

iatrics and mast  
represents only  
concerned with  
tient interaction

class 9

## On Becoming Blind: The Loss and the Change in the Family—A Case Study

*Ellie Henkind Katz, Ph.D.*

### TWO POEMS

For Fatima  
 "What color is your sweater?"  
 she asks,  
 as if color had any meaning  
 for her unseeing eyes.  
 "Purple,"  
 I reply.  
 "Is it like red?"  
 she asks.  
 "Sometimes,"  
 I must confess.  
 Blinded at three  
 only red is remembered.  
 Thirty years later  
 she still inquires after it,  
 worrying maybe  
 it's gonna disappear from the world,  
 like her vision.  
 Who can make promises these days,  
 even about the persistence of red?

One day  
 she stopped seeing  
 so well,  
 tripped a lot,  
 bumped into  
 most things  
 in her path.  
 And everybody said,  
 she's nervous.  
 The nervous woman  
 became a crazy woman  
 whose life filled  
 with daily disappearances  
 of familiar sights.  
 And from tolerant to hostile  
 went her family,  
 who had no patience  
 with the nut  
 who had to make cakes twice  
 just to be sure  
 the sugar went in  
 and not for a walk.

Ellie Henkind Katz, Ph.D., teaches psychology at Hebrew University, Jerusalem. She also maintains a private practice in family therapy.

*The classic approach to the rehabilitation of the blind is oriented toward mobility training, the promotion of independence, and the acquisition of basic life-management skills. The psyche of the newly blind is addressed on the occasions when the demonstration of need is undeniable; under general conditions, emotional renovation of the patient's intimate network is not addressed.*

### CASE STUDY

The following case study is offered as an illustration of the ways in which symptomatology emerges as a response to blindness. Within the context of the presentation, pertinent historical background and the interventions with rationale will be rendered.

*Paris, October 1985*

Victor La Rue, aged 15, lost his sight six months ago while performing an experiment in chemistry class. An operation, two months after the accident, was unsuccessful; the eyes are irreparably destroyed. Small fragments of flickering light constitute Victor's residual vision.

Victor is the only son in the La Rue family of four. He is rather tall, well developed, and marvelously dressed. Extremely talented and ambitious, Victor has been in a number of plays and television movies. Victor was definitely slated for a career in theater. He is full of poses and gestures that seem ploys to divert one from his blindness. He is wearing sunglasses. When I requested that Victor remove the glasses, his mother would not let him. Apparently, she has convinced him that his eyes are unaesthetic and that seeing them might alienate people.

Babette, aged 40, is an extremely articulate, highly anxious housewife and mother. She has a beautiful, although exhausted appearance, marred by a bizarre facial tic centered around her eyes. At first one thinks she is winking at a shared secret. The compulsion of the behavior becomes apparent after a time. The winking is inappropriate, "involuntary," but relevant. Tightly bound with Victor, it seems the accident befell them both.

The father, Jean Paul, aged 40, is a moderately successful lawyer. His most striking feature is his remoteness. I've never met anyone so inaccessible. Both his son and his wife intimate that he is preoccupied with romantic issues. I will need to find out from him why they think he has a lover.

Danielle is 12. Her fragility is unnerving. She seems unable to make eye contact, especially with Victor. She talks to him with her eyes cast down. It is extremely difficult to hear her whispered responses. Only when we are alone does she begin to vocalize. As I coax her to talk about life before the accident, her face takes on the glow of the idolizing kid sister. She is infatuated with Victor and devastated by his blindness. She hasn't been able to eat or sleep properly since the accident.

As is my custom when initially working up a blind family, I schedule a three-hour first interview. During this time, I introduce myself and the project. I let them ask any questions they can think of regarding either my work and goals or their potential contribution to it.

I explain that I am creating a new kind of rehabilitation for the recently blind in which I try to anticipate the personal needs of all family members. This system brings a new freedom of expression into the home and encourages the airing of feelings, which until now were suppressed. By giving examples of the ways in which all the family shares in the pain, I foster the impression that I am with them and really understand the collective plight. They are invited to contribute to my project and glean whatever assistance they can from the process we will all experience.

I spend a half hour with the whole family, during which time we feel each other out. I search for a clue into how the family is regrouping under the strain. Who in the house is bearing the burden? I keep a loose grasp in this initial getting-to-know-you session. It's an information-exchange meeting, a chance to let people know that it is to their best advantage to share pain rather than deny it.

While I do my history-taking and interviewing, the rest of the family is listening to music, talking, reading, eating, or just hanging around. They are waiting for their turn or waiting to begin the joint session. It's inevitable that some moments will be tense and others boring. I try to provide enough things to do so no one will become agitated or resentful of my presence. If the session is conducted in the home (in this case it was not), family members are all free to go about their business. We reconvene after every one has shared enough vital information about the psychological history of the family prior to the loss of vision and up to the present.

Babette and Victor have always had an extremely complicated relationship. He is her firstborn, and the only male child. He is her star and has always filled the vacuum in Babette's life. Jean Paul was never around from the beginning. After the parents wed, Babette left her university courses to support his law studies. This is a fact she sorely resents. Her keen mind and sense of drama were never put to the test. She wanted to be a playwright. But she was willing to support Victor's talent as a trade-off.

