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MYTHS AND STEREOTYPES RELATED TO PEOPLE WITH VISUAL DISABILITY

Abstract: The article's goal is to present popular myths and stereotypes related to people with sight dysfunctions, which can result in prejudices, stigmatization and social discrimination of such people. In the main part of the article, the author makes an effort to argue with stereotyped perception of blind and partially sighted people.

Key words: myths, stereotypes, prejudices, blind and partially sighted people

Preface

“Nowadays, people have no means to build really solid, long lasting identities and they cannot find firm ground where they could anchor the acquired identity, protecting it from drifting” (Bauman 2000, p. 52).

In opinion of humanistic psychologists, there is a serious problem with identities. The process of identity shaping requires an individual person's activity and creativity, and because it takes place in a changeable social context, it requires also permanent readiness to build relations with other people, at the same time.

One of the aspects related to human identity shaping is the problem called the drama of recognition, discussed by Charles Taylor: “From the moment when we aspire for self-determination, especially original one, it appears there is a discrepancy between the existence we run for, and the existence other people want to give us. It is the space of recognition that we expect, but the one other people can reject” (by Jawłowska 2001, p. 54). It is especially difficult to shape an identity in case of the so-called “disabled people”.

The article's goal is to present popular myths and stereotypes related to people with sight dysfunctions, which can result in prejudices, stigmatization and social discrimination of such people. In the main part of the article, the author makes an effort to argue with a stereotyped perception of blind and partially sighted people.

Stereotypes, prejudices, discrimination and stigma phenomenon – terminological introduction

Stigma is a phenomenon which is related to the values attributed to different forms of a social identity. It is a social construction which is determined by at least two factors:

1. noticing a difference based on some characteristic properties or “a distinguishing mark”,
2. depreciation of a person with such a distinguishing mark (Dovidio and others 2008, p. 25).

At the same time, this distinguishing mark can be perceived by one person as depreciable or a proof of some aberration, and by someone else as a harmless, winsome eccentricity (the stigma process is relational). It also depends on the social context and physical surrounding, which have significant influence on the fact if the distinguishing mark becomes a stigma or not. A stigma is related to **prejudices** – their basis, according to some researchers, is a wrong or too general relation: “antipathy based on wrong or stiff generalization” (Allport 1954/1979, p. 9). John Brigham defines a prejudice as a negative attitude which, on the basis of different criteria, is recognized by an external observer as unjustified, and Reginald Jones perceives this term as a wrong attribution of a group property (stereotype) to a single member of this group, regardless of accuracy of this group stereotype (by Dovidio and others 2008, p. 26). A stigma is a term which covers both deviations and prejudices, but it also goes beyond these terms.

A stigma leads to a different treatment, systematic avoidance, segregation and marginalization of stigmatized people.

Since Walter Lippmann, an American journalist, used the “**stereotype**” term for the first time (the 1920’s), the literature of psychology, sociology, linguistics, political science and history related to this issue has reached an extraordinary number (by Weigl 2000, p. 206).

Researchers of different scientific disciplines have been interested in stereotypes, just like in prejudices, attitudes and discrimination, which are closely connected to them. They are a challenge with regard for undecided problem of intellectual nature, but first of all, they lead to very serious consequences in broad-brush terms of social practice.

Scientific literature (among others: Macrae, Stangor, Hewstone 2002; Pietrzak 2000; Weigl 2000; Wojciszke 2004; Piber-Dąbrowska, Sędek 2006) includes some attempts to summarize and evaluate the main trends in research and deliberations related to stereotypes.

A stereotype is sometimes defined as a cognitive structure which covers knowledge, beliefs and expectations towards certain social groups (Hamilton, Uhles 2000, p. 466-470).

According to Gordon Allport, a stereotype is an exaggerated belief associated with some categories (by Nelson 2003, p. 25-26.). David Hamilton and Tina Trolier understand a stereotype as a cognitive structure, which covers an observer's beliefs and expectations related to a certain group of people.

Richard Ashmore and Frances Del Boca define stereotypes in a slightly different way. They describe them as a group of convictions related to some attributes of a certain group of people (by Nelson 2003, p. 26-27). Whereas Lippmann qualifies them as some mental pictures created in individuals' heads which are a window to their social world. This qualification enables to describe people's tendencies towards their perception of other people and things in a similar way, on the basis of their common qualities (by Nelson 2003, p. 27).

Creating of stereotypes starts when some people are perceived as one group, as a whole. When an assemblage of people is perceived as a group, it is probably different when compared to other groups. That is why, individuals are classified as different groups which are perceived through some mutual relations.

Stereotypes are also considered mental patterns. A stereotype is a pattern representing a group or a kind of people singled out because of some qualities which are easy to notice, and which determine their social identity (Wojciszke 2004, p. 68).

When some patterns are created in our minds, they have diverse influence on people's perception processes (attention, perception, interpretation and gathering social information, as well as evaluation and behaving towards others (Stangor, Schaller 2002, p. 17)); and moreover, the way people feel towards them (attitudes and prejudices), behave towards others and how they react (discrimination and self-fulfilling prophecy: a labeled person is unintentionally induced to behave in a way that confirms convictions of a person who believes in a given stereotype).

Stereotyping can refer to all social groups, not only racial, ethnic or gender ones (Szopski 2005, p. 78-79).

Deciding about the whole collection of qualities, on the basis of visible or physical conditions is a key aspect of a more general process, which is stereotyping. Stereotypes should be treated as unjustified because they are a result of wrong thinking or exaggerated generalization, misinterpreting the reality, too much stiffness and wrong attributions, or rationalization of prejudices and discriminatory behaviours (Biernat, Dovidio 2008, p. 95).

