a perfectionist." Each of these visually impaired people saw their identity the same as they were before the loss of sight but with a few limitations. The participants in this study, both sighted and blind, did not express a major change in personal identity; although there was an added dimension it was just a new part of the old "me."

From the sighted perspective Grace (SP) summed it up well minimizing the impact of the disability and her role while reflecting on the partnership:

I don't know that I, I mean, I think our relationship is pretty much the same as it was. I do feel very appreciated by him and I don't, how do I say it, I feel that the appreciation is unnecessary.

Time and events changed each individual, in some way the participants of this study held on to and maintained the primary personal identity they had when the relationship began, still believing they were the person who entered into the relationship, not some malformed or lesser version of who they once were and not the additional duties they assumed. For consistency and sanity, it was necessary to believe that I am still the person I was. Now these participants and others like them are newer different versions of the old them, not a lesser version or an overburdened version, just a version with additional abilities or limitations.

Enacted Identity

New Enacted Identities were also obvious through the actions of the participants. Visually impaired participants became dependent on assistance, canes, and service animals. Many of the visually impaired participants could often fool people who did not know they were visually impaired by looking at a person in the eye when they talked or moving around an office or home without assistance, allowed the visually impaired person to pretend to be sighted and fit in without having to explain their vision problem. Eventually, the vision loss was too great to pretend and it was obvious to others the visually impaired person was blind. No longer could they manage to make out a menu, see the person talking to them or cross the street without help (either from a person, cane,

or animal). So their once secret identity was obvious through their actions as a blind person. "Disability qualifies as another identity context, one that clearly marks individuals as part of a group and as members of a minority sometimes subject to prejudice or discrimination" (Dunn & Burcaw, 2013). Diagnosis in some cases clarified the enacted identity of the visually impaired person from a klutz, arrogant, bumbling, clumsy person to a person who could not see. Their actions were misunderstood by their significant other, as Grace (SP) said: "You never want to think about the bad thing it could be."

Through their relationship being the spouse of a person with a disability qualifies as another identity as well. Significant others had their identity exposed to the public as they associated with their visually impaired partner. By driving and assisting a visually impaired person and acting like couples usually do, it became obvious to anyone watching they were more than likely the sighted partner. This identity often came with external criticism, as some of people expressed either pity for their burden of having a disabled spouse, or suggestions about ending the relationship as a way of escaping what was seen as an unnecessary burden. The sighted partners in this study did not see their role as a partner as burdensome or the need to end the relationship to escape the relationship. In most cases the enacted identity expressed through actions at a minimum showed how the couple had adapted to their new roles and at best provided the participants with a chance to create teaching moments. One such experience happened to Fred (VI) he explained:

> I teach shop at a local high school, well I help out and when I started I answered a
> bunch of questions about how I do this and how I do that. It really feels good to

share my skills again. I never did anything formal like school but I was always

showing people stuff in my garage.

I observed Fred interact with other blind participants at a National Federation of

the Blind (NFB) conference, the motorcycle he built was being displayed and participants

were touching it making comments describing it. Fred made a comment about the NFB

logo on the front fender. The adventitiously blind onlookers understood what he meant,

but a little girl about eight years old who has been blind since birth asked "Mr. Fred

what's a fender"? Fred took her hand and described each piece of the motorcycle to her

as he helped her run her hand over it. Another enacted teaching moment happened to

Peter (VI), he described his eagerness to break down barriers as:

> I think it started when I was in the checkout line at the local Walmart, I heard a
>
> little kid ask about my cane, his father was mortified, he had broken the societal
>
> norm do not ask, do not look, do not stare. What he did was give me a chance to
>
> teach about seeing with a stick.

An enacted identity of either visually impaired or a sighted partner has provided

the participants with an opportunity to teach and help dispel myths.

Relational Identity

As stated earlier relational identity shares the assumptions of enacted identity,

although this time the focus is on the mutual or relational aspects (Hecht, 1993).

Relational Identity is constructed and negotiated through a social process of interaction

(Baumeister, 1998; Cushman & Cahn, 1985; Hecht, 1993; Jung & Hecht, 2004).