Jean Paul is as absent from the psychological structure of this family as he is from the actual house. He is absolutely unwilling to relate to the trauma of Victor's blindness. He told me, in private as well as in the family session, that he went to law school with several blind men and women. They were superb students and very successful socially. He thinks that Victor and Babette are spoiled. He cannot possibly relate to the family's unusual position. He is also casual about Danielle. He does not believe that her relationship with Victor is contributing to her retreat. Rather, he thinks she is just going through the throes of early adolescence.

Jean Paul has no expectations from his family. He takes a very liberal attitude in child rearing. He is frequently unavailable, by his own admission.

No. 1, Spring 19  
... is oriented  
... and the  
... of the  
... situation  
... ren-  
...  
... ways in which  
... context of  
... with  
... performing  
... after the ac-  
... fragments  
... tall, well  
... unanimous, Vic-  
... was definitely  
... seem ploys  
... requested  
... apparently,  
... seeing them  
... wife and  
... barred by a  
... winking  
... parent after  
... Tightly  
... lawyer. His  
... inaccessible.  
... romantic  
...  
... make eye  
... fast down.  
... when we are  
... before the  
... he is infa-  
... been able to

He is ambivalent about Babette's mothering. As much as he despises her smothering, he is in no way prepared to do any significant parenting himself. In a shining moment of insight, he tells me that if there is any tragedy in the house, it is Babette's. When asked to further elaborate on this, he resists by saying that I will soon discover this for myself.

Jean Paul is happy that his son is getting the best rehabilitation courses money can buy. He doesn't know why the family needs to be involved. However, he is willing, since my research seems so special, to come for the next two sessions.

Jean Paul seems to be a family joke. All three of his family members regard his demipresence with a mixture of scorn and boredom. No one intimates, even vaguely, that his presence is either missed or sought.

Babette, unfortunately, is also a joke. As hard as she tries to be the ever-present mother, her hysterical hovering is not earning her the respect she needs. As far as Jean Paul is concerned, she is a frustrated housewife who never did anything with her life except manipulate her children. He never alludes to either her talent or her ambitions. He does not tell me that she supported him through law school.

As Jean Paul tells it, Babette is the Ice Maiden. She is as warm and intimate with Victor as she is frigid with Jean Paul. When I ask him how long this has been going on, he cannot remember. He hints that it is irrelevant to him; he has other outlets. Might this be a reference to his outside romantic options? I ask him if he thinks that Babette has a lover. Perhaps this might be a way for him to respond to the topic, reveal something of his beliefs. He laughs at my question and offers the possibility of Victor. I push: Does he really believe what he's intimating? He says that incest is not always carried out on the physical plane. A point well taken.

Danielle feels neglected by her parents and estranged from her idol, Victor. The daughter resents her mother's involvement with Victor. She voices this openly. She tells me that Babette retains her youth through being Victor's friend rather than his mother. These are amazing words from a young girl. She may be just the informant I need. She alerts me to the fact that Babette's facial tic is just a way of getting attention. Babette is jealous of the extent to which people are drawn to Victor, especially since the accident. I don't agree with this analysis, but I do not need to tell this to Danielle. Right now she needs a good ear, not a difficult interpretation of her mother's attempt to magically relieve Victor of his blindness.

Danielle is quite convincing in her role as the family sponge. She takes on all the excesses in the house. In order to keep some semblance of harmony in this crisis-ridden home, she is ready to worry herself to death. She, too, believes in the magic of vigilance.

A brief glimpse of Victor: He is a puzzling fellow. Supported by his mother, he is forever posing. His body language is full of elegant gestures. He uses his voice in an extremely controlled manner. I know many actors and Victor reminds me of their style. Sitting and conversing with me, Victor has a special

composure. One could barely glean that this person has been changed, let alone traumatized, by the blindness. He'll chat with me about anything, as long as it has nothing to do with the emotional side of his life. He is totally directive and I let him be for now. I don't press him to rush out of the armor of denial he wears. He will have to join me and work with me as he is able.

When he stands up to leave the room, the picture changes most dramatically. His basis for orientation is weak. He begins to breathe haltingly. Before a full-blown anxiety attack can emerge, Babette is on her feet, arms locked with his. She whispers, "I told you not to try this without me!"

The second meeting, three days later, is held in the La Rue home. The place is tasteful, old-world style, and full of antiques. The mood is decidedly theatrical, with a well-worn flavor. I begin with a few minutes of greetings and polite dialogue. While the family goes about its business, I have private, 15-minute sessions with family members. We will then reconvene as a group for an hour.

Everyone confides in private that they really believe that having a chance to talk with me is going to make things better in the house for the "others." No one can tell me that he appreciates the chance to straighten out the atmosphere within himself as well as within the family. Consistently, the message is, I'm fine, please help them.

Victor is ensconced in a thronelike chair in the living room. He never has to get up. Babette spares him the embarrassment of faltering. She also spares herself the exposure to criticism when she tries to walk for Victor. When I ask Victor to show me his room, he is "ordered" to stay put and Danielle is mobilized for the job.

During the family session, we talk about Danielle's disturbed eating and sleeping patterns. She reveals that she is gnawed by a constant need to be alert. I try to assure her that as much as Victor needs her support, he doesn't need the sacrifice she is making to keep vigilant. Her not eating and not sleeping is putting an extra pressure on him. It makes him feel responsible for her, guilty, too. He surely doesn't need this.