The results of the research conducted by Helena Larkowa (1970) proved that a disability which is most visible and thought to be especially heavy creates more possibilities for inappropriate attitudes. These both criteria are fulfilled by people with sight dysfunctions. The respondents decided that the most visible ones are face deformities which – in case of blind people – are related to the eyes, which have always been most important in direct contacts with other people. Stereotypes related to the so-called physical ugliness (all symptoms of disabilities) are rather rare, they are also weaker and diverse in a more individual way (as opposed to e.g. cultural stereotypes). The strongest stereotypes are related to deaf/hard of hearing

people – their stigma is clearly defined, contacts with them are more common and they are organized in a visible way.

It results from the unfinished sentence test (research of Wioletta Sowa (2003), by K. Czerwińska 2007) that a blind person often:

- arouses some compassion (36%)
- is a good person (16%).

According to 72% of the respondents, a blind person should be taken care of.

A disability can be accompanied by the special sense of danger because it makes observers realize their own mortality. A growing awareness of their own mortality can result in fear and motivation to confirm their own perception of the world, which often leads to rejection and depreciation of those who are considered being different.

It resulted from Krystyna Błeszyńska's research (2001) on social identity of people with a disability that contacts with this group lead to the sense of danger in case of many people, discomfort related to cognitive dissonance which is a part of these meetings, and additionally they lead to attribution mistakes, strengthening processes of depersonalization and stereotyping of this group's members. The author cited numerous studies on analysis of expectations and social pressure towards disabled people. They result in a thesis that the society determines specific behaviour patterns and life carriers for these people. "They are forced to feel sorrow, passivity, submission or auto-marginalization and to resign from controlling their own lives. It is emphasized in life carrier patterns to stay within influence of family and religious, charity and social care institutions" (Błeszyńska 2001, p. 106).

Individual functions of rejection of people with a physical stigma can be accompanied by personal reactions, socially accepted: e.g. compassion (by Dovidio and others 2008, p. 110-111).

The researchers are unanimous in their opinions. Physical ugliness is connected to rejection and avoidance of labeled people, and at the same time this effect is more noticeable in case of more visible kinds of stigma. In inevitable contacts with people with physical stigma, others experience significant discomfort, fear and physiological impulse.

A group stigma is related to stereotypes which are common and are transferred in culture. And although these are synonymous notions, they are not identical. Stereotypes can exist without a stigma. Some of them are positive (stereotypes related to physically attractive people), whereas a stigma is negative in nature.

There is a strong tendency to moving stigma reactions towards stereotypes which explain or justify negative emotions. It is true, both in case of stereotypes related to racial prejudices, and stereotypes which help to justify avoiding people who are physically efficient (by Dovidio and others 2008, p. 97).

A notion which is similar to stereotypes and stigmata is **discrimination** – hostile or unjustified behaviour towards people belonging to a stereotyped group on

the basis of this group membership only, and not on the basis of individual qualities of a specific person (Wojciszke 2004, p. 68).

Myths and stereotypes related to blind and partially sighted people

It is good to make a short revision of studies on the subject of prejudices and stereotyped behaviours towards people with visual impairment.

Usually the studies on stereotyping of disabled people were of general character, without specifying individual kinds of dysfunctions.

In the research conducted in 1994, Antonina Ostrowska (1994, p. 7) confirmed that blindness is considered to be the heaviest disability. Among 1264 respondents, almost 60% declared a negative or ambivalent attitude oriented to compassion or unwillingness to make contacts with people with sight dysfunctions. It results from the research that the barriers disabled people experience are an indication of indifference, lack of knowledge, myths and stereotypes, as well as wrong attitudes. The author calls them awareness barriers of the society which can lead to social marginalization or discrimination of people who have some kind of disability. The research on social distance of healthy people towards blind people was conducted also by Maria Marchwicka and Grażyna Durka (1995). They showed that 57% of the respondents accepted a blind person as a friend, however as much as 82% rejected a blind person as a partner for life. Only 5% of the interviewees (only women) were willing to accept mixed marriages, under some conditions: presence of a non-disabled partner, lack of visible symptoms of disability, a blind person's possession of material goods, gratitude for a non-disabled partner for his/her sacrifice. As many as 95% of the respondents did not want to work with blind people, although 40% of them described their reactions to symptoms of visual disability as friendly and understanding.

Stanisław Kotowski (1993, p. 33) states that unreal opinions are harmful for people with visual impairment because they make it difficult to understand this group of disabled people, they lead to underestimation or overestimation of their capabilities and, as a result, to unpleasant misunderstandings.

And Ewa Sienicka (2002) proves, with reference to prejudices and stereotypes related to disabled people treated as one social group, that significant majority of respondents do not think there is something wrong when a disabled person is their superior, co-worker, neighbour, close colleague, friend or relative. However, a marriage with a disabled person is an exception. With reference to specific dysfunctions, the given answers are significantly diverse. The respondents would like to avoid contact with a person with mental illness or someone who is mentally retarded (62% and 50%). A contact with a blind person is rejected, which is good, only by 1% of the respondents.

It results from the studies on the image of people with a disability, conducted by Marzena Dycht (2009, p. 149-150) among students of special education, that 65%

of the respondents perceive disabled people, first of all, through a medical context of a disability and only 30.7% of the respondents think of people with some kind of disability on the basis of a social model of the disability, whereas none of the interviewees indicated a psychological dimension of the disability. It is not only surprising, considering the fact that more than a half of the respondents (56.6% of students) had a direct contact with disabled people, and it confirms stereotyping of perception of people with dysfunctions. Although at the same time, we should emphasize that the respondents' attitude towards people with a disability showed no strong signs of stigmatization, and the respondents notice benefits resulting from relations with people who are not fully efficient.

Anna Bujnowska (2009, p. 142) states that one of the reasons of avoiding contacts with disabled members of society is lack of knowledge on disabilities.

More and more often we use qualitative research techniques of data analysis in studies related to the role of the media in creating the image of visually impaired people. Presenting blind or partially sighted people in the atmosphere of jokes or mockery is the most often used way of presentation of disabled people on television (see E. Sienicka 2002).