Relationships are "created, constituted, and sustained" in communication (Conville,

1998b, p. 52). Based on findings in this research, relational identities changed through an

interactive process of communication; influenced by previous events, constructed and co-constructed on interpersonal, social, cultural, and personal experiences between the participants and their significant other. Through communication, the participants endeavored to negotiate and maintain their relationship and their identity. Kate (SP) expressed her belief that the struggles actually brought them closer together:

> If anything, I think we have become closer, because I have such a great love for him and such a high acceptance of what he has done and what he can do for himself and for other blind people.

> Although many of the couples discussed their difficulties Rose (VI) was the only one who mentioned divorce:

> We're still having communication difficulties there. Through all of this, strangely enough, it doesn't sound like it, but in ways that are kind of hard to describe, I think that we've actually grown to be closer to each other if that makes any sense. There was a period of time where I thought about divorce, and actually considered it. I'm glad now that I worked through all that.

Relational identity extends beyond spouse or significant other, Wanda (SP) explained how Arthur and their grandson have a unique relationship, where the grand child in some ways became the guardian for the grandpa:

> So, our grandson Wes who was probably eight/nine then, was trying to help him use the cane. We had a door that stayed open and went downstairs to the basement and he was always afraid that grandpa was going to make a wrong turn and fall down those stairs. When he was five, he started going with Arthur to Home Depot, he thinks he's really a big help to grandpa, and he is. People there are

wonderful to include Wes. Well, you know, how many do you need, you count them out.

In some ways, these role reversals regularly happen, grandparents age and grandchildren become adults, but here the shift happened much earlier.

Relational identities evolved overtime as they do in most any relationship. The couples grew closer together as their relationship grew. When they were faced with one of them becoming blind, they found ways to continue in the relationship. Some roles were reversed, new identities were discovered, some old ones were set aside, and others were maintained and reinforced with just some adjustments needed.

"In terms of the identity process, the standard or setting is scaled, not in degrees, but in the meanings persons hold for themselves in a role" (Burke, 1991, p. 837). The participants in this study showed this to be true each individual decided how the changes affected their identity. The disability impacted the individual's identities, the participants adjusted their perspective to accommodate for what most described as an inconvenience. Kate (SP) described the identity shift as such:

> When he became blind, I did not realize the impact that it was going to have with me driving all the time and I was one of these that loved to go on Sunday rides in the afternoon after church and just go look at the leaves and stuff like that. So, the hardest thing for me was when he had to give up his driver's license and I finally had to realize that it was going to impact my life totally different because I was going to have to be the one that was driving all the time. If anything, I think we have become closer. Really though nothing has changed. The only thing he can't do is fly a plane and do open heart surgery and I do the driving.

Becoming the new you is not an overnight process, Rose (VI) described adjusting to her new identities and the ups and downs as:

He said you were always the boss, you were in control, if you wanted things done, you did them, you made sure they were done your way, if you wanted to go somewhere, you got in your car and you went and did what you wanted to do, you always threw the birthday parties, the holiday parties. He said you were always in control, you always ran the family. He said that's not a bad thing, but I don't think you've accepted where you're at in the fact that now to a certain degree for the rest of your life, you're not going to be able to do all of that and you're going to be dependent on other people. Of course, my response was I will be as close to totally independent as I used to be and humanly and physically can be. It's getting better. I'm taking more of an active part in this, and little by little, I'm starting to regain some of it. I'm not working anymore. I lost a lot of my identity in that. I'm looking for other ways to fulfill that part of my life. Now, I'm trying to become one of the Board Members for the Arkansas National Federation of the Blind. Little by little, I'm getting bits and pieces of it back, but I'm still not anywhere near who or what identified myself by, but like I said little by little.