In a superb and touching scene, Victor gets up and gropes his way to Danielle. Babette jumps up to help him. Jean Paul stops her action by blocking her with his leg. Victor gives Danielle the best big-brother hug and tells her how he loves her and appreciates all her love and support. (Where did he learn that diplomatic reframing?) He asks her to be good to herself. She promises to try.

We talk a little about Babette's overprotectiveness, which I've relabeled as "helpfulness." She reveals that she is preoccupied with the idea that Victor is going to fall. I don't even venture a public interpretation of this obsession. Naturally, the whole notion of falling is laden with symbolism.

After taking a deep breath, I tell Babette that she must not expect herself to keep Victor from falling. It's inevitable that his rehabilitation and future will be fraught with amazing challenges. He owns them and she must only wish him well.

as he despises h  
t parenting himsel  
s any tragedy in th  
n this, he resists b  
rehabilitation course  
ds to be involved  
al, to come for the  
ily members regard  
No one intimates  
ries to be the ever  
er the respect she  
ed housewife who  
children. He never  
ot tell me that she  
warm and intimate  
him how long this  
irrelevant to him;  
outside romantic  
Perhaps this might  
ing of his beliefs.  
ctor. I push: Does  
est is not always  
n her idol, Victor.  
or. She voices this  
gh being Victor's  
rom a young girl.  
fact that Babette's  
ous of the extent  
accident. I don't  
nielle. Right now  
mother's attempt  
nge. She takes on  
ance of harmony  
death. She, too,  
ed by his mother,  
gestures. He uses  
ctors and Victor  
ctor has a special

Victor looks relieved. Is he thinking that maybe this family-therapy business might just help him make a clean break with his mother? He begins to talk about how frightening it was to lose his vision. The poses of three days ago fade into a vague memory. His moment with Danielle produced tangible changes in him. He is more real in his body language. He also gives me the distinct impression that he wants to get all he can out of these meetings. He wants to share a pain he has long kept hidden. He wants to end the suffering that the family martyrs are experiencing. He is filled with a hopefulness that perfumes the room.

Victor expands on the terror of the initial shock of learning that his eyes will never provide anything but small, rather annoying bits of light. He explains how he is getting accustomed to living like this. He has passed through, in secret, many of the classic stages of adjustment. He wanted to spare his family the anguish that he endured. Today, he has a different attitude about his options.

The only thing that is currently holding him back is his guilt about Danielle's depression. He says that he can hear that she is not looking at him when he speaks. Everyone in the room is astounded. I am thrilled. It gives the family a chance to confront the fact that their expectations about his blindness don't necessarily coincide with reality. It's a fine thing that the family learns this lesson so spontaneously. I am relieved that I did not have to bring this subject up. In short-term, intense family therapy, one has to make certain priority decisions about what subjects to bring to discussion. Had Victor not mentioned this, I doubt if anyone else would have even considered it relevant.

Danielle explains that the reason she doesn't look at him is that she feels it's not fair to see him when he cannot see her. I don't actually buy this; it's sweet but untrue. I think Danielle is frightened to look at her idol, who is now less than perfect. I also believe that Danielle can't cope with the idea that there is no eye contact to be made. Because Victor cannot hold her gaze, she does not feel they are truly connected.

I ask the rest of the family if they have any feelings on this subject. Jean Paul admits that he is a bit unnerved by a face that cannot look at him. Babette signals with her hands that she wants no part in this conversation. I honor her reluctance.

I want the family to understand something fundamental to blindness: Even though Victor will never see their faces again, he does remember them. Also, he can hear where speech is coming from and address his posture to it. Even though he cannot see, he does not need the subtle scolding or pity that refusing to look at him suggests.

Victor now starts on Babette. He says she is driving him insane. She is undermining all the training he gets at the institute. All day he is learning how to manage independently. When he comes home, she babies him mercilessly.

At this point, Babette is weeping. She says no one understands her or

cares. She is doing all this helping (she uses my reframe) because she loves Victor and cannot bear to watch him struggle. She is consumed with worry. Like Danielle, she can barely swallow. She is also unable to get much sleep.

Jean Paul steps in and explains that as well-meaning as her efforts are, she is only making Victor feel helpless. With a barrage of venom, she screams at Jean Paul, "What's better, your absence or my presence?" Twenty years of bitterness are parading around the room.

The session has gone on much longer than I had anticipated. I cannot leave them like this. I decide to wrap up the session by praising their bravery and exposure. It will definitely produce positive changes. It's important to air feelings. I ask them to recall for the group some of the major moments from today's session. They all stay with the Victor/Danielle embrace. Everyone also feels better about the eye contact. Jean Paul and Babette are visibly strained, but are retreating quickly to well-worn poses.

I am due back in three days. They know where they can reach me, if things begin to get unmanageable.

It is my last night in Paris. It is my last night with the La Rues. When I enter the home, at 8:00 P.M., the dinner dishes are being cleared away by Danielle and Babette. Victor is already on the throne, waiting. Babette is ready to begin talking from the kitchen. I ask her to wait until we are all settled in the living room. She can barely contain herself.

Babette starts right in by saying that Victor has refused to allow her to attend to his personal hygiene any more. When I ask her to be specific, she whispers that his appearance is very important to him and she has been helping him with clothing selection and dressing and making sure he smells fresh. I couldn't resist asking what she did to promote this fresh smell. After considerable deliberation, pauses, and false starts, she reveals that she wiped him after his bowel movements.

Before I could react, Victor laughed and said, "Thank God you got here, Dr. Katz. I thought she'd wear the skin off my ass!" This kid's humor may just save this family.