Showing visually impaired people always in the context of their disability is confirmed by Elżbieta Łobacz (2006) in diagnostic press research (revision of 170 articles from general and women press from the years 1996-2000, 800 articles included in the same magazines and newspapers in the years 2001-2005). Most of the opinion-forming statements referred to recognition and admiration for good functioning of visually impaired people, which was considered a special achievement. The articles related to blind people published in recent years – although we can notice their significantly higher number and they are more reliable and closer to reality – have generally not changed a stereotype which is common in society. However, one should emphasize that the image of a blind person has been changed recently to more active, independent and oriented to eliminating existing barriers.

A significant majority – although slight in number – of empirical studies on stereotyping of visually impaired people is focused on blind people, with negligence of partially sighted people, and the scientists interested in the topic come from a team of researchers of pedagogy and special pedagogy. Few of them are social pedagogues. It is also easy to notice the lack of projects conducted by interdisciplinary teams, which is strange considering the fact that these are multiple aspect problems of wide range (compare Czerwińska 2007, p. 8).

Incorrect attitudes and stereotyped perception of another man have a destructive effect and are sometimes really dangerous. Myths and stereotypes create barriers which are often difficult to eliminate and they result in harmful evaluation, wrong thinking and discriminatory attitudes.

Myths in sociological terms are related to fabricated details of history about some people or events and, to false opinions on something without any reasons (Gorajewska 2006, p. 43). Social myths about unjustified and irrational reflections

on social reality, which are common in a specific group, are especially dangerous. They are closely related to emotional, social, national, racial and historical stereotypes.

Myths can have both positive effects (creating and strengthening a pattern of understanding the world, strengthening a social pattern) and negative effects (based on beliefs and information unsupported with reliable knowledge, common in a specific group). With regard for their negative role, myths can influence creation of prejudices and dislikes and they also help to create different signs of discrimination (Korzon 2004, p. 28-29).

Myths about other people are sometimes interesting, funny and amusing, but they also result in fear.

A very unjust view existing in society is the one which states that **a birth and having a blind baby (and generally a disabled child) is a God's punishment for sins committed earlier by parents or by the child.**

In case of such an irrational way of thinking and perception of disability, one cannot give rational arguments. Explanations, which agree with the Christian religion's assumptions for those who profess such views, are not binding because they are characterized by complete lack of understanding of the faith essence and God's image and they contradict a basic Christian truth – love for other humans. They can be explained only by Protestant ethics of Weber's work which supports the view that people get what they deserve and they deserve what they get. Perception of a disabled person as someone who caused his/ her condition usually helps to consider a disability as something that a given person deserves for. Whereas, when an individual is not perceived as the one who is responsible for his/her disability, people usually fabricate some faults which they attribute to a disabled individual.

Blind people's children are usually also blind

Lack of knowledge from the field of genetics is the basis of such views. Usually, if blindness or sight defects appear often or with great intensity in genetically loaded families in several generations, there is high probability that these genetic defects will be passed on the offspring. The genetic degree of risk is determined in a medical way. However, if only one parent has a genetic defect, there is a big chance to have healthy children, according to principles of genetics. In the population of children who are blind from birth, 20% have some genetic reasons (by Sękowska 2001, p. 104), and even in these cases it is very difficult to determine a cause of their blindness or defect with no doubts.

The wrong view, which is very harmful and very discriminatory, states that **a blind person is very often mentally retarded and has no education.** One must not identify visual impairment with mental disability. Blind or partially sighted people

are fully efficient in an intellectual way if the cause that led to sight defects or blindness was not of brain nature. Blindness or sight defects do not influence mental efficiency in a direct way.

One of incorrect opinions on visually impaired people – created mainly by the media – is a common opinion that **blind people's other senses – especially hearing and touch – are more “keen” than the ones of non-disabled people, that they are better, developed in an extraordinary way and in fact beyond the reach of those people who can see with no problems.** Apart from this, there is a wrong opinion that **if nature takes away one of our senses, another becomes more excellent than all the rest.**

It is a myth which has nothing to do with reality. Science, especially knowledge from the field of ophthalmology and biological development of humans, as well as practice, have provided us with a lot of evidence that about 85% of all non-verbal information, acquired by human brain through senses, is acquired through the sight (Mączyńska-Frydryszek, Jaskólska-Klaus, Maruszewski 2002, p. 14).

The senses of hearing and touch do not make a blind person stand out among others with reference to the same senses of those who can see. Usually no exceptional qualities or “extraordinary” skills do not accompany this disability. Shortages or problems resulting from lack of possibility to use sight as an information channel in an efficient way can be compensated in other ways. It is the form of replacing, or taking over, some functions of a missing sense (sight in this case) by other senses. Because of the fact that for most people sight is a dominant sense, when comes to becoming familiar with reality, they often do not notice the value of other senses. People with visual disability use other senses in a better way, but it is not a result of their better sensitiveness, but it results from numerous exercises.

The compensation refers not only to the sense of sight, but also to speaking, thinking (and especially analogy) and creating surrogate images. Compensation (replacement) in case of the sense of sight will never be full, considering the specific character of sight analyser, which provides the brain with some information unavailable in other ways. Blind people are missing some impressions related to colours, shapes and space. However, they use the same language, which includes words describing these impressions and other general and abstract notions. They learn them by analysis and comparisons of contexts they appear in. For this reason, blind people have much better results in tasks which require analysis, compared to people who can see. But they have some problems in case of creativity, which requires imagination.

Compensation can be of **physiological** nature (which means looking for possibilities of physiological compensation of missing functions and exercising substitute functions), **psychological** one (replacement of lost functions, especially cognitive ones, by interaction of other senses, cooperating with cortex/mental processes),

and **social** one (it refers to replacement of social role, lost as a result of disability; it is compensation of lost social standing).