Adaptation

Events in life made it apparent the visually impaired were no longer the person they once were, such as not driving, adaptive software, money readers, canes; all reminded them they were someone different, but that did not mean someone less. Sighted couples adapt and grow as they become closer creating and co-constructing a shared reality as their relationship becomes deeper and they grow closer (Baumeister, &

Leary, 1995; Baxter, 1984; Conville, 1997; Giese-Davis, Hermanson, Koopman, Weibel,

& Spiegel, 2000; Laurenceau, Barrett, & Rovine, 2005; Sassler, & Miller, 2011; Vanlear,

1987). Through a co-constructed interpersonal relationship; alternative communication,

shared symbols, and meanings can replace the plethora of information once collected

through vision. The participants in this study have demonstrated they continued to grow

and created a shared reality even after or possibly because of the loss of vision of one of

the participants. They found new ways to communicate what were once visual messages

through descriptive language and shared nicknames. One word statements such as: the

porcelain, cookie, front, back, left, right, in, out or narrow, provided the couples with an

oral shorthand that often communicated a complete sentence or set of instructions. In

some ways, these new terms created a high context culture between the two of them,

leaving many things left unsaid, letting their experience (i.e., co-created culture) explain.

In this limited verbal exchange words and word choice become very important, since a

few words can communicate a complex message very effectively.

 Successful couples do not use one tool or skill to grow; they find various ways to

collaborate much like a bricoleur using what they have to create and build a method of

communication to become closer and bring their relationship to a new level.

 Deliberate living is often used by individuals with limited vision. Having a place

for everything and everything in its place allows blind individuals to live at least a limited

autonomous life. They must still rely on help from a sighted person for many things such

as driving, but if their home is stocked and set up where they know where things are they

can still complete most daily tasks (i.e., homemaking, cooking, cleaning, filling bird

feeders, etc.). Having an organized home benefits all the occupants making it easier to find the items used every day.

Assistive technology and devices can and often do make the lives of abled and disabled better; one example almost everyone has experienced is automatic doors. Emerging assistive technology is continuing to change lives from talking timers to driverless cars. GPS technology was once limited to the military, then through the use of bulky laptops, backpacks and heavy batteries the technology was used to allow blind people to travel unassisted (Ram & Sharf, 1998). Now most smart phones use the technology. Although there are cars that drive themselves (e.g., Google cars), visually impaired (totally blind) people have driven specially equipped cars (on a race track) receiving information from sensors enabling them to maneuver around obstacles thrown in front of them randomly and break when needed to avoid an accident, requiring the respondent to rely solely on nonverbal cues. Fred, one of the respondents built and raced a motorcycle on the salt flats using an audible beep from GPS technology to stay on course.

As stated earlier, the disability of blindness is a learned social role. The various attitudes and patterns of behavior that characterize people who are blind are not inherent in their condition but, rather, are acquired through ordinary processes of social learning. Couples used interpersonal skills to close the gap. Often describing in detail what the scene was so their partner could share the view evoking memories from shared experiences in the past such as "The stars are pretty tonight," would once have induced a reaction to look up now may arouse a response of "Tell me about them." One participant fussed about the clutter in the house, eventually when they talked; they found the clutter

was not the issue but leaving things out, dropping book bags, and not pushing in chairs created a problem for the visually impaired member of the family. Interpersonal relationships between spouses were not the only relationship to adapt, Arthur and his grandson Wes developed a closer relationship as Wes became Arthur's eyes as they worked on home improvement projects. Henry and his daughter were able to understand each other when she wore glasses giving her an idea of his visual field. Adaptation occurred in the relationships much like Conville (1991) described in his Helical model of relationships (Conville, 1991), including Security, Disintegration, Alienation, and Resynthesis. The participants traversed through four distinct stages, returning, seemingly in a circular pattern but actually in a different level. Additionally, in Kim's (2001) acculturation model, some of the participant's old habits were replaced by new ones, through stress, adaptation, and growth. Kate (SP) described their adaptation:

> We have always had a very very tight relationship. It's not, I mean people, you know, you try to go on, well, you really don't want to do it the way your parents did it, but sometimes you end up doing it that way, but I think the biggest thing is once we realized that he was, that the sight was not going to come back you have to swallow it and you have to do things, sometimes different, sometimes not, but if you're close to your partner, your spouse, and you say okay what do you need today or let me help you with this, if he needs the help, he will ask me, if he does not need the help, he will say Kate, I don't need you to do that. I'm good.