Babette is fading away. Her ability to feel useful or wanted is dwindling. I have to help her out. I ask her if she can honor Victor's need to be an independent person without worrying so much about him? I am trying to free her from the hysteria-oriented vigilance she keeps. Because Victor loves her, he can joke with her. Because he wants to be as independent as possible doesn't mean he wants to break all ties. He wants a happy mother, not a tortured one. Again, as with his sister, he doesn't need the extra burden of guilt.

Somewhat more accepting of Victor's needs, Babette asks to have the floor. She says she can no longer control a feeling that has been gnawing at her since the accident. She bursts out that she thinks Victor's blindness is a punishment on the house because Jean Paul is unfaithful. Babette is a devout Catholic. Sins and reprisals are part of the tapestry of the ideology.

Jean Paul jumps up, slaps her in the face, and tells her he has never slept with another woman in his life. Babette is stunned by both the blow and the information. Jean Paul is standing over the place where she is sitting. He doesn't know what to do next.

I ask him to try to explain why his family has been harboring the notion all these years that he is romantically involved with other women? Jean Paul says that he is overwhelmed by the drama and passion in his home. He is bored and intimidated by it. He prefers to keep a low profile, spend as much time as possible away. It was convenient for him. The other family members drew their own conclusions. This, of course, cannot be the whole story. He is allowing the misconception for a particular reason. There is aggression here that cannot be glossed over.

He is using his intellect to distance himself. The family is obviously experiencing a multitude of reactions. Babette is in shock. She doesn't know whether to be relieved or not. Victor is mortified that his mother sees his blindness as a statement of sin. Danielle is shrinking before my eyes, as usual. I must act quickly—the whole house is falling down. The emotional atmosphere is unusually heavy and I will be in Jerusalem tomorrow afternoon!

I ask everyone to sit on the floor. I turn out the lights. We are all in the dark. I am trying to bring us all back to some point of meaningful focus. We are all here because Victor has lost his sight. They are all experiencing his loss with him. They are sharing in an enormous life event that is nearly impossible to fathom. All are trying and failing in their own inimitable ways. We must come back to the point.

Too much has been allowed to disintegrate since the accident. Whatever they were as a family before, however they managed to cope with their disappointments and disillusionments, is now only intensifying a very problematic situation. Danielle's vigilance is unproductive and horrifying. Babette's martyrdom and magical thinking are alienating her family. The trap of trying to grapple with the meaning of God's messages will inevitably generate a state of cosmic confusion.

I seize the moment to broach Babette's tic. Before I can even finish my sentence, Jean Paul reaches for her in a language-defying embrace. Twenty years of painful marriage with love inaccessible went into that hug.

Victor stood up and groped for the light. The sigh of relief in the room was audible. We all found our way back to former places. We chatted about the future of my project. They wanted to know everything about Jerusalem's Holy Places.

I thanked them for their tremendous cooperation and support. Their contribution, I assured them, will help blind families all over the world. By understanding what family members go through, in real terms, I can improve my interventions. Patterns emerge again and again. The phenomenology is constant.

I didn't have to summarize anything. Whatever we did will bear its own consequences. I didn't need to influence it any further.

I left feeling incredibly moved. They know now that their problems are solvable, and that any crisis or even desire to advance more in a therapeutic way will be met by their turning to a family therapist in Paris.

What happens to a family when one of its members becomes blind? Loss of vision necessitates an upheaval in family relationships. What elements of family life will undergo revision as part of the collective coping mechanism?

The literature on loss of vision rather specifically deals with the psychodynamics and rehabilitation of the individual blind person. Rarely is the family considered in terms of its own trauma. The object of this study is to indicate ways in which symptomatology emerges as part of the family's management of the new situation.

One should be sensitized to the issues connected to an individual's loss of sight before attempting to fathom the enormity of becoming a blind family with a blind member. In order to create the appropriate arena out of which to understand the phenomenology of the blind family, the classic literature on becoming blind will be discussed.

In most models on loss of vision (5, 18), denial is the early response to the trauma. It provides the protective emotional anesthesia (5), and allows the patient to collect himself and begin to establish an identity using less radical defenses (10).

The denial stage in the adjustment to blindness is echoed in Kubler-Ross's work on death. Losing one's sight is experienced as a death blow to the self. This self is mourned during the next stage of adjustment. Cholden (5) points out that the mourning stage is a vital part of managing with the new blindness. The blind must be allowed to grieve for their lost vision.

After the mourning, the blind withdraw. It is the beginning of reactive depression. Oddly enough, while the blind become passive and closed, the dying become actively hostile.

Either the blind give up trying or they must develop useful strategies for coping. After an intense identity crisis, they emerge with new ways of being in the world. Coping strategies, the most effective of them, develop self-esteem. According to Tuttle, self-esteem is the logical outcome of effective rehabilitation (18). This is the core ingredient for a successful comeback.

Carroll (4) analyzes the phenomenon of becoming blind in terms of loss. On the obvious level, becoming blind necessitates losing one's vision. Carroll, however, is working from the point of view of how this visual loss affects the personality. He isolates 20 basic losses to psychological security. Ranging from losses of career and financial security to loss of obscurity and self-esteem, Carroll's work is a sensitive and thorough way to get acquainted with blindness.