The next common “truth”, which is not true in fact, is an assumption that: **Blind people have the so-called “sixth sense”, and even other exceptional abilities.**

There is no scientific evidence to support the thesis about special capabilities, skills or qualities of blind people, resulting only from their blindness. The only thing that can explain possession or lack of exceptional capabilities is the psychological theory of individual differences. According to this theory, every man is a unique individual, gifted in different ways and she/he possesses individual advantages, disadvantages or abilities. It refers to both blind population and those who can see. Blind people have no special qualities that those who can normally see cannot have. Blind and partially sighted people have no supernatural capabilities, skills and qualities. One should not divide them to populations of disabled people and healthy ones. We are all equal in the presence of a miracle of a single man’s individuality.

It is not also true that **blind people are extremely gifted in music.** It is the assumption of those who think the sense of hearing is much better (more than average) in case of visually impaired people. It is right that many well-known blind people are gifted in music but it is not a common truth. There are also blind people who are less gifted than average people in this field.

A blind person is considered a sad and serious person who does not experience joy. A belief that we should sympathize with visually impaired people because of a great tragedy they experience in life – lack of sight – is imposed, almost in a natural way, to people who can see. Looking through a prism of our own beliefs that there are no worse disabilities as blindness and life in such condition has no perspectives and hope, people fabricate their own impressions of depression and sadness of a visually impaired group. People tend to evaluate blind people as those who are not efficient in their lives and who are not fulfilled in a professional and social life. But in fact, visually impaired people have great aspirations and outstanding dreams, they are successful in their professions, they are happy in their families and they experience satisfaction resulting from their achievements. They can and are able to live their life to the fullest if they are not limited by discriminatory social attitudes, and if they are not rejected by society. And besides, also healthy people can be life losers.

The next untrue “truth” about visually impaired people, which is common in some circles even today, is a conviction that **poor sight should be spared so that it can be used as long as possible, or it would become even poorer.** Such opinions are based on the view that using means the same as wearing out. That is why, in many special schools or rehabilitation centres for visually impaired people, specialists

commonly used work techniques focused on other learning techniques than those based on sight, although there were few people completely blind in such places (about 30%) (by Adamowicz-Hummel 2001, p. 36).

Since the 1980's, sight rehabilitation (in other words sight exercises, sight improvement, developing skills based on sight) refutes this myth in a practical way, providing us with still new empirical arguments, supporting the thesis that using the sense of sight by partially sighted people does not cause its wearing out but, on the contrary, it results in the development of this ability and in the possibility to notice new things in their surroundings.

However, it should be emphasised here that some people are wrong when they think that "sight rehabilitation" and **the influence of exercises will improve (according to the main assumptions of rehabilitation) objective medical parameters of sight – its sharpness and the field of vision (so the person taking part in the exercises will be able to see better – meaning – will have a smaller refraction defect and there will be correction of a specific sight illness or its complete elimination).**

It needs to be said clearly – after rehabilitation the sight parameters usually are unchanged and sometimes there is even further deterioration (e.g. in case of a progressive illness). But the level of using information coming through the sight is going up and it makes this person "see better" subjectively. In reality, it means the person uses the knowledge gained with the help of sight analyser better because he/she simply learns in what circumstances he/she can see better, what conditions he/she needs to make it possible, how to use information coming from other senses, what tools he/she should use in different situations in life, what factors influence the sight deterioration etc. These all things can "improve" sight subjectively and make the person after training function better with the help of his/her sight in everyday situations.

The main assumptions, which are the basis of sight rehabilitation, were formed by Natalia Barraga (1964) and they are implemented in sight improvement practice in ophthalmology out-patients clinics and by those who organize rehabilitation processes in different centres or institutions of education and rehabilitation for partially sighted children:

- 1) ability to see is not congenital and its development is not automatical;
- 2) ability to see is not determined only by sight sharpness and it cannot be evaluated only on this basis;
- 3) ability to see and sight functioning are not determined only by the kind and level of defect or visual system damage;
- 4) ability to see and to use the sight can be learnt through appropriately programmed exercises which require using the sight.

A myth related to visually impaired people – harmful and untrue – is the one that states: **blind people require continuous help, they cannot work alone in their jobs**

or in everyday life. People who think that way completely do not know the environment of visually impaired people and have probably never had any contact with a blind person or someone with sight problems, or such contacts are occasional and rare. Lack of sight does not affect being independent, although it is often difficult for us to imagine that some everyday functions can be executed without seeing. People with sight dysfunctions can work out, with the use of specialist rehabilitation tools and objects which are adapted especially to their needs. They can have their own ways to perform their everyday duties effectively, e.g. housework. They learn how to move in space in an effective way. They successfully manage to prepare meals, raise children, work professionally and take advantage of different forms of education, and to spend their free time in an interesting way. It requires a bit more effort than in case of people who can control their activities with their sight, but the effects are usually satisfactory. If they take advantage of others' help, it usually results from necessity, but these people usually do not overuse such help and they do not like when someone wants to help them "by force". They can achieve a lot, but only thanks to their persistence, diligence, harder efforts and pertinacity in reaching their goals. Even some activities people conduct automatically, with no attention and effort, have to be learnt by blind people, who need to use special techniques to perform them. The confirmation for this thesis can be found in Kornelia Czerwińska's research (2010, p. 116); blind and partially sighted people, using the resources they have and some external support, can overcome obstacles resulting from their disability.

It is also good to look closer at some stereotyped social views related to spatial orientation of people with sight dysfunctions. One of them refers to the fixed social image of blind people and it states that **a blind person uses a white cane and a guide dog when moving.** Visually impaired people's orientation and moving do not necessarily depend on a white cane and a guide dog. In order to move effectively, a blind or partially sighted person can be supported by a guide who can see. A white cane is used to avoid obstacles and to identify the surface, so it is really helpful. A guide dog requires special preparation of the animal to cooperate with a blind person and to help a specific person, and such training sometimes lasts a few months. And not every blind person has proper qualifications and qualities to take advantage of the dog's skills. Having such a dog means also responsibilities resulting from this fact. Because of this reason, not every blind person decides to buy such a dog.