The visually impaired participants and their partners have shown that although society often relegates the blind to a docile; dependent, melancholy, or helpless existence,

individuals and their supportive partner can break the mold and visually impaired people can and do live full productive lives.

<div align="center">Theoretical Implications</div>

Theoretically, what does all this mean? Hecht (1993) stated that identity is a result of how people communicate with others. This research supports this Communication Theory of Identity, the participants' identity evolved as their communication changed as a result of the inability to use visual nonverbal cues. CTI describes a control system where identity is affected by four frames (i.e., personal, enacted, relational, and communal): 1. The participants' descriptions of their self-cognition and/or spiritual sense of well-being changed, when their relationship and ability to communicate was changed due to the loss of sight. The visually impaired questioned their abilities and the sighted spouses saw themselves as having more responsibilities. 2. The enacted frame reflected at times the appearance of a clumsy or at times drunk person providing a false enacted identity, which was corrected when the visually impaired person accepted the necessity of adaptive equipment to function in the abled world. 3. Of the four frames, the changes in relational frame were most obvious. Although the participants were and are still partners, their roles changed from the societal norms as well as other relationships (i.e., mentor/mentee, breadwinner/homemaker, caregiver/cared for, driver/passenger). The relational identity changed as the roles the partners functioned within changed. 4. The communal frame, which focuses on how a group of people or some particular community shares an identity, changed as a result of the new community the partners found themselves in. They are now part of an exclusive community many of their previous community members do not understand (Baumeister,

1998; Hecht, 1993; Hecht, Ribeau, & Alberts, 1989; Jung & Hecht, 2004; Warren et al.,

2009).

The Social Construction of Reality theory was also used to better understand how

the participants adapted. Discourse and the reciprocal exchange of information create

relationships (Bartesaghi, 2009; Berger, & Luckmann, 1966; Cronen et al., 1989;

Stewart, 2009; Tracy, 2009). These adaptations were made when an event such as the

loss of sight caused the partners to change and adjust to the new parameters of the

relationship. "Communication is the process through which we construct and reconstruct

social worlds" (Spano et al., 2009, p. 18). Conville (1991) described in the helical model

of relationships that the different stages relationships' traverse through as the relationship

continually changes. The participants in this study reinforced Conville's four stages--

security, disintegration, alienation, and resynthesis-- as they continually co-constructed a

new relational reality. Furthermore, the couples' adaptation supports Kim's (2001)

stress, adaptation, and growth dynamic as an function of cultural adaptation where the

couples continually adapted to their new cultural environment.

<div align="center">Practical Implications</div>

This study sheds light on a void in rehabilitation for people with visual

impairments and their family members. Interpersonal communication training during

rehabilitation for both the visually impaired and their partner (disabilities affect more

than the person afflicted) will provide each of the tools needed to reconstruct their

relationship and overcome the obstacles created by the loss of visual nonverbal cues they

each were reliant on. In many rehabilitation facilities, glasses are constructed to mimic

the visual impairment of the consumer, so the family members can temporarily assume

the visual impairment. Sighted family members can and probably should wear these glasses for several conversations with other sighted individuals. When the VA gave my family a pair, several members of my family put them on and took them off almost immediately; they did not keep them on or use them to experience the full effect of a visual impairment. This would have given them a realistic taste of communication without visual nonverbal cues. Similar to that event, Grace (SP) described, in a previous narrative, how she had her daughter wear them to see how little she actually saw and how not putting her things away could cause a tripping hazard. Short experiences provide a glimpse of the other side's views, but wearing them for an extended period or at regular intervals will reinforce understanding of the visually impaired person's perspective.