One of the losses Carroll identifies is the loss of ease of spoken communication. Although only briefly touched upon from the point of view of

er he has never slept  
both the blow and  
where she is sitting

harboring the notion  
er women? Jean Paul  
in his home. He is  
ofile, spend as much  
ther family members  
the whole story. He  
There is aggression

ily is obviously ex-  
c. She doesn't know  
his mother sees his  
before my eyes, as  
own. The emotional  
em tomorrow after-

ts. We are all in the  
f meaningful focus.  
are all experiencing  
event that is nearly  
wn inimitable ways.

accident. Whatever  
to cope with their  
sifying a very prob-  
and horrifying. Ba-  
er family. The trap  
ages will inevitably

can even finish my  
g embrace. Twenty  
o that hug.

relief in the room  
We chatted about  
g about Jerusalem's

support. Their con-  
over the world. By  
erms, I can improve  
phenomenology is

nonverbal communication, this is a major loss to be considered. Blindness necessitates the missing of many nonverbal cues. Although the voice plays a large part in enhancing conversation, much nonverbal material must be perceived on the visual level.

Nonverbal communication is an inordinately rich source of information in any interchange. Anyone who has lost their vision can tell you that we use our eyes to a profound degree when we relate to people. Once this mode is unavailable, the quality of the exchange is jeopardized.

Facial gestures and manual gestures must be picked up visually. At an early age, children become extremely adept at using gestures as well as understanding them. According to Brannigan and Humphries (3), gestures are part of a signaling system that children rely on extensively in their communications. The learning and use of these signals develop along with other communicative skills as the child matures to adulthood.

Indubitably part of a child's repertoire, imagine the place of gestures in adult conversations. Scheflen (15) describes the complexity of signaling systems in adults. Often communicated subliminally, these gestures are designed to cue the hearer into the speaker's feelings, attitudes, and wishes for the future development of the interaction.

Gesturing is the way the body provides additional information to that which is spoken. There are fascinating examples in which, on an involuntary level, people leak the truth. Paul Ekman et al. (6) have been involved in isolating the units of expression that contribute the leakage clues to deception. He maintains that when people consciously try to withhold information, there often is a part of the gestural repertoire that contradicts the spoken deceptive message.

What happens to formerly sighted people? They know how much is being missed. In a family, especially the kind with elaborate methods of communication, the inability to catch the cues will be regarded as a severe social handicap.

Conceivably, no one in the house will be able to articulate what is missing. Most people don't consider the degree to which they rely on vision to convey and decode messages. So it is highly likely that the family will feel extremely uncomfortable and peculiar, without having a full grasp of what vital tool is missing from the conversations. If sexual behaviors, for example, are initiated through an elaborate code of gesturing, major revision will have to take place to reorganize the rituals.

Eye contact, so prized in human dialogue, is no longer feasible. It is a loss borne by all parties. For some who need the feedback and reassurance that a gaze can offer, this lack is inseparable. People unacquainted with blindness may find it too disconcerting to converse with someone who cannot meet their gaze.

Family members and strangers alike might find it unnerving to carry on a conversation with a person who cannot search their faces for hidden meanings and innuendos. The fact that no eye contact is made may, however,

not be understood as a cause for such discomfort. The atmosphere may be charged with negativity, while no one can really pinpoint the locus. Not looking into the eyes of the speaker is somehow suggestive of avoidance, of no connection on a true level. Some people regard lack of eye contact as a sign of dishonesty. These prejudices may be difficult to transcend.

Fortunately, the blinded person who is extremely developed in communication skills will regain a connection to the nonverbal cues he formerly decoded visually. One can learn to "see" the smile audially and to tune in, more acutely, to voice and intonation. While all cannot be recovered, compensations can be made.

### BLINDNESS AND THE LIFE CYCLE

At what juncture in the family life cycle did this blindness occur? According to Tuttle (18), when children lose their sight, it is not such an impossible task to reinstalled their sense of self-esteem. Their transition to blindness appears to be rather glib. Tuttle notes that children's ways of explaining their reactions can often be rather lighthearted.

According to the literature, the most trying period of adjustment comes when the loss of vision occurs in adolescence. The emergence from dependence is thwarted. All adolescent life features undergo major revisions: sexual explorations, issues of identity, and interest in the future. The natural flow into adolescence is abrasively impeded. Abel (1) even went so far as to recommend "highly skilled help" for the blind child *and his family* in this instance, a suggestion which is rather uncommon in the literature.

If the blind person is an adult with dependents, one can expect a severe blow to the sense of competence and adequacy. The question of finances and vocation is often a critical concern here (18). If a wife becomes blind, who will manage the home and children? Today, even after 20 good years of feminism, men are not running households. Women are working, but they come home to do their second line of work. Men are still not predisposed to home economics on any real scale. This fact will decidedly cause repercussions in the family psyche if a mother becomes blind.

It must be remembered that each family existed prior to the blindness as a system with rules and boundaries. The change as a result of the blindness may upset the homeostasis in ways that defy regrouping. When an individual has lost sight, the entire family has lost something, too. Gone is the family member as previously known. If the loss is progressive, grief over the loss and great anxiety will be experienced. Frustration mounts as family members realize they don't know how to help (16). Often the amount of experienced incompetence is staggering. Realized on the technical as well as emotional level, incompetence is basically a function of not being able to serve the needs of the newly blind.

It is not at all uncommon for negative emotions toward the newly blind to emerge. Often family members bitterly resent this new state of affairs, a

resentment that can be expressed either overtly or subtly. It may reflect aspects of the relationship prior to the blindness that might never have surfaced.