There is also a myth which refers to a guide dog of a blind person. There is an opinion in society that a dog is necessary for a blind person to move and handle different obstacles on the way (although some people are still surprised when they see a blind person with a guide dog), and at the same time, **this dog does not have a right to stay in different public places, e.g. in a church, a shop, a theatre, a cinema, a restaurant or a shopping centre. People are afraid that the dog can**

disturb others taking part e.g. in the mass or watching a performance by its loud barking, or that it can cause different items in shops to collapse or, what is even worse, the animal can consume some items. One could not be more mistaken. A guide dog is specially trained, it does not make any noises, it does not make a mess and does not disturb others. It works helping its owner if only other people do not bother it. A dog that assists a disabled person is concentrated only on its work and does not pay attention to any other external stimuli. Such a dog will accompany its owner in a shop in a very peaceful way or it will rest under a chair in the cinema.

A guide dog for a blind person is always selected very carefully, with respect to its physical and psychological qualities. It must be big enough, it must be wise, peaceful, self-controlled, of low sexual excitability, friendly, and at the same time, wary of strangers. It should be willing to learn, too.

On the 19th of June 2009, the law was introduced which states there is an obligation to let people with a guide dog in to any kind of public buildings (including shops, banks, offices or sports centres). Nevertheless, in reality the presence of a dog means troubles in many places (*Ustawa z dnia 21 listopada 2008 roku o zmianie ustawy o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych, ustawy o podatkach i opłatach lokalnych oraz ustawy o bezpieczeństwie żywności i żywienia*, Dz. U. Nr 223, poz. 1463).

A guide dog is a precious rehabilitation help for blind people. Thanks to such a dog, blind people can move faster and safer than with the use of a white cane. Additionally, by being a living creature, dogs can affect positively a psychological sphere of a disabled person, which is often helpful for their own image. Contacts with other people become easier and it allows blind people to live in a more active way, which is very desirable. Quite often, the dogs also become faithful friends of their blind owners.

During the trainings, dogs are taught to be obedient and to react to simple orders. They are supposed to lead a blind person on the pavement or the road in a safe way, they are taught to stop in front of a kerb, to lead when a person wants to cross the street, to stop in front of any obstacles and to go round them, to locate the door, to take advantage of public transport, and to lead the owner on the stairs.

Discussing spatial orientation of visually impaired people, it is also good to mention one more untrue and wrong social opinion. Many people think that **all people who use a white cane when moving are blind**. They think such a cane is an inseparable and exclusive attribute of a blind person.

However, many partially sighted people also use this rehabilitation tool in situations when they suffer from e.g. the so-called fluctuant vision, or unstable ability to see. In one moment such a person can see well, but later – because of some troubles, such as pain or unfavourable conditions in the surroundings – he/she

cannot see so well or even becomes temporarily blind. That is why, it is necessary to use a white cane to move safer.

The next myth – **blind and partially sighted people form a homogenous group with one disability.**

There are blind people who were born blind or the ones who lost their vision before they were 5 or 6 years old. They are different than those who lost their sight after the age of 5 or 6. These groups are different because they have or do not have experiences related to vision. The latter group can remember visual perception of the world, but they survived the tragedy of losing this sense, and they need to learn new techniques that would help them regulate relations with their surroundings (Ossowski 2001, p. 181). People who were born blind are not aware of colours, shapes, perspectives – all the things which were experienced by people who could see and later lost their vision.

Moreover, people who became blind more often go through this loss in a more painful way, when compared to people who were blind from birth and who accept the loss of sight as something they never had, and even if they did, they do not remember it.

One of wrong opinions, common among people who can see normally, is a view that **blind people can work only in few jobs because of their disability. People often cannot enumerate what kinds of jobs a visually impaired person could successfully do.**

Blind people cannot work, first of all, in the jobs which depend on the sight (as it plays a leading role in some professions), or the ones which are harmful for them with regard for their health sight condition.

One of the most important life goals for blind people is to find a job which would give them independence in their life.

People with this kind of disability are aware of problems related to finding a job, when compared to non-disabled people. But they are characterized by persistence when looking for some satisfying and interesting forms of professional activity. They pay attention to the fact that their job should not mean the permanent necessity to disclose their disability to others (Łuczak and others 2007).

A possibility to work is crucial for blind people. It can compensate also limitations resulting from their disability. For partially sighted people, a job takes one of the top positions in their hierarchy of values. “These are people unusually ambitious – trying to hide their dysfunctions, they often make an effort to do something that is beyond their capabilities, however, in many cases it results in failures and in the worsening of their vision because of overfatigue. They try to satisfy their superiors, but at the same time, they are unwilling to take advantage of their help. At work, they feel a strong need to prove that their disability is not a problem for meeting their work obligations” (Łuczak and others 2007, p. 37).

That is why, work in case of visually impaired people is rather perceived in the context of professional and social rehabilitation. One cannot notice here only limitations of a blind person at work, but should rather focus on blind people's abilities and skills which still exist, although the sight is damaged or completely lost. Intellectual abilities, cognitive skills and character qualities should be emphasized in case of people who have sight dysfunctions. In such an approach, one can immediately notice those people's whole range of capabilities. Visually impaired people can choose a suitable job among all different professions, and they can have results comparable to professional achievements of non-disabled people.

The next myth – **blind and partially sighted people focus mainly on a desire to regain their vision**. Such statements result from a belief that people who can see think of vision loss as of an exceptional problem in life and one of the worst disabilities.

Blind people more often suffer from low self-esteem. It is an effect of discrepancy between their own requirements that result from the need to match non-disabled people with respect to resourcefulness and life independence, and accusations against themselves which refer to the lack of strong will, excessive concern of other people's opinions, nervousness and insufficient time management (Łuczak and others, 2007).

The frustration results rather from psychological experiencing of the fact they do not have ability to see, than from a temporary inability to use the sight.

This thesis was also confirmed by Viktor Löwenfeld's studies who said the reason of conflicts was a society attitude towards blind people, rather than sight dysfunctions themselves (Sękowska 2001, p. 112).