Additionally, classes or group meetings should be conducted as a conduit to share the other perspective. Wanda (SP) understood Arthur's desire to know more, but as she stated: "When he gets frustrated with me, I have said several times, have you been blind before. And he says no, and I say well, I've never been married to a blind man" and "I think it's been equally as hard for him to go blind as for me to be able to adapt to that blindness." Often it is difficult for the person going blind to understand their partner is also dealing with transition. Sighted partners need to understand how the visually impaired individual is feeling as well. Rose (VI) expressed: "It is still frustrating because sometimes I think he's very insensitive to it and doesn't try to understand what blindness is like and how it changes everything." These are just a few of the many miscommunications and misunderstandings from the dyads. Communication-- more precisely, interpersonal communication-- allowed these partners to successfully transition. Henry (VI) expressed:

I think the main thing is when we sit down, you know, she comes home from work and we sit down at the table and I ask questions and we talk and do and kind of like a meeting every day when she gets home or before she goes to work, stuff like that. We have meetings and we go from there. We work well as a team. Like Yin and Yang kind of deal.

Larry (VI) pointed out: "We just talk to each other and when I don't know something, I ask. And she tells me, if she can. If she can't, we stop and say okay how do we figure this out?" Willingness from both parties to change is the key to increasing understanding and communication. Changing old habits, although simple- sounding, is often difficult but as Ana (SP) pointed out it is often necessary:

Well, I think the misunderstandings come when he tries to talk to me and I'm way on the other side of the room or have gone into another room, so I need to run back to where he is and ask him what it was he wanted, or he doesn't realize that I'm out of the room and he's talking and, you know, I don't answer right away. I think that much is very, very different than when he was sighted.

When Bill was sighted he could easily see she was not within earshot, but without a visual reference he had no idea she left the area. Changing habits such as announcing when one leaves the room or enters can reduce the amount of miscommunication and often he frustration which accompanies it. Support groups during and after rehabilitation, where couples can share their trials and tribulations, will help them to understand that they are not alone, and it is possible to find a new normal and, the new identities they create and assume does not change the person they are, it signifies a transition, much like going from single to a couple did. This research, while specific to visual impairment, can

be beneficial to communication researchers in respect to other disabilities. Although no

two disabilities are the same or affect people the same way, understanding the effect of a

disability on communication and identity will allow researchers to view communication

from a disabled standpoint and that of their significant other, allowing for a deeper

understanding of the phenomenon the person with a disability and their partner are

experiencing.

<center>Future Research</center>

This research established a foothold in an area of communication void of previous

studies. Although multiple research projects established a link between communication,

identity, depression, and culture, the disabled culture/community was not included. The

key adaptation to loss of nonverbal cues by those disabled along with their significant

others had thus never been explored. Most, if not all, of the interpersonal communication

research had been done with participants without a significant disability and none had

been done to include the absence of visual nonverbal cues. There has been little scholarly

research on communication and people with disabilities since Braithwaite & Thompson

(2000). Although there have been some condition- and career- specific publications for

doctors, patients, health care communicators, intellectual disabilities, developmental

disabilities, etc. (Chew, Iacono, & Tracy, 2009; Roter, & Hall, 2006; Tracy & Iacono,

2009; Ziviani, Lennox, & Allison, 2004), there have not been any publications focused

on communication. Communication and the methods used to communicate have changed

along with societal norms in the last fifteen years, creating a void in the understanding of

communication with people with disabilities. These limitations and voids have created a

niche for research in communication that focuses on nonverbal communication,

especially the visual nonverbal portion of the message. This allows separating out for study something once thought impossible.

Future research can use this study as a stepping off point by using the qualitative data to create a useful survey instrument for more couples to participate, continuing to build a data set to broaden the understanding of nonverbal communication, identity, and interpersonal communication. Future research should also include couples who were not able to find a way to reconstruct a shared reality. Cross discipline research is also possible in the arena of rehabilitation training; as previously interpersonal communication was not considered or addressed in blind rehabilitation. Research within this setting with couples would provide needed data on how couples communicate during rehabilitation.