On occasion, the crisis may solve some of the problems that exist in the family interaction. Suddenly, a common goal emerges for the family to tackle. Unfortunately, it is more likely that the crisis will intensify the problems in the house. A troubled marriage might not withstand the additional strain. Adolescents who are already struggling with alienation may withdraw even more (16).

Inevitably, a blind individual requires more time and effort. This can very well deal a blow to the family where supplies of time and energy are limited. Here everyone who is involved must be particularly patient with the fact that over time, the situation may lighten up in certain ways. As the blind become competent in mobility and other skills, they reach amazingly sophisticated levels of ability.

According to Schulz (16), there is a special dynamic that can surface as the family responds to blindness. The change in status and abilities of the newly blind can cause anxiety in the home that is impossible to manage. The only available solution is to find a way to annihilate the locus of the resentment. Since it is intolerable to hate that which should be pitied, people deny their feelings and perform in diametrical opposition to them. This is the basic logic of reaction formation, which is possibly present in the exaggerated overprotection and helpfulness often exhibited to the blind. In the end, the blind person is destroyed; by making them so helpless, one succeeds in destroying or at least severely limiting a person.

There are other available psychological devices for managing the "illegitimate" feelings of negativity toward blindness. Self-recrimination abounds in family members who feel guilty about their resentment. Here the action is strictly turned against the self, rather than relabeled and used against the newly blind. Those who respond to blindness with resentment or revulsion feel they are experiencing intolerable actions. Where they should pity or understand, they are preoccupied with how this horrible event has affected their own lives. Selfishness is inappropriate at this time—it must be reprimanded. One's being undergoes a revolution of feelings and thoughts. The emergence of symptomatology in the home is the fitting outcome of this guilt and torment. The various members of the household will need to vent their stress. One can often predict the appearance of these somatic or psychological coping mechanisms. They are the family's way of managing under the strain. Even the individual who is relatively free from any hostility toward the blind might well break down under the duress of the situation.

The literature on parental reactions to blindness mostly addresses the way the style of parenting will affect the developing personality of the blind child. Lambert and West (11) link parenting styles with the depressive syndrome in the blind. They point out that the three conventional styles of overprotection, denial, and "good enough" serve only to worsen the situation.

In *overprotective parenting*, one finds a restricted exposure to life and environment. The child can never learn how to manage as a member of the community and will never understand the handicap in realistic terms. The child's ability to function without the aid of the family will be severely limited.

When parents are preoccupied with *denial*, they will place undue pressure on the child to develop normally. The child will not be able to meet these demands; they are exaggerated and even foolish.

The *good enough* style seems to be the best of the three. It appears to be the most sensitive. Here the child is supported and accepted. The child is not surrounded by "no." But again, something is not right. This seemingly competent style is actually not what the child needs. For this style fails to understand the *meaning* of the blindness. It is simply not enough to "be there" for the child. One must understand the blindness. This seems to be the core element for Lambert and West. The parenting that will serve the needs of the blind child best is that which has a truly sound grasp of the blindness. In order to foster competence, the child and his blindness must be deciphered.

The parenting style will reflect when the blindness isn't totally comprehensible, or when the blindness is denied or resented. Incompetent parenting styles will yield poor development and, in many cases, depression. Somehow, the blind child cannot ascend with a healthy personality if treated by a parenting team that is technically or emotionally incompetent. Joy and curiosity, which are so appropriate to children, are often not present in the blind child.

Sommers (17), in an exhaustive study on 143 blind adolescents, identified five parental reactions. Out of the five, only one is positive. All the others are extremely harmful to the child's development. The reactions explain why it is that blind people are not only deprived of vision, but also of vital tools for managing successfully as human beings. To be choked, neglected, or pressured beyond the limits of one's physical being will never provide the nurturing that healthy personalities need.

"His wife became more and more controlling as his sight diminished. Eventually, she made all the decisions concerning the places they went and the people they visited. She often refused to take him places he wished to go. She frequently thwarted his attempts to become independent. He was unable to sever the relationship because, in reality, he was very dependent on her" (16, p. 41). The quote illustrates a typical situation that emerges from the newly blind's sudden plunge into dependence. Whether young or old at the onset of the blindness, there will be an unavoidable retreat into dependence. With children, this tends to be less critical as they are more accustomed to being dependent (18).

Schulz discusses cases in which a sighted family member wishes to exercise control over the blind by encouraging dependence. Some personalities need

to have helpless people around them; it serves the special function of increasing spurious self-worth. For other people, coping with the blind creates unimaginable anxiety. The inability to tolerate blindness will indubitably cause a major tear in the relationship.

If dependence is equated with a burden, the family may try to push prematurely for out-of-the-home rehabilitation programs—anything to get the blindness away.

Welsh (19), in an article on promoting independence through mobility training, discusses the issue of the workable balance between independence and dependence. In all close relationships, each person must be able to assume both roles. The unavoidable fact in early blindness is dependence. One needs assistance in order to achieve many everyday life tasks. The total picture, in the early stages of blindness, is dominated by the necessity of others' help.

Certain types of personalities face blindness in a rather unusual way. Finding dependence intolerable, they will refuse to lean on anyone. They will stretch themselves in untold ways. Almost maniacally, they will shun all assistance. They will show that blindness is not a handicap. One of the drawbacks here is that they lose precious human contact. By protesting and rejecting help, they never let people really get near. For them dependence is a weakness, an intolerable state. They fail to realize how it is part of all of the give-and-take system of love.