The researchers (Majewski 2002, Steuden, Oleś, Puchalska-Wasył 2002, Szczepanik 2007) enumerate the most common psychological results of visual disability, which can make social and psychological functioning much more difficult. They include: feeling of inferiority to non-disabled people, anxiety reactions, hypersensitivity, susceptibility to suggestions, tendencies to feel isolated and to become more passive, dominance of negative emotions, emotional tensions, irritability, poor self-esteem and feeling that they do not control their lives.

On the other hand, partially sighted people are characterized by the greatest sensitivity to signs of pity and they have more serious problems with accepting their limitations resulting from the sight dysfunctions. They experience their own visual disability in a very strong way. They are more aware of being different than blind people, and at the same time they really want to be similar to others, and to hide their sight problems. It confirms the thesis that very often disabled people try to hide or play down their disabilities, and they want to be considered healthy people.

Partially sighted children, when compared to blind and sighted kids, are characterised by reduced resistance to stress and worse emotional balance. They can function normally in various situations, but sometimes they experience some limitations and difficulties. In Renate Walthes' studies (2005), they revealed some

uncertainty related to their future plans for life (in relation to an unbalanced picture they created for themselves). A strong tendency to overrate their abilities can also be easily noticed. Partially sighted people have common periods of worse mood, depression and tensions (often resulting from rejection and being criticised). They have bigger problems than blind people in case of acceptance of their limitations related to sight dysfunctions (Röder 2009). They are afraid to reveal their vision impairment in new environments and they are afraid that they will not be able to see something clearly, to express their opinion or to make a decision. They are afraid to establish new social contacts (they are not sure if they behave correctly, they do not know how to behave and they are afraid of other people's reactions). They also have problems with self-identification and self-acceptance (partially sighted people are less eager to accept their disability than blind people are). Moreover, partially sighted people are quite often perceived by their social surroundings as people with no disability, or on the contrary – as blind people. It makes them even more difficult to shape a coherent identity in their personal and social dimensions. It is said that some visual abilities can delay the process of psychological adaptation of such people and their surroundings to the fact of disability existence. According to Tadeusz Majewski (2002), partially sighted teenage girls are less emotionally balanced, more fearful and neurotic, when compared to sighted group. And Stanisław Kowalik (2007) indicated some permanent psychological characteristics of people with different dysfunctions, including visual impairment: easiness to feel depressed and a higher neurosis level.

Klaus Röder's observations (2009) show that unusual sight behaviours in case of partially sighted students in interpersonal contacts or a different way they do various everyday activities are often the source of misunderstandings and conflicts. And such conflicts can lead even to physical or oral violence towards partially sighted people. If such situations happen often, they can result in lower self-esteem, weaker feeling of causation and interpersonal attractiveness. Furthermore, partially sighted people who have low self-esteem are more prone to develop egocentric attitudes and the feeling of isolation.

Zofia Palak (1988) and Lucyna Bobkowicz-Lewartowska (2008) pay attention to the fact that partially sighted people, when compared to blind people, are more willing to behave in competitive, aggressive and egocentric ways, they have more serious problems with group adaptation and group functioning, as well as with organisation and planning their own actions. The researchers say that partially sighted people, when compared to blind people, evaluate themselves as less effective, they are more often fussy, unhappy and unsatisfied. Negative social reactions can also be a reason why partially sighted people decide to resign from specialist equipment, which – on one hand – makes their functioning easier, but on the other – it exposes them to social rejection, at the same time (Wiazowski 2009).

An additional difficulty is continuous fear of the sight worsening or complete vision loss. It is accompanied by strong emotional tension and unbalanced sense

of security. The intensification of problems in this field of functioning is greater in case of partially sighted people than in case of blind people.

Fears related to a possibility of permanent blindness are an important factor which is the source of psychological strains. It can be noticed also in case of people whose sight dysfunctions are not progressive (Majewski 2002, Röder 2009).

Empirical studies provide us with strong and coherent evidence proving that disabled people experience social interactions which are difficult for them in many respects (Hebl, Kleck 2008, p. 385): staring, laughing, jokes, exaggerated compensating of reluctance with false warmth, ignorance or imposing unwanted help.

Moreover, according to Erving Goffman, who divided people to those who have visible stigmata (discreditable) and those who have invisible stigmata (that can discreditate), disabled people with an invisible or hidden stigma usually have less problematic or fearful social interactions than people with visible problems (by Hebl, Kleck 2008, p. 391). Bernie Weiner and his co-workers' studies show that physical disabilities are generally thought to be beyond control – such perception causes people without stigmata show the disabled more warmth, compassion and empathy (by Hebl, Kleck 2008, p. 391).

There are often some problems in social relations of people with sight dysfunctions and those who are non-disabled. Their source are usually tensions, sense of insecurity and the blind person's uncomfotability which is felt in the presence of healthy people. That is why, blind and partially sighted people often prefer to deepen relations already existing than search for new ones, and they often prefer social isolation and loneliness. However, on the other hand, people with poor sight do not lose hope that they would regain full visual abilities which they relate to the need of self-development. Less satisfying social relations in case of blind and partially sighted people result from lack of direct visual contact and difficulties with general comprehension of the whole situation. It is more difficult also because of an inability to observe behaviours of other people taking part in interactions. As a consequence, visually impaired people often feel lost and unsure in social relations.

At the same time, it is important to mention that such difficulties (resulting from disabilities) are considered usually as a challenge, and not a disaster. This attitude makes these people different to others who have different kinds of disabilities. The two groups of people with sight dysfunctions, mentioned before, finally focus their thinking on accomplishment of their life goals and plans, to feel successful in different life fields. Blind people, living with this kind of disability, learn to handle it from the first moment and they understand there is no other alternative. However, it does not discourage them from wanting things they cannot have (like everybody, they also dream of impossible things). In the period of accepting vision loss or its damage, there is no time to think it over and there is no place for depression because of disability. According to Waldemar Klikonosz (2003), blind people are characterised by the high level of activity, optimistic life approach and openness to other people, as well as trust, friendliness, gullibility, honesty and plain dealing.