<div align="center">Limitations</div>

This study was limited as the participants have successfully managed to move their relationship forward. There were many requests for interviews that were denied by one of the partners; sometimes the visually impaired person wanted to participate and their sighted partner did not or vice-versa. I was told "I want to but my wife/husband does not," often. I can only speculate it may have been their relationship was not in a good place, they were concerned about their privacy, their health may have been bad, or one of many other reasons. In any case, including couples who were unsuccessful in bridging the gap between them and became divorced or uncoupled would provide a broader understanding of the trials and tribulations of communicating across the disabled identity divide and forming new sets of identities together. Finally, self-reporting is not the most reliable means of data collection, but it is essentially the only option in many cases. Participants may not know how to express how they feel, or how to explain a

situation so an outsider can understand the phenomenon. Additionally, the respondents may have expressed what they thought the researcher wanted to hear.

Conclusion

Through the use of narratives, the participants were able to express their standpoint of how and why things worked in their relationships, and how they made the relationship work. It is obvious that there is no right way or one way to adapt from a pair of sighted partners to a couple where one partner is blind. Each couple found though trial and error what worked for them, much like they did when they were both sighted.

In narrative analysis and ethnographical research, the researcher reports interpretations of the narratives and as a visually impaired person it was difficult to keep my own experience separate, but it was not impossible. According to Goodall (2000), all representations are partial, partisan, and problematic. These interpretations only represent a speaker's point of view; they are partisan, as the researcher, I have a visually impaired standpoint. Since the narratives represent a moment in time in an otherwise multidimensional life, they only represent a slice in time of the participant's life. Although there are no perfect means to gather information, partial, partisan, and problematic representations can and do provide usable and relevant data to better understand the phenomenon of the loss of visual nonverbal cues, and how it affects both members of the couple and their respective identities.

This research was designed to expand knowledge of how individuals communicate once a familiar nonverbal tool is no longer available to them. Additionally, it showed how their identity changed, as a result of their changing personal experiences and those of their partner.   As stated previously, there is not a single source or origin for

identity; it is affected by an individual's perception of self, other's perceptions, and environmental or external events (Burke, 1991; Burke & Tully, 1977; Jung & Hecht, 2004). This research has shown that people who become blind often experienced a change in their primary personal identity, but it did not become permanent, at least in this population. Self-perception is a key factor in personal identity; these participants refused to continue seeing themselves as victims or in some cases were not enabled by their partner. Many used their new enacted identity (i.e., requiring assistive equipment or assistance) as a tool to remove, or at least, reduce some of the socially constructed barriers and socially construct new ones, not only with their partner but also with others in their family and community. Relational frame, as described by Hecht (1993), has four levels: internalization of how others view her/him (e.g., so-and-so's disabled spouse, so-and-so's sighted partner) ascribed relational identity; identification through relationships (e.g. blind spouse, sighted spouse, or just spouse); exists in relation to the other identities (e.g., spouse, parent, grandparent) and last the relationship can be a unit of identity (e.g., Bonnie & Clyde). The participants in this study showed many of these levels and showed they were for the most part in transition, ultimately to them, the adaptation lead back to spouse, not sighted or blind just spouse.

Furthermore, a goal was to inspire future research about communication, identity, culture and disabilities. This study presents researchers in several fields of study, including communication and rehabilitation, with a means to better understand how individuals change when they become blind and how the crisis affects the identity of all the parties involved. It will enable researchers and rehabilitation trainers to better understand problems encountered by people with disabilities and their significant other.

Change does not come easy to creatures of habit and changing communication styles is no different, I have had people tell me "See ya later" then "oh I'm sorry I said see and you…." I usually interrupt them and tell them blind people use the *see* word too and often. The bigger problem is not *see,* it is learning to use a more descriptive language instead of "in front of you" and "over there" which have no bearing or reference for a visually impaired person and may take years for a sighted partner to transition from using. This study provides rehabilitation researchers with a starting point to help couple's through the often stressful and confusing rehabilitation process. Finally, this research provides a lens into nonverbal communication never before used; it shows that nonverbal and verbal communication can be separated and studied to better understand the power of nonverbal communication and the relationship between verbal and nonverbal communication. This researcher hopes that this study will promote more research about disabilities, communication, identities, and culture, and how they are often codependent. In this study, the researcher showed that couples can overcome the hurdles of adventitious blindness and grow together by finding new innovative ways to communicate.