Some newly blind are afraid to fail and afraid to grope; it all becomes too impossible. Everything feels dangerous (16); they give up trying to do anything on their own. A blow is dealt to innovation. The blindness envelops the personality. Growth and development are retarded; only dependence exists.

"Undesirable dependence" is a term used by Havens (7) to describe a state in which, through no fault of one's own, one is dependent. The complicated part of this dependence is that it is unilateral and not reciprocal. Where most relationships have that workable balance mentioned earlier, there is hardly a chance for the newly blind to foster or support another's dependence on them. The newly blind feel deprived of the opportunity to be needed—an enormous disadvantage.

According to Schulz (16), with the onset of blindness the autonomy that adolescents have just gained is taken away and replaced with dependency. For that reason, the regression to dependence is particularly painful. The blow is incredibly timed. Reacting to this new and excruciating reversal into dependence, adolescents may become hostile and perverse, being unable to manage the idea that the freedom they have barely been able to savor is now irretrievably lost. Adolescents know and feel that they can no longer compete on the same level as before. The budding sexuality that has made the transition from childhood so harrowing must now be forsaken.

#### *Disorganization and Reorganization*

Hill's ABCX model of crisis in the family (8) is an excellent model with

which to plot the psychodynamics in the newly blind home. According to Hill, something inadequate in the family makes it a prime target for crisis. This notion of inadequacy matches quite well with the concept of incompetence mentioned earlier. When a family has no idea of what the healing process in adjusting to blindness is all about, they stand a good chance of making matters worse. They can amplify the crisis and escalate anxiety simply because they do not know what the experience is for the blind. Too many assumptions, fears, and prejudices are shading the interactions.

As Hill explains, there is a collective numbness that befalls the family as a result of meeting a crisis. This reflects itself in the denial one often sees in the families of the newly blind. Not only is the blind person passing through a stage of denial (5, 16), but the family also seems to be devastated in similar ways. The outward expression of this is their denial and apathy. After the numbness wears off, the family seems to lose its organizing principles. There is a significant decline in roles and expectations. Negativity, expressed or covert, rules the house that no longer functions in the same way. The strain is readily apparent.

According to Hill, this disorganization yields to recovery, which in turn yields to reorganization. The element of reorganization needs to be adapted to the blind psychodynamics. So many incidences of pathology emerge as part of familial coping strategies. Families that have no way to accept their initial negative reactions often turn against themselves in retaliation for undesirable emotions like resentment or revulsion. The profundity of disappointment and dreams that can never be realized can give way to a kind of family breakdown. Here one sees that the kind of upset and anxiety created by the blindness can never be managed in a healthy way. Accompanying the coping strategies are endless bits and pieces of somatic reactions, phobias, and defense mechanisms loosely holding the family psyche intact.

In enmeshed family networks, one finds a great sharing of trauma. This sharing is often expressed on the psychosomatic level. Here one can expect the outbreak of nervous disorders in the still-sighted members of the family. The preponderance of identification is stunning. According to Klemz (9), identification can be so extreme that the spouse who is not blind will need medical treatment. The shared depression can deal the entire family a profound blow. A deterioration of functioning is the logical consequence of exaggerated identification.

It is hard to envision a newly blind family that has not undergone political and psychological metamorphoses. Whether the family responds with a fragile facsimile of optimism or a veil of sorrow and hysterics, the mood will be a heavy one to witness; no one will really understand how to adapt to this new way of being. The roles and rules, which take a long time to evolve, are played out. Chaos prevails over the many unanswered questions.

McCubbin et al. (12), in a discussion of family stress and coping, refer

pecial function of in-  
with the blind creates  
ness will indubitably  
may try to push pre-  
—anything to get the  
nce through mobility  
etween independence  
son must be able to  
dness is dependence.  
y life tasks. The total  
d by the necessity of  
rather unusual way.  
an on anyone. They  
cally, they will shun  
handicap. One of the  
ct. By protesting and  
or them dependence  
how it is part of all  
e; it all becomes too  
up trying to do any-  
e blindness envelops  
d; only dependence  
7) to describe a state  
nt. The complicated  
t reciprocal. Where  
ned earlier, there is  
mother's dependence  
y to be needed—an  
the autonomy that  
d with dependency.  
ularly painful. The  
riating reversal into  
se, being unable to  
ble to savor is now  
no longer compete  
has made the tran-  
n.  
cellent model with

to the dramatic changes that can occur in a home that is attempting to manage severe stress. According to their findings, coping strategies may definitely create health risks for the family. These health areas are psychosomatic in origin. The illnesses come as a function of the inability to deal with the emotional atmosphere, and they naturally incapacitate the household.

According to Bowen (2), severe stress precipitates a disturbance in family equilibrium. The emotionally well-integrated family will display great feeling at the appropriate time and will then adapt with alacrity. When the family is less integrated emotionally, it will show little reaction at the time of the crisis; the reactive symptomatology will surface later. Bowen states that in these different style homes, attempting to get the family to express its feelings at the time of change will not necessarily increase the level of emotional integration. The family is locked into its patterns of reaction. Just encouraging a different behavioral style will not free the family; while a superficial rendition of feeling will not catalyze dramatic changes in the home, good interventions will. Because a family is locked into its own repetitive patterns doesn't mean that there is no key.