Implications to restrict stigmatization

It is possible to change stereotyping in many ways, e.g. encouraging conscious rejection of stereotypes, or updating stereotypes resulting from information growth (**the bookkeeping model**). Contacts with behaviours inconsistent with a stereotype may also gradually change such a stereotype. **The model based on model examples** is based on the assumption that stereotypes consist of representations of specific entities and may change when these examples are evoked or reinforced (Biernat, Dovidio 2008, p. 114-115). The contemporary approach to reduction of prejudices refers to cognitive mechanisms of prejudice formation and focuses on recategorization, namely inspiring people to perceive others not as representatives of a foreign group, but as representatives of broader categories which also include the perceived entity, or representatives of categories not causing negative prejudices (Wojciszke 2004, p. 78).

If one assumes that stereotypes can be eliminated by providing people with alternative associations or inconsistent views with a given stereotype (strategy of a change by giving examples contradictory to stereotypes), it is possible to use them to reduce or eliminate stigmatization.

Thinking about the role of such basic processes and psychological mechanisms as stigmatization can help people understand a stigma phenomenon, considering stereotypes as causes and effects of feelings, attitudes and behaviours towards labeled people. It can help in better understanding of their correlations with norms, motivation or social attitudes. The review of the knowledge on stereotypes, done by many researchers, can clearly show that, even though empirical material is very extensive, there are many issues of basic character, including definition qualities of a stereotype, which are still not determined. Starting research on controversial and unclear aspects of these questions seems to be especially important for social reasons, because identification of functioning mechanisms of stereotypes can be helpful in creation of educational programmes and political actions which would prevent from negative effects of stereotypes and prejudices (Pietrzak 2000).

There is a need for social research on qualitative and quantitative aspects of stereotypes attributed to specific groups, including stereotypes of people with different dysfunctions.

References

- Adamowicz-Hummel A. (2001). *Posługiwanie się wzrokiem przez dzieci słabo widzące*, W: Jakubowski S. (red.). *Poradnik dydaktyczny dla nauczycieli realizujących podstawę programową w zakresie szkoły podstawowej i gimnazjum z uczniami niewidomymi i słabo widzącymi*. Warszawa: MEN.
- Allport G. (1979). *The nature of prejudice*. New York: Doubleday/Anchor (wyd. oryg. 1954).

- Bauman Z. (2000). *Ponowoczesność jako źródło cierpień*. Warszawa: Wydawnictwo Sic!
- Barraga N.C. (1964). *Increased visual behavior in low vision children*. New York: American Foundation for the Blind.
- Biernat M., Dovidio J.F. (2008). *Piętno i stereotypy*. W: Heatherton T.F., Kleck R.E., Hebl M.R., Hull J.G. (red.). *Społeczna psychologia piętna*. Tłum. Szustrowa T. i in., Warszawa: Collegium Civitas, Wyd. Naukowe PWN.
- Błeszyńska K. (2001). *Niepełnosprawność a struktura identyfikacji społecznych*. Warszawa: Wyd. Akademickie „Żak”.
- Bobkiewicz-Lewartowska L. (2008). *Poczucie sensu życia jako wskaźnik psychicznego dobrostanu u osób z zaburzeniami widzenia*. „Współczesne Problemy Pedagogiki Specjalnej. Dyskursy Pedagogiki Specjalnej”, nr 7, s. 237-242.
- Bujnowska A. (2009). *Uwarunkowania postaw studentów pedagogiki wobec osób niepełnosprawnych*. Lublin: UMCS.
- Czerwińska K. (2007). *Stereotypy i uprzedzenia wobec osób niewidomych i słabo widzących – przegląd badań*. „Wychowanie na Co Dzień”, nr 7/8, s. 12-16.
- Czerwińska K. (2010). *Funkcjonowanie adolescentów z niepełnosprawnością wzrokową*. W: Palak Z., Bujnowska A., Pawlak A. (red.) *Aktualne problemy edukacji i rehabilitacji osób niepełnosprawnych w biegu życia*. Lublin: UMCS.
- Dovidio J.F., Major B., Crocker J. (2008). *Piętno: wprowadzenie i zarys ogólny*. W: Heatherton T.F., Kleck R.E., Hebl M.R., Hull J.G. (red.). *Społeczna psychologia piętna*. Tłum. Szustrowa T. i in., Warszawa: Collegium Civitas, Wyd. Naukowe PWN.
- Dycht M. (2009). *Wizerunek osób niepełnosprawnych w opiniach studentów pedagogiki rewalidacyjnej*. W: Dycht M., Marszałek L. (red.). *Inkluzja i ekskluzja społeczna osób z niepełną sprawnością. Współczesne konteksty i kontrowersje pedagogiki wspierającej*. Warszawa: Wyd. Salezjańskie.
- Gołaszewska D. (2006). *Fakty i mity o osobach z niepełnosprawnością*. Warszawa: Stowarzyszenie Przyjaciół Integracji.
- Hamilton D.L., Uhles A.N. (2000). *Stereotypes*. W: Kazdin A. (ed.). *Encyclopedia of Psychology*. T. 7. New York and Washington: DC: Oxford University Press and American Psychological Association.
- Hebl M.R., Kleck R.E. (2008). *Społeczne konsekwencje niepełnosprawności fizycznej*. W: Heatherton T.F., Kleck R.E., Hebl M.R., Hull J.G. (red.). *Społeczna psychologia piętna*. Tłum. Szustrowa T. i in., Warszawa: Collegium Civitas, Wyd. Nauk. PWN.
- Jawłowska A. (2001). *Tożsamość na sprzedaż*. W: Jawłowska A. (red.). *Wokół problemów tożsamości*. Warszawa: Wyd. LTW.
- Klinkosz W. (2003). *Sukces akademicki studentów niewidomych i słabowidzących a ich osobowość*. Lublin: TN KUL.
- Korzon A. (2004). *Mity i stereotypy myślowe o niepełnosprawnych intelektualnie w środowisku społecznym*. W: Janiszewska-Nieścioruk Z. (red.). *Człowiek*