APPENDIX A

INTERVIEW QUESTIONNAIRE FOR ADVENTITIOUSLY BLIND INDIVIDUALS

Please think about how you and your partner communicated in the beginning of your relationship. What brought the two of you closer/moved your relationship to another level? I really want to know about the small communicative things that make a relationship work. The knowing glance, the "look" code words or inside stories that brought the two of you closer and how these have changed overtime as the two of you adjusted to the loss of vision.

1. Please tell me about your vision loss.

2. Please describe what happens when you try to talk with your partner and cannot get your message or point across. What caused the miscommunication? How often do you notice this? How do you feel when this happens? (for each one)

3. What kind of misunderstanding/miscommunication (if any) do you encounter when your partner tries to talk with you? If so, please describe them to me. How often do you notice them? How do you feel when these happen?

4. If you could give advice to your partner about talking to you what would it be? Have you told them this? Why/how will it help your situation?

5. Please try to think of a miscommunication you have experienced that caused a problem (serious or amusing). Please explain. Are there any others you can think of?

6. What do you believe caused the miscommunication?

7. What techniques (tricks or shortcuts) have you developed to make communication with your partner effective? How did you learn these skills?

8. How has the loss of sight affected how you identify yourself?

9. How has the loss of sight affected how you see yourself in this relationship?

Demographics

1. Age	6. Education level
2. Gender	7. Marital Status
3. Amount of vision loss	8. Occupation
4. Length of impairment	9. Trade or skill prior to impairment
5. Length of relationship	

APPENDIX B

INTERVIEW QUESTIONNAIRE FOR SIGHTED PARTNERS OF

ADVENTITIOUSLY BLIND INDIVIDUALS

Please think about how you and your partner communicated in the beginning of your relationship. What brought the two of you closer/moved your relationship to another level? I really want to know about the small communicative things that make a relationship work. The knowing glance, the "look" code words or inside stories that brought the two of you closer and how these have changed overtime as the two of you adjusted to the loss of vision.

1. Please tell me about your partner's vision loss.

2. Please tell me what happens when you try to talk with your partner and they misunderstand your message. How often do you notice this? How do you feel when this happens? (for each one)

3. What kind of misunderstanding/miscommunication (if any) do you encounter when your partner tries to talk with you? Please describe them to me. How often do you notice (each) it? How does (each) it make you feel?

4. Please try to think of a miscommunication you have experienced that caused a problem (serious or amusing). Please explain. Are there any others that you can think of?

5. What do you believe caused the miscommunication?

6. What techniques have you developed to make your interactions with your visually impaired partner effective? How did you learn these skills?

7. How has your partner's loss of sight affected how you identify yourself?

8. How has your partner's loss of sight affected how you see yourself in this relationship?

Demographics

1. Age	6. Education level
2. Gender	7. Occupation
3. Length of partner's impairment	8. Trade or skill prior to impairment
4. Length of relationship	
5. Marital status	

APPENDIX C

INSTITUTIONAL REVIEW BOARD NOTICE OF COMMITTEE ACTION

THE UNIVERSITY OF
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INSTITUTIONAL REVIEW BOARD
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NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.
  Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: **14020401**
PROJECT TITLE: **Overcoming the Loss of Nonverbal Cues Encountered by the Adventitiously Blind: Reconstructing Relationships and Identity**
PROJECT TYPE: New Project
RESEARCHER(S): **Vernon Floyd Humphrey**
COLLEGE/DIVISION: **College of Arts and Letters**
DEPARTMENT: **Department of Communication Studies**
FUNDING AGENCY/SPONSOR: **N/A**
IRB COMMITTEE ACTION: **Expedited Review Approval**
PERIOD OF APPROVAL: **02/10/2014 to 02/09/2015**

Lawrence A. Hosman, Ph.D.
Institutional Review Board

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