There is a strange aura of magic and mystery about blindness. Historically revered or despised, the blind always bore a degree of the inscrutable. Monbeck (13), in his book on attitudes about blindness, refers to the myriad mythologies that surround loss of sight. One of the most striking attitudes toward becoming blind is connected to the idea of punishment.

Schulz (16) mentions that blindness is often regarded as a punishment for unworthy acts or thoughts. The notion of divine retribution evidences itself here. Somehow the Almighty will strike the wrongdoers and justice will triumph.

Holding to a belief that champions divine retribution may cause some incredible ripples in the house psychodynamics. For if the blindness is interpreted as a punishment from above, is the newly blind the family sacrificial lamb? Is the newly blind deprived of sight because of his own deeds or the family's? Is the blind child the mother's punishment? Is there not something faintly reminiscent of the critical superego here? A typical response from people who believe in divine retribution is a strengthening of faith. The formerly nonreligious become observant; the already religious become devout. If the Almighty had dealt this blow, he had a reason. He must be shown that we deserve no future reprisals.

Needham and Ehmer (14) did a study on irrational thinking and emotional adjustment to loss of vision. They point out that depression and blindness may be linked to the way in which the loss is conceptualized. According to their theory, irrational, self-limiting belief systems will yield poor coping patterns in respect to blindness.

Family style will predict the conceptualization and resultant management of the blindness. The degree of enmeshment, the level of emotional integra-

tion, and life cycle are but a few of the crucial elements that will play a part in the family drama. All the rules governing familial behavior will lend themselves to the development of coping strategies.

Had the son in the case participated in the standard rehabilitation program, he would have acquired the relevant skills necessary. But in returning daily to his family context, he faced a constant battle in which his successes were dubious.

His mother's and sister's martyrdom arose as part of their faulty coping mechanisms. Quite spontaneously, they responded to the crisis by private symbolic plea bargaining with the Almighty. By worrying so interminably about Victor, they posed the greatest challenge to his successful rehabilitation. The father escalated his emotional impotence. This caused a dull and constant ache in the son's heart.

By working with this family as a whole, and by acknowledging their collective trauma, the therapist was able to ameliorate the rapid deterioration of healthy functioning, and was instrumental in the prevention of further degeneration in the household. Via the interventions, the family was able to move toward healthy functioning.

The La Rue family is only one example of the way in which symptomatology emerges as families respond to an immensely difficult circumstance. Through the vehicle of family therapy, this situation and others like it can be improved. Family therapy is sensitive to the issues that surface in the gestalt of the newly blind and their loved ones. As such, it may provide the necessary route toward healthy management of a hazardous moment in the family history.

REFERENCES

1. Abel, G. L. Adolescence: Foothold on the future. *New Outlook*, 1961, 55.
2. Bowen, M. *Family therapy in clinical practice*. New York: Jason Aronson, 1978.
3. Brannigan, C. R., & Humphries, D. A. Human nonverbal behaviour, a means of communication. In N. Blurton Jones (Ed.), *Ethological studies of child behaviour*. Great Britain: Cambridge University Press, 1972.
4. Carroll, T. J. *Blindness: What it is, what it does, and how to live with it*. Boston: Little, Brown, 1961.
5. Cholden, L. S. *A psychiatrist works with blindness*. New York: American Foundation for the Blind, 1958.
6. Ekman, P., Sorenson, E., & Friesen, W. Pan-cultural elements in facial displays of emotion. *Science*, 1969, 164, 86-88.
7. Havens, L. I. Dependence: Definitions and strategies. *Rehabilitation Record*, 1967, 8, 23-28.
8. Hill, R. Generic features of families under stress. In H. Parad (Ed.), *Crisis intervention: Selected readings*. New York: Family Service Association of America, 1965.
9. Klemz, A. *Blindness and partial sight*. Cambridge (Great Britain): Woodhead-Faulkner, 1977.
10. Kubler-Ross, E. *On death and dying*. New York: Macmillan, 1969.
11. Lambert, R. M., & West, M. Parenting styles and the depressive syndrome in congenitally blind individuals. *Journal of Visual Impairment and Blindness*, 1980, 74, 333-338.
12. McCubbin, H. I., Joy, C. B., Cauble, A. E., et al. Family stress and coping: A decade review. *Journal of Marriage and the Family*, 1980, 42, 855-871.

13. Monbeck, R. *Attitudes on blindness*. Bloomington: Indiana University Press, 1973.
14. Needham, W., & Ehmer, M. Irrational thinking and adjustment to loss of vision. *Journal of Visual Impairment and Blindness*, 1980, 74, 57-62.
15. Schefflen, A. E. *How behavior means*. New York: Doubleday, 1974.
16. Schulz, P. J. *How does it feel to be blind: The psychodynamics of visual impairment*. Los Angeles: Muse-Ed, 1980.
17. Sommers, V. *The influence of parental attitudes and social environment on the personality development of adolescent blind*. New York: American Foundation for the Blind, 1944.
18. Tuttle, D. W. *Self-esteem and adjusting with blindness*. Springfield: Charles C Thomas, 1984.
19. Welsh, R. Promoting adult independence through orientation and mobility. *Journal of Visual Impairment and Blindness*, 1981, 75, 115-122.

---

Requests for reprints should be sent to Ellie Henkind Katz, Ph.D., Moshav Shoeva, D.N. Harei Yehudah, Israel 90855.