- z niepełnosprawnością intelektualną. *Wybrane problemy społecznego funkcjonowania oraz rehabilitacji osób z niepełnosprawnością intelektualną*. T. 2. Kraków: Impuls.
- Kotowski S. (1993). *Inwalidzi wzroku – mity i fakty*. „Problemy Rehabilitacji Społecznej i Zawodowej”, nr 1-2, dostęp na: http://pzn.hrubieszow.info/ksiazka_pzn/ otwarty 13.10.2015.
- Kowalik S. (2007). *Psychologia rehabilitacji*. Warszawa: WAiP.
- Larkowa H. (1970). *Postawy otoczenia wobec inwalidów*. Warszawa: PZWL.
- Łobacz E. (2006). *Prezentacja osób niewidomych w prasie*. „Szkoła Specjalna”, nr 4, s. 276-282.
- Łuczak A., Kurkus-Rozowska B., Kamińska J. (2007). *Poradnik dla asystenta zawodowego spółdzielni socjalnej*. Warszawa: CIOP- PIB.
- Majewski T. (2002). *Tyflopsychologia rozwojowa. Psychologia dzieci niewidomych i słabo widzących*. Warszawa: PZN.
- Marchwicka M., Durka G. (1995). *Zachowania i dystans społeczny wobec osób z widocznym inwalidztwem wzroku na podstawie opinii dorosłych mieszkańców Słupska*. „Przegląd Tyflogiczny”, nr 1-2, s. 26-35.
- Mączyńska-Frydryszek A., Jaskólska-Klaus M., Maruszewski T. (2002). *Psychofizjologia widzenia*. Poznań: Wyd.ASP.
- Nelson T.D. (2003). *Psychologia uprzedzeń*. Tłum. Nowak A., Gdańsk: GWP.
- Ossowski R. (2001). *Pedagogika niewidomych i niedowidzących*. W: Dykcik W. (red.). *Pedagogika specjalna*. Poznań: UAM.
- Ostrowska A. (1994). *Niepełnosprawni w społeczeństwie*. Warszawa: IFiS PAN.
- Palak Z. (1988). *Obraz własnej osoby młodzieży niewidomej*. Lublin: UMCS.
- Piber-Dąbrowska K., Sędek G. (2006). *Spostrzeganie bez uprzedzeń i stereotypów – zarys problematyki*. „Psychologia Społeczna”, nr 2, s. 7-12.
- Pietrzak H. (2000). *Następstwa i efekty stereotypowego postrzegania człowieka i świata społecznego*. Rzeszów: WSP.
- Röder K. (2009). *Psychische Besonderheiten sehbehinderter Jugendlicher*. Marburg: Deutsche Blindenstudienanstalt.
- Sękowska Z. (2001). *Wprowadzenie do pedagogiki specjalnej*. Warszawa: APS.
- Sienicka E. (2002). *Stereotypy i uprzedzenia wobec osób niepełnosprawnych* (niepublikowana praca magisterska napisana na Wydziale Rewalidacji i Resocjalizacji Akademii Pedagogiki Specjalnej w Warszawie).
- Sowa W. (2003). *Postawy społeczne wobec osób niepełnosprawnych* (niepublikowana praca magisterska napisana na Wydziale Rewalidacji i Resocjalizacji Akademii Pedagogiki Specjalnej w Warszawie).
- Stangor Ch., Schaller M. (2002). *Stereotypy jako reprezentacje indywidualne i zbiorowe, Reprezentacja stereotypowa*. W: Macrae C.N., Stangor Ch., Hewstone M. (red.). *Stereotypy i uprzedzenia*. Tłum. Majchrzak M i in., Gdańsk, GWP.
- Studen S., Oleś M., Puchalska-Wasył M. (2002). *Psychologiczne charakterystyki osób z zaburzeniami funkcji wzrokowych – aspekty strukturalne i dynamiczne*.

- W: Oleś P., Steuden S., Toczolowski J. (red.). *Jak świata mniej widzę. Zaburzenia widzenia a jakość życia*. Lublin: TN KUL.
- Szczepanik R. (2007). *Elementy pedagogiki specjalnej*. Łódź: Wyd. WSH-E.
- Szopski M. (2005). *Komunikowanie międzykulturowe*. Warszawa: WSiP.
- Ustawa z dnia 21 listopada 2008 roku o zmianie ustawy o rehabilitacji zawodowej i społecznej oraz zatrudnianiu osób niepełnosprawnych, ustawy o podatkach i opłatach lokalnych oraz ustawy o bezpieczeństwie żywności i żywienia (Dz. U. Nr 223, poz. 1463).
- Walther R. (2005). *Einführung in die Blinden – und Sehbehindertenpädagogik*. München: UTB/Ernst Reinhardt Verlag.
- Wiazowski J. (2009). *Niewidomi a rewolucja technologiczna – doświadczenia amerykańskie*. „Niepełnosprawność i Rehabilitacja”, nr 3, s. 83-99.
- Weigl B. (2000). *Stereotypy i uprzedzenia*. W: Strelau J. (red.). *Psychologia. Podręcznik akademicki*. T. 3: Gdańsk: GWP.
- Wojciszke B. (2004). *Człowiek wśród ludzi. Zarys psychologii społecznej*. Warszawa: Scholar.

MITY I STEREOTYPY DOTYCZĄCE OSÓB Z NIEPEŁNOSPRAWNOŚCIĄ WZROKU

Streszczenie: Artykuł ma na celu zaprezentowanie popularnych mitów i stereotypów dotyczących osób z dysfunkcją wzroku, które skutkować mogą uprzedzeniami, piętnowaniem czy dyskryminacją społeczną tych osób. W części zasadniczej pracy podjęto próbę polemiki ze stereotypowym postrzeganiem osób niewidomych i słabowidzących.

Słowa kluczowe: mity, stereotypy, osoby niewidome, osoby słabowidzące